# TRAINING

#### TR1

THE DEVELOPMENT OF MULTIPROFESSIONAL PREVENTION AND CONTROL OF DISABILITY COURSES IN MINAS GERAIS, BRAZIL, FROM 1988 TO 1992

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Limited resources have made it necessary to priori-tize programs and services. In Hansen's discase the priority has been given to early diagnosis and treatment of the disease with the belief that this would prevent the majority of disability and deformity. However, inadequate neurological exams and lack of early treat-ment of neuritis and reactions have contributed to per-manent nerve damage leading to stigmatizing deformities. The need to integrate both disease control with pro-grams to prevent and control disability made it necessary to develop a practical course to develop skills of local

grams to prevent and control disability made it necessary to develop a practical course to develop skills of local health care workers. This presentation is to demonstrate how the course was developed based on needs identification from field work experience and control program supervision and evaluation. The key component of the course is the selected teaching methodology adopted to teached the needed skills. The course objective is to develop basic skills to solve problems specific to each local area using simple evaluation and treatment techniques. The authors note the importance of course and program evaluation is critical in evaluating change in health care workers skills and needs for continuing education and field supervision. Evaluation technics and results will be demonstrated.

will be demonstrated.

#### TR2

ACTION KIT: A MEANS OF PROMOTING LEPROSY AWARENESS

#### Mathilde Gruner

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There must be increased efforts to identify leprosy cases in population groups not yet covered by medical centres. If new cases are identified early enough and treated before disabilities can appear, fear of the disease and the stigma under which leprosy victims suffer will be broken down.

Increased leprosy awareness will play a vital role in early identification. Youth groups can help doctors and health workers promote this.

The Action Kit is a leprosy awareness tool. The information on the new MDT it contains shows people that the disease can be cured, thereby stimulating a desire to actively help fight leprosy.

#### TR3

DEMYSTIFYING VIDEO - TRAINING HEALTH WORKERS IN ELEMENTARY VIDEO PRODUCTION

#### Michael Joseph

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The possibilities of using video as an educational aid are many. There is a need to use Video in a more immediate way apart from

producing "well made, slick, professional" programmes. Indeed the intrinsic quality of video is that it can be used in a malleable form. programmes. Indeed the intrinsic quality of video is that it can be used in a malleable form. An ideal variation to the conventional well made programme is by using a simple VHS camcorder. If trainers themselves are able to competently handle the camcorder then they would be independent, this would also open out the possibility of using the medium to many more trainers. With these intentions a series of lectures on various cinematographic aspects was conducted at Karigiri. Now after 3 workshops that vague format has evolved into a well structured model. The body of this paper deals with the structure of this workshop, which comprises of 13 modules - Introduction, The Educational Video - A perspective, Camera, Camcorder Hands on - Introduction, Sound, Editing, Direction, Script Writing, Connections and Adjustments, Screening of Prior Exercises, Shooting of Individual Exercises, Analysis of Educational Videos & Evaluation. Objectives, lesson plans, educational aids & assessment methods were identified for each module. The conclusion of the paper will be a discussion on the experiences encountered while conducting these workshops here in Karigiri and also the different ways in which the camcorder is currently being used by teaching staff.

#### TR4

ARTISTIC INNOVATIONS IN LEPROSY EDUCATION

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Leprosy to this day arouses fear and dread in most people. Although much has been done to educate the public, new methods need to be found to dispel this fear.

The "Our Own Vision" project was designed to educate the public about the facts of Leprosy in an extremely dramatic manner.

"Our Own Vision" project worked with a group of children from the Adivasi colony in Goregaon, a suburb of Bombay, who were aware of Leprosy and they were encouraged to express their feelings in the form of drawings.

These drawings were painted on the outside of a Western Railway commuter train in Bombay. Commuter trains are the primary vehicles that thousands of middle and low income people use to travel from the suburbs to the city and vice versa.

This paper describes the project, the process of educating the children, encouraging them to express their views of leprosy, and the them to express their views of lepro: results of a study that measured the effectiveness of this project.

#### TR5

ALERT IN THE 1990s: EVOLVING TO MEET NEW NEEDS IN LEPROSY TRAINING

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Almost 28 years after being founded to "train men and women for leprosy work in Africa". the All Africa Leprosy and Rehabilitation Train-ing Centre (ALERT) has had to undergo a major restructuring and reorganisation. in order to adapt to the changing circumstances of Africa.

The changing epidemiology of leprosy in the post-MDT world, the important change of perception of the problems of disability and the need for rehabilitation, the non-medical needs of leprosy patients, recent advances in teaching methods and learning materials. and changing social and economic circumstances in Africa - all of these have had to be consid-ered in developing new and appropriate courses for new categories of health workers in leprosy.

