

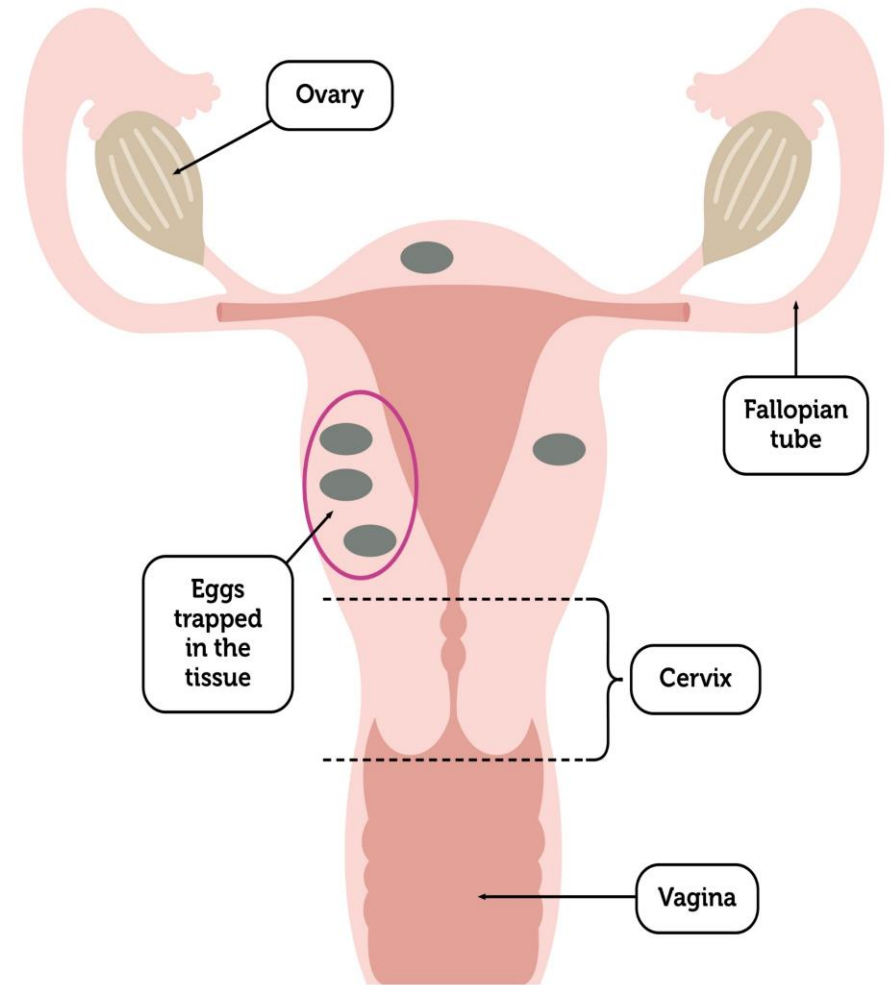


**Female Genital Schistosomiasis;
Sightsavers' perspective on
efforts pushing ideas through to
actions that tackle the
challenges**

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BACKGROUND

- Female genital schistosomiasis (FGS) remains a major concern for schistosomiasis elimination programmes.
- In Nigeria, many women are affected and there are no empirical evidence about the magnitude in the national program
- Sightsavers has been conducting some research to explore several issues about FGS in Nigeria.



