

So 394**MASS AWARENESS THROUGH VILLAGE MEETING**

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A simple formula for mass-awareness without any expense. In my strategy, every NMA will conduct one village meeting in every week. Hence, there will be 4 meetings in a month and 48 meetings in a year. If there are 50 NMAs in the district, the total village meetings will be 2,400 in a year. The total village under one district is less than 2000 in maximum cases.

If it is good, it can be tried in N.L.E.P.

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Me 03**AWARENESS ABOUT LEPROSY IN SUNSARI DISTRICT OF NEPAL**

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Nepal is one of the countries with high prevalence of leprosy and in general the prevalence of the disease is relatively higher in the Terai compared to the Hills. In line with the objective set by WHO for elimination of leprosy, a Nationwide Leprosy Elimination Campaign (NLEC) was undertaken during August 1998 to February 1999 under the co-ordination of the Leprosy Control Division, Department of Health Services, HMG, Nepal. One of the objectives of this campaign was to increase community awareness. In the present study, we analyzed the knowledge of-leprosy, leprosy elimination program and the impact of the media on such awareness in the population of Sunsari district, Nepal on national immunization day program (21st November 1999). A total of 1647 respondents were interviewed. Out of which 60% were female and 74% were in the age group of 20-40 years. Agricultural workers constituted 58%. 31.6% were illiterates. Approximately 60% of the respondents knew the cause and symptoms of leprosy. Leprosy is curable was felt by 81.8% and 95% thought that in suspicion of disease it is necessary to go to hospital for treatment. Although, 75% of the respondents knew drug for leprosy available free of cost but the goal of elimination by 2000 AD was understood by only 47% of respondents. Radio was the single most effective means of providing information, education and communication about leprosy. The good response about leprosy knowledge in illiterates was comparable to others. A good knowledge may increase the attitude to-

wards leprosy, case reporting, and motivation to be cured and decreases the deformity. So, intensification of health education is a must for achieving the goal.

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Me 15**DISABILITY AND REHABILITATION - MASS AWARENESS THROUGH MEDIA**

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The persons lacking normal functional ability due to the disease Leprosy are within the social jurisdiction but except a few, they are not in tune with the mainstream. They also equally become the victim of self-stigmatisation and the loss of psycho-social equilibrium stimulates these persons even to be hostile to the society and to curse their own fate.

Social participation of the disabled is a multifunctional and multi-sectoral approach. It includes social, psychological, educational, occupational, economic and medical measures aiming at social assimilation of the Leprosy disabled.

The power-lobby needs equally to be aware regarding the dimension of the rehabilitation - problem and steps of solution. All these factors call for a planned change to influence the social attitude and media can contribute potentially to create a desired mass awareness level.

The coverage of rehabilitation services could broadly be incorporated by print, electronic and folk media. While print and electronic media have much influence on the literate and urban people, folk and non conventional methods have greater approach to the rural people.

In order to maintain the correct, integrated, uniform and comprehensive quality of communication, the media - persons should be oriented on the subject through a series of workshops organised all over the country. A syllabus could be worked out accordingly.

The respective programmes, persuasions, contacts and organisational activities will be undertaken by the rehabilitation service agencies but in order to maintain the harmony, pace and parity, it is suggested that a co-ordinating agency should be there on national level.

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Me 60**EXPERIENCES OF DISTANCE LEARNING THROUGH TDCC**

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Training of Angan Wadi Supervisors in leprosy was conducted through TDCC (Training & Development Communication Channel) on 11-12 Oct'99. There are 45 DIET centres in Madhya Pradesh State, one in each undivided district. Angan Wadi Supervisors were invited as trainees in these DIET centres to receive the training and interact with the trainers. STD phone was made available in each centre to communicate with trainer present in Bhopal.

Live telecast of training programme was arranged at Bhopal - the capital of state. This training programme was designed, scripted and conducted by a panel of trainers, Video clippings from the field and live cases of leprosy for demonstration were used. A group of trainees and health administrators participated

13664 Angan Wadi Supervisors from all the districts attended the course, District leprosy officers and NLEP workers coordinated the training programme in respective districts. DANLEP provided technical support & facilitated organisation. Major advantages of this training programme were - entire state was covered within a day.

The quality of training was not diluted, and it was uniform all over. Interaction between trainees and state level administrators could take place. As a result greater involvement of Angan Wadi Workers in the state for leprosy elimination could be ensured.

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Me 73**NEED FOR SENSITIVITY TO GENDER ISSUES IN IMPROVING QUALITY OF LEPROSY CONTROL PROGRAMMES - METHODOLOGY AND FINDINGS OF SENSITIZATION WORKSHOPS**

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70% of registered cases of leprosy are found in India. The inequalities between men and women in terms of quality of life, access to health and education in this huge continent are well documented. The authors contend that because the social, economic, physical and psychological experiences of men and women affected

by leprosy are different, their needs are different and that in order for leprosy to be eliminated, leprosy programmes need to understand these different needs and adapt their programmes accordingly. The paper describes the process by which leprosy workers (manager and field staff of LEPRO) are given an understanding of gender and gender awareness, how they are encouraged to relate their knowledge of the different experiences of men and women affected by leprosy and analyze the causes of these differences.