Along with a changing pedagogy, ALER' is successfully introducing reforms and innova-tions in its organisational structures and managerial functions. and

This paper describes some of these changes and argues that ALERT is a leaner and more efficient training tool, of greater relevance to the new circumstances of Africa in the 1990s.

#### TR6

DIFFERENTIAL EFFECTIVENESS OF INDIVIDUAL COMMUNICATION METHODS IN SOCIAL EDUCATION

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Health Education in leprosy involves educating the people by communicating scienti-fic facts towards adopting a rational attitude and practices. This action-research has the objectives of: 1.Measuring the level of aware-ness about leprosy among high school students. 2.Promoting their awareness through social education and 3. Evaluating the relative merits of different communication methods employed.

merits of different communication methods employed. The study respondents were 9th class students from 25 randomly selected schools in the city (n=2000). Firstly the awareness level of the respondents was assessed using a questionnaire. It contained 24 items and scores were given to each respondent (S1).

Secondly the schools were divided into clusters of five and in each cluster, one of the five methods namely lecture, exhibition of posters, distribution of pamphlets, comics and screening of film was used. English and one vernacular media was chosen as the media for communication.

Lastly the same questionnaire was re-administered and scores were computed (S2) which indicated the present level of awareness.

Statistical analysis was done. Results pertain to the significance of differece between the pre and post scores(S1&S2)\* and among the different methods. The reliability of the questionnaire was also tested and the relavance of results are discussed.

\* Tests of variance.

#### TR7

NWACE DAT STRATEGIES IN THE CONTROL OF HANSEN'S DISEASE IN THE STATE OF MIANS GERAIS-BRAZII. FROM 1988 TO 1992

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The authors discuss some of the epidemiological and operational aspects of Hansen's disease control in the state of Minas Gerais, Brazil, from 1988 to 1992. In 1988 the state of Minas Gerais had 37,102 cases on the active registry with a prevalence of 2.45 which included 1,385 new cases. Deformity among new cases was 13.9%. In 1992 the authors observed a decrease in prevalence, an increase in new cases detected, and a

decrease in deformities among new cases. The principal management strategy adopted for improving disease and disability control was the development of training courses. The objective of these courses were to develop human resource capabalities to implement a decentra-lized control program, to expand the use of multidrug therapy, to implement disability control, and to organize effective actions of control at local health for the statement of the statement of a solution of the statement statement of a solutions of control at local health facilities.

facilities. Strategies for training priorities were based on epidemiological studies identifying key regional areas which would impact the disease. The impact of training, was measured by the change in the indicators of new casesdetected, prevalence, disability and deformity in new cases, and the number of persons discharge as cured, and the number of services treating the disease with MDT.

#### TR8

MEASURES AND EFFECTS OF LEPROSY PROPAGANDA IN SICHUAN PROVINCE

#### Wang Rongman

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Chengdu, Sichuan Province, China Leprosy propaganda is associated closely with realizng the goal of basic elimination of leprosy in Sichuan province. In order to make local officials change their traditional views on leprosy, intensified propaganda about the knowledge of leprosy has been made especially to government officials at different levels. The programme of leprosy propaganda has been integrated into chronic disease control programme of local government at different levels. Responsible contract for leprosy propaganda is signed annually. Rewards and punishments have been implemented according to the outcome of regular evaluations. Through the above mentioned activi-ties, local officials in Sichuan province are no longer frightened of leprosy and have paid more attention to leprosy control. Leading cadres at prefectural and provincial levels have given lectures on the knowledge of leprosy to the public for about 200 person times per year, making people get rid of their fears of leprosy. A sample social survey showed that 82% of the population surveyed recognized that the infectivity of leprosy is not strong, 74% considered leprosy is curable and 96% have a view that leprosy patients should have a right of work after cure. As a result of contineous and intensified programade in Sichuan province has been implemented more successfully, about 500 new cases were detected and about 1,500 patients were cured annually from 1984 to 1991, and the prevatence rate decreased from 0.1% (1984) to 0.04%(1991). (1984) to 0.04%(1991).

#### TR9

#### PARTICIPANTS' EVALUATION OF A TRAINING PROGRAMME

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The Schieffelin Leprosy Research and Training Centre holds various courses related to leprosy, round the year, with periods ranging from one week to nine months.

The six weeks Medical Officers' Course is one of its more important Training Courses and is held twice a year. An integral part of the Course is its evaluation by the participants. Various methods of evaluation have been tried out and the advantages and disadvantages of each have been utilised in modifying the evaluation in subsequent courses in subsequent courses.

During the past four courses, we have used modified method of evaluation based on that suggested by Abbatt.

We discuss and present here the vo aspects involved in this evaluatory method. various

## **TR10**

61.4

ACTION LEARNING: ITS VALUE FOR LEPROSY PROJECTS

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Action Learning (AL) is an approach to change based on the idea that effective learning occurs when it is: a) focused on the experience of resolving real, not simulated, problems and b) reinforced by the critical but mutual support of fellows, "comrades in adversity", facing similar experiences.

