

Trainer's Manual for Accredited Drug Shop Sellers

Module 3: Treatment that the ADS can Initiate

Sessions 16–20



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SESSION SIXTEEN: DISEASES AFFECTING THE REPRODUCTIVE & URINARY SYSTEMS

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Explain how to assess pain in the lower abdomen in females by signs and symptoms. 2. Explain how to manage dysmenorrhea (painful periods). 3. Explain how to manage premenstrual syndrome (PMS). 4. Explain how to manage pelvic inflammatory disease (PID). 5. Explain how to classify abnormal vaginal discharge by signs and symptoms. 6. Explain how to manage vaginal candidiasis. 7. Explain how to manage trichomoniasis (vaginitis). 8. Explain how to assess urethral discharge (pus discharge from the penis). 9. Explain how to manage urethral discharge. 10. Explain how to assess urinary tract infection (pain on urination). 11. Explain how to manage urinary tract infection (UTI). 	
DURATION:	7 hr. 30 min.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens 	<ul style="list-style-type: none"> • ADS Seller’s Manual • Handouts for Exercises 1-3
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Print enough handouts for Exercises 1, 2, and 3 for all participants 	

Introduction and Overview (10 min.)

PRESENT	slides 1-4
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ASK	participants whether they have had female clients present with pain in the lower abdomen.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more comfortable with those terms.
ASK	what local names the female customers of the participants sometimes use to talk about pain in the lower abdomen.
LISTEN	to the responses (no need to write them down).
EXPLAIN	that during this part of the session, you will examine: <ol style="list-style-type: none"> 1. How to recognize signs and symptoms of three conditions that cause lower abdominal pain in women: dysmenorrhea, premenstrual syndrome, and pelvic inflammatory disease. 2. How as ADS sellers, they should manage the three conditions.

Dysmenorrhea (or Painful Periods) (45 min.)

PRESENT	slides 5-14
ASK	participants what dysmenorrhea is and when it occurs.
REMIND	participants that they can find information about painful periods in their ADS Seller's Manual.
ENSURE	that they mention the following points: <ul style="list-style-type: none"> • It is pain in the lower abdomen. • That it occurs during a woman's period. • And subsides within three (3) days
ASK	What is the difference between <i>primary</i> and <i>secondary</i> dysmenorrhea?
ENSURE	that they mention the following (in their own words): <ul style="list-style-type: none"> • Primary dysmenorrhoea: pain that occurs during menstruation without a known cause or disease. • Secondary dysmenorrhoea: pain that occurs during menstruation

	and is associated with an existing condition.
ASK	What are the signs and symptoms of primary dysmenorrhea?
ENSURE	that they mention the following: <ul style="list-style-type: none"> • Lower abdominal pain • Backache • Nausea and vomiting • Headache • Diarrhoea
ASK	What steps can you, an ADS seller, take to help a client manage her dysmenorrhea symptoms?
ENSURE	that they mention the following: <ul style="list-style-type: none"> • Give her the following advice: <ul style="list-style-type: none"> ○ Rest ○ Wear loose fitting clothes. ○ Apply moist warm cloth (e.g., towel) to the stomach. ○ Do some exercise (e.g., walk, light chores). ○ Limit the intake of alcohol. ○ Do not smoke. • Recommend that she take <u>ONE</u> of the following drug treatments: <ul style="list-style-type: none"> ○ Ibuprofen (400 mg 3 times daily after eating for 3-4 days). ○ Diclofenac (50 mg 3 times daily for 3-4 days). ○ Paracetamol (2 tabs 3 times daily for 3-4 days). <p>NOTE: She should not take more than one treatment at a time!</p>
ASK	Why is it important to ask the client about her general health, including whether she has any specific gastrointestinal conditions, before you recommend a drug treatment?
ENSURE	that they answer that if the client has peptic ulcers, she should not take either ibuprofen or diclofenac. In that case, her only choice would be paracetamol.
ASK	What recommendation do you give a client who has secondary

	dysmenorrhea?
ENSURE	that they respond that they REFER any client who has secondary dysmenorrhea.
ASK	In what other cases do you refer a client with dysmenorrhea?
ENSURE	that they mention that you refer clients in the following cases: <ul style="list-style-type: none"> • Clients who faint during menstruation. • Clients with heavy and unexplained vaginal bleeding. • Clients with very severe pain not responding to the pain killers.

Premenstrual Syndrome (PMS) (15 min.)

PRESENT	slides 15-17
ASK	participants what premenstrual syndrome – or PMS – is, when it occurs, and what causes it.
ENSURE	that they answer: <ul style="list-style-type: none"> • It is a group of symptoms that occur 1 week before menstruation begins. • The cause is not known.
ASK	What are the symptoms of PMS?
ENSURE	that they mention the following: <ul style="list-style-type: none"> • Breast tenderness • Abdominal pain • Abdominal bloating or gas • Client gets annoyed easily • Changes in mood • Weight gain • Poor concentration • Disturbed sleep
ASK	What steps can you, an ADS seller, take to help a client manage her PMS symptoms?

ENSURE	<p>that they mention the following:</p> <ul style="list-style-type: none"> • Give her the following advice: <ul style="list-style-type: none"> ○ Participate in regular exercise. ○ Have a diet low in fats. ○ Avoid alcohol and caffeine, which can increase irritability. ○ Eat foods containing a small amount of salt. ○ Avoid anything that would cause stress. ○ In case of severe symptoms, see a doctor!
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Pelvic Inflammatory Disease (PID) (45 min.)

PRESENT	slides 18-25
ASK	participants what PID is and what causes it.
ENSURE	<p>that they answer:</p> <ul style="list-style-type: none"> • PID is a <i>bacterial infection</i> that affects the female reproductive organs, which are located in the lower abdomen.
ASK	What are the symptoms of PID?
ENSURE	<p>that they mention the following:</p> <ul style="list-style-type: none"> • Vaginal discharge, which may be smelly and mixed with pus. • Lower abdominal pain. • Pain on palpating the lower abdomen.
EMPHASIZE	that lower abdominal pain that is <u>not</u> accompanied by vaginal discharge (which may be smelly and mixed with pus) is more likely to be dysmenorrhea or PMS than PID.
ASK	What is the danger to a woman if she has PID that goes untreated?
ENSURE	<p>that they mention the following possible consequences:</p> <ul style="list-style-type: none"> • Infertility

	<ul style="list-style-type: none"> • Chronic pelvic pain (“nseke”) • Ectopic pregnancy
ASK	What should you, an ADS seller, do if you think your client has PID?
ENSURE	that they state that they will REFER the woman to the nearest health centre or hospital, where she can get the proper treatment
ASK	participants to open their ADS Seller’s Manual to page 11, Assessment of female client with lower abdominal pain.”
INVITE	participants to take turns reading the assessment out loud.
POINT OUT	that so far, you have not talked about what to do if a female client with lower abdominal pain is <i>pregnant</i> . If she is, you must REFER her right away for skilled medical treatment.

Exercise 1: Assessing and managing lower abdominal pain in women (1 hr.)

EXPLAIN	that participants will now work in small groups to answer questions about case scenarios that they may face as ADS.
DIVIDE	participants into groups of 4 or 5.
GIVE	each group <i>one</i> of the scenarios FACE DOWN.
ADVISE	participants to: <ul style="list-style-type: none"> • Work together (involving all members of the group) to answer the question or questions asked about their scenario. • Use their ADS Seller’s Manual, and particularly the “Assessment of female client with lower abdominal pain” to help them with their work.
ADD	as soon as a group has finished answering the questions, the members of the group should raise their hands.
EXPLAIN	that you will note which group has finished first, and when all of the groups have finished the task, you will call on the <u>first</u> group to present its answers. The second group to finish will be called upon to present its answer(s). And so on ...

TELL	everyone to turn over their papers and start.
NOTE	which group finishes first, second, third, and fourth. (You may wish to use slips of paper with 1, 2, 3, and 4 on them and give the appropriate card to each group as the members finish the task.)
INVITE	the first group to present its answer(s).
ASK	other participants to comment on the answer(s) they have given. Do they agree? If not, why not?
INVITE	the second group to present its answer(s).
ASK	other participants to comment on the answer(s) they have given. Do they agree? If not, why not?
INVITE	the third group to present its answer(s).
ASK	other participants to comment on the answer(s) they have given. Do they agree? If not, why not?
INVITE	the fourth group to present its answer(s).
ASK	other participants to comment on the answer(s) they have given. Do they agree? If not, why not?

TRAINER'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #1

Maria (aged 14 yrs.) is brought to your drug shop by her mother. Maria is having her menstrual period and has been complaining of severe lower abdominal pain and nausea. The mother reports that Maria fainted that morning.

1. What steps will you take to help this client?
 - REFER her to the nearest health centre.
 - Urge the mother to take Maria there immediately.

TRAINER'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #2

Christine (aged 27 yrs.) comes to your drug shop for help. She explains that every month, about a week before she gets her period, she feels pain in her abdomen, has bloating and gas, is short-tempered with her husband and children, and cannot sleep well at night. She asks you what medicine she can take to treat these symptoms.

1. What steps will you take to help this client?
 - Advise her to try the following, starting one or two days before her period is due:
 - Participate in regular exercise.
 - Have a diet low in fats.
 - Avoid alcohol and caffeine, which can increase irritability.
 - Eat foods containing a small amount of salt.
 - Avoid anything that would cause stress.
 - In case of severe symptoms, see a doctor!

TRAINER'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #3

Gertrude (aged 13 yrs.) is brought to your drug shop by her mother. The mother tells you that Gertrude, who is having her menstrual period, is complaining of lower abdominal pain, headache, and nausea.

1. What steps will you take to help this client?
 - Advise her to try the following when her symptoms occur:
 - Rest
 - Wear loose fitting clothes.
 - Apply moist warm cloth (e.g., towel) to the stomach.
 - Do some exercise (e.g., walk, light chores).
 - Do not smoke.
 - In case of severe symptoms, see a doctor!

TRAINER'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #4

Bridget (aged 23 yrs.) comes to your drug shop with her mother. Bridget, who has missed two periods, is complaining of lower abdominal pain, headache, and nausea.

1. What steps will you take to help this client?

- **REFER** her immediately to the nearest health centre. She may be in danger.

PARTICIPANT'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #1

Maria (aged 14 yrs.) is brought to your drug shop by her mother. Maria is having her menstrual period and has been complaining of severe lower abdominal pain and nausea. The mother reports that Maria fainted that morning.

1. What steps will you take to help this client?

PARTICIPANT'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #2

Christine (aged 27 yrs.) comes to your drug shop for help. She explains that every month, about a week before she gets her period, she feels pain in her abdomen, has bloating and gas, is short-tempered with her husband and children, and cannot sleep well at night. She asks you what medicine she can take to treat these symptoms.

1. What steps will you take to help this client?

PARTICIPANT'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #3

Gertrude (aged 13 yrs.) is brought to your drug shop by her mother. The mother tells you that Gertrude, who is having her menstrual period, is complaining of lower abdominal pain, headache, and nausea.

1. What steps will you take to help this client?

PARTICIPANT'S VERSION

Exercise 1: Assessing and managing lower abdominal pain in women

Case scenario #4

Bridget (aged 23 yrs.) comes to your drug shop with her mother. Bridget, who has missed two periods, is complaining of lower abdominal pain, headache, and nausea.

1. What steps will you take to help this client?

Client Presenting with Abnormal Vaginal Discharge (10 min.)

EXPLAIN	that during this part of the session, you will examine: <ol style="list-style-type: none"> 1. How to recognize signs and symptoms of two conditions that cause abnormal vaginal discharge in women: <ol style="list-style-type: none"> a. Vaginal candidiasis b. Trichomoniasis 2. The steps that ADS sellers should take to help manage these conditions.
PRESENT	slides 26-29
ASK	participants whether they have had female clients present with abnormal vaginal discharge.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more comfortable with those terms.
ASK	what local names the female customers of the participants sometimes use to talk about abnormal vaginal discharge.
LISTEN	to the responses (no need to write them down).

Vaginal Candidiasis (30 min.)

PRESENT	slides 30–34
ASK	participants what kind of infection vaginal candidiasis is.
ENSURE	that they answer that it is a <i>fungal</i> infection.
ASK	Is it sexually transmitted?
ENSURE	that they answer NO.
ASK	What are the signs and symptoms of vaginal candidiasis?
ENSURE	that they mention:

	<ul style="list-style-type: none"> • White (milky) vaginal discharge. • Vaginal itching. • Soreness of the vagina and vulva. • Stinging sensation when passing urine.
ASK	What are the conditions that make it more likely for a woman to get this infection?
ENSURE	<p>that they mention that she is more likely to get this infection if she:</p> <ul style="list-style-type: none"> • Is pregnant. • Has diabetes. • Is using broad spectrum antibiotics (e.g., doxycycline). • Has some kind of immunosuppression (e.g., HIV infection, cancer). • Is using oral contraceptives. • Is about to start her menstrual period. • Is using tight fitting nylon knickers or pants (which provides a warm and damp environment for the infection to grow).
ASK	What steps can you, an ADS seller, take to help a client manage her vaginal candidiasis?
ENSURE	<p>that they mention the following:</p> <ol style="list-style-type: none"> 1. Recommend either Nystatin pessaries or Clotrimazole pessaries (NOT BOTH). 2. Instruct the client in how to insert the pessaries into the vagina, how often to use them, and for how long to use them. 3. Dispense the selected medicine to the client.
ASK	What are the dose and dosage of each kind of pessary?
ENSURE	<p>that they answer:</p> <p>Nystatin – 100,000 IU pessary inserted into the vagina once at night for 14 days.</p> <p>Clotrimazole – 100 mg pessary inserted into the vagina once at night for 6 days.</p>

Trichomoniasis (45 min.)