Picture of Female Genital System

RESEARCH PROJECTS ON FGS

1. COUNTDOWN research

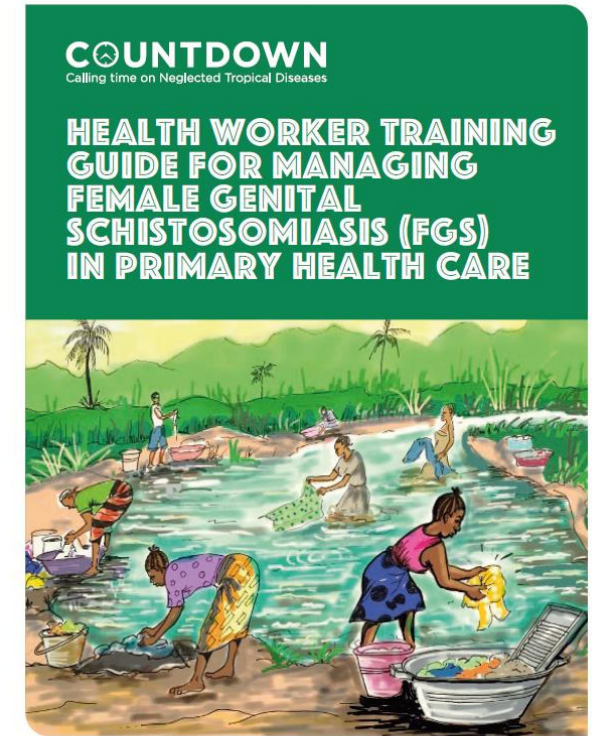
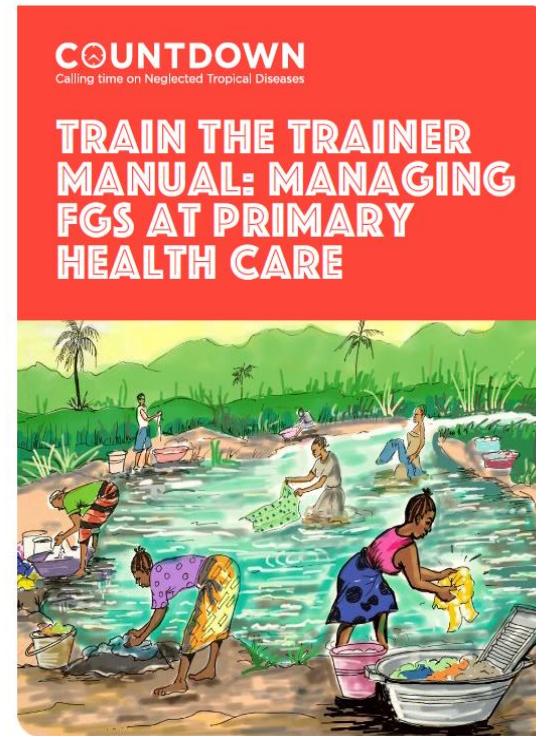
- Explored the knowledge gaps among health workers
- Developed and evaluated an FGS training guides for health workers
- Developed screening tool for FGS identification
- Trained 65 health workers and 8 trainers
- 66 girls and women with FGS had their symptoms resolved after treatment

2. FGS study

- Estimated the burden of FGS in selected communities
- Oriented implementers at different levels of health service
- Explored barriers associated with FGS care
- Explored ways to integrate FGS into the health care system

COUNTDOWN Research: Training manuals

- FGS training guides and trainer's manual were developed with Federal Ministry of Health and SMOH in Nigeria
- Front line health workers in endemic communities were trained on FGS diagnosis and care management.
- Health workers were also trained on stigma and empathy
- Improved knowledge and increased diagnosis



COUNTDOWN Research: FGS screening tool

- The screening tool explores the environmental risk assessment tool, symptoms and discharge chart,
- Developed FGS treatment register, FGS reporting tools and referral procedures

DIAGNOSIS

In this section, you will learn about how to recognize the symptoms of FGS using a symptomatic questionnaire. The symptomatic questionnaire has been produced as other current tools for diagnosis are inadequate, or not available currently in primary care facilities (see appendix for tools available at secondary / tertiary care and some health facilities).

DIAGNOSTIC TOOL: SYMPTOMATIC QUESTIONNAIRE

In recognition of the limitations with current diagnostic tools, the symptomatic questionnaire and flow diagram has been developed. By the end of this section, you will be able to recognise the signs and symptoms of FGS and be able to use the tools provided (FGS diagnosis flow diagrams and symptomatic questionnaires) to support the diagnosis of 'suspected' FGS. This tool will also aid decision making about the severity of symptoms, the possibility of an alternative diagnosis, and the need for further investigation and referral.