From 1990 AL was used in the ILEP Prevention of Sole Wounds Study (SWS) where 30 leprosy projects were facing the same change experience: introduction of a systematic approach to wounds in insensitive feet. AL was introduced through a) one-week workshops to develop mutual support skills, and increase understanding of the management of sole care; and b) Continuing 1-2 day meetings between projections are required to he ware down between participating projects that were close enough to each other to meet at least once every three months until the end of the SWS.

Three workshops (East Africa, India, South-East Asia) took place, all positively evaluated by participants. Organisation of continuing to meetings was patchy. Two groups (three projects each) have managed to meet regularly; and interaction traceable to the workshops has continued between several other projects.

Useful organisational initiatives as well as individual learning have resulted: Team enthusiasm for disability prevention; generation and exchange of practical tools; stimulation of short-term action targets; and commitment at project level to action in response to SWS findings.

Our experience suggests that frequent contact, and therefore geographical proximity is very important. Where intensity of mutual support was generated, significant change occurred.

#### **TR11**

AN EVALUATION INSTRUMENT FOR LEPROSY TRAINING CENTERS

Linda Spencer Ph.D., Djohan Kurnia M.D., Stephen Cole Ph.D. National Leprosy Training Centre Ujung Pandang, Indonesia and Georgia Baptist College of Nursing Atlanta, Georgia

This paper describes an effort to provide a valid and reliable evaluation instrument for use in leprosy train-

reliable evaluation instrument for use in leprosy train-ing centers. An instrument was developed by a panel of leprosy experts and was administered to students (N=163) at the National Training Centre, Ujung Pandang, Indonesia. Indices of reliability were analyzed by Cronbach's alpha for internal consistency and by a correlation of individual items to total test items. Other psychometric properties of the instrument were evaluated including a difficulty index.

Students consisted of two populations--physicians

Students consisted of two populations--physicians and paramedical personnel. Responses from these groups were compared by a t-test for independent samples. Results yielded a reliability coefficient of .58, primarily because many questions could not be included in the analysis, since they had to be translated from the Indonesian language. However, with additional items, the reliability of this instrument could be increased, and could be used in other training centers.

#### **TR12**

RESEARCH IN LEPROSY HEALTH EDUCATION - EMERGING TRUNDS AND CHALLENGES

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Health Education as an essential component of the service delivery system for the management and eradication of leprosy has been emphasised time and again in almost all forums for several decades. It is as imperative as the supply of drugs and a vital area of activity.

Research to improve the practice of health education has to be innovative and the first step for promoting it is

documentation of existing knowledge derived through research and field experiences.

In leprosy health education the problem 'of drop-outs' is a major one. Research on this will throw light on the significance of social science models for explaining behaviour in epidemiological terms such as the host, the environment and the agent factors.

We may characterise the main challenges to research in We may characterise the main challenges to research in leprosy health education in terms of two major axes namely, 'The degree of meaning' and 'The degree of effort' The factors influencing evaluation of health education methods and programmes, inter personal communication among field workers, their skills and the benefits of preventive health practices have to be investigated in the light of three fundamental elements of evaluation; a)object of interest b)comparison and c)the selection of a standard; the first a conceptual, the second a methodological and the third an administrative problem.

Health education as a new discipline, has to develop its own fund of knowledge through applied research without which the quality of health education will deteriorate. Do we not have sufficient manpower to promote research in this important area? We better take up this challenge in the interest of posterity.

#### **TR13**

TRAINING AND EDUCATION STRATEGY IN LEPROSY CONTROL PROGRAM IN SENEGAL

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In a leprosy control program, strategies to promote the use of MDT and the prevention of disabilities will be fully effective only if the strategy includes training of health service staff and education of the public at large.

Therefore, in the National Leprosy Control Program in Senegal, a health education strategy has been seen up with 4 main components : 1) training for health service staff ; 2) community social mobilization campaign ; 3) information dissemination to primary school teachers in rural areas ; 4) occasional actions with special target groups.

Health education and training materials adapted to each component have been produced in Dakar : flip-book, posters, comic strips, slide show, booklets, etc...

The authors present the general training and education strategy developed in Senegal as well as the educational and training materials produced. A demonstration is given of the battery-operated slide show.

### **TR14**

EDUCATIVE ACTIONS AND HANSEN'S DISEASE CONTROL PROGRAM IN THE STATE OF SAO PAULO - BRAZIL

Zenaide L. Lessa, Otilia S.J. Gonçalves, Heleida N. Metello, Wagner Nogueira, Marcia Buzzar

Since the State Secretary of Health created the Special Program Group for Hansen's Fiscase and the Education Group, in 1987,were established the basic guidelines for implanting educative actions for Hansen's Disease Control Program, developed by the Health Teams in the 65 Regional Health Offices of the State of São Paulo.