PRESENT	slides 35-39
ASK	participants what kind of infection trichomoniasis is.
ENSURE	that they answer that it is an infection caused by a protozoa.
ASK	Is it sexually transmitted?
ENSURE	that they answer YES.
ASK	Can it be transmitted another way?
ENSURE	that they respond YES, through sharing contaminated articles, such as towels, toilet seats, and knickers.
REMIND	participants that although both men and women can get trichomoniasis, most men do not show any symptoms, but women <u>do</u> show symptoms.
ASK	What are the signs and symptoms of trichomoniasis?
ENSURE	that they mention: <ul style="list-style-type: none"> • Yellow discharge • Foul (bad) smelling discharge • Itching of the vagina • Redness of the vagina • Burning sensation on urination
ASK	Why does having trichomoniasis put a person at risk?
ENSURE	that they respond that having trichomoniasis may increase a person's chances of acquiring HIV infection.
ASK	What steps can you, an ADS seller, take to help a client manage her trichomoniasis?
ENSURE	that they mention the following: <ol style="list-style-type: none"> 1. Recommend a course of Metronidazole (also known as Flagyl). 2. Advise the client not to drink alcohol while using the medicine given. 3. Dispense the medicine to the client.

ASK	What are the two doses and dosages of metronidazole that she can take?
ENSURE	that they answer: <ol style="list-style-type: none"> 1. 400 mg every 12 hours for 5 days or <ol style="list-style-type: none"> 2. 2 g (10 tablets) all at once.
ASK	How can you help a woman choose which dose and dosage to take?
ENSURE	that they mention that a woman who is breastfeeding should take the lower dose (400 mg) and dosage (every 12 hours for 5 days) because this medicine changes the taste of breastmilk.
ASK	What advice might you give the woman about treatment of her sexual partner for trichomoniasis?
ADVISE	That her sexual partner should also take a course of metronidazole to ensure that both of them are cured and cannot re-infect each other.

Abnormal Vaginal Discharge (10 min.)

REVIEW	slides 40-47
EXPLAIN	that participants will find the client assessment questions as well as the general advice and the guidelines for referral in their ADS Seller’s Manual (pages 11-16)

Exercise 2: Assessing and managing abnormal vaginal discharge in women (1 hr.)

EXPLAIN	that participants will now work <i>individually</i> to answer questions about case scenarios that they may face as ADS, and that then they will exchange papers and check each other’s work.
GIVE	each participant the handout, “Assessing and managing abnormal vaginal discharge in women,” FACE DOWN.
EXPLAIN	that in a moment, you will tell them to turn their papers over, read each of the scenarios, and answer the questions listed there about the scenarios. Each person should look up at the facilitator as soon as she or

	he has finished.
ADVISE	participants to use their ADS Seller’s Manual, and particularly the section on “Female client presenting with abnormal vaginal discharge,” to help them answer the questions on the handout.
TELL	everyone to start.
CIRCULATE	to provide assistance and support, as needed.
CALL	everyone together when everyone has finished.
ASK	all participants to exchange their papers with each other. (No one should end up with his or her own paper.)
INVITE	a volunteer to read the first scenario AND the answer that is provided there.
LISTEN	to the answer given
ASK	Do you agree with the answer that your colleague has given? If not, why not?
ENSURE	that the correct answer emerges. (Note that it can be in the participant’s own wording.)
INVITE	another volunteer to read the second scenario AND the answer that is provided there.
LISTEN	to the answer given.
ASK	Do you agree with the answer that your colleague has given? If not, why not?
ENSURE	that the correct answer emerges. (Note that it can be in the participant’s own wording.)
CONTINUE	in this way until all four scenarios have been read and answered (correctly).

TRAINER’S VERSION

Exercise 2: Assessing and managing abnormal vaginal discharge in women

Case scenario #1

Kisakye (aged 20 yrs.) presents at your drug shop and tells you that it hurts when she

passes urine, she is feeling a terrible itching in the general area where the urine comes out, and she has been noticing a white, milky liquid in her knickers.

When you ask whether she has pain in her abdomen, Kisakye says no.

1. Based on the symptoms she has described, what does Kisakye have?
 - **Kisakye has vaginal candidiasis.**
2. What steps will you recommend she take to manage this condition?
 - **Give her 14 Nystatin pessaries (100,000 units each) and tell her to insert one into the vagina every night before bed for 14 days.**

OR

- **Give her 6 Clotrimazole pessaries (100 mg each) and tell her to insert one into the vagina every night before bed for 6 days.**

NOTE: Either answer is correct.

3. What steps will you recommend she take to help her avoid getting this infection again?
 - **She should try to avoid using tight fitting nylon knickers or pants (which give the infection a warm and damp place to grow).**

Case scenario #2

Maryam (aged 27 yrs.) comes to your drug shop for help. She explains that lately she has had a yellow, bad-smelling discharge in her knickers; she has terrible itching near where the urine comes out; and when she passes urine, it burns!

1. Based on the symptoms she has described, what does Maryam have?
 - **Trichomoniasis**
2. What steps will you recommend she take to manage this condition?
 - **Give her 10 tablets of Metronidazole and tell her to take all 10 when she gets home.**

OR

- **Give her 10 tablets of Metronidazole and tell her to take 1 tablet every 12 hours for 5 days, starting today.**

NOTE: Either answer is correct. (But the woman should not take BOTH treatments.)

- **Also advise her:**
 - **Not to drink alcohol while taking this medicine.**
 - **Not to have sexual relations while taking this medicine.**

3. What steps will you recommend she take to help her avoid getting this infection again?

- **I will advise her to ask her sexual partner to get treated as well.**

Case scenario #3

Norah (aged 22 yrs.), who is pregnant, comes to your drug shop with the following complaints:

- White (milky) vaginal discharge
- Vaginal itching
- Soreness of the vagina and vulva
- Stinging sensation when passing urine

1. What will you tell Norah?

- **I will REFER her to the health unit.**

Case scenario #4

Alice (aged 35 yrs.) comes to your drug shop with the following complaints:

1. Yellow discharge
2. Foul (bad) smelling discharge
3. Itching of the vagina
4. Redness of the vagina
5. Burning sensation on urination

1. Based on the symptoms she has described, what does Alice have?

- **She has trichomoniasis.**

2. What will you recommend as treatment?

- **I will give her 10 tablets of Metronidazole and tell her to take all 10 when she gets home.**

OR

- **I will give her 10 tablets of Metronidazole and tell her to take 1 tablet every 12 hours for 5 days, starting today.**

NOTE: Either answer is correct. (But the woman should not take BOTH treatments.)

- **I will also advise her:**

- **Not to drink alcohol while taking this medicine.**
- **Not to have sexual relations while taking this medicine.**
- **To advise her sexual partner to get treated as well.**

PARTICIPANT'S VERSION

Exercise 2: Assessing and managing abnormal vaginal discharge in women

Case scenario #1

Kisakye (aged 20 yrs.) presents at your drug shop and tells you that it hurts when she passes urine, she is feeling a terrible itching in the general area where the urine comes out, and she has been noticing a white, milky liquid in her knickers.

When you ask whether she has pain in her abdomen, Kisakye says no.

1. Based on the symptoms she has described, what does Kisakye have?
2. What steps will you recommend she take to manage this condition?
3. What steps will you recommend she take to help her avoid getting this infection again?

Case scenario #2

Maryam (aged 27 yrs.) comes to your drug shop for help. She explains that lately she has had a yellow, bad-smelling discharge in her knickers; she has terrible itching near where the urine comes out; and when she passes urine, it burns!

1. Based on the symptoms she has described, what does Maryam have?
2. What steps will you recommend she take to manage this condition?
3. What steps will you recommend she take to help her avoid getting this infection again?

Case scenario #3

Norah (aged 22 yrs.), who is pregnant, comes to your drug shop with the following complaints:

- White (milky) vaginal discharge
- Vaginal itching
- Soreness of the vagina and vulva
- Stinging sensation when passing urine

1. Based on the symptoms she has described, what does Norah have?
2. What will you tell Norah?

Case scenario #4

Alice (aged 35 yrs.) comes to your drug shop with the following complaints:

- Yellow discharge
- Foul (bad) smelling discharge
- Itching of the vagina
- Redness of the vagina
- Burning sensation on urination

1. Based on the symptoms she has described, what does Alice have?
2. What will you recommend as treatment?

Male Client Presenting with Pus Discharge From the Penis (30 min.)

EXPLAIN	that during this part of the session, you will examine: <ol style="list-style-type: none"> 1. How to assess pus discharge from the penis. 2. What to recommend to the man who has pus discharge from the penis.
PRESENT	slides 48-54
ASK	participants whether they have had male clients present with pus discharge from the penis, staining of the underwear, and painful urination.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more comfortable with those terms.
ASK	what local names the male customers of the participants sometimes use to talk about pus discharge from the penis and painful urination.
LISTEN	to the responses (no need to write them down).
ASK	If a man has pus discharge from the penis and staining of the underwear, and passing urine causes him pain, what is he most likely to have?
ENSURE	that they respond, gonorrhoea.
ASK	What advice do you give the client in this case?
ENSURE	that they respond that they: <ul style="list-style-type: none"> • REFER the client to the nearest health unit, where the staff can prescribe the treatment he needs. • Counsel the client as well.
ASK	What counselling will you give the man? (Tell them they can use their ADS Seller's Manual to help them answer these questions.)
ENSURE	that the following topics are mentioned: <ul style="list-style-type: none"> • Re-assure the client that the condition is curable.

	<ul style="list-style-type: none"> • Teach the client about the use of condoms/abstinence and their importance. • Advise that the sexual partner be treated at the same time. • Advise the client to avoid sex or to be sure to use a condom during treatment. • Ensure that the client takes the medicines as prescribed by the doctor to prevent re-infection. • Advise the client on the need for an HIV test.
ASK	If the client asks what the treatment will be, what will you tell him?
ENSURE	that they respond: <ul style="list-style-type: none"> • A single dose of Cefixime (400 mg). • A 7-day course of Doxycycline (100 mg every 12 hours for 7 days). • Recommended treatment of the sexual partner(s).

Urinary Tract Infection (UTI) (45 min.)

PRESENT	Slides 55-63
ASK	participants what urinary tract infection – or UTI– is and what causes it.
ENSURE	that they answer: <ul style="list-style-type: none"> • UTI is an infection of the urinary tract. • It is caused by harmful bacteria.
ASK	What are the symptoms of UTI?
ENSURE	that they mention the following: <ul style="list-style-type: none"> • Pain on urination. • Increased urinary frequency. • Need to urinate immediately. • Bad smell of urine.
ASK	What should you, an ADS seller, do if you think your client has a UTI?

<p>ENSURE</p>	<p>that they respond that they will either give:</p> <ul style="list-style-type: none"> • Cotrimoxazole <ul style="list-style-type: none"> ○ ADULT: 4 tablets of 480 mg as a single dose ○ CHILD: 48 mg/kg as a single dose OR • Ciprofloxacin <ul style="list-style-type: none"> ○ ADULT: 500 mg as a single dose
<p>ASK</p>	<p>What advice would you give clients who have UTI?</p>
<p>ENSURE</p>	<p>that they mention the following pieces of advice:</p> <ul style="list-style-type: none"> • Women should wipe from the front to the back to avoid introducing bacteria into the urethra. • Women should urinate immediately after sex to flush out the bacteria. • Women should avoid using vaginal deodorants or perfumed soap to wash the vagina. • All clients should drink plenty of fluids. • All clients should swallow the medicine as recommended. • All clients should wear cotton rather than synthetic underwear.
<p>ASK</p>	<p>When should you REFER a client who has a UTI?</p>
<p>ENSURE</p>	<p>that they mention the following reasons for referral of a client with a UTI:</p> <ul style="list-style-type: none"> • All clients who fail to respond to treatment within 3 days. • All clients who present with cloudy urine or blood in urine, fever, and chills. • All pregnant mothers. • All clients above the age of 60 yrs.

Exercise 3: Urethral discharge and UTI (45 min.)

<p>EXPLAIN</p>	<p>that participants will now work <i>individually</i> to answer questions about case scenarios that they as ADS may face, and then as a group, they will share the answers with each other and ensure</p>
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	that we all have the correct answers.
GIVE	each participant the handout, “Urethral discharge and UTI” FACE DOWN.
EXPLAIN	that in a moment, you will tell them to turn their papers over, read each of the scenarios, and answer the questions listed there about the scenarios. Each person should look up at the facilitator as soon as she or he has finished.
ADVISE	participants to use their ADS Seller’s Manual, specifically, the sections on “Male client presenting with pus discharge from the penis (urethral discharge)” and “Urinary tract infection (UTI),” to help them answer the questions on the handout.
TELL	everyone to start.
CIRCULATE	to provide assistance and support, as needed.
CALL	everyone together when everyone has finished.
INVITE	a volunteer to read the first scenario AND the answer that is provided there.
LISTEN	to the answer given.
ASK	other participants: Do you agree with the answer that your colleague has given? If not, why not?
ENSURE	that the correct answer emerges. (Note that it can be in the participant’s own wording.)
INVITE	another volunteer to read the second scenario AND the answer that is provided there.
LISTEN	to the answer given.
ASK	other participants: Do you agree with the answer that your colleague has given? If not, why not?
ENSURE	that the correct answer emerges. (Note that it can be in the participant’s own wording.)
CONTINUE	in this way until both scenarios have been read and answered (correctly).

TRAINER'S VERSION

Exercise 3: Urethral discharge and UTI

Case scenario #1

Godfrey (aged 20 yrs.) presents at your drug shop and tells you that lately he sees pus coming out of his penis, his underwear is often stained with it, and it hurts to pass urine.

1. Based on the symptoms he has described, what does Godfrey have?
 - **Godfrey has gonorrhoea.**
2. What steps will you take to help him manage this condition?
 - **Explain that the ADS does not carry the medicine he needs to be cured.**
 - **REFER him to the nearest health unit, where they will give him the medicine he needs to cure the gonorrhoea.**
 - **Counsel him about:**
 - **Adhering to treatment.**
 - **Avoiding future infection.**
 - **Getting tested for HIV.**

Case scenario #2

Victoria (aged 19 yrs.) comes to your drug shop for help. She explains that lately she has to pass urine much more frequently than usual, and when she does pass urine, it hurts. Also, the urine smells bad, and when she has to go, she feels that she has to go right away.