STEP 1: COLLECT BIO-DATA

Ask the patient for their hospital card and record weight, vital signs including blood pressure and symptoms. Return card to the patient.

STEP 2: CHECK SYMPTOMS AND DOCUMENT

All women of reproductive age (15 years and above), who present with any gynaecological or reproductive complaint, should be asked if they have any of the symptoms below:

- Vaginal discharge
- Bleeding after intercourse or spotting
- Pelvic pain (lower abdominal pain) or pain during or after intercourse (8)
- Bloody discharge
- Genital itching or burning sensation

If any of these symptoms are present then the following symptomatic checklist should be used and documented in FGS register and hospital card, before proceeding to step 3.

To assess how severe discharge is, you may ask her how frequent it is and if she requires to use pads?

INITIAL SYMPTOM QUESTIONNAIRE

QUESTION	CIRCLE THE RESPONSE			
	Yes	No		
Do you have genital itching or burning?				
If yes, how severe is the itching / burning?	Mild	Moderate	Severe	
Do you have vaginal discharge?	Yes	No		
If yes, how heavy is the discharge?	Mild	Moderate	Severe	
Do you have pain during sex?	N/A	Rarely	Occasionally	All the time
Do you have spotting / bleeding during / after sex?	N/A	Rarely	Occasionally	All the time

■ Patients may need referral or further investigations.

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FGS TRAINING GUIDE DIAGNOSIS

STEP 4: ENVIRONMENTAL RISK ASSESSMENT

If any of the symptoms are present, conduct a Risk Assessment.

The scoring system (1-10): **Above 4 high risk, below 4 low risk.**

If the woman or girl scores 4 and above in the risk assessment, plus has any of the conditions in step 1, the woman or girl has suspected FGS and will proceed to the treatment algorithm / guideline to see if she is eligible for treatment.

FGS RISK ASSESSMENT QUESTIONS	YES	NOT SURE	NO
Have you had direct (active) or indirect (passive) contact with river / stream water now or in the past? <input type="checkbox"/> Fishing <input type="checkbox"/> Washing cloth <input type="checkbox"/> Bathing* <input type="checkbox"/> Walking through / crossing <input type="checkbox"/> Swimming <input type="checkbox"/> Defecating	4	2	0
Have you had painful urination or bloody / cloudy urine in the past?	2	1	0
Is there anybody in the family or anyone you lived with that has history of blood in urine or reported cloudy urine?	2	1	0
Is there anybody in the community suffering from this?	2	1	0

NB: The most important question is contact with water.

*Active contact is having direct contact with stream / river water while passive contact is having contact with water fetched from the stream / river by someone else but not direct contact with stream / river water.

