

Training Guidance Lymphatic Filariasis Disease Management Programme.

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Authors: Mo Ali (Aid Works), Dr Carmen Camino (LSTM), Dr Pilar Hernandez (LSTM)
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Guidance for Trainers

Introduction

Welcome to the training guidelines for training and support for the Lymphatic Filariasis Disease Management Programme.

Why are these modules important? These modules will help you understand LF Disease Management and train your colleagues at district and community levels.

How many modules are there? There are 4 Modules. They can be used independently (one module) or combined (more than one module) Most modules are about 2 hours in length so you need to plan in advance the time needed for the training, participants, venue and tools and prepare the budget. You also need to pay participants and submit financial and technical reports of the activity.

Modules Contents and Audience

Module	Topics	Audience		
		District NTD Focal Points	Clinicians	Community Volunteers
1. Managing the LF Disease in the Districts and Provinces	<ul style="list-style-type: none"> Roles of each management level How to develop LF Morbidity plans 	(and provincial focal points)		
2. LF Disease Diagnosis and Treatment	<ul style="list-style-type: none"> Algorithm for diagnoses and treatment of lymphedema and hydrocele. Role of the clinicians 	✓	✓	
3. LF at the Community	<ul style="list-style-type: none"> Roles of community volunteers/activists Key messages to the community Treating lymphedema in the community 	✓	✓	✓
4. LF Disease Data Management	<ul style="list-style-type: none"> Patient information – Registers and forms How and when to send information: data flow Using the information for improving services 	✓	✓	

Each of the 4 modules consists of a session brief, a handout and exercises to improve learning.

The handouts contain the essential information for each module. We've created a set of icons to help learning more visual and fun!



Community Member



Community Activist



Clinician



District Focal Point



Health facility

The session briefs contain the objectives, key learning points and instructions to conduct the sessions. The briefs have three instructions: ask, explain and facilitate activities

1. **Ask:** questions participants in the group to assess their knowledge.
2. **Explain:** Comments or clarifies a fact, so that participants understand it.
3. **Activity:** participants complete an activity or an exercise to improve learning,

There are also additional exercises and materials per module.

Tips for Facilitators

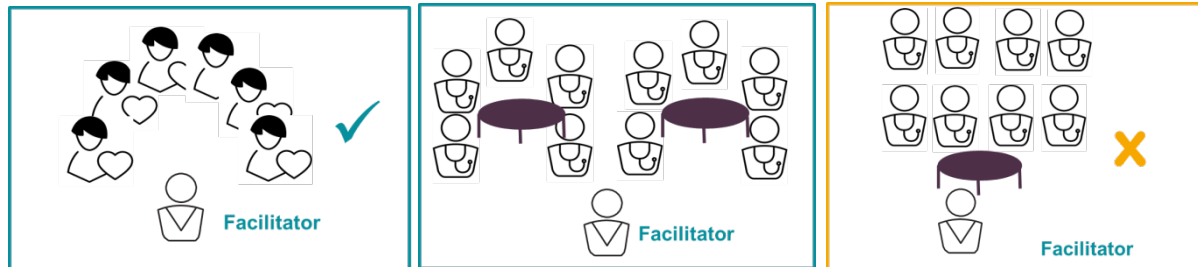
Start on time: nominate a participant to make sure everyone is on time and takes ownership for time keeping; who is the Minister of Time?

Set ground rules: set some ground rules for the sessions, (e.g. phones on silent, respect others)

Explain why: ensure you start the sessions explaining the importance of the work; it's new, innovative and exciting. This activity **will improve lives of people in the community**.

Give praise: to participants, even when giving feedback "thank you for your comments, it is a very useful point, have you also thought about"

Room set-up: create a small circle of participants, avoid sitting or standing behind a desk, avoid putting participants in rows.



Write questions on a flip chart: Write key messages or questions on the flip chart paper, write comments and answers and ANSWERS ALL QUESTIONS FROM PARTICIPANTS.

Use simple, clear words: don't complicate the topic.

Encourage others: to talk and share experiences.