1. Based on the symptoms she has described, what does Victoria have?
 - **UTI**
2. What steps will you take to help her manage this condition?
 - **Give her 4 tablets of Cotrimoxazole (480 mg) and tell her to take all 4 when she gets home.**
 - OR**
 - **Give her 14 tablets of Doxycycline and tell her to take 1 tablet every 12 hours for 7 days, starting today.**
 - NOTE: Both answers are correct. Recommend one or the other, but not both.**
 - **You should also advise her:**
 - **To wipe from the front to the back to avoid introducing bacteria into**

the urethra.

- **To urinate immediately after sex to flush out the bacteria.**
- **To avoid using vaginal deodorants or perfumed soap to wash the vagina.**
- **To drink plenty of fluids.**
- **To swallow the medicine as recommended.**
- **To wear cotton rather than synthetic underwear (knickers).**

PARTICIPANT'S VERSION

Exercise 3: Urethral discharge and UTI

Case scenario #1

Godfrey (aged 20 yrs.) presents at your drug shop and tells you that lately he sees pus coming out of his penis, his underwear is often stained with it, and it hurts to pass urine.

1. Based on the symptoms he has described, what does Godfrey have?
2. What steps will you take to help him manage this condition?

Case scenario #2

Victoria (aged 19 yrs.) comes to your drug shop for help. She explains that lately she has to pass urine much more frequently than usual, and when she does pass urine, it hurts. Also, the urine smells bad, and when she has to go, she feels that she has to go right away.

1. Based on the symptoms she has described, what does Victoria have?
2. What steps will you take to help her manage this condition?

Wrap up (5 min.)

REMIND	participants that their ADS Seller's Manual contains all of the key information about assessing and managing the diseases of the reproductive and urinary systems that have been covered in this session. Their ADS Seller's Manual will be a valuable resource to them on the job.
REMIND	participants that the conditions covered in this session can only be managed if they are minor. The ADS seller should REFER all complicated cases.

SESSION SEVENTEEN: FAMILY PLANNING

<p>LEARNING OBJECTIVES:</p>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Name their responsibilities in providing family planning (FP) counselling and methods to their clients. 2. Describe each of the following FP methods, including/addressing all nine (9) key points about each: <ol style="list-style-type: none"> a. COCs b. POPs c. Male condoms d. Female condoms 3. Explain the need for screening clients for COCs and POPs. 4. Explain how to use the pregnancy screening checklist. 5. Explain how to use the COC screening checklist. 6. Demonstrate the ability to give accurate instructions for use of the oral pills, COCs and POPs. 7. Demonstrate the ability to keep accurate FP records of clients. 8. Demonstrate the ability to submit clinic returns to the appropriate authority. 	
<p>DURATION:</p>	<p>6 hr. 30 min. [WITHOUT ADDING IN THE TIME FOR THE LAST PART OF THE SESSION – FILLING IN THE TWO REGISTERS]</p>	
<p>METHODOLOGY:</p>	<p>Lecture, Q&A, discussion, small group work</p>	
<p>MATERIALS:</p>	<ul style="list-style-type: none"> • ADS Seller’s Manual • FP Flip Charts for everyone • Handouts for Exercises • Flip charts and markers 	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Notebooks and pens
<p>PREPARE IN ADVANCE:</p>	<ul style="list-style-type: none"> • “Stations” where participants can inspect and learn about each of the FP methods. <p>Each station should have:</p>	

	<p>→ Examples of the method.</p> <p>→ A list of nine (9) key points about the method.</p> <ul style="list-style-type: none"> • Your demonstration on how to describe condom use to a client. • Enough space for partners to have room to be able to hear each other when carrying out their role plays and other small group or pair activities. • Two large signs for the walls: “CONTINUE TO ASK QUESTIONS” and “STOP ASKING QUESTIONS.” • Prepare handouts for the exercises
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Introduction and Overview (10 min.)

PRESENT	slides 1-3
ASK	participants whether they have had clients come to them asking for information about family planning methods or to request family planning methods.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with; and so there is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more comfortable with those terms
ASK	what local names clients sometimes use to talk about family planning methods.
LISTEN	to the responses (no need to write them down).
EXPLAIN	<p>During this part of the session, you will examine:</p> <ol style="list-style-type: none"> 1. Your roles and responsibilities regarding family planning. 2. Examples of the FP methods that you can provide to your clients. 3. The job aid that summarizes the nine (9) key points that you need to make about each FP method.

Roles and Responsibilities Regarding Family Planning (5 min.)

PRESENT	slide 4-5
EXPLAIN	<p>that participants will learn how they are expected to carry out these three tasks – and all of the steps of each task – throughout this session.</p> <p>Although some participants may already be familiar with how to carry out these tasks, it may be new to others. We will all work together to ensure that you will be able to provide your clients with appropriate information and service regarding family planning.</p>

FP Methods (1 hr.)

SET UP	the stations where participants can inspect and learn about each of the FP methods.
ADD	<p>that this training focuses on preparing them to counsel and initiate clients on oral contraceptive pills and condoms, which they can offer in their ADS.</p> <p>BUT during this part of the session, they will learn some general information about other family planning methods that men and women can get through health centres and hospitals.</p>
HAND OUT	a FP Flip Chart to every participant.
EXPLAIN	<p>that in a moment, participants will visit each station, examine the FP method that is featured there, and review the list of the nine (9) key points that they need to make about each FP method.</p> <p>NOTE:</p> <ul style="list-style-type: none"> • They can visit the stations in any order, but they should be sure to visit each one. • They should read the information in the FP Flip Chart about each method when they are looking at that method. • When a participant has finished examining all nine methods, he or she should return to his or her seat and review the FP Flip Chart until all participants have finished with the stations.
INVITE	participants to begin their visits to the stations.
CIRCULATE	and provide support and assistance, as needed.

CONTINUE	with the session as soon as all participants are back at their desks/seats.
ASK	what questions, if any, participants have about the FP methods they have just examined.
RESPOND	to those questions. NOTE: if there is a question you cannot answer, let the participants know that you will get the answer for them as quickly as possible, and then be sure to do so.
EXPLAIN	<ul style="list-style-type: none"> • Because the ADS seller will provide clients with condoms as well as oral pills, the rest of this session will focus on those two methods of birth control. • All ADS sellers will take the FP Flip Chart with them, which they can use to provide their clients with some information about other available family planning methods. They can advise their clients to go to the health centre for the FP methods that they cannot provide.

Condoms (15 min.)

PRESENT	slides 6-14
ASK	participants to name some advantages of using condoms for family planning.
ENSURE	that they mention the following advantages: <ul style="list-style-type: none"> • They are very effective in preventing STIs. • They help a man maintain an erection and prevent premature ejaculation. • They provide immediate visible proof of effectiveness by retaining semen. • They are not associated with any systemic side effects.
ASK	What is a “systemic side effect”?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • An unintended effect of a method or medicine when it is used properly. • An effect that affects a person’s system (beyond just the area of

	the body that it touches or enters).
ASK	participants to name some <u>dis</u> advantages of using condoms for family planning.
ENSURE	that they mention the following <u>dis</u> advantages: <ul style="list-style-type: none"> • They reduce feeling and sensitivity for the male. • They can interrupt sexual spontaneity because the condom must be put on before sexual intercourse. • It may embarrass either partner to suggest condom use. • The male condom may slip off or break during intercourse. • Product quality is reduced if stored in too much heat and sunlight.

Counselling Clients About Using Condoms For Family Planning (15 min.)

EXPLAIN	that in a moment, participants will practice giving information about condom use to their clients ... but first, you are going to do a demonstration of what you expect them to do.
DEMONSTRATE	<p>how to describe the use of the CONDOM (primarily the male condom, but also mentioning the female condom).</p> <p>NOTE: Your preparation for the demonstration ahead of time should include:</p> <ol style="list-style-type: none"> 1. Reviewing the FP Flip Chart, specifically, the section on the condom. 2. Selecting a sample “client” for the demonstration. (Ideally, this will be another facilitator so that you can both practice the demonstration ahead of time.) 3. Practicing the demonstration. (Be sure to demonstrate how using the FP Flip Chart helps you remember all 9 key points to make.) <p>NOTE: Ensure that all participants can SEE and HEAR everything you do and say during the demonstration.</p>
EXPLAIN	that participants are now going to practice what you have just demonstrated, describing condom use to their “clients.”

Exercise 1: Counselling on condom use (30 min.)

EXPLAIN	<ol style="list-style-type: none"> 1. Turn to the person next to you. You will be practice partners for this exercise. 2. One partner (the ADS seller) will advise the other (his or her client) about condom use for family planning, using the FP Flip Chart. 3. The two partners switch roles and repeat the process; the second partner explains condom use to the first, using the FP Flip Chart. 4. When they have finished, they should return to their seats and read their ADS Seller’s Manual other about FP methods.
TELL	them to get started.
CIRCULATE	and provide support and assistance, as needed.
	As soon as all participants are back at their desks/seats ...
ASK	What questions do you have about describing this FP method to your clients?
RESPOND	<p>to those questions.</p> <p>NOTE: As always, if there is a question you cannot answer, let the participants know that you will get the answer for them as quickly as possible; and then be sure to do so.</p>

Screening for Oral Contraceptive Methods: COC and POP (15 min.)

PRESENT	slides 15-16
ASK	What does it mean that “the method is suitable for the client”?
ENSURE	<p>that the following points emerge:</p> <ul style="list-style-type: none"> • The client is reasonably sure she or he can have regular access to the method. • The client is reasonably sure she or he can use the method correctly. • The client believes that the method will be acceptable to his or her partner.
ASK	What are some medical conditions or current practices that could prevent

	a woman from using a particular family planning method?
WRITE	the participants’ answers on flip chart paper.
EXPLAIN	that you will return to this list in a few minutes to see whether it will stay the same or will need a few changes.
POINT	to number 3 on the slide 16 – “The client is not pregnant”
ASK	Why does the ADS seller need to know whether the client is pregnant?
ENSURE	that they make the following points: <ul style="list-style-type: none"> • The ADS seller will not start a pregnant woman on contraceptive pills. • The ADS seller could, however, counsel a pregnant woman about contraceptive methods she may wish to use after she gives birth.
PRESENT	slide 17
HAND OUT	“Pregnancy Checklist: How to be reasonably sure a client is not pregnant” to all participants.
REVIEW	the checklist with participants, following these steps: <ul style="list-style-type: none"> • Read the instructions at the top of the page. • Invite participants to take turns reading the other 5 questions out loud. • Invite one participant to read the <u>orange</u> box on the bottom left side out loud. • Emphasize that a client that answers NO to all of the questions in this checklist may be pregnant. • Invite another participant to read the <u>white</u> box on the bottom right side out loud. • Emphasize that if a client answers YES to <i>one or more</i> of the questions in this checklist AND she does not show any signs of pregnancy, the ADS seller may provide her with a contraceptive method.
EXPLAIN	that you are all going to play a brief game about using the pregnancy checklist to determine whether a woman is pregnant.

Exercise 2: Pregnancy checklist game (45 min.)

EXPLAIN	<ul style="list-style-type: none"> • You will play the role of the ADS seller and your colleague (another facilitator) will play the role of a woman who has come to your shop asking for a contraceptive method. • You are going to use the Pregnancy Checklist to learn whether this woman is pregnant. • Each time you ask a question, and the “woman” answers it, you will turn to the participants and ask whether you should continue asking questions or stop. <ul style="list-style-type: none"> ○ Participants should walk to the <u>left</u> side of the room when they think you should continue to ask questions. ○ Participants should walk to the <u>right</u> side of the room when they think you should stop asking questions.
POST	<p>the two signs you have prepared ahead of time:</p> <ul style="list-style-type: none"> • CONTINUE TO ASK QUESTIONS should go on the wall on the <u>left</u> side of the room. • STOP ASKING QUESTIONS should go on the wall on the <u>right</u> side of the room.
ASK	<p>the “woman” (your client) question 1: (Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no menstrual period since then?)</p> <p>SHE SHOULD ANSWER “NO.”</p>
ENSURE	<p>that all participants walk to the right side of the room <u>or</u> the left side of the room.</p>
ASK	<p>a volunteer from the LEFT side of the room to state why he or she thinks that you should continue to ask the woman questions.</p>
ENSURE	<p>that the following points emerge:</p> <ul style="list-style-type: none"> • Even if she has a child already, that child is older than 6 months and therefore is no longer breastfeeding fully. • If the child is not breastfeeding fully, the mother’s menstrual period may have returned, and she therefore can become pregnant is she has intercourse.
ASK	<p>the “woman” (your client) question 2: (Have you abstained from sexual intercourse since your last</p>

	menstrual period or delivery?) SHE SHOULD ANSWER “NO.”
ENSURE	that all participants choose a side of the room.
ASK	a volunteer from the LEFT side of the room to state why he or she thinks that you should continue to ask the woman questions.
ENSURE	that the following point is made: Because if she has had sexual intercourse since her last menstrual period or her delivery, she may be pregnant.
ASK	the “woman” question 3: (Have you had a baby in the last 4 weeks?) SHE SHOULD ANSWER “NO.”
ENSURE	that all participants choose a side of the room.
ASK	a volunteer from the LEFT side of the room to state why he or she thinks that you should continue to ask the woman questions.
ENSURE	that the following point is made: Because if she has not had a baby in the last 4 weeks, it is possible that she could be pregnant if she has had sexual intercourse.
ASK	the “woman” (your client) question 4: (Did your last menstrual period start within the past 7 days?) SHE SHOULD ANSWER “NO.”
ENSURE	that all participants choose a side of the room.
ASK	a volunteer from the LEFT side of the room to state why he or she thinks that you should continue to ask the woman questions.
ENSURE	that the following point is made: Because if she has not had her last menstrual period start within the past 7 days, she may be pregnant.
ASK	the “woman” question 5: (Have you had a miscarriage or abortion within the past 7 days?) SHE SHOULD ANSWER “NO.”
ENSURE	that all participants choose a side of the room.