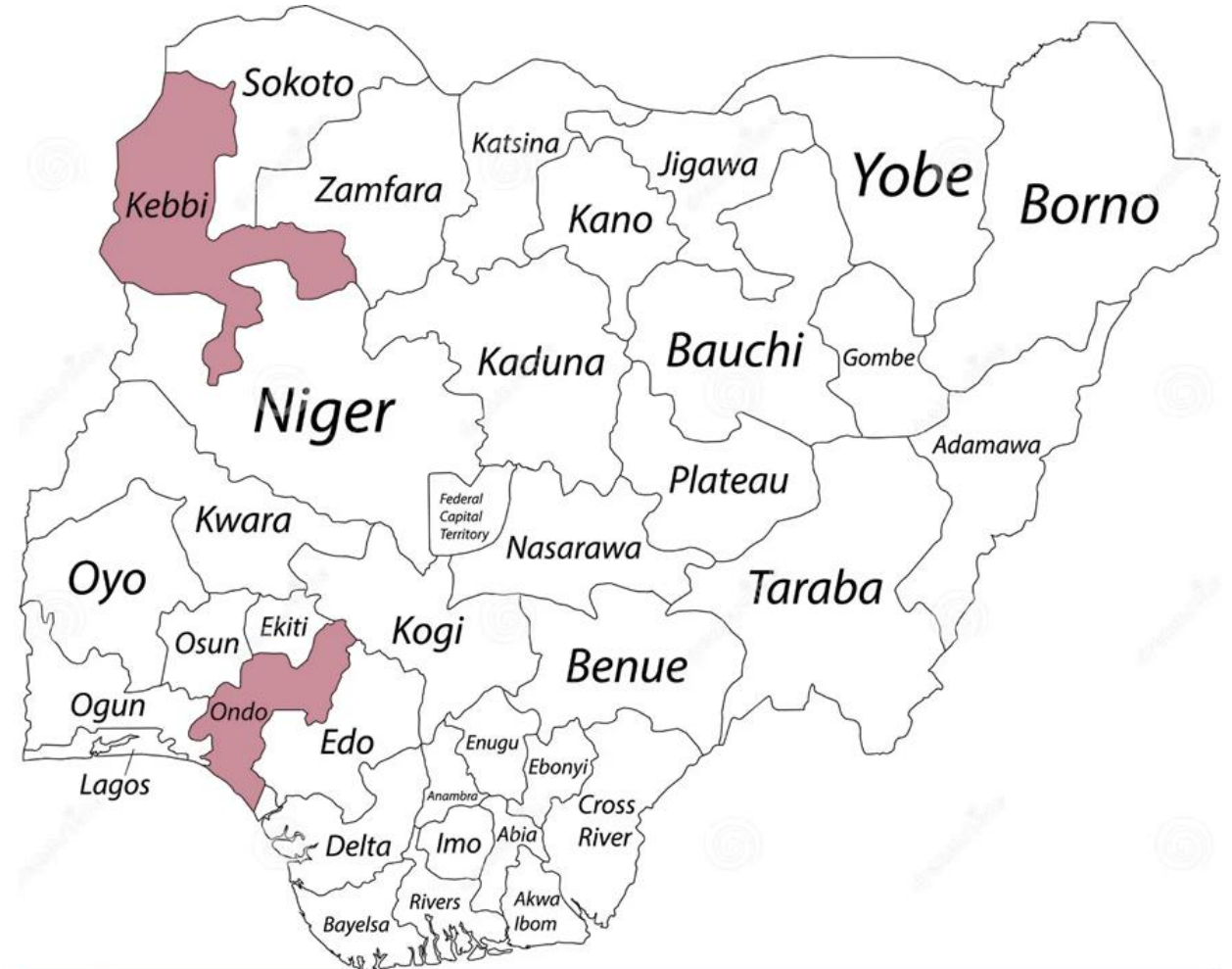
Bathing can be using the water which has been collected from the infected river / stream / water source.

If the person is not sure for all the questions, make further discussion to gain clarity. Discuss with your supervisor if you are unsure whether she should be treated or not.

FGS Study in Nigeria

We conducted a research among frontline health workers and reproductive aged women from 20 endemic communities in Nigeria

- Estimated FGS burden.
- Explored knowledge of FGS, barriers, and health seeking behaviour.
- We validated the COUNTDOWN screening tool.
- Explored FGS integration approaches into healthcare system .



Findings

Total of 561 female community members, and 34 frontline health workers were surveyed

FGS prevalence was estimated at 41%.

There was poor knowledge of FGS among community members.

FLHWs expressed inadequate knowledge of FGS resulting in misdiagnosis

Praziquantel mostly unavailable at the health facility

Conclusion

Access to FGS care remains a major problem driven by several factors like

- Poor knowledge among community and health workers
- Difficult diagnostics

There is need for

- Increased funding
- Advocacy for FGS policy: inclusion in curricula and WASH improvement
- Further research in diagnostic and management.



Way Forward

Develop SOP and clinical guidelines for health professionals

Support FGS literacy at different levels

Support MoH in FGS advocacy and policy development

Further research to improve diagnostics and targeting the holistic approach (vector control, behavioural)

Collaborate with the partners



Thank you!