Positive ending: end the session with some positive comments about the participants and ASK for knowledge acquired in the session. Ask participants to write in post it what they have learned and what is confusing. Review the comments and clarify in the next session before continuing.

Give people enough time: to discuss the topic, and ensure that participants understand that there we are focusing only a few specific topics.

Follow up: Check with district officers, community and health officers how they are getting on.

Session 1: Managing the LF Disease in the Districts & Provinces

- Duration of session is approximately is 2 hours.

Audience

- District Neglected Tropical Disease (NTD) Focal Points and other managers.

Session objectives

- Define the roles at local level for the Lymphatic Filariasis (LF) Disease Management.
- Explain key aspects of developing work plans.

Knowledge needed by trainer

- Knowledge in diagnosis and treatment of LF disease. Experience in LF disease management.

Set up

- **Essential Equipment:** Flip chart paper, marker pens, pens/paper for the participants, registration list.
- **Participants:** The participants for the session are District NTD Focal Points. The number of participants for the session is expected to be around 12:16.
- **Before starting:** Print the additional handouts and exercises. List the objectives of the session on a flip chart paper. Read this document carefully to understand when to ask questions or run activities. If you are using the exercise marked “Option 2”, remember to cut the names into strips (page 7 and 8). The activity “Quiz” is optional if there is time, please print 2 copies as it is a group quiz.

Handouts per participant

There is one main handout given out during of the session (**do not give out at the start of session**). Print in colour either A4 or A3 size. The handout contains:

- Roles in Lymphatic Filariasis (LF) Disease Management (LFDMP)
- Planning and Budgeting Guidance

Key learning points

1. There are 109 districts endemic for LF, and there are patients in most of them who need to be identified and treated.
2. There are four modules to the training package: 1) management of LF disease in Districts and Provinces, 2) diagnosis and treatment, 3) LF community mobilization and 4) LF morbidity data management.
3. Fundamental to the LF Disease Management is proactive identification of cases at the community. This requires good planning and coordination.
4. The management by the District NTD Focal Points is therefore essential function.
5. The national Ministry of Health (MISAU) is in charge of technical support, relations with stakeholders and overall programme management. The province is responsible for provincial planning and support to districts, districts are the operational units.
6. Key actors needed for the LF Disease Management are: the community members, community volunteers (Activists), clinicians, reference health facilities for surgery /surgeon, District NTD Focal Points.
7. The District NTD Focal Points should develop a work plan of how to implement the activities.

8. The District NTD Focal Points should identify all the surgical locations (rural, district or reference hospitals) that can perform surgeries. This includes collecting the contact numbers, checking the locations are ready for surgery, ensuring there is a means of transportation from the community to the surgical location.
9. Data management and data collation is also a responsibility of the District NTD Focal Points, which is covered in another module.
10. There is guidance available from WHO predominantly covers mass drug administration (MDA) and morbidity management.

Training session outline

Time	Activity
Introduction	
20	<ul style="list-style-type: none"> – Welcome the participants, thank them for their time, and introduce the objectives of the session. <ul style="list-style-type: none"> ○ Explain: The module is focused only on LF disease management and we will not cover the clinical topics or mass drug administration ○ Give a chance for participants to introduce themselves. – Ask: How many districts are endemic for LF? Ask them to guess. Ask for a show of hands more than 20, 50, 100, all districts? <ul style="list-style-type: none"> ○ Explain: there are 109 districts endemic for LF and there are patients, and hence the importance of LF Disease Management at the community level. ○ Explain: there are <u>four</u> modules to the training package: 1) LF programme management; 2) diagnosis and treatment; 3) LF in the community and; 4) data management. This module is the first one. – Ask: What are the main manifestations of the disease? <ul style="list-style-type: none"> ○ Write the answers on the flip chart. ○ Explain: clarify (if needed) that the main manifestations are lymphedema and hydrocele. – Ask: Why is LF disease management important? <ul style="list-style-type: none"> ○ Write the answers on the flip chart. ○ Explain: we need to treat patients. – Ask: Can you give examples for activities in LF disease management? <ul style="list-style-type: none"> ○ Write the answers on the flip chart ○ Examples include: Identification of cases, care of patients, community awareness. ○ Explain: To identify and treat patients we need a plan: Example: can you send patients for surgery without informing hospitals? WHY? Discuss. – Ask: What is the role of the national programme. <ul style="list-style-type: none"> ○ Write the answers on the flip chart ○ Explain: the key learning points listed in the previous section (point 5).
1. Roles	
30	<ul style="list-style-type: none"> – Ask: Who are the stakeholders for the implementation of the LF programme? <ul style="list-style-type: none"> ○ Write the answers on the flip chart ○ Explain: There are <u>five</u> key persons/stakeholders at district level, community members (including the <u>patients</u>), community volunteers (activists), clinicians, surgical services, district, provincial and national NTD Focal Points. – Activity: Matching activities to stakeholders <ul style="list-style-type: none"> ○ Option 1: See additional handout “Option 1”. If a small group, give one copy of this activity between two participants (done in pairs). Ask them to match the activities to the stakeholder.