ASK	a volunteer from the LEFT side of the room to state why he or she thinks that you should continue to ask the woman questions.
ENSURE	that the following point is made: Because if she has not had a miscarriage or abortion within the past 7 days, she may be pregnant.
ASK	the “woman” question 6: (Have you been using a reliable method of contraception consistently and correctly?) SHE SHOULD ANSWER “NO.”
ENSURE	that all participants choose a side of the room.
ASK	a volunteer from the RIGHT side of the room to state why he or she thinks that you should NOT continue to ask the woman questions.
ENSURE	that the following points are made: <ul style="list-style-type: none"> • Because those are all of the questions in the checklist. • If she has answered “NO” to all six of the questions, she may be pregnant. • She should wait for her next menstrual period to start with a contraceptive method. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Use a pregnancy test to determine whether she is pregnant before she starts to use a contraceptive method.
EXPLAIN	that you have another woman come to your ADS asking for a contraceptive method, so you use the checklist to ask her the same questions.
ASK	the other “woman” (or “client”) question 1: (Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no menstrual period since then?) SHE SHOULD ANSWER “YES.”
ENSURE	that all participants walk to the right side of the room <u>or</u> the left side of the room.
ASK	a volunteer from the LEFT side of the room to state why he or she thinks that you should stop asking the woman questions.

ENSURE	<p>that the following points emerge:</p> <ul style="list-style-type: none"> • If she has a baby 6 months old, is fully or nearly fully breastfeeding the baby, and she has not had a menstrual period since the delivery, there is little chance that she is pregnant.
ASK	all participants to return to their seats

Screening for Clients Who Want to Use COCs (15 min.)

ASK	If it seems likely that the client is not pregnant, and she wishes to use a contraceptive method, what will you do next?
ENSURE	that they mention that they will inform her about the different contraceptive methods that are available, from the ADS as well as from the health centre.
EXPLAIN	that if she wants to use COCs, you will need to screen her to ensure that she does not have medical conditions that may prevent her from taking them.
PRESENT	slides 19-22
ASK	participants to open their ADS Seller’s Manual to page 37, where they will find the “Checklist for screening clients who want to initiate COCs.”
REVIEW	<p>the checklist with participants, following these steps:</p> <ol style="list-style-type: none"> 1. Invite a participant to read the instructions at the top of the page. 2. Invite one participant to read the <u>green</u> box on the bottom left side out loud. 3. Emphasize that a client that answers NO to all of the questions in this checklist <u>can</u> use COCs. 4. Invite another participant to read the <u>orange</u> box on the bottom of the page out loud. 5. Emphasize the following: <ul style="list-style-type: none"> • If a client answers YES to any of the first 7 questions in this checklist, she should <u>not</u> take COCs. • If she answers YES to questions 8 or 9, she <u>might</u> be able to take

	them, but only after further evaluation.
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Exercise 3: COC screening checklist game (30 min.)

EXPLAIN	<p>that to review this checklist:</p> <ul style="list-style-type: none"> • You will ask your “client” (another facilitator) a question from the checklist. • Your “client” will answer the question. • You will ask the participants whether that answer means that you should continue to ask questions or stop. This time, you will ask them to stay in their seats and answer out loud.
ASK	<p>the “woman” (your client) question 1: (Are you currently breastfeeding a baby under six months of age?) SHE SHOULD ANSWER “YES.”</p>
ASK	<p>participants whether you should keep asking questions or stop.</p>
ENSURE	<p>that they state that you should STOP. She is <u>not</u> a good candidate for COCs.</p>
EXPLAIN	<p>that when you counselled that woman, together you decided on another birth control method that would be better for her. Now you are using the checklist with another woman.</p>
ASK	<p>the “woman” (your client) question 1: (Are you currently breastfeeding a baby under six months of age?) SHE SHOULD ANSWER “NO.”</p>
ASK	<p>participants whether you should keep asking questions or stop.</p>
ENSURE	<p>that they state that you should keep asking questions. She may be a good candidate for COCs.</p>
ASK	<p>the “woman” question 2: (Do you smoke cigarettes <i>and</i> are over 35 years of age?) SHE SHOULD ANSWER “NO.”</p>

ASK	participants whether you should keep asking questions or stop.
ENSURE	that they state that you should keep asking questions. She may be a good candidate for COCs.
ASK	the “woman” question 2 AGAIN . (Do you smoke cigarettes <i>and</i> are over 35 years of age?) SHE SHOULD ANSWER “YES.”
ASK	participants whether you should keep asking questions or stop.
ENSURE	that they state that you should stop. She is not a good candidate for COCs.
EXPLAIN	that from now on, you will ask each question twice, and each time you will ask the participants whether you should continue or stop.
CONTINUE	in this way, asking each question twice – and for each question, always having the other facilitator answer YES one time and NO the other time. For each answer the “client” gives, ask the participants whether the answer means that you should continue to ask questions or stop. Do this until you have asked all of the questions.

Additional Factors to Consider When Screening Clients Who Want to Use COCs (15 min.)

ASK	If it seems likely that the client is not pregnant, and she wishes to use a contraceptive method, what will you do next?
ENSURE	that they mention that they will inform her about the different contraceptive methods that are available, from the ADS as well as from the health centre.
EXPLAIN	that if she wants to use combined oral contraceptives or COCs, you will need to screen her to ensure that she does not have medical conditions that may prevent her from taking them.
PRESENT	slides 23-24
EXPLAIN	that these two lists are also included in the ADS Seller’s Manual on pages

	36-37.
ADD	that using the Screening Checklist is an important part of determining whether a woman can use COCs, but that the ADS seller also needs to ask the woman questions about these additional factors to fully determine whether she can use COCs.

Initiating Use of COCs (15 min.)

EXPLAIN	that once you have determined that a woman can safely take COCs, you will need to help her determine <u>when</u> she can begin taking them.	
PRESENT	slide 25	
INVITE	participants to take turns reading the statements on slide 25 about <u>when</u> a woman can initiate COCs.	
ASK	participants to say whether in each of the following situations, an ADS seller has enough information to start a woman on COCs:	
	<ul style="list-style-type: none"> Mary had her menstrual period two weeks ago and has had unprotected sexual intercourse twice since then. 	NO – you need to use the Pregnancy Checklist to make sure she is not pregnant.
	<ul style="list-style-type: none"> Elizabeth had an abortion 1 week ago, which was during her second month of pregnancy. 	YES
	<ul style="list-style-type: none"> Faith delivered a child 5 months ago, is breastfeeding him fully, and the Pregnancy Checklist shows that she is not pregnant 	NO – the child is breastfeeding and is under 6 months.
	<ul style="list-style-type: none"> Karen delivered a child six months ago, is not breastfeeding, and is not pregnant. 	YES
ASK	participants to open their ADS Seller’s Manual to page 34, where they will find a table that summarizes when a woman can initiate four different family planning methods : COC, POP, condoms, and LAM.	
POINT OUT	that the first column has the same information that is on the screen.	

EXPLAIN	that a little later in the training, they will review the other columns.
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Instructions for the Woman Starting COCs (15 min.)

PRESENT	slides 26-28
INVITE	participants to take turns reading the statements about advising a woman about how to start taking COCs.
ASK	participants to open their ADS Seller's Manual to page <u>38</u> , where they will find the instructions that they should give clients who are starting to use COCs.
ENCOURAGE	participants to use this list – reviewing it regularly – to help them remember all the important points to make about how to take COCs.
EXPLAIN	that participants will take this and practice using it on each other in the following way: <ul style="list-style-type: none"> • Everyone pair up with another participant. • The two participants should take turns playing the role of an ADS seller and the role of a woman (client) who is starting with COCs. (Assume she has been properly screened and can safely take them.) • They have 10 minutes for this practice.
CIRCULATE	to provide support and assistance, as needed.
CALL	everyone back together after 10 minutes have passed.

What to Do When You Miss a Pill (15 min.)

ASK	participants what questions, if any, they have about advising a woman about how to start using COCs.
RESPOND	to their questions or tell them that you will get back to them with answers (and then do so).
PRESENT	slides 29-30
ASK	Why is it important to make sure women who are taking COCs know what to do if they forget to take one or more pills?

ENSURE	that they respond that she needs to know whether she is protected from getting pregnant.
ASK	What should she do if she has forgotten to take one pill?
ENSURE	that they answer: Take it as soon as she remembers, and then continue taking them once daily until she finishes the packet.
ASK	What should she do if she has forgotten to take the pill two or more days in a row?
ENSURE	that they answer: <ul style="list-style-type: none"> • Take it as soon as she remembers. • Continue taking a pill once daily until she finishes the packet. • Use condoms or abstain from sexual intercourse for the following 7 days (making sure she is taking the COC pill every day as well).
ASK	What should you tell a woman who keeps forgetting to take her COCs?
ENSURE	that they mention that the ADS seller should ask the woman whether she would like to learn about another contraceptive method and switch to using that one.

Possible Side Effects of COCs (15 min.)

PRESENT	slides 31-33
ASK	participants to open their ADS Seller's Manual to page 39, where they will find this information about side effects of COCs.
ENCOURAGE	participants to use this information to help them remember how to counsel the woman about: <ul style="list-style-type: none"> • What she can expect as mild side effects. • What she should do if they do not disappear within 3 months. • What she needs to do if she has vomiting and diarrhoea while she is taking the COCs. • What she should do if she experiences any <i>danger signs</i>.

ASK	participants to name any COCs they are already familiar with or know about.
LISTEN	to their answers
PRESENT	slide 34
POINT OUT	any of the names on the slide that the participants may have mentioned earlier in the session.
EXPLAIN	that this is the end of the part of the session that deals with COCs, and in the next part of the session, participants will learn about POPs.
ADD	that some of the information about POPs will be the same as for the COCs, but some is very different, as they will see.

POPs (30 min.)

PRESENT	slides 35-36
EXPLAIN	that there are a number of similarities between COCs and POPs, such as they are both pills, they both help prevent pregnancy, and they both have to be taken every day to be effective.
SHOW	slides 37-38
ASK	participants whether women who are breastfeeding can take COCs
ENSURE	that they answer NO, they cannot.
POINT OUT	that if a woman is breastfeeding and wants to take birth control pills, she can take POPs, but not COCs.
SHOW	slides 39-40
REVIEW	the list of who should <u>not</u> use POPs with the participants.
ASK	participants if they see many women with these conditions in their communities.
PRESENT	slides 41-44
REVIEW	the advantages and disadvantages of using POPs with the participants.

POINT OUT	that participants can find these same lists in their ADS Seller’s Manual and should refer to them any time they are counselling a client about birth control methods.	
PRESENT	slide 45 – “When a woman can initiate POPs.”	
ASK	participants how this <u>differs</u> from when COCs can be initiated.	
ENSURE	that they name the following differences:	
	COCs	POPs
	<ul style="list-style-type: none"> • 1 week after an abortion (during the first 3 months) • 2 weeks after an abortion (during months 4-6) 	<ul style="list-style-type: none"> • Immediately post abortion
PRESENT	slide 46-47	
POINT OUT	that these are the same instructions that you should give a woman who is initiating COCs.	
PRESENT	slide 48	
EMPHASIZE	the importance of educating clients about the need to recognize danger signs and to go to the health centre or hospital immediately if danger signs appear.	
SHOW	slide 49	
ASK	participants if they are familiar with these names.	
SHOW	slide 50	
EXPLAIN	that this advice is important to give, because some medicines may make COCs or POPs less effective.	
ENCOURAGE	participants to review these guidelines in their ADS Seller’s Manual periodically to ensure that they are guiding women correctly in their selection of a birth control method that will be appropriate for them.	
EXPLAIN	that participants are going to do a small group exercise to practice what to say to a woman who wants birth control.	

Exercise 4: Small group work on counselling for COCs and POPs (30 min.)

EXPLAIN	<p>that participants will work in groups of three to practice counselling women on how to use COCs and POPs:</p> <ul style="list-style-type: none"> • One person plays the role of the ADS seller. • One plays the role of the woman starting on birth control. • One is the observer, who gives feedback about the counselling that has been given. • They will do the role play three times, switching roles each time, until all three individuals have played the role of the ADS seller. • Be sure to do at least one role play about starting COCs and one about starting POPs during the practice. The third role play can be about starting either kind of oral contraceptive.
ADD	that the role play should only be about the counselling that the ADS seller gives the woman about how to take the COCs or the POPs. She has already chosen the method.
DIVIDE	participants into groups of 3.
INVITE	them to begin.
CIRCULATE	to provide support and assistance, as needed.
CALL	everyone back together when the role plays have been completed.
ASK	what questions or concerns people have about counselling for COCs and POPs.
RESPOND	to their questions or concerns.
THANK	everyone for good work.

Pills and Emergency Contraception (15 min.)

PRESENT	slide 52
ASK	participants to take turns reading the statements on the slide out loud.
ASK	What are the three situations when a woman can take emergency

	contraception pills?
ALLOW	participants to read them from the screen.
TURN OFF	the PPT projector (or block the projection so that the screen is blank).
ASK	What are the three situations when a woman can take emergency contraception pills?
ENSURE	that participants name all three situations.

Wrap-up (5 min.)

PRESENT	slide 53
ASK	What should you do if a client expressed interest in an intrauterine device (IUD)?
ENSURE	that they respond that you should refer those clients who want FP methods that are beyond the scope of their services
REMIND	them that their ADS Seller's Manual had an appendix with information on FP methods that require referral

SESSION EIGHTEEN: CARE FOR PREGNANT WOMEN AND NEWBORNS

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Describe the role of the ADS in caring for newborns and pregnant women in the community. 2. Describe danger signs in a newborn that require URGENT REFERRAL. 3. Describe danger signs in a pregnant woman that require URGENT REFERRAL. 4. Describe the benefits of antenatal care. 5. Explain how to manage minor disorders that occur during pregnancy. 6. Explain the importance of postnatal care for mother and newborn and know the danger signs 	
DURATION:	3 hrs.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • ADS Seller’s Manual • Flipcharts and markers 	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Notebooks and pens
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Prepare handouts for exercises 	

Introduction and Overview (10 min.)

PRESENT	slides 1-3
ASK	participants whether they have provided the kinds of care to newborns or pregnant women that are listed on slide 3.
LISTEN	to their responses.
EXPLAIN	During this session, you will examine your role as an ADS seller in providing assessment and care to newborns and pregnant women.

Impact of Some Newborn and Maternal Practices in the Community (15 min.)