Its major objective is socialization of scientific knowledge on Hansen's Disease and its interfaces, sta from a holistic vision of the human being, including starting the biologic.

From 1987 to now, the major option was to give instruments to professionals of health teams to work with pedagogical and ludopedagogical techniques, regarding a problem raisingpedagogical option. Until the year of 1992,

professinals were prepared to develop these actions including local planning of educative actions.

Pedagogical advisory and educative material complement conditions to ensue that educative actions will reach the impact previewed by the Hansen's Disease Control Program for the State of São Paulo.

#### **TR15**

THE IMPACT OF PERSONNEL TRAINING ON THE EPIDEMIOLOGICAL AND OPERATIONAL INDICATORS - BRAZIL, 1986 TO 1997

Acácia L. Rodrigues, Darcy R. V. Ventura, Gerson O. Penna, Gerson F. M. Pereira e <u>Maria C. C. Magalhães</u>

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Between 1986 and 1991, the Dermatology Division developed a broad proposal for personnel training nationwide, targeted to the implementation of activities required for the control of a rising endemy, in a service network with a quantitative and qualitative deficit of staff.

quantitative and qualitative deficit of staff. This paper analyses the number of people trained by federated unit in relation to number of patients and correlating them with operational and epidemiological indicators.

The modular training system adopted facilitates group training, centered on the problem-raising methodology and allowing critical reflexion, construction and reconstruction of knowledge, adoption of strategies for problem-solving and integralization of health activities. Since 1991, the revision of trainings reinforces the assel transcriber or the straining reinforces

the assistance-teaching axis, stimulates operational research, the participation of the reference centers and the expansion of MDT as the single regimenadoped in Brazil.

#### **TR16**

IMPACT OF PERSONNEL TRAINING ON THE INDICATORS OF THE HANSEN'S DISEASE CONTROL PROGRAMME IN THE FEDERAL DISTRICT, 1990-1992

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Starting from a situation diagnosis of the Hansen's Disease Control Programme in the Federal District in 1990, the authors outline major guidelines for personnel training. Between 1990 and 1992, the personnel training

Between 1990 and 1992, the personnel training programme gave priority to professionals from fields relevant to Hansen's Disease, according to the District's Emergency Plan and adopting a methodology where the trainee can develop his capacity for reflection-action, from situations found in his own environment.

This methodology, know as "problem-raising", is being developed by Brazilian officers with the advice of the Pan American Health Organization (PAHO).

The work shows the improvement of the epidemiological and operational reached with the personnel training programme.

### **TR17**

#### THE USE OF 'MATCHED QUESTIONS' IN PRE- AND POSI-ILSIS, TO EVALUATE TRAINEES AND FACULTY IN A LEPROSY MEDICAL OFFICERS' TRAINING PROGRAMME

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Pre-and-post-tests are an established and useful method of evaluating training programmes, and have been used at Karigiri in the Six Weeks Leprosy Medical Officers Training Course. The main objectives of these tests are two-fold. The pre-test gives a baseline impression of the level of knowledge of the group at the beginning of the course, thus enabling modification of the teaching strategy when necessary. Secondly, a comparison of pre-and-post-test scores, can be used as an indicator of the teaching effectiveness of the faculty, since each of the questions are framed such that they reflect a specific course objective or sub-objective and cover the various subject fields of the course .

The usual practice is to administer exactly the same set of questions in both the pre- and the post-test. This may not be quite satisfactory, since there is always a chance that students may just recall the pre-test question from memory, and be able to obtain a better result in the post-test, without actually having benefitted from the course. To avoid this possibility of 'practice familiarity' and 'rote reproduction', alterations were made in the <u>presentation</u> of the questions in the post-test.

The post-test therefore consisted of a <u>separate</u> set of questions compared to those in the pre-test. Care was taken to ensure that these were carefully 'matched' in such a way that the corresponding questions in both the pre- and post-test examined the understanding of the <u>same</u> concept or fact but were <u>worded</u> differently. In the case of Multiple Choice Questions this was achieved by altering either the 'stem' of the question, or the 'keys' offered. For 'True-or-False-type' questions, the statements were either modified, or rephrased, in such a way that they reflected two facets of a single concept or fact.

This paper analyses the details of the 'matched questions' format, its advantages and the results of its use over three successive courses.

#### **TR18**

LEPROSY TEACHING AT MEDICAL SCHOOL THROUGH COMMUNITY-BASED LEPROSY CONTROL IN A SLUM AREA

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THE EVALUATION OF LEPROSY PATIENT ATTENDANCE AT THE 4 PUBLIC MEDICAL SCHOOLS IN THE GREAT RIO MADE IN 1990 SHOWED A LOW LEVEL OF COMPLIANCE TO OFFICIAL NORMS OF THE NATIONAL PROGRAME.