This paper will draw on the materials and outputs from three workshops on gender awareness held in March, 2000. The paper outlines the type of responses leprosy programmes can adopt, to address the particular problems of women affected by leprosy, drawing on the ideas generated by staff in these workshops. Finally the paper concludes that this is just the first step in developing gender awareness within an institution and outlines what further steps can be taken to ensure that this issue becomes part of the mainstream of our work.

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Me 152**TRANSFER OF POD TECHNOLOGY TO DISABLED CASES IN DISTRICT BALAGHAT**

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Prevention of disability (POD) is integral part of Multi Drug Therapy (MDT). Without POD, i.e. care while curing, acceptance of programme is generally poor and voluntary reporting is not encouraged. Therefore POD activities were performed as priority activities for leprosy elimination.

Mixed Group Residential camps (MGR camps) were organized in which disability management and education of community and new case detection, were performed simultaneously. In 1999, 18 MGR camps were held in district Balaghat. MGR camps comprise of three stake holders- patients, providers and people. 609 disabled cases were trained for self care practices and disability management, 98 new cases of leprosy were registered. Community came forward to provide volunteers and cash contribution of Rs.1.9 lac.

The main activities performed during MGR camps were - Training in self care (morning-evening sessions) for disabled. NLEP workers and health workers acquired the knowledge in skills required for POD and then transfer it to disabled cases. The main POD practices followed were - hydro oleo therapy, physio therapy, identification

of impending ulcers & early nerve damage and protected use of anesthetic hands, feet & eyes.

Training of health workers/NLEP workers (morning-evening sessions) to learn clinical assessment, counseling skill, dressing of ulcer and Hydro Oleo Physio Exercise (HOPE). 125 MPWs and 52 NLEP workers were oriented & trained. Out patient services for voluntary reported and referred persons. Organising educative exhibition. Trialogue session daily in the afternoon to educate community and deal with socio psychological issues. Cultural activities to restore self esteem of disabled cases exploring and using the talent of disabled persons.

It is essential that leprosy workers are equipped with counseling skills and knowledge about management of primary & secondary impairment. Variety of leprosy cases are required for training in POD, which is a difficult task. Training the disabled (which are scattered in different villages) in self care and to verify that they have learnt, is also difficult, expensive and time consuming. Therefore the camp approach was adopted. It was noticed that behaviour change in leprosy affected persons in adopting self care practices was better in camp situation.

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LEPROSY TRAINING IN THE CHANGING SCENARIO

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The changing scenario of leprosy has created a need to reorganise the basic and orientation training programmes in leprosy so as to meet the training needs as per the demand of the situation.

In order to know the opinion of the programme managers and field workers, in the field 50 respondents have been consulted through mailed questionnaire and the quantitative summary of their perceptions with regard to the measures to be taken up to make the present leprosy training activities most suited to the present needs are presented in the paper.

The paper intends to present the perception of the respondents with regard to the basic training, its continuity, syllabi, teaching methodology, reference materials, duration, etc. for the leprosy workers of different categories viz. Paramedical Workers, Health Educators, Medical Officers and short term training programmes for Multi-purpose Workers, who ultimately will have to take up leprosy work in future after inte-

gration of vertical programme with general health services. The material presented in the paper may serve as a background for discussion on reorganisation of training programmes in Leprosy.

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USE OF CASE STUDY METHOD FOR EFFECTIVE TRAINING - LEARNING *Jayanti Shrivastava, Narayan Tiwari & B.L.Sharma*, Jabalpur, Madhya Pradesh

To initiate integrated leprosy services successfully and involve community for leprosy elimination a series of effective training programmes are required. These trainings have started in many places in Madhya Pradesh states. To achieve the objectives of training, the trainer can't compromise on training methodology. It is expected that training should bring desired change in the knowledge, attitude & behavior of trainees. In the field of leprosy only knowledge gained does not serve the purpose. Even the pre and post evaluation (performance of trainee and trainers) by structured questionnaire is not always adequate. The need of sensitization & motivation of trainees is often felt to influence their attitude & behaviour.

Real life case stories were documented and moulded as training tool. They are for better learning of different categories of trainees, e.g. community volunteers, health workers and medical officers. Training session were conducted with different categories of trainee using these stories. The main steps during training were - reading the stories in the class room by one participant and listening by group. Rereading the story by individuals quietly. Identification of issues based on information provided in the story. Answering the questions (given with story) by individual. Discussing the answers written, by small group of 4-5 trainees. Discussing the answers by group leaders in plenary session and reaching to consensus. Explaining and supporting the correct answers by facilitator through case demonstration, slide show, handouts and guest lectures. It has been noticed that - separate defreezing session is not required. Sensitization of trainees occur. Emotional stirring & brain storming occurs easily. Involvement of all the trainees through-out the training period is seen (more as compared to traditional training).

The trainers who were conducting training by conventional methods, have started using the case stories for effective training/learning. A guide book & facilitator's notes have been prepared along with stories collected. Evaluation of training through case study method is yet to be evolved and tried.

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ROLE OF MEDIA IN LEPROSY ELIMINATION *Dr.Satish