PRESENT	slide 4 (using the points listed below)
EXPLAIN	<ul style="list-style-type: none"> • Many births take place at home. <ul style="list-style-type: none"> ○ It is safer for a woman to have a facility-based birth, but many choose to deliver at home. ○ Home delivery means that if there is a problem with the mother or the child, there will be a delay in getting care. • Even when deliveries occur at facilities, mothers and babies are often discharged 24 hours (or less) after birth. <ul style="list-style-type: none"> ○ Again, if there is a problem with the mother or the child, there will be a delay in getting care. • If there is a problem with the newborn, it may be seen as “mystical,” and perhaps medical care will not be sought. • New mothers stay at home. <ul style="list-style-type: none"> ○ Some traditional practices require them to stay at home, which limits their ability to seek care if problems develop.
ASK	participants whether they are familiar with such practices, and if so, whether they have seen problems caused by those practices.
LISTEN	to a few examples.
ASK	participants whether they have seen any pregnant women, newborns, or new mothers who have been SAVED by their families taking them for medical care.
LISTEN	to a few examples.

Role of the ADS Seller in Advising the Pregnant Woman (5 min.)

PRESENT	slides 5-12, inviting participants to take turns reading each of the statements on those slides.
EXPLAIN	that participants are now going to practice sharing this information with pregnant women by doing an exercise with each other.

	They will also find this information in their ADS Seller’s Manual, on pages 61-64.
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Exercise 1: Explaining to a pregnant woman what she can expect at the ANC visits (20 min.)

ASK	participants to open their ADS Seller’s Manual to page 61.
EXPLAIN	<p>that participants have 15 minutes to do the following:</p> <ol style="list-style-type: none"> 1. Turn to the person next to you. You will be practice partners for this exercise. 2. One partner uses the suggested wording in the box titled, “Telling the pregnant woman what to expect at ANC visits” to help her understand what to expect. 3. The other partner listens carefully, just as though he or she were a pregnant woman getting new information. 4. When the first partner finishes telling the “pregnant woman” what to expect, the second partner gives the first feedback and suggestions about what went well and what could be improved. 5. Then the two switch roles – so the second partner uses the suggested wording in the box titled, “Telling the pregnant woman what to expect at ANC visits” to help the first partner (playing the “pregnant woman”) understand what to expect. 6. This time, the first partner gives the second partner feedback and suggestions about what went well and what could be improved. 7. When they have finished, they should return to their seats and read their ADS Seller’s Manual until everyone has finished.
TELL	them to get started.
CIRCULATE	and provide support and assistance, as needed.
CONTINUE	with the session as soon as all participants are back at their desks/seats and are reading.

Role of the ADS Seller in Advising the Pregnant Woman (cont.) (20 min.)

PRESENT	slides 13-14, inviting participants to take turns reading each of the statements on those slides out loud.
ASK	the participants: “If I were a pregnant woman and came to you, the ADS seller, complaining that I have a lower back ache, what would you recommend?”
ENSURE	that they answer: “Do simple exercise, like walking.”
ASK	the participants: “If I were a pregnant woman and came to you, the ADS seller, complaining that I have constipation, what would you recommend?”
ENSURE	that they answer: “Eat more fruits and vegetables and drink lots of water.”
ASK	the participants: “If I were a pregnant woman and came to you, the ADS seller, complaining that I have morning sickness, what would you recommend?”
ENSURE	that they answer: “Avoid cooking fried spicy foods.” “Eat dry snacks, like biscuits or popcorn.”
ASK	the participants: “If I were a pregnant woman and came to you, the ADS seller, complaining that I have heartburn, what would you recommend?”
ENSURE	that they answer: <ul style="list-style-type: none"> • Eat small quantities of food. • Elevate the head of the bed using pillows or blocks. • Eat at least 3 hours before going to bed.

Role of the ADS Seller in REFERRING the Pregnant Woman (10 min.)

PRESENT	slide 15
EXPLAIN	that the ADS seller must REFER a pregnant woman to the closest health unit (preferably a hospital) if she has any of the following DANGER

	<p>SIGNS:</p> <ul style="list-style-type: none"> • Breaking of waters • Any vaginal bleeding • Very high temperature • Severe headache or dizziness • Swollen feet, hands, and face • Fits or convulsions • Paleness or fatigue • When the baby has stopped moving
ADD	that this is an important responsibility because you may save her life by sending her for the care she needs.
REMINDE	participants that they can find this same list of DANGER SIGNS on page 62 of their ADS Seller's Manual.
ENCOURAGE	them to keep this list in mind every time a pregnant woman comes into their shops, and to look at it periodically so that they will be ready to help someone someday.
EXPLAIN	<p>that there is also information about what and how a pregnant woman should eat in their ADS Seller's Manual.</p> <p>If they have opportunities to advise their clients about what to eat, they should consult that information to help them.</p>

Newborns (30 min.)

PRESENT	slides 16-20
EXPLAIN	<p>that as the participants should know by now, the ADS seller should REFER all newborns that need medical attention.</p> <p>NO MANAGEMENT OF NEWBORNS SHOULD BE CARRIED OUT AT THE ADS!</p>
ASK	What are three specific danger signs that are mentioned in the PPT presentation?
ENSURE	that they answer:

	<ul style="list-style-type: none"> • Not able to breastfeed. • Reddened area surrounding the cord. • Discharge from the eyes.
EXPLAIN	that there are three other danger signs that the ADS seller should be aware of.
ASK	participants to open their ADS Seller's Manual to page 65, where they will find an Assessment Checklist for the newborn.
REVIEW	<p>the checklist with the participants, pointing out the three additional danger signs:</p> <ul style="list-style-type: none"> • Colour of the skin: If you do not see the child, ask about his or her skin colour. • Fast breathing: It is very difficult to measure the breathing rate of a newborn. If in doubt, REFER. • Temperature above 37.5°C: It can be difficult to measure a newborn's temperature. However, a newborn with a temperature above 37.5°C is likely to show other symptoms of illness. When in doubt, REFER.
EXPLAIN	that the ADS seller may very well not <i>see</i> the newborn because the new mother and the newborn often do not leave the house. However, if he or she hears about a newborn that is having problems, the ADS seller should keep these danger signs in mind as he or she investigates, and REFER the baby as needed.
PRESENT	slides 21-22
ASK	participants how they know where to REFER their clients.
LISTEN	to their responses.
EXPLAIN	how they can find out where to REFER their clients, if they do not know that now.
PRESENT	slide 23
REVIEW	the information about breastfeeding babies.
ASK	participants what they know about breastfeeding practices in their communities. For example:

	<ul style="list-style-type: none"> • When do mother start breastfeeding their newborns? <ul style="list-style-type: none"> ○ Recommendation: They should start breastfeeding within one hour of birth. ○ If they do not, why not? • How long should a mother breastfeed her baby exclusively? <ul style="list-style-type: none"> ○ Recommendation: From birth to 6 months. ○ If they do not, why not? • When should the mother start complementary feeding of the child? <ul style="list-style-type: none"> ○ Recommendation: When the child reaches 6 months of age. • How long should a mother breastfeed her child? <ul style="list-style-type: none"> ○ Recommendation: Up to 2 years or beyond.
ENCOURAGE	participants to take advantage of every opportunity to promote breastfeeding of children at least up to age 2.

Exercise 2: Advice about pregnancy and newborn care (1 hr.)

EXPLAIN	that participants are going to work in small groups to prepare advice for a pregnant woman who comes to the ADS to ask for help.
ADD	<p>Each group will:</p> <ul style="list-style-type: none"> • Prepare what the ADS seller’s answer should be. • Identify 2 members who will do a 5-minute role play of the ADS seller giving her that advice. • Present the role play to everyone else.
DIVIDE	participants into groups of 4 – 5.
ASSIGN	<p>each group <u>one</u> of the following handouts¹:</p> <ul style="list-style-type: none"> • Mirembe’s request • Sarah’s concern • Mary’s question

¹ The handouts appear at the end of this session plan.

	<ul style="list-style-type: none"> • Carol’s worries
GIVE	each group the <u>one</u> handout that you have assigned to it FACE DOWN.
REMIND	participants to consult their ADS Seller’s Manual about advice to give a pregnant woman.
TELL	participants they have 15 minutes to prepare and to start now.
CIRCULATE	and provide support and assistance, as needed.
CALL	participants back together after 15 minutes.
ASK	one group to present its role play.
INVITE	<p>the other participants to comment on the role play:</p> <ul style="list-style-type: none"> • What did they do well? • What could be improved?
REPEAT	this process until all of the groups have presented their role plays and received comments/feedback.

General Advice on Newborn Care and Breastfeeding (15 min.)

ASK	participants to open their ADS Seller’s Manual to page 66, and review with them the information listed under “How to care for the newborn” (pages 66-70), followed by “Minor conditions in breastfeeding mothers” (pages 71-72) and postnatal care (page 72)
EXPLAIN	that the ADS seller should share this helpful information with pregnant women and new mothers who come to them for advice.
ENSURE	that they know the danger signs in newbons (pages 72-73) and that they should not try to manage newborns themselves.
PRESENT	slide 25
THANK	Participants for their work.

Wrap-up (5 min.)

ASK	what they should do if a client comes in with a sick newborn
ENSURE	that they respond that they should check for danger signs and REFER immediately
ASK	them to list the danger signs

HANDOUT

TRAINER'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 1: Mirembe's Request

Mirembe, pregnant for the first time, presents at your drug shop with a complaint of nausea and vomiting that occurs every morning. She asks you to give her medicine that can stop the vomiting and to give her advice about how to care for the pregnancy.

Questions

1. How will you help Mirembe manager her problem with the nausea and vomiting?
 - Advise her to avoid cooking fried, spicy foods.
 - Advise her to eat dry snacks, such as biscuits, popcorn, etc.
2. What advice will you give Mirembe to help her have a successful pregnancy?
 - If she has missed at least 2 menstrual periods and has not gone for an ANC visit yet, she should go for one as soon as possible.
 - Go back for ANC visits as often as the health staff tell her to (usually 4 visits).
 - Eat a good diet, including fruits and vegetables, and drink lots of water.
 - Go to the health unit if you have any of the following DANGER SIGNS:
 - Breaking of waters
 - Any vaginal bleeding
 - Very high temperature
 - Severe headache or dizziness
 - Swollen feet, hands, and face
 - Fits or convulsions
 - Paleness or fatigue
 - If the baby has stopped moving

HANDOUT

TRAINER'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 2: Sarah's concern

Sarah has a sister who has just given birth yesterday. Sarah comes to your drug shop to ask your advice about the newborn, who is now 24 hours old but will not suckle (breastfeed). She tells you that the baby seems too sleepy or weak to breastfeed.

Sarah asks you to go to the house and provide care for the baby.

Questions

1. Do you think you should go to the house and provide care for the baby?

No – you do not have the skills or the permission to care for a newborn baby.

2. What advice will you give Sarah?

The family must take the new mother and the baby to the nearest hospital immediately. The baby is in danger and needs medical care.

HANDOUT

TRAINER'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 3: Mary's question

Mary, who is pregnant for the first time, presents at your drug shop asking for advice about vitamins and medicines she should take to have a good pregnancy and a healthy baby. She tells you that she has missed three menstrual periods, and the sickness she had during the first three months has almost gone away.

Questions

1. Will you give Mary vitamins or medicines during this visit?

- No, because a skilled health worker should advise Mary about what, if anything, to take.

What advice will you give Mary?

- If she has not gone for an ANC visit yet, she should go for one as soon as possible.
- Go back for ANC visits as often as the health staff tell her to (usually 4 visits).
- Eat a good diet, including fruits and vegetables, and drink lots of water.
- Go to the health unit immediately if you have any of the following DANGER SIGNS:
 - Breaking of waters
 - Any vaginal bleeding
 - Very high temperature
 - Severe headache or dizziness
 - Swollen feet, hands, and face
 - Fits or convulsions
 - Paleness or fatigue
 - If the baby has stopped moving

HANDOUT

TRAINER'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 4: Carol's worries

Carol, who is pregnant for the first time, presents at your drug shop asking for something that will help her get rid of constipation. She is not able to go frequently, and when she does, it is painful.

Questions

1. Will you give Carol something to help her go to the bathroom more regularly or to help with the pain when she does go to the bathroom?
 - No, because women have to be very careful about taking medicines when they are pregnant. The medicines can harm the baby growing inside.
2. What advice will you give Carol?
 - Eat lots of fruits and vegetables and drink lots of water.
 - If she has missed at least 2 menstrual periods and has not gone for an ANC visit yet, she should go for one as soon as possible.
 - Go back for ANC visits as often as the health staff tell her to (usually 4 visits).
 - Go to the health unit if you have any of the following DANGER SIGNS:
 - Breaking of waters
 - Any vaginal bleeding
 - Very high temperature
 - Severe headache or dizziness
 - Swollen feet, hands, and face
 - Fits or convulsions
 - Paleness or fatigue
 - If the baby has stopped moving

HANDOUT

PARTICIPANT'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 1: Mirembe's Request

Mirembe, pregnant for the first time, presents at your drug shop with a complaint of nausea and vomiting that occurs every morning. She asks you to give her medicine that can stop the vomiting and to give her advice about how to care for the pregnancy.

Questions

1. How will you help Mirembe manager her problem with the nausea and vomiting?
2. What advice will you give Mirembe to help her have a successful pregnancy?

HANDOUT

PARTICIPANT'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 2: Sarah's concern

Sarah has a sister who has just given birth yesterday. Sarah comes to your drug shop to ask your advice about the newborn, who is now 24 hours old but will not suckle (breastfeed). She tells you that the baby seems too sleepy or weak to breastfeed.

Sarah asks you to go to the house and provide care for the baby.

Questions

1. Do you think you should go to the house and provide care for the baby?
2. What advice will you give Sarah?

HANDOUT

PARTICIPANT'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 3: Mary's question

Mary, who is pregnant for the first time, presents at your drug shop asking for advice about vitamins and medicines she should take to have a good pregnancy and a healthy baby. She tells you that she has missed three menstrual periods, and the sickness she had during the first three months has almost gone away.