	<ul style="list-style-type: none"> ○ Activity Option 2: See additional handout "Option 2". If you have a large group you can use this exercise instead of Option 1. ○ Ask for five volunteers. Give them each a paper with the key stakeholder. Give others in the group one role (you need to cut the template prior to the session). Ask the participants with a role, to stand behind the key stakeholder. Some activities may fit with more than one person, this is not an issue. The purpose of the exercise is to discuss the activities and get participants thinking about different roles. ○ Give out main handout – 2 pages. <p>– Ask: What additional tasks need to be implemented? Discuss roles and add to the handout.</p>
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2. Programme Plans

60	<p>– Give all participants time to read both pages of the main handout</p> <ul style="list-style-type: none"> ○ Remind: the participants that we have two main objectives of the session: (1) Roles in LF Morbidity Management and Disability Prevention and (2) developing work plans ○ Explain: we are going to discuss developing programme plans ○ Explain: the objective is develop a short plan about how to start implementation in this session, starting with brainstorming activities needed to start implementation. <p>– Ask: What activities do you need to do to start implementation? "We need to.."</p> <ul style="list-style-type: none"> ○ Write the answers on the flip chart ○ On a flip chart draw a table shown in the section below, Further Information (see next page). <p>– Ask: Is this template ok to discuss a start:up plan or can they provide a more appropriate template?</p> <p>– Activity: Developing your implementation plan</p> <ul style="list-style-type: none"> ○ Spend time discussing in smaller groups (e.g. 4:6 people) the steps needed to implement the programme. The output of this part of the session is to have a short plan for each district. ○ The facilitator should go round each group and check the participants cover all the activities from the Handout page 2. ○ Ask: participants to share one key activity they have stated or an important lesson to the whole group.
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3. Recap

5	<ul style="list-style-type: none"> – If you have a computer or projector –show them the video explaining the programme "Introduction to the Programme" – a fun ending to the session. – Give participants 5 minutes to make some further notes before closing the session.
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4. Optional Quiz

	<ul style="list-style-type: none"> – If there is time left in the session: – Activity Quiz: split the group into 2 and give a handout
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Additional handouts:

- Exercise Option 1
- Exercise Option 2

Further information






Activity	Responsible Person	Month	Potential Cost

Option 1: Managing the LF Disease in the Districts & Provinces

Additional Handouts: Roles Activity Option #1

Stakeholder Game

The descriptions are not in the correct order. Match the person with the expected roles in management of the LF Morbidity Programme (by drawing an arrow)

<p>1. Community Member (including the patients)</p> 	<p>Organise community meeting about LF Tell the community about basic messages on LF Mobilise the community before the clinician visit Identify any home visits needed Collect questions from the community</p>
<p>2. Community Volunteer (Activist)</p> 	<p>Provide practical support to patients Spread basic messages given by activists Treat patients as equals and eradicate stigmas May become the patients</p>
<p>3. Clinician</p> 	<p>Support and supervision Planning and budgeting Identifying and reporting Ensure access to care</p>
<p>4. Hospital (rural, district of reference)</p> 	<p>Visit the community on an agreed date Meet patients, diagnose and propose treatment Record the number of cases Organise surgery with the patient and rural hospital Provide advice on general treatment Provide feedback and support to the activists Answer questions from the community Reduce myths and stigmas in the community</p>
<p>5. District NTD Focal Point</p> 	<p>Provide clinician with time and date of surgery Contact patient one day before surgery Perform surgery and patient details</p>