CONSIDERING THIS WE INTRODUCED AN INTERVENTIONIST PROJECT IN ONE OF THESE MEDICAL SCHOOLS AND ITS MAIN GOAL IS TO IMPROVE THE UNIVERSITY CONCEPTS ON LEPROSY CONTROL BY MEANS OF:

MOVING THE STUDENT PRACTICE FROM THE UNIVERSITY HOSPITAL TO THE HEALTH CARE CENTRES LOCATED IN THE CAMPUS NEIGHBOURHOOD.

MAKING THE UNIVERSITY CO-RESPONSIBILE FOR CONTROL ACTIVITIES AT A DISTRICT LEVEL.

SINCE 1991 WE HAVE BEEN DEVELOPING THE MAIN ACTIVITIES LISTED BELOW WITH A SUCCESSFUL ACCEPT ANCE AMONG STUDENTS:

IMPLEMENTING LEPROSY CONTROL IN R. DE JANEIRO CITY AT DISTRICT LEVEL ORGANIZATION - TWO MORE HEALTH UNITS ARE ATTENDING PATIENTS IN A SLUM

HEALTH UNITS ARE ATTENDING PATIENTS IN A SLUM AREA. IMPROVING THE UNIVERSITY CONCEPTS ABOUT LEPROSY AND CONTROL PROGRAMMET THE STUDENTS OF BIOMEDICAL AREAS HAVE CONTACT WITH LEPROSY PATIENTS IN SEVERAL OPPORTUNITIES SUCH AS: PRIMARY HEALTH CARE PROGRAM IN HEALTH CENTRES. IN THEORETICAL ACTIVITIES IN PREVENTIVE MEDICINE. TROUGH PRACTICE ATTENDANCE AT THE UNIVERSITY HOSPITAL IN THE SERVICES OF DEMATOLOGY GENERALMEDICINE. TROPICAL DISEASE, NEUROLOGY AND REHABILITATION MEDICINE. IN ADDITION THEY CAN PARTICIPATE IN THE OPERATIONAL RESEARCH ON FIELD THROUGH THE PROGRAM OF SCIENTIFIC INITIATION; E.G. THE SELECT ION OF CLUSTES AREAS FOR LEPROSY PROSPECTIVE STUDIES HAS ALREADY BEEN DONE.

THE CURRENT RESULTS MAKE US RECOMEND THAT BRAZILIAN UNIVERSITIES SHOULD WIDEN OPPORTUNITIES TO TEACH LEPROSY WITH LOW INVESTMENT.

#### **TR19**

#### TASK ORIENTED TRAINING OF PRIMARY HEALTH CARE PERSONNEL IN LEPROSY CASE DETECTION - AN ASSESSMENT

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For the successful involvement of primary health care staff in leprosy control, initial effective training is crucial. The current training modules at initial stage seem to be too elaborate and sometimes confusing to a beginner. Hence it was decided to try out a simple task-oriented training just for leprosy case detection as a first step. A half a day training was offered to Primary Health Care staff in Raipur, Madhya Pradesh Multidrug treatment district emphasizing only three suspecious symptoms - 1) hypopigmented, anaesthetic patches, 2) shiny oily skin and 3) deformities of limbs. Colour photographs and patients were used for demonstration.

232 multipurpose workers of 8 Primary Health Centres undertook "Photo survey" of 840 villages covering a population of 5,27,160 in 15 days during their annual family welfare ennumeration programme. They detected 200 new cases (MB : 32, PB : 168) and reidentified 543 (MB : 206, PB : 337) old known cases.

This experience showed that a simple task-oriented training of PH Care staff just to suspect leprosy as a first step may go a long way in augmenting leprosy case detection even in vertical leprosy programme. Similar training in stepwise fashion for treatment, case-holding and deformity care could perhaps lead to a gradual process of integration of leprosy work with general health services. However, further operational research in this direction is needed.

#### **TR20**

EARLY DETECTION OF OCULAR LEIROSY

ALAMPUR SAIBABA GOUD

ALMIFUR SAIBABA GOUD SIVANANDA REHABILITATION HOAS KUKATTALLY, HYDERADD The number of registered cases of Leprosy was 3.7 millions in 1990. 25% of them have got ocular involvement and may be 5% do have blind ness. This high incidence of blindness is due to ignorance on the part of the non-medical assistants and Nedical Officers on one hand and patients on the other. The patient will approach the doctor in late stages, as he does not have acute signs and symptoms. This paper deals with various methods of training to detect early ocular involvement to non-medical assistants and medical officers including health education to the patients. This work has been carried out at Sivananda Rehabilitation Home,Kukatpally,Hyderabad.

#### **TR21**

SIMULATION GAME" AS A MODEL OF HEALTH EDUCATION IN LEPROSY. AN EXPERIENCE FROM THE RURAL LEPROSY CONTROL "SIMULATION GAME" PROJECT IN NGANJUK REGENCY, EAST JAVA .