Questions

1. Will you give Mary vitamins or medicines during this visit?
2. What advice will you give Mary?

HANDOUT

PARTICIPANT'S VERSION

Session 18: Care for the Pregnant Woman and the Newborn

Handout 4: Carol's worries

Carol, who is pregnant for the first time, presents at your drug shop asking for something that will help her get rid of constipation. She is not able to go frequently, and when she does, it is painful.

Questions

1. Will you give Carol something to help her go to the bathroom more regularly or to help with the pain when she does go to the bathroom?
2. What advice will you give Carol?

SESSION NINETEEN: CHRONIC CONDITIONS

<p>LEARNING OBJECTIVES:</p>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Name at least three signs or symptoms of each of the following chronic conditions: <ul style="list-style-type: none"> • hypertension (high blood pressure) • diabetes mellitus • asthma 2. Locate the complete list of signs and symptoms of each of these chronic conditions in the ADS Seller’s Manual. 3. REFER clients who have signs and/or symptoms of any of the three conditions. 4. Advise clients on how to prevent hypertension/high blood pressure, diabetes mellitus, and asthma. 5. Advise clients on how to manage hypertension/high blood pressure, diabetes mellitus, and asthma. 	
<p>DURATION:</p>	<p>2 hr. 20 min.</p>	
<p>METHODOLOGY:</p>	<p>Lecture, Q&A, discussion, small group work</p>	
<p>MATERIALS:</p>	<ul style="list-style-type: none"> • ADS Seller’s Manual • Handouts for Exercise 1 • Flip charts and markers 	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Notebooks and pens
<p>PREPARE IN ADVANCE:</p>	<ul style="list-style-type: none"> • Print enough Exercise 1 handouts for every participant 	

Introduction and Overview (10 min.)

<p>PRESENT</p>	<p>slides 1-4</p>
<p>EXPLAIN</p>	<p>that during this session, you will examine your role as an ADS seller in educating clients in how to prevent the chronic conditions: hypertension</p>

	or high blood pressure, diabetes mellitus, and asthma.
ASK	participants whether they have seen or known clients who have had one or more of these chronic conditions.
LISTEN	to their responses.
EXPLAIN	that you will start by examining what each condition is and what are its signs and symptoms.

Hypertension/High Blood Pressure (30 min.)

PRESENT	slides 5-9
ASK	participants to explain what it means that: “Each of the signs and symptoms <u>by itself</u> may not seem dangerous.”
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • A person can have a headache, for example, because he is tired. • Another person may have dizziness by itself, due to hunger or perhaps a medicine she is taking. • A person may have difficulty breathing because of a cold or even asthma.
ASK	What should make you suspect that a person has high blood pressure and needs to be referred?
ENSURE	that they respond (in their own words): when a person has <u>two</u> or more of the symptoms listed on slide 7 (SHOW slide 7).
MENTION	that participants can also find the list of signs and symptoms of high blood pressure in their ADS Seller’s Manual on page 75. They should consult that list when they think a person may have high blood pressure.
ASK	What are some “risk factors” that may make it more likely for a person to develop high blood pressure?
SHOW	(Once a participant has mentioned at least one of the “risk factors” listed on slide 8 ...) Show slide 8 again and invite participants to take turns reading the factors out loud.
SHOW	slide 9 again.

INVITE	participants to take turns reading out loud the responsibilities of ADS sellers.
SHOW	slides 10 and 11, inviting participants to take turns reading out loud the advice they should give to their clients who have been diagnosed with high blood pressure.
EXPLAIN	that you are now going to examine the other two chronic conditions – diabetes mellitus and asthma – and then the participants will do an exercise to help ensure that they have captured the essential points of the session.

Diabetes Mellitus (30 min.)

PRESENT	slides 12-14
ASK	“Do you have clients who have diabetes?”
LISTEN	to their responses.
ASK	“Have you ever had a client complain of excessive thirst or excessive urination?”
LISTEN	to their responses.
ASK	“What would you tell a 45-year-old client who complained of excessive thirst and urination, and who was very overweight?”
ENSURE	that the responses include the following points: <ul style="list-style-type: none"> • REFER him or her to health centre IV or a hospital for testing for diabetes. • Invite the person to come back to the ADS for advice about how to take care of him- or herself after getting medical care.
PRESENT	slide 15
ASK	“Why is it important for an ADS seller to know the risk factors for diabetes?”
ENSURE	that the following points emerge: <ol style="list-style-type: none"> 1. The ADS seller can identify which of his or her clients has those risk factors.

	<p>2. When the ADS seller sees that a client has one or more risk factors, he or she can give the client advice about the need to get checked for diabetes.</p> <p>3. The ADS seller can also give advice to clients who have the risk factors about changes they can make to help them avoid getting diabetes.</p>
SHOW	slides 16-17 and ask participants to take turns reading the advice out loud.
EXPLAIN	that participants can find this advice in their ADS Seller’s Manual on pages 77-78, and as always, they should use their Manual to help them remember these important details and to help them counsel their clients.

Low Blood Sugar (30 min.)

PRESENT	slides 18-23
EXPLAIN	<p>If you have clients who have diabetes, you should talk to them about:</p> <ul style="list-style-type: none"> • What <u>low blood sugar</u> is. • How to recognize the <u>signs and symptoms</u> of low blood sugar. • How to <u>manage</u> low blood sugar. • How they can <u>prevent</u> having low blood sugar.
ASK	How would you tell a client who has diabetes what low blood sugar is?
ENSURE	<p>that they mention the following (in their own words):</p> <ul style="list-style-type: none"> • People who take insulin or Glibenclamide to treat their diabetes can get low blood sugar. • Low blood sugar means that the person does not have enough sugar in his or her blood.
ASK	What would you tell a client about the signs and symptoms of low blood sugar?
ENSURE	<p>that the responses include the following points:</p> <p>If a person with diabetes shows one or more of the following symptoms, he or she may have low blood sugar:</p> <ol style="list-style-type: none"> 1. Excessive sweating 2. Tiredness

	<ol style="list-style-type: none"> 3. Trembling and shaking 4. Tingling of the lips 5. Excessive hunger 6. Palpitations (rapid heartbeat) 7. Confusion
ASK	What would you tell a client who had symptoms of low blood sugar about how to manage low blood sugar?
ENSURE	<p>that the following points emerge:</p> <ul style="list-style-type: none"> • Tell the client to drink anything containing sugar (safi juice, splash, honey, glass of milk, solutions containing sugar or glucose, or even soda). • Tell the client that if the symptoms are <i>severe</i>, or if they do not go away shortly after he or she has drunk something containing sugar, it is important to go to the health centre for treatment right away.
ASK	What would you tell a client who had diabetes about how to prevent low blood sugar?
ENSURE	<p>that they mention the following advice they will give:</p> <ul style="list-style-type: none"> • Eat on time. • Reduce the amount of alcohol taken to 1 bottle of beer per day or less. • Be sure to eat when taking alcohol. • Inject insulin at the right time and with the right dose. • Always carry glucose powder or packed juice as first aid for low blood sugar.
EXPLAIN	that they can find this information about how to advise a person with diabetes about how to recognize, manage, and prevent low blood sugar in their ADS Seller's Manual in session 19.

Asthma (15 min.)

PRESENT	slides 24-26
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ASK	Do you have clients who have asthma?
LISTEN	to their responses.
ASK	What would you tell a client who complained of wheezing, coughing that is bad at night, and chest tightness?
ENSURE	that they mention that they would REFER the client to the nearby health centre or clinic to be checked for asthma.
PRESENT	slides 27-30 (inviting participants to take turns reading out loud the list of causes of asthma, as well as the advice to clients who have been diagnosed with asthma).
ASK	what questions participants have about their role in identifying clients who may have asthma and in advising clients who have been diagnosed with asthma.
ANSWER	their questions (or tell them you will get the answer for them ... and then be sure to do so).
EXPLAIN	that participants will now do an exercise to ensure that they have understood the materials in this session and have met the learning objectives.

Exercise 1: Identifying and providing advice about chronic conditions (45 min.)

EXPLAIN	that participants are going to work in small groups to read scenarios about chronic conditions and respond to questions about the scenarios.
ADD	that for each scenario, the group will: <ol style="list-style-type: none"> 1. Read the scenario and the accompanying questions. 2. Reach agreement on answers to the questions. 3. Be ready to share their answers in the larger group.
DIVIDE	participants into groups of 4 – 5.
GIVE	each participant a copy of the Exercise 1 handout on chronic conditions
REMIND	participants to consult session 19 of their ADS Seller’s Manual to help them answer the questions.

TELL	participants that they have 15 minutes to complete their task and to start now.
CIRCULATE	and provide support and assistance, as needed.
CALL	participants back together after 15 minutes.
INVITE	one group to present their answer to the questions for Scenario #1.
ASK	the other participants: <ul style="list-style-type: none"> • Do they agree? • If not, what do they think the answer should be?
REPEAT	this process until all of the groups have presented their answers and there is consensus on the answers.
THANK	all participants for their work.

Wrap-up (5 min.)

REMIND	participants that their ADS Seller's Manual contains all of the key information about managing chronic diseases. Their ADS Seller's Manual will be a valuable resource to them on the job.
REMIND	participants that clinicians must diagnose a chronic condition, but that they can play an important role in helping the client adhere to treatment.

HANDOUT

TRAINER'S VERSION

Session 19: Chronic Conditions

Scenario 1: Paul

Paul, aged 50 yrs., presents at your ADS complaining of severe headache and nose bleeds. He is overweight and is smoking when he arrives at your ADS. When you ask him to tell you about himself, he admits that he drinks and smokes more than he should.

Questions

1. What will you do to help Paul right away?
 - Explain that he may have a very serious condition called “high blood pressure”, and he needs to be examined by a health worker at the health centre or hospital right away.
 - REFER him to the nearest health centre or hospital that can diagnose and treat his condition.
2. How can you help Paul if he is diagnosed with high blood pressure?
 - Advise him about things he can do to manage his high blood pressure.
 - Dispense the medicines that are prescribed to help him treat the high blood pressure.

Scenario 2: Mrs. Musoke

Mrs. Musoke, aged 62 yrs., comes to your ADS complaining of tiredness. She explains that she is not getting enough sleep these days because she has to get up several times during the night to urinate. When you ask her whether she is often thirsty, she replies that she always seems to be thirsty lately!

Questions

1. What will you tell Mrs. Musoke?
 - Explain that she may have a serious condition called “diabetes.”
 - Tell her that she needs to go to the health centre or hospital right away to be checked by a health worker.
 - Explain that if they find that she has diabetes, there is medicine she can take to treat it.

- **REFER** her to the nearest health centre or hospital that can diagnose and treat her condition.
2. How can you help Mrs. Musoke if she is diagnosed with diabetes?
- Dispense the medicines that are prescribed to help her treat her diabetes.
 - Advise her about things she can do to recognize, manage, and prevent low blood sugar.

Scenario 3: Christian

Christian, aged 12 yrs., is brought to your ADS by his mother, who tells you he:

- Has a hard time breathing.
- Wheezes when he breathes.
- Complains that his chest feels tight.

When you ask the boy how often his nose is stuffed up or runs, and he tells you that he always seems to be stuffed up, you notice that he sounds congested.

Questions

1. What will you tell Christian and his mother?
- Explain that he may have a chronic condition called “asthma.”
 - Tell them that he needs to go to the health centre or hospital, where they will examine him and find out what is wrong.
 - Explain that if they find that he has asthma, there is medicine he can take to treat it.
 - **REFER** him to the nearest health centre or hospital that can diagnose and treat his condition.
2. How can you help Christian if he is diagnosed with asthma?
- Advise him and his mother about things they can both do to manage his asthma.
 - Dispense the medicines that are prescribed to help treat asthma.

HANDOUT
PARTICIPANT'S VERSION
Session 19: Chronic Conditions

Scenario 1: Paul

Paul, aged 50 yrs., presents at your ADS complaining of severe headache and nose bleeds. He is overweight and is smoking when he arrives at your ADS. When you ask him to tell you about himself, he admits that he drinks and smokes more than he should.

Questions

1. What will you do to help Paul right away?

2. How can you help Paul if he is diagnosed with high blood pressure?

Scenario 2: Mrs. Musoke

Mrs. Musoke, aged 62 yrs., comes to your ADS complaining of tiredness. She explains that she is not getting enough sleep these days because she has to get up several times during the night to urinate. When you ask her whether she is often thirsty, she replies that she always seems to be thirsty lately!

Questions

1. What will you tell Mrs. Musoke?

2. How can you help Mrs. Musoke if she is diagnosed with diabetes?

Scenario 3: Christian

Christian, aged 12 yrs., is brought to your ADS by his mother, who tells you he:

- Has a hard time breathing.
- Wheezes when he breathes.
- Complains that his chest feels tight.

When you ask the boy how often his nose is stuffed up or runs, and he tells you that he always seems to be stuffed up, you notice that he sounds congested.

Questions

1. What will you tell Christian and his mother?

2. How can you help Christian if he is diagnosed with asthma?

SESSION TWENTY: NOTIFIABLE DISEASES

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none">1. Name seven common notifiable diseases:<ul style="list-style-type: none">• Cholera• Haemorrhagic fever caused by the Ebola virus or the Marburg virus or Crimean-Congo haemorrhagic fever• Dengue and Chikungunya fevers• Meningitis• Yellow fever• Rift Valley fever• Lassa fever2. State the signs and symptoms of:<ul style="list-style-type: none">• Cholera• Haemorrhagic fever caused by the Ebola virus or the Marburg virus or Crimean-Congo haemorrhagic fever• Dengue and Chikungunya fevers• Meningitis• Yellow fever• Rift Valley fever• Lassa fever3. State the mode of transmission of:<ul style="list-style-type: none">• Cholera• Haemorrhagic fever caused by the Ebola virus or the Marburg virus or Crimean-Congo haemorrhagic fever• Dengue and Chikungunya fevers• Meningitis
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	<ul style="list-style-type: none"> • Yellow fever • Rift Valley fever • Lassa fever <p>4. State the basic preventive measures for:</p> <ul style="list-style-type: none"> • Cholera • Haemorrhagic fever caused by the Ebola virus or the Marburg virus or Crimean-Congo haemorrhagic fever • Dengue and Chikungunya fevers • Meningitis • Yellow fever • Rift Valley fever • Lassa fever <p>5. State whom to contact in case of the appearance of any notifiable disease.</p>		
DURATION:	3 hr. 15 min.		
METHODOLOGY:	Lecture, Q&A, discussion, small group work		
MATERIALS:	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • ADS Seller’s Manual • Handouts for Exercise 1 • Flip charts and markers </td> <td> <ul style="list-style-type: none"> • PowerPoint slides • Projector • Notebooks and pens </td> </tr> </table>	<ul style="list-style-type: none"> • ADS Seller’s Manual • Handouts for Exercise 1 • Flip charts and markers 	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Notebooks and pens
<ul style="list-style-type: none"> • ADS Seller’s Manual • Handouts for Exercise 1 • Flip charts and markers 	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Notebooks and pens 		
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Print enough Exercise 1 handouts for every participant • Insert appropriate contact information on Slide 5 		

Introduction and Overview (10 min.)