Quiz: Testing knowledge of LF and LF Disease

This exercise can be done at the start of session 1 and session 2 to set the level of participants about LF or equally at the end of either of them)

Divide into groups and provide one point to each group responding correctly to the questions

(MAXIMUM OF 14 points)

1. QUIZ 1: TRUE/FALSE

LF is a disease of the lymphatic system caused by a parasite called Wuchereria Bancrofti

TRUE/ FALSE

The worm lives in the lymphatic system and produces small worms (MICROFILARIA) who travel to blood and from person to person TRUE/FALSE

The parasite needs a vector to travel from person to person TRUE/FALSE

The microfilaria can be killed by medication TRUE/FALSE

The worm causes the disease TRUE/FALSE

ONE POINT PER POSITIVE ANSWER = 5 POINTS

2. IDENTIFY THE VECTOR WHICH TRANSMITS LF

Quiz 2: Identify the vector of the parasite of LF



POSITIVE ANSWER = 1 POINT

3. Identify diseases caused by LF (provide the slide number 2 and ask groups to write the corresponding disease underneath)

Manifestações clínicas principais
de _____ são....




The diseases are _____, _____ and _____

ONE POINT FOR EACH = 3 POINTS

4. Complete the quiz (for district and provincial managers or focal points)

Developing programmes of attention to patients with LF




↓ Is needed for:

Ensure success of the country in the elimination of LF

The components of the global programme for elimination of LF are:

1. _____ (by preventive treatment campaigns)
2. Ensure access _____ to patients of _____ (by implementing MMDP activities)

Desenvolvimento de programas de saúde para pacientes de filaríose linfática



↓ Indispensável para:

Sucesso do país na eliminação da filaríose linfática

Os componentes do programa global de eliminação da FL são:

1. _____ (mediante campanhas de tratamento)
2. Garantir acesso _____ os pacientes de _____ (mediante actividades de morbilidade)

Quiz answers:

1. Stop transmission
2. Ensure access to health care to patients with lymphedema / hydrocele / LF disease (any answer)

2 POINTS

5. Which are the treatment options?
- a. For hydrocele _____
 - b. For Lymphedema _____
 - c. For acute attacks _____, _____, _____. Refer if _____

ONE POINT FOR EACH = 3 POINT

Session 2: LF Disease Diagnosis and Treatment

- Duration of session is approximately two hours.

Audience

- District NTD Focal Points, clinicians.

Session objectives

- Clinician learns the algorithm for diagnosis and treatment.

Knowledge needed by trainer

- Knowledge in diagnosis and treatment of LF disease. Experience of LF morbidity/diagnosis/disease management activities.

Set up

- **Essential Equipment:** Flip chart paper, marker pens, pens/paper for the participants, registration list.
- **Participants:** The participants for the session are clinicians. The number of participants for the session is expected to be around 12:16.
- **Before starting:** Print the additional handout and exercise. List the objectives of the session on a flip chart paper. Read this document carefully to understand when to ask questions and when to run activities. Print the icebreaker handout and cut the names on page 7. The icebreaker is an exercise to relate symbols with functions within the healthcare system. The activity “Quiz” is optional if there is time, please print 2 copies as it is a group quiz.

Handouts per participant

There is one main handout to be given out during the session (**do not give out at the start of session**). Print in colour either A4 or A3 size. The handout contains:

- Roles in LF Disease Management across a District
- Algorithm for diagnosis and treatment.