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A "simulation game" has been introduced as a part of the Leprosy Training Course for village caders in the Regency of Nganjuk, East Java. The aim of this activity is to improve their knowledge and ability in solving

is to improve their knowledge and ability in solving the leprosy problems in the community, by simulating these in a "play" situation . The game is played by a group of 10-20 caders, sitting around an illustrated playing chart (80x120cm) which contains some written questions from No.1 - 20. Conduc-ted by a leader as a moderator, the cader throw a dice to get the number of question to be nawwred. The other maticipaties are requested to give a commont addition participants are requested to give a comment, addition or objection to the statement from the answer. The ques

or objection to the statement from the answer. The ques-tions are chosen from everyday's experience in leprosy problems found in the community. This programme has been conducted to 20 groups of lepro-sy caders from several districts of Nganjuk. Evaluation on the individual ability and performance of leprosy ca-ders showed a better attitude and more self confidence, which is very helpful in reducing the stigma of leprosy in the community.

in the community. As a conclusion, the method of Simulation Game in Lepro-sy seems a good model for the Community Health Education which eventually could be applied for other program of disease control

#### **TR22**

## TRAINING FOR NATIONAL TB/LEPROSY PROGRAM IN TANZANIA SINCE JULY 1977

Hamza Chum, Petra Graf, Mwatanga Gunzareth

National Tuberculosis and Leprosy Programme Tanzania. TB/Leprosy Central Unit, Dar es Salaam Tanzania.

Training for National TB/Leprosy Programme Training for National TB/Leprosy Programme has been one of the important activities when the programme started in July 1977. With the commitment of the Government officials Health staff at all levels, (Central, Regional District and Dispensary) Politicians and the community have been trained. Each group had a training schedule ranging from 2-30 days depending on the type of training R.T.L.C. meeting, D.T.L.C. course, zonal seminar, District seminar, laboratory seminars. Regular training has been conducted for both diseases on a yearly Plan of training. Since we have on systematic Plan of training successfully for both components of the programme. programme.

In the wake of the H.I.V. endemic new training topics have to be chosen, after all for the close relationship of H.I.V. Infection and T.B.

#### **TR23**

#### HANSENIASIS EN LAS ESCUELAS

Dora Martins Cypreste, Nuciclea Barbosa dos Santos, Sara Aguiar Campos and Regina Lucia Santos, Sara Fraga Borgo

Exposicion en poster de la Cartilha Educativa.

#### **TR24**

FIELD TESTING OF THE COMMUNITY HEALTH EDUCATION LEAFLET DEVELOPED AT THE NATIONAL LEPROSY TRAIN-ING CENTRE, UJUNG PANDANG, INDONESIA

Djohan Kurnia, Norma Aspar

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The leaflet developed at the National Leprosy Train-ing Centre,Ujung Pandang,Indonesia was field test-ed on two occasions for its effectiveness and its ed on two occasions for its effectiveness and its acceptability, and for the community opinions. All target community groups (students year 4,5,6, their teachers and the village community leaders) showed an increase in their average test scores (reflecting the extent of the essential knowledge in leprosy given in the leaflet that the community members had or gained) after they had read the leaflet for ten minutes. The scores increased further after the leaf let had been explained and discussed. Thirty two out of 44 answers received rated the leaflet was very attractive or attractive. Tweenty six out of 50 rated the leaflet was very horrible or horrible.Six-teen out of 24 said that the leaflet was too small. Sixteen out of 18 said there were too few pictures, and 14 out of 23 said there were too few words in the leaflet. leaflet.

#### **TR25**

ASSESSING EFFECTIVENESS OF LEPROSY EDUCATION IN RURAL INDIA: A RANDOMISED-CONTROLLED COMMUNITY-BASED INTERVENTION TRIAL

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A randomised-controlled community-based trial was carried out in a rural area of a leprosy endemic district of Central India to evaluate a leprosy education intervention during one year in terms of its impact on knowledge and attitude and its influence on case detection and case holdiny. "Education rate' and 'education rate difference'statistics were derived for assessment of effect of the treatment. 'Education rate' was defined as per cent increase in know-ledge level among those who were found without 'correct' knowledge initially. 'Education rate difference' like an 'attributable risk' is defined as the difference of 'education rates' in treatment and control areas. It should take into account any extraneous effects in control areas and thus estimate the effectiveness of treatment per se. The education program was most effective in teaching with anaesthesia' ('education rate difference'-43 per cent). The second strongest effect was seen for knowledge about deformity that not all patients have deformity('education rate difference-32 per cent). For cause as 'germ', it was 27 per cent, for curability 20 per cent. Attitudes also improved with treatment. Increase in knowledge levels were also observed in control area and are discussed and phenome-nas like 'scoular effect', 'diffusion effect', interview effect' has been suggested for the increase in control area. Voluntary reporting and treatment regularity of patients increased during the intervention program.