PRESENT	slides 1-5
EXPLAIN	that during this session, you will examine your role as an ADS seller in dealing with what we call “notifiable” diseases.
ASK	what do we mean when we say a disease is “notifiable”?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • A “notifiable” disease is a disease that affects a large number of

	<p>people at a go (at one time).</p> <ul style="list-style-type: none"> • It is a deadly disease that spreads quickly and easily in a community. • It is a disease that you must report to the proper authorities as soon as a suspected case appears in the community.
EXPLAIN	that you will start by examining what each condition is and what are its signs and symptoms.

Cholera (20 min.)

PRESENT	slide 6
INVITE	participants to take turns reading out loud the diseases listed on the slide.
ASK	Have any of you seen cases of cholera?
LISTEN	to their answers.
PRESENT	slide 8
INVITE	participants to take turns reading out loud the statements on the slide.
ASK	Why is cholera so dangerous?
ENSURE	that they respond that people can die from it very quickly
PRESENT	slides 9-10
INVITE	participants to take turns reading out loud the statements on the slide.
ASK	What are ways that people can get cholera?
ENSURE	that they respond with one of the four ways: eating, drinking, touching an infected person, touching a contaminated object
PRESENT	slides 11-12
INVITE	participants to take turns reading out loud the statements on the slide.
ASK	Why is it important to keep a client with cholera away from other people?
ENSURE	that they mention that the disease can pass easily from one person to another through contact with vomitus, stools, etc.

ASK	Why is it important to rehydrate a client with cholera before REFERRING him or her for medical care?
ENSURE	that they explain that the client is losing so many fluids rapidly through vomiting and diarrhoea that he or she could die quickly if those fluids were not replaced.
ASK	Why is it important to sprinkle a bleach solution (e.g., JIK) on all items that have come in contact with the client's vomitus and diarrhoea?
ENSURE	that they repeat that the disease can pass easily from one person to another through contact with vomitus, stools, etc.
ASK	How do you make the chlorine solution?
ENSURE	that they respond: <ul style="list-style-type: none"> • Mix: <ol style="list-style-type: none"> 1. 1 part chlorine 2. 9 parts water
EXPLAIN	that ADS sellers should encourage community members to do many of these preventive measures regularly.
ASK	Which of these preventive steps should an ADS seller be sure to emphasize when there is a case (or an outbreak) of cholera in the community?
ENSURE	that they mention: <ul style="list-style-type: none"> • Bury the dead body of a person who has died of cholera immediately and avoid communal burying.
ASK	Why is it important to report all suspected cases of cholera to the local health officials as fast as possible?
ENSURE	that they respond that the health system staff will need to work quickly to contain the outbreak and mobilize to treat victims.

Haemorrhagic Fevers Caused by Ebola Virus, Marburg Virus or Crimean-Congo fever (20 min.)

PRESENT	slides 13-15
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ASK	What do you know about haemorrhagic fever, either caused by the Ebola or Marburg virus or Crimean-Congo haemorrhagic fever (CCHF)
LISTEN	to their responses.
PRESENT	slides 16 and slide 17
POINT OUT	<p>the similarities between what the participants may have said about how Ebola or Marburg or CCHF is transmitted and the statements on the screen.</p> <p>IF some of their statements were not true, explain that they are false and emphasize the true statements about transmission that are on the screen.</p>
SHOW	slides 18 and slide 19 Signs and Symptoms
INVITE	participants to take turns reading out loud the statements on the slide.
POINT OUT	<p>the similarities between what the participants may have said earlier about signs and symptoms of Ebola, Marburg, or CCHF and the statements on the screen.</p> <p>IF some of their statements were not true, explain that they are false and emphasize the true statements about signs and symptoms that are on the screen.</p>
PRESENT	slide 22 – Haemorrhagic Fever Management
ASK	Why do you have to avoid direct contact with the client?
ENSURE	<p>that the following points emerge:</p> <ul style="list-style-type: none"> • Ebola or Marburg virus or Nairovirus (that causes CCHF) is passed from one person to another through direct contact with wounds, blood, saliva, vomitus, stool, or urine of the infected person. • Touching the person puts you at great risk of getting the disease. • That CCHF can also be transmitted by a tick bite or contact with infected animals.
ASK	Why is it important to report a suspected case to the local health official and the health inspector immediately?
ENSURE	<p>that the following points emerge:</p> <ul style="list-style-type: none"> • They have the training and resources to deal with the situation.

	<ul style="list-style-type: none"> • They will support you in isolating the client and protecting other community members from the disease. • They will identify who has had contact with the client and will isolate him or her and follow up with them to see whether they show signs and symptoms of the disease.
PRESENT	slides 23-25
ASK	Why is it important to keep gloves and bleach in your shop at all times?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • You need to be ready to protect yourself if a client with signs and symptoms of haemorrhagic fever is brought to your shop.
EXPLAIN	that participants will now do an exercise to ensure that they have understood the material of this session and have met the learning objectives.

Dengue and Chikungunya Fevers (15 min.)

PRESENT	slides 26
ASK	What do you know about dengue and chikungunya?
LISTEN	to their responses.
PRESENT	slides 27 - 29
POINT OUT	the similarities between what the participants may have said about dengue and chikungunya fevers, how they’re spread through mosquitoes and the fact that there is a certain geographic band of countries – typically in the tropics and sub-tropics – that are prone to these illnesses.
SHOW	slides 30 and 31 Signs and Symptoms
INVITE	participants to take turns reading out loud the statements on the slide.
ASK	based on this information, who is particularly at risk in suffering from these diseases, especially in the severe form?
LISTEN	to their responses.
POINT OUT	that children are particularly at risk when it comes to severe cases, and

	there really is no medicine to treat either condition.
PRESENT	slide 32 and 33 – Management and Prevent Spread
ASK	What is the key to reducing the impact of dengue or chikungunya fevers?
ENSURE	<p>that the following points emerge:</p> <ul style="list-style-type: none"> • Unlike some other diseases, these diseases are not spread from person-to-person • The key to reducing the impact is to reduce exposure to mosquitoes through elimination of standing water around the home, mosquito nets and proper clothing.

Meningitis (20 min.)

PRESENT	Slide 34
ASK	What percentage of cases of meningitis result in death if not treated?
LISTEN	to their responses.
POINT OUT	50% of meningitis cases will end in death if not treated.
ASK	<p>The participants to raise their hands if they think that meningitis outbreaks are more prevalent during the rainy season.</p> <p>Then ask the participants to raise their hands if they think that meningitis outbreaks are more prevalent during the dry season.</p>
POINT OUT	they will find the answer to this question in the coming slides!
PRESENT	Slides 35 - 37
INVITE	participants to take turns reading out loud the statements on the slide.
POINT OUT	that meningitis is caused by a bacterial infection and that vaccines are available to prevent meningitis. Additionally, epidemics tend to occur during the dry season, and it can quickly spread from person-to-person contact.
SHOW	slide 38 and slide 39
INVITE	participants to take turns reading out loud the statements on the slide.

ASK	There is a lot of information on these two slides. What do you think is the single most important take-away for you?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • Meningitis is a medical emergency and needs to be referred immediately to a health centre • Even with early diagnosis, 5%-10% of patients will die... this is a serious disease. • People in close contact with the patient, such as a family member, should receive antibiotics in order to prevent contracting the illness.

Yellow Fever (20 min.)

PRESENT	Slide 40
ASK	What causes yellow fever?
LISTEN	to their responses.
ENSURE	the participants are aware that yellow fever is another mosquito-borne illness.
PRESENT	Slides 41 and 42
POINT OUT	that while most people with yellow fever may have few or no symptoms, more serious cases have a very high death rate (50%).
SHOW	slides 43 - 45
INVITE	participants to take turns reading out loud the statements on these slides.
ASK	participants to take 3 minutes and work in pairs with the person next to them in order to identify the most important fact for them among all the facts found on these three slides. "Most important fact" can be defined as the fact among these slides that will have the biggest impact on their work.
INVITE	each pair to take 60 seconds to describe the most important fact for them and explain why they felt that was the most important fact for them.
ENSURE	that the following points emerge:

	<ul style="list-style-type: none"> • Yellow fever is easily confused with other diseases during its early stages, but if not properly diagnosed, severe cases may result in death • Yellow fever may briefly go into remission and then return with dire consequences (including death) • Taking medications such as aspirin can lead to increased risk of bleeding
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Rift Valley Fever (10 min.)

PRESENT	Slide 46
ASK	What (if anything) do you know about Rift Valley fever?
LISTEN	to their responses.
PRESENT	slide 47 and 48
POINT OUT	RVF is a condition that is passed to humans from the blood of domesticated animals, such as goats or sheep. It is not common in urban areas and is not spread through person-to-person contact.
SHOW	slide 49 and slide 50 signs and symptoms (mild vs severe forms)
INVITE	participants to take turns reading out loud the statements on the slide.
POINT OUT	Many of the symptoms of the mild form are similar to symptoms from other diseases we’ve covered, but the severe form of Rift Valley fever can be quite distinct.
PRESENT	slides 51 and 52
POINT OUT	Treatment options are limited. Severe cases should be referred to a health center.

Lassa Fever (20 min.)

PRESENT	Slide 53
ASK	What demographic is at the highest risk of possible death from Lassa fever?

LISTEN	to their responses.
PRESENT	slides 54 and 55
POINT OUT	while the death rate for Lassa fever may run as high as 15% for the general population, it obviously takes a major toll on pregnant women.
SHOW	slide 56 Signs and Symptoms
INVITE	participants to take turns reading out loud the statements on the slide.
POINT OUT	early symptoms are similar to other diseases such as Ebola, malaria and yellow fever.
ASK	What symptoms may help you to differentiate between Lassa fever and some other diseases that seem similar?
LISTEN	to their responses.
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • Lassa fever symptoms in severe cases may include facial swelling, fluid in the chest as well as bleeding from body openings; it may also include loss of hearing. • Severe cases occur in about 20% of infections.
PRESENT	slides 57 and 58
ASK	What advice might you offer to patients of Lassa fever and their relatives?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • the patient should remain isolated until the disease has run its course (Lassa fever can be spread through contact with an infected person's bodily fluids) • Take measures to reduce/eliminate presence of rats

Exercise 1 (60 min.)

PRESENT	Slide 59
EXPLAIN	that participants will now do an exercise to ensure that they have understood the material of this session and have met the learning objectives.

Exercise 1: Recognizing and dealing with notifiable diseases (75 minutes)

EXPLAIN	that participants are going to work in small groups of people to read scenarios about notifiable diseases and respond to questions about the scenarios. They will share and discuss their answers with each other in full session.
ADD	For each scenario, the group will: <ul style="list-style-type: none"> • Read the scenario and the accompanying questions. • Reach agreement on answers to the questions. • Be ready to share their answers in the larger group.
DIVIDE	participants into groups of 2 - 3.
GIVE	participants the handout for exercise 1
REMIND	participants to consult session 20 of their ADS Seller's Manual to help them answer the questions.
TELL	participants that they have 15 minutes to complete their task and to start now.
CIRCULATE	and provide support and assistance, as needed.
CALL	participants back together after 15 minutes.
INVITE	one group to present their answer to the questions for Scenario #1. NOTE: When possible, call upon groups that you did not call on to present their answers during the last session.
ASK	the other participants: <ul style="list-style-type: none"> • Do they agree? • If not, what do they think the answer should be?
REPEAT	this process for each of the scenarios in the activity.
THANK	all participants for their work.

Wrap up (5 min.)

REMIND	participants that their ADS Seller's Manual contains all of the key information about assessing, managing, and reporting notifiable diseases, such as Ebola. Their ADS Seller's Manual will be a valuable resource to them on the job.
REMIND	participants that reporting notifiable diseases to the appropriate authority is critical to helping control an epidemic and saving lives.

HANDOUT

TRAINER'S VERSION

Session 20: Notifiable Diseases

Scenario 1: Solomon (dengue)

Solomon, aged 6, was brought in to your ADS by his mother. His mother explained that Solomon is normally a very, very high energy child but has wanted to stay in bed complaining that his joints hurt, and just yesterday he began to complain that his stomach really hurt. His mother also said he had several mosquito bites and that he's been running a fever for about a week and yesterday began to vomit. He has vomited about 5 times in the past 24 hours.

Questions

1. What will you do to protect yourself?
 - Dengue is not spread through person to person contact
2. What will you do for the client and her family members?
 - Because the length of fever and symptoms appear to align with severe dengue, **REFER** him to the nearest health centre or hospital that can diagnose and treat this condition.
 - Until the child can be brought to a hospital, advise plenty of rest, drinking fluids to prevent dehydration and paracetamol to relieve the fever and pain.
3. What will you do for the community?
 - Advise community members to eliminate potential mosquito breeding sites (any areas of standing water).
 - Advise community to use insecticide-treated mosquito nets.
 - Advise community to be aware of peak mosquito hours, wearing proper clothing to protect from mosquito bites and limiting outdoor activity during those hours.
 - Report all suspected cases of dengue fever to the LC1 officials as quickly as possible.