Key learning points

1. Lymphatic filariasis infection is caused by parasitic worms that are transmitted from person to person by mosquitos.
2. Lymphatic filariasis causes malfunction of the lymphatic system.
3. Lymphatic filariasis can be acquired in early childhood but usually the first signs and symptoms appear only in adulthood.
4. Lymphatic filariasis infection can progress towards chronic conditions. The main clinical manifestations are lymphedema and hydrocele.
5. Follow the algorithm for lymphedema, acute attacks and Hydrocele treatment and refer to the manual for differential diagnosis and reasons for referral.
6. The key roles of the clinician are:
 - Meet patients, diagnose and propose treatment
 - Record the cases
 - Propose surgery to the hydrocele patient and communicate to the district or pre-selected hospital
 - Provide feedback and support to the activists

- Answer questions from the patient, his/her family and community
 - Promote community support to patients
 - Fight myths at every meeting with patients and communities.
 - Train activists in partnership with the District NTD Focal Point.
7. Remember to give positive messages to the community to take the annual preventive treatment and protect themselves against mosquito bites.
8. Interesting facts for session: There are an estimated 17 million people infected by filarial parasites in 109 districts of Mozambique. Nearly 40,000 people with chronic conditions, which need to be detected and treated.

Training session outline

Time	Activity
Introduction	
20	<ul style="list-style-type: none"> – Welcome the participants, thank them for their time, and introduce the objectives of the session. <ul style="list-style-type: none"> ○ Explain: the module is an introduction to the roles of the clinician at the community level <i>and a refresher on the algorithm.</i> ○ Explain: we do not cover the details of transmission, or the parasite. It is only covering roles, treatment and diagnosis. ○ Explain: data management is covered in another module ○ Give a chance for participants to introduce themselves. – Icebreaker: Ask the group, match the symbols with the names (see the handout “02 Icebreaker...”). Give points for each of the roles identified for each category so that the group with more points will get the prize of the day. – Ask: Why are these symbols important? <ul style="list-style-type: none"> ○ Answer: they are the main stakeholders/persons involved in LF disease management at the community level. The role of the clinician is central to communicating with all the others.
1. The basics	
15	<ul style="list-style-type: none"> – Ask: What is LF and how is it transmitted? <ul style="list-style-type: none"> ○ Write the answers on the flip chart ○ Explain: that is caused by parasitic worms that are transmitted from person to person by mosquitos – Ask: What are some of the myths in the community? <ul style="list-style-type: none"> ○ Write the answers on a flip chart
2. Roles of a clinician	
20	<ul style="list-style-type: none"> – Ask: What is the role of the clinician? <ul style="list-style-type: none"> ○ Write the answers on the flip chart. – Give out main handout and ask to read it carefully. – Ask: Each participant to read out the roles of a stakeholder, starting at the top with “your community”, followed by “1”, “2”, “3” and lastly, the District NTD Focal Point – Ask: What other roles of the clinician? Write the answers on the flip chart – Answers could include, training of community volunteers (activists), guidance for chronic and acute attacks.






3. Algorithm for diagnosis and treatment	
30 - 45	<ul style="list-style-type: none"> – Give out the main handout and ask them to go through the algorithm as individuals (page 2) Give them 10 minutes. – Explain: Hide the handout, as we will test their knowledge. – Activity: Group work. Divide into five groups. Each group should make list one topic from the below. If there are not enough people for five groups, give each group more than one topic. Give them 10 minutes to complete the task. <ul style="list-style-type: none"> ○ Lymphedema Assessment checks ○ Hydrocele assessment checks ○ Acute Attack Management advice ○ Lymphedema Management Advice ○ Steps to take when considering surgery – Ask: Each group to feedback and others to add/discuss. Ask everyone to check against the handout.
4. Recap and photos identification	
10	<ul style="list-style-type: none"> – Activity: Look at the main handout, and name what is going on the photos e.g. acute attack, lymphedema stage or Hydrocele. Answers are below
10	<p>Interesting facts to end the session: There are an estimated 17 million people infected by filarial parasites in 109 districts of Mozambique. Nearly 40,000 people with chronic conditions, which need to be detected and treated.</p> <p>Give time for final questions and make final notes</p>
5. Optional Quiz	
	<ul style="list-style-type: none"> – If there is time left in the session: – Activity Quiz: split the group into 2 and give a handout

Additional Handouts:

Icebreaker – print 1 copy for the group, A4.