Voluntary reporting and treatment regularity of patients increased during the intervention program.

### **TR26**

EDUCATION SANITAIRE LEPRE Enquète dévaluation des connaissances et de la perception de la lèpre à la MARTINIQUE

J.C CAROLINA - Dr M. CONSTANT-DESPORTES Dr A. LEOTURE - C. CHARLES-NICOLAS Dr J.C SAINT-ZEBY - A. YEBAKIMA

Tout d'abord, l'enquête préliminaire menée en 1986, montrait une bonne connaissance du symptôme initial de la lèpre et mettait en évidence la transmission des messages, mais également soulignait la peur du sujet atteint de cette maladie.

La seconde enquête évaluative en 1993 permettra d'une part de comfirmer oud'infirmer les précédentes observations, d'autre part d'analyser l'impact de 10 ans d'information sanitaire centrée sur une modification des mentalités.

#### **TR27**

PROMOCION PARA LA SALUD EN EL PROGRAMA CONTRA LA LEPRA EN MEXICO

Dr. F. Castellanos, ESP. A. Martinez, Lic. A. Barocio, Dr. J. Rodríguez-Domínguez.

El programa contra la lepra en México planteó como ob-jetivo eliminar la transmisión de la enfermedad para finales de 1994, reduciendo su taso de prevalencia a menos de 1 X 10,000 hbs, por medio del tratamiento con poliquimioterapia de todos los enfermos.

poliquimioterapia de todos los enfermos. Para conseguir tal propósito se elaboró un subprograma educativo para la población general y enfermos entre los servicios de salud y la colaboración técnica y fi-nanciera del Fondo Ciba-Geigy contra la lepra. Se di-señó y editó material audiovisual y gráfico dirigido a la población con el lema "La Lepra es Curable". Se difundieron por medios masivos como TV, radio y carte-les, y por medios individuales, promoviendo el diagnós-tico, la continuidad del tratamiento, la prevención de incapacidades con recomendaciones sobre cuidados que deben proporcionarse a los enfermos y su familia. Tam-bién se diseñaron materiales educativos para capacitar al personal de salud con los temas de diagnóstico, tra-tamiento y prevención de incapacidades. Se realizó una encuesta de opinión dirigida a 3 grupos: enfermos, familiares y población general, en dos fases, la prime-

ra antes y la segunda un año después de la difusión del material, evaluando el grado de conocimiento de la en-fermedad, su transmisibilidad y la aceptación de los enfermos, en la comununidad. Los resultados de la encuesta reportaron mayor conocimiento de la enfermedad por la población.

Derivado de lo anterior se incrementó el número de enfermos incorporados a POT.

#### **TR28**

LEPROSY LITERATURE ACCESS AND RETRIEVAL BY MICROCOMPUTER USING CD ROM

Ray Foster, Albert Sanchez, Richard Hart, Wilfred Stuyvesant, William Dysinger, Dunbar Smith

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A database of 41,160 citations selected from 2,874 books and journals published between 1913 and 1991 is available on compact disk ROM (Read Only Memory). The selection criteria for this literature are the keywords: leprosy, Mycobacterium leprae, diet and nutrition in connection with infection and immunological factors, and immunity. Each citation contains the author(s) name(s), Unique Identifier (UI) number where available, title, abstract (in about half of the citations) and reference. Three quarters of the data is from the United States National Medical library online service and one quarter from the Tropical Diseases Bulletin, London. About 1% of the data came from a variety of sources.

The CD ROM contains the leprosy literature data in English. The data on the compact disc may be accessed by a choice of three computer programs on the compact disc. One computer program has on line help in English; one in French; and one in German. Exhaustive and rapid selection and viewing or printing of the data is made possible by the computer programs. The equipment necessary to use the compact disc is a micro computer that is IBM compatible with at least 512 K of RAM using DOS Version 3.2 or higher and equipped with a CD ROM drive. The report will include illustrations of data selection from the compact disc with a brief explanation of how to understand the various computer server. explanation of how to understand the various computer screen displays encountered using the computer program to access the data.

This compact disc is obtainable from the Leprosy Research Foundation at a cost of \$20.00 (U.S. currency) to cover postage and handling.

#### **TR29**

THE TEACHING OF LEPROSY IN MEDICAL COLLEGES OF ORISSA, INDIA

JAYADEV SAHU GMLF HE Unit Khurda Road, Orissa, India

Orissa: 31 million population, 140452 leprosy cases, PR 4.82, Trial 30-40%, Literacy 48%, MDT started 1983. By the end of 1993 it is anticipated that all 13 districts of the state will be covered by MDT.