Scenario 2: Esther (Lassa fever)

Esther, who is 23 years old and pregnant, was brought to your ADS by her husband. She has been vomiting through the first two months of her pregnancy, so he didn't think anything was wrong. But she has been running a fever, feeling more weak than normal and in the past day she has begun to bleed. Esther mentioned that today she has felt like her face is swelling up. She got sick about a week after cleaning a rat's nest from under the house.

Questions

1. What will you do to protect yourself?
 - Casual contact will not spread Lassa fever, but if she vomited in the shop, then wear protective gear before cleaning up with chlorine bleach (JIK).
2. What will you do for the client and her family members?
 - Because facial swelling and bleeding indicate this is a more severe form of Lassa fever, and Lassa is very serious in pregnant women, REFER her to the nearest health centre or hospital that can diagnose and treat her condition.
 - Advise husband (and other family members) to protect themselves from direct contact with Esther's fluids such as blood, urine, or faeces (e.g., wear gloves and a mask when handling and helping her).
3. What will you do for the community?
 - Advise community members to avoid contact with rats and minimize their presence around the home, store food in rodent-proof containers and keep the home clean to help discourage rats.
 - Advise the community to avoid using rats as a food source.
 - Report all suspected cases of Lassa fever to the LC1 officials as quickly as possible.

Scenario 3: Joseph (yellow fever)

Joseph is 47 years old and came to your ADS by himself. He is complaining that he was aching all over and felt like he was running a fever, but at the same time he often felt cold. Two days ago he was vomiting, but then everything seemed to go away. Today, however, he noticed that his skin was turning yellow-ish and the fever seems to be back.

Questions

1. What will you do to protect yourself?
 - Yellow fever is not spread through person-to-person contact.
2. What will you do for the client and her family members?
 - The lessening of illness then symptom of jaundice indicate this could be a severe form of yellow fever and the client should be referred to a health centre immediately.
 - Do NOT give the client a medication such as aspirin because this could increase the risk of bleeding.
 - Offering fluids or paracetamol may relieve some symptoms.
 - Client should avoid contact with mosquitos for 5 days in order to reduce the risk of transmission to others in the community.
3. What will you do for the community?
 - Report all suspected cases of yellow fever to the LC1 officials as quickly as possible because an emergency vaccination campaign may be necessary to reduce the risk of spreading throughout the community.
 - Advise the community to eliminate mosquito breeding grounds such as standing water and use insecticide-treated mosquito nets.

Scenario 4: Mirembe (meningitis)

In January, Mirembe, aged 11 yrs., is brought to your ADS by her parents who grew concerned when Mirembe didn't want to get out of bed this morning, and cried every time her parents tried to turn on the light in her room in order to take a look and determine what might be wrong. Mirembe is running a fever and has also been complaining of a headache for the past two days.

Questions

1. What will you do to protect yourself?
 - Meningitis is not spread through casual contact, but being vaccinated is smart.
2. What will you do for the client and her family members?
 - This is meningitis and should be immediately referred to a health centre.
 - Client may be treated with ceftriaxone, penicillin, ampicillin, or chloramphenicol.
 - Family members should receive antibiotics as a preventive measure.
3. What will you do for the community?
 - Anyone at high risk within the community should receive vaccination.
 - Report all suspected cases of meningitis to the LC1 officials as quickly as possible.

Scenario 5: Sylvia (**cholera**)

Sylvia, aged 40 yrs., is carried to your ADS by her family members. She is very weak, barely conscious, and soiled with her own vomit. They tell you that she got sick very suddenly and has been vomiting and having watery diarrhoea for two hours.

Questions

1. What will you do to protect yourself?
 - Avoid touching the client or wear protective gloves.
 - After the client and the family members have left, sprinkle a bleach solution on all items that have come into contact with the client's vomitus or stool.
2. What will you do for the client and her family members?
 - Prepare ORS and show family members how to give it to her.
 - Advise family members to protect themselves from direct contact with the client's vomitus and stool (e.g., wear gloves when handling and helping her) and to wash their hands after touching her.
 - Advise family to wash her clothes and bedclothes in boiling water or a bleach solution.
 - **REFER** her to the nearest higher-level health centre or hospital that can diagnose and treat her condition.
 - Tell the family members to give her ORS on the way to the health centre or hospital.
3. What will you do for the community?
 - Advise community members to immediately bury victims who have died of cholera and avoid communal burying.
 - Report all suspected cases of cholera to the LC1 officials as quickly as possible.

Scenario 6: Agema (haemorrhagic fever)

Agema, aged 25 years, a known hunter, has been brought to you for treatment by his friends. He is very weak, barely conscious, and is bleeding from the nose and mouth. They tell you that he suddenly developed a fever, headache, and extreme weakness, and he is also bleeding from the anus. The friends report that Agema bought a monkey to eat and shared it with them several days ago.

Questions

1. What will you do to protect yourself?
 - Before approaching the client, put on protective materials, such as gloves, goggles, and a surgical mask.
 - After the client and the family members have left, sprinkle a bleach solution on all items that have come into contact with the client's blood, vomitus, or stool.
 - Wash your hands with soap and water containing JIK after removing your protective materials.
2. What will you do for the client and his friends?
 - Inform his friends that Agema has Ebola or Marburg disease and that they are at risk of also getting it.
 - Advise his friends to protect themselves from direct contact with the client's blood, vomitus, and stool (e.g., wear gloves and a mask when handling and helping him).
 - **REFER** him to the nearest health centre or hospital for better management.
3. What will you do for the community?
 - Report all suspected cases of haemorrhagic fever (Ebola or Marburg) to the LC1 officials and the health inspector immediately.
 - Advise the friends and family members who have come into contact with Agema to minimize their movement in the community.
 - Advise community leaders to restrict movement into and out of the homesteads where suspected cases have been identified until further instructions are issued by health staff.
 - Ensure that victims who have died of haemorrhagic fever are buried immediately – in body bags or polyethylene materials, if possible.
 - Throw in the pit latrine or burn immediately all materials used by the client, including clothes and cleaned materials.

Scenario 7: Bernard (Rift Valley fever)

Bernard, aged 62, was brought by his daughter to your ADS. They live about 70 kilometres from town. Bernard arrives wearing dark-shaded glasses because the light has been bothering him recently. His daughter explains that he has been running a fever for the past several days after slaughtering a goat and increasingly complaining about how sore his joints have gotten. When you remove his glasses you observe that there are lesions in his left eye.

Questions

1. What will you do to protect yourself?
 - Rift Valley fever is not spread by human to human contact.
2. What will you do for the client and her family members?
 - Advise his daughter to take him to the nearest health centre.
3. What will you do for the community?
 - Encourage Bernard, his daughter and their community to wear gloves and protective clothing when handling or slaughtering animals.
 - Encourage them to avoid eating or drinking fresh blood, raw milk or uncooked animal tissue.

HANDOUT
PARTICIPANT'S VERSION
Session 20: Notifiable Diseases

Scenario 1: Solomon

Solomon, aged 6, was brought in to your ADS by his mother. His mother explained that Solomon is normally a very, very high energy child but has wanted to stay in bed complaining that his joints hurt, and just yesterday he began to complain that his stomach really hurt. His mother also said he had several mosquito bites and that he's been running a fever for about a week and yesterday began to vomit. He has vomited about 5 times in the past 24 hours.

Questions

1. What will you do to protect yourself?

2. What will you do for the client and her family members?

3. What will you do for the community?

Scenario 2: Esther

Esther, who is 23 years old and pregnant, was brought to your ADS by her husband. She has been vomiting through the first two months of her pregnancy, so he didn't think anything was wrong. But she has been running a fever, feeling more weak than normal and in the past day she has begun to bleed. Esther mentioned that today she has felt like her face is swelling up. She got sick about a week after cleaning a rat's nest from under the house.

Questions

1. What will you do to protect yourself?

2. What will you do for the client and her family members?

3. What will you do for the community?

Scenario 3: Joseph

Joseph is 47 years old and came to your ADS by himself. He is complaining that he was aching all over and felt like he was running a fever, but at the same time he often felt cold. Two days ago he was vomiting, but then everything seemed to go away. Today, however, he noticed that his skin was turning yellow-ish and the fever seems to be back.

Questions

1. What will you do to protect yourself?
2. What will you do for the client and her family members?
3. What will you do for the community?

Scenario 4: Mirembe

In January, Mirembe, aged 11 yrs., is brought to your ADS by her parents who grew concerned when Mirembe didn't want to get out of bed this morning, and cried every time her parents tried to turn on the light in her room in order to take a look and determine what might be wrong. Mirembe is running a fever and has also been complaining of a headache for the past two days.

Questions

1. What will you do to protect yourself?
2. What will you do for the client and her family members?
3. What will you do for the community?

5: Sylvia

Sylvia, aged 40 yrs., is carried to your ADS by her family members. She is very weak, barely conscious, and soiled with her own vomit. They tell you that she got sick very suddenly and has been vomiting and having watery diarrhoea for two hours.

Questions

1. What will you do to protect yourself?
2. What will you do for the client and her family members?
3. What will you do for the community?

Scenario 6: Agema

Agema, aged 25 years, a known hunter, has been brought to you for treatment by his friends. He is very weak, barely conscious, and is bleeding from the nose and mouth. They tell you that he suddenly developed a fever, headache, and extreme weakness, and he is also bleeding from the anus. The friends report that Agema bought a monkey to eat and shared it with them several days ago.

Questions

1. What will you do to protect yourself?
2. What will you do for the client and his friends?
3. What will you do for the community?

Scenario 7: Bernard

Bernard, aged 62, was brought by his daughter to your ADS. They live about 70 kilometres from town. Bernard arrives wearing dark-shaded glasses because the light has been bothering him recently. His daughter explains that he has been running a fever for the past several days after slaughtering a goat and increasingly complaining about how sore his joints have gotten. When you remove his glasses you observe that there are lesions in his left eye.

Questions

1. What will you do to protect yourself?
2. What will you do for the client and her family members?
3. What will you do for the community?

PRACTICAL ATTACHMENT GUIDELINES

At the end of the practical attachment, the participant should be able to:

1. Dispense medicines to clients with proper instructions.
2. Take history from clients.
3. Measure the breathing rate of sick children.
4. Identify danger signs of the common diseases.
5. Conduct basic routine checks done to clients, such as weighing and measuring temperature.

A forty (40) hour practical attachment should form an essential component of the training. It should be carried out at a health centre III or IV. Once arrangements have been made with the training site, the participants should be notified where and when to arrive.

The clinical activity should focus on providing the ADS sellers with practice in taking a client's history, doing routine tasks, such as weighing children, measuring a child's breathing rate, identifying danger signs, giving advice about how to manage illness, dispensing medicines, and following up with clients.

The clinical attachment should be properly supervised to achieve optimal results.

The trainer should serve as a clinical instructor to guide the participants during practice.

The trainer should organize a one-hour discussion with the participants every evening after work to address the challenges encountered during the day's practice.

CONCLUSION

At the end of the training, every participant should take a post-test examination that covers the entire course content. The score from this examination should constitute 70% of the participant's total score for the course; the other 30% should come from the practical attachment evaluation.

A participant must score 50% to pass the course.

PRACTICAL ATTACHMENT EVALUATION FORM

Name of the participant:

Date of supervision visit:

Name of the supervisor:

Activity	Possible Score	Done	Partially done	Not done	Total Score
Dispensing practice					
Creating rapport with clients/Receiving prescription	2 marks				
Interpretation of the prescription	3 marks				
Calculation of quantity of medicine prescribed	2 marks				
Retrieving the right medicine from the shelves and checking for expiry date	1 mark				
Counting the right quantity of medicine	2 marks				
Dispensing medicine to a client with the right instructions	4 marks				
Communicate to the client on the follow up date	1 mark				
Clinical care practice					
Receiving a client	2 marks				
History taking in a chronological format	4 marks				
Routine checks of the client	3 marks				

Activity	Possible Score	Done	Partially done	Not done	Total Score
(temperature, BP, arm circumference measurement, and weighing the client)					
Ability to identify danger signs	3 marks				
Measurement of breathing rate	3 marks				
TOTAL MARKS	30	Total marks scored			

Comments

Strong areas:

Weak areas:

Areas that need improvement:

General comment of the supervisor:

Note:

Each participant should be supervised at least two times during the practical attachment and the final marks awarded should be the average of the two sets of supervision.

Communicate to the participants the weak and strong areas and those that need improvement after each supervision visit.

Give the participant a copy of the evaluation form with comments from the supervisor.

Exercise 1: Demonstrating effective communication skills

DIVIDE	participants into groups of four .
EXPAIN	<ol style="list-style-type: none"> 1. You will give each group four role plays. 2. For each role play, one participant will play the ADS seller, another will play the client/caretaker, and the remaining two will be observers. 3. The ADS seller and the client/caregiver will play their roles as they are described. They should make the role play realistic, but they should not complicate it too much. 4. The two observers will watch the role play, noticing examples of effective communication and examples of barriers to good communication. 5. When the role play is over, the observers will share their observations about effective communication and examples of barriers to good communication. 6. The members of the small group will switch roles and do the second role play in the same way. 7. They will then do the same for the third and fourth role plays <i>until all four have had an opportunity to play the ADS seller.</i>
GIVE	the role play descriptions to each group.
INVITE	all groups to begin.
CIRCULATE	to observe progress and provide assistance, if needed.

Role play scenarios	
#1	<p>Uncomplicated malaria</p> <ul style="list-style-type: none"> ✚ Mother (caregiver) comes to ADS seller with her 5-year-old child. ✚ The child looks listless, lethargic. ✚ The mother says the child has had fever and chills for 2 days.
#2	<p>Malaria in pregnancy</p> <ul style="list-style-type: none"> ✚ A woman in her sixth month of pregnancy comes to the seller. ✚ She looks very tired, lethargic. ✚ She says that she has been feeling very hot and then very cold, and she has no energy.
#3	<p>Child with bloody diarrhoea</p> <ul style="list-style-type: none"> ✚ Mother comes to the ADS seller by herself. ✚ She explains that her 7-year-old child has had diarrhoea for 2 days, and today there is blood in the loose stools.
#4	<p>Young man with an STI</p> <ul style="list-style-type: none"> ✚ 17-year-old boy comes to the ADS seller with symptoms of an STI.