Further information

Answers to Icebreaker

<p>Community Member</p> 	<p>Reference health facility</p> 	<p>Clinician</p> 
<p>Community Volunteer (Activist)</p> 	<p>District NTD Focal Point</p> 	



Acute Attack



Stage 1 lymphedema



Stage 2 lymphedema



Stage 3 lymphedema (elephantiasis)

Hydrocele before surgery

Hydrocele after surgery

Session 3: LF at the Community

- Duration of session is approximately two hours.

Audience

- Community volunteers (activists) and clinicians (if appropriate), NTD district focal points

Session objectives

- Define the roles of a community volunteer/activist.
- Practice the key messages to be provided to community members.

Knowledge needed by trainer

- Knowledge in diagnosis and treatment of LF disease. Experience of managing LF disease morbidity/diagnosis/ treatment management activities.

Set up before the session

- **Essential Equipment:** Flip chart paper, marker pens, pens/paper for the participants, registration list.
- **Participants:** The participants for the session are community volunteers (activists). The number of participants for the session is expected to be around 12-16.
- **Before starting:** Print the additional handouts and exercises. List the objectives of the session on a flip chart paper. Read this document carefully to understand when to ask questions and when to run activities.

Handouts per participant

There is one main handout to be given out during the session (**do not give out at the start of session**). Print in colour either A4 or A3 size. The handout contains:

- Roles in LF Disease Management across a District
- Community Messages for LF Disease Management

Key learning points

1. Lymphatic filariasis is a parasitic infection transmitted by mosquitos
2. Lymphatic filariasis can lead to chronic conditions. The two main conditions are lymphedema and hydrocele (see photos)
3. **Lymphedema** is a swelling of the limbs (or breast in case of a woman) caused by malfunction of the lymphatic system. It can lead to permanent, long-term disability
4. **Hydrocele** is the swelling of the scrotum.
5. Hydrocele can be cured through surgery. There is hope!
6. There are different **stages** of lymphedema. The most severe stage is called elephantiasis.
7. Acute attacks can occur to lymphedema patients: inflammation, pain and heat of the affected member. You need to see a clinician.
8. Lymphedema is **managed** by washing with soap and water the affected part of the body, and ensuring you proper cleaning between toes and folds. Exercise and good shoes also help.
9. The key **roles** of the community volunteer/activist are:
 - Organise community meeting about lymphatic filariasis and the chronic conditions
 - Mobilise the community
 - Provide clear messages to reduce stigma and to inform patients of availability of care and treatment.

- Identify potential patients (lymphedema) and teach them basic care or refer them to the health centre
 - Collect questions from the community (for the clinician to answer)
10. A community volunteer (activist) will speak with the nearest health facility and organise a date and time for the clinician to visit or refer patients to the health care centre
11. Clinicians are responsible for support and advice to community members and activists as well as to diagnose and treat patients.
12. 109 districts in Mozambique are vulnerable to lymphatic filariasis. It's an important health problem in the endemic districts and around the whole country. We all need to work to eliminate the disease and reduce suffering.