GMLF HE Unit Khurda Road for past 12 years involving three medical colleges of Orissa at UG PG Staff level recommending leprosy teaching in main stream syllabus with no extra time but as part of routine teaching process. Thus leprosy used as a Model in teaching Anatomy, Physiology, Biochemistry, Immuno-pathology, Pharmacology, Microbiology, Medicine, Surgery, Orthopaedics, Plastic, Paediatrics, Dermatology, ENT, Dental, Neurology, Ophthalmology, Physiotherapy & SPM.

Seminars of Students Academic Socity, Seminars of Students Academic Socity, Interdisciplinary Workshops of Staff Academic Society, using teaching and learning materials with searching questions from UG PG staff made teaching and learning improved significantly Questions on leprosy appear in MBBS MD (Ophthalmology) Examinations.

### Abstracts of Congress Papers

Syllabus on Intensification of teaching leprosy sylladus on Intensification of ceaning type circulated to all medical colleges in India with the hope that future medical graduates will successfully implement MDT and eliminate leprosy from Orissa and India.

#### **TR30**

EVALUATION OF THE HEALTH EDUCATIONAL METHODS AND EFFECTS OF A WOUND REDUCTION PROGRAM FOR 72 WORKERS WITH HANSEN'S DISEASE IN BANBUI, MINAS GERAIS-BRAZIL

#### Linda Lehman

Hospital São Francisco de Assis, Fundação Hospitalar do Estado de Minas Gerais, Bambui, Minas Gerais, Brazil

This study evaluated the effects of a wound Reduction Program in 1986 on 72 workers who had Hansen's disease and lived and worked at the Hospital São Francisco de Assis.

The health education intervention was evaluated by using both qualitative and quantitative data. The PRECEDE Model and Social Learning Theory were effective theore-tical frameworks for planning, implementing, and evalu-ating the health education intervention program which aimed to change and sustain behavior change over time. This behavior change was necessary for improving quality of life by preventing disability and deformity progression caused by wounds and their complications. The wound prevalence before the intervention was 58°. There was a significant decrease in wounds of 71° from March to December 1986. The wound prevalence in 1988 demonstrated a sustained wound reduction prevalence of 24°. 24%

24%. This study demonstrates the importance of health care worker training in health education methodology and its application in both control and prevention of disease and disability intervention programs. It further demons-trates that public health and rehabilitation need to be intermixed to assure quality of life for persons with Hansen's disease.

# TITLE ONLY

#### T1

PUBLIC EDUCATION

Pushpa B. Shah

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From the times of recorded history, Education has been associated with liberation of men from restraints of ignorance, poverty and illness.

and illness. We have the drugs, physiotherapy and various surgical procedures. However, what will finally take us to a conclusive victory in the war against leprosy - its fallacies - and many other communicable diseases, will be EXTENSIVE PUBLIC EDUCATION.

other communicable diseases, will be EXTENSIVE PUBLIC EDUCATION. Education begins at a very tender age under the protection of Mother and then right through school to University and even thereafter. Education moulds and develops children into healthy youth who become rich dividends of the country in propogating health awareness to their families (community). To control spread of infection-public education regarding disgusting antisocial habits like indiscriminate spitting, unstiffled sneeze, spurious cough, hyglenic living unknown in the West, but a major problem in our country and other developing countries. Improving literacy and status of women and female children has to be given the highest priority. Rightful place of women in the household will play a vital role - eliminate poverty and lead the country towards advancement. (Association of poverty with overpopulation and vice versa). PUBLIC EDUCATION removes IGNORANCE, POVERTY

PUBLIC EDUCATION removes IGNORANCE, POVERT ILLNESS PROMOTES HEALTH Human Development HAPPY LIVING \_\_\_\_\_ COUNTRY'S DEVELOPMENT. POVERTY

#### T2

THE EFFECT OF OFLOXACIN TO MDT RESISTANCE, A CASE REPORT Yutaka Ishida (1), Mutsue Mizushima (2),

(1): Dhanjuri Leprosy Project-Khulna Branch (PIME Sisters), Daspara Road, Boro Boyra, Khulna 9,000, Bangladesh. (2): Dep. of pathology, National Leprosarium Okukomyo-en, Mushiake, Okayama, Japan.

Several cases are supposed to be MDT resistance even in our project located in the south of Bangladesh. where MDT has been given since 1987. Ofloxacin combined with Rifampicin has been given to such cases. This report is a case report of one patient who was supposed to be MDT resistance and administrated with Oflovacin combined with Rifampicin for one month. Skin biopsy was taken before and after the administration of the new regimen.

The case is 30 year-old female, lepromatous, initial B.I. was 5.66 in 1987, who had taken MDT irregularly for 5 years. B.I.in 1992 was 2.33. Histologically intact AFBs were seen in the cystic Giant cells. foam cells & etc, which suggests active borderline leprosy before the new regimen. But AFBs were seen degenerated after it.

### 61.4