Training session outline

Time	Activity
Introduction	
20	<ul style="list-style-type: none"> – Welcome the participants, thank them for their time, and introduce the objectives of the session on a flip chart: <ul style="list-style-type: none"> ○ Explain: the module covers the roles of the community volunteer (activist) and the basic messages to be given during a community meeting, prior to the arrival of the clinician – Ask: What do you know about Lymphatic Filariasis? <ul style="list-style-type: none"> ○ Write the answers on the flip chart – Ask: How is Lymphatic Filariasis transmitted? (if they have not mentioned transmission) <ul style="list-style-type: none"> ○ Answer: LF is transmitted by mosquitos. ○ Explain: Lymphatic Filariasis is a parasitic infection transmitted by mosquitoes that can progress to a chronic conditions and permanent, long-term disability. The two main conditions are lymphedema and hydrocele – Ask: What do you know about lymphedema? <ul style="list-style-type: none"> ○ Explain: Lymphedema is a swelling of the limbs (or breast in case of a woman) caused by malfunction of the lymphatic system. It can lead to permanent, long-term disability – Ask: What do you know about hydrocele? <ul style="list-style-type: none"> ○ Explain: Hydrocele is the swelling of the scrotum. – Ask: Do they know anyone that has suffered from lymphedema or hydrocele? <ul style="list-style-type: none"> ○ Explain: that it is endemic in this district and therefore we should do more to help the community. ○ Explain: There is a big need for community volunteers (activists) to help the combat the disease. We will discuss their/your roles as a community volunteer now.
1. Roles of a community volunteer	
30	<ul style="list-style-type: none"> – Ask: What should a community volunteer do? <ul style="list-style-type: none"> ○ Write the answers on the flip chart – Activity: Form a circle of chairs and we will play a game. The game is to identify what is true or false. The facilitator will state some roles, you have to decide if they are true or false. If you think the answer is true stand up. <ul style="list-style-type: none"> ○ A community volunteer (activist) should speak with the nearest health facility and organise a date and time for the clinician to visit or refer patients to the health facility. TRUE ○ A community volunteer (activist) should organise community meeting about LF TRUE ○ A community volunteer (activist) will diagnose cases of Lymphatic Filariasis

	<p>disease (lymphedema or hydrocele) FALSE</p> <ul style="list-style-type: none"> ○ A community volunteer (activist) will mobilise the community and give information about basic care TRUE ○ A community volunteer (activist) will perform surgery FALSE ○ A community volunteer (activist) will collect questions from the community TRUE ○ A community volunteer (activist) will identify any home visits needed, for any person who is immobile TRUE <p>– Give out the main handout and ask each participant to read out a role (page 1), starting at the top with “your community”, followed by “1”, “2”, “3” and lastly, the District Neglected Tropical Disease Focal Point</p>
2. Messages to the community	
30	<ul style="list-style-type: none"> – Explain: Read the main handout, Community Messages for Morbidity Management and Disability Prevention Management (page 2) – Explain: There are two main chronic manifestations of Lymphatic Filariasis infection in the photos – lymphedema and hydrocele. – Explain: There are different stages of lymphedema. The most severe stage is called elephantiasis. – Explain: The best treatment for lymphedema is washing with soap and water, and patients should wear appropriate footwear. – Explain: The Hydrocele photos before and after surgery. Hydrocele can be cured through surgery. There is hope! – Explain: The myths and facts on the handout – Ask: Are there other myths in your community? <ul style="list-style-type: none"> ○ Write the answers on the flip chart – Explain: There is a space to write the date of the clinician visit, so that each community member knows the date. – Give the participants a few minutes to read the handout again.
3. Role play summary	
30	<ul style="list-style-type: none"> – This activity aims to summarise their learning about roles of the activities and messages to be given to the community. – Activity: Role Play! Put away the handouts as it’s time to practice. Divide the group into two smaller groups. Explain: <ul style="list-style-type: none"> ○ One group will represent the community volunteers (activists) and one group will be community. ○ The task of the activists is to run a community meeting for the community. Don’t worry if participants don’t know exactly what to say or do, it is their decision how to run the community meeting. ○ The activists will need a few minutes to discuss and prepare. ○ They should try to provide information they have learnt in this session. – Ask the community group to provide feedback (both positive and areas to improve) – The activists should provide five essential information to the community: <ul style="list-style-type: none"> ○ The different types of swelling photos ○ If you have swelling, wash, keep clean and wear appropriate footwear ○ Explain that Hydrocele can be cured ○ Explain the myths and facts ○ Give them a date for the health worker visit.
5	<ul style="list-style-type: none"> – Ask- what will be there next step after this session? <ul style="list-style-type: none"> ○ It is an opportunity to discuss, if they are going to organise a meeting or if they need further support from the District NTD Focal Point or the clinician. – Interesting fact to end the session:

	<ul style="list-style-type: none">○ 109 districts in Mozambique are vulnerable to Lymphatic Filariasis. It's an important health problem in the endemic districts and around the whole country.○ <i>We all need to work to eliminate the disease and reduce suffering.</i>
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Session 4: LF Disease Management – Data Management

- Duration of session is approximately one hour.

Audience

- District NTD Focal Points and clinical staff.

Session objectives

- Describe the data collected in the patient register.
- Define the data flow between clinicians and the District NTD Focal Point.

Knowledge needed by trainer

- Experience of managing lymphatic filariasis disease/ diagnosis/treatment activities, or experience in collecting and using data from patient registers.

Set up

- **Essential equipment:** Flip chart paper, marker pens, pens/paper for the participants, registration list.
- **Participants:** The participants for the session are clinicians, District NTD Focal Points. The number of participants for the session is expected to be around 12-16.
- **Before starting:** Print the additional handouts or have a demonstration register. List the objectives of the session on a flip chart paper. Read this document carefully to understand when to ask questions and when to run activities.

Handouts per participant

There are several handouts in this module, (**do not give out at the start of session**). The handouts are:

- Register Page
- Register Instructions
- Front cover of the register.

Key learning points

1. We collect data to plan, to take action, to monitor caseloads, to ensure we can follow up with patients and track patients.
2. We want to collect essential data only. The more data we collect, the harder it becomes to manage and use the data.
3. The register contains basic patient information and is the responsibility of the health workers.
4. Store the register somewhere safe in the health facility – it contains confidential information about the patient.
5. The health workers are responsible for communicating new cases to the District NTD Focal Points regularly. The District NTD should record basic data on the number of cases, they do not need to record patient details (e.g. the patient names).

Training session outline

Time	Activity
Introduction	
20	<ul style="list-style-type: none"> – Welcome the participants, thank them for their time, and introduce the objectives of the session. <ul style="list-style-type: none"> ○ Explain: the module is focused on the LF disease Data Management and flow between health worker and District NTD Focal Point, and no other part MOH reporting system. – Ask: Why do we want to collect data on our work? <ul style="list-style-type: none"> ○ Write the answers on the flip chart ○ Answers should include to plan, and take action, to monitor caseloads, to ensure we can follow up with patients/track patients ○ Explain- we collect basic data only as the more data we collect, the hard it becomes to manage and use the data. – Ask: What data should we collect on the patient? <ul style="list-style-type: none"> ○ Write the answers on the flip chart ○ Give out the Register Page, which shows the patient data collected. – Ask: Does the list match the data collected? Discuss any differences. <ul style="list-style-type: none"> ○ Explain: we will go through each part of the register now.
1. Register	
20	<ul style="list-style-type: none"> – Give out the Register Instructions. – Give them five minutes to read the instructions (as individuals). – Explain: Explain this is a new form. Read out the introductory paragraph. – Ask: Can each participant read out one part of the register, starting with the top of the register? – Give them time at the end to ask questions for clarifications. If there are any issues, ask the group to come up with an answer to solve the problem.
2. Information Flow	
15	<ul style="list-style-type: none"> – Ask: Who should collect the Register data? <ul style="list-style-type: none"> ○ Answer is the clinician and health worker. – Ask: Who should they send data to? <ul style="list-style-type: none"> ○ Answer- District NTD Focal Point. – Ask: What data should you monitor regularly? <ul style="list-style-type: none"> ○ Answer- essential data is the diagnosis, self-care group member (y/n) and the location (which is covered on the cover page) ○ Discuss or write on the flip chart the table (see Additional info), as an example of basic data to be aggregated by facility and sent to the District NTD Focal Points.
3. Recap	
5	<p>If you have a computer or projector –show them the video explaining the programme “Introduction to the Programme” – a fun ending to the session.</p> <p>Give participants a few minutes to make some further notes before closing the session.</p>

Additional Information:

Period (month or quarter)	
Location (localidad)	
Health Facility (Unidad de Saude)	
0. Other (specify)	# of patients
1. Perna A (Leg A)	# of patients
2. Perna B (Leg B)	# of patients
3. Perna C (Leg C)	# of patients
4. Braco (Arm)	# of patients
5. Mama (Breast)	# of patients
6. Ataque agudo (Acute Attack)	# of patients
7. Hidrocelo (Hydrocele)	# of patients
8. Number of patients part of self help group	# of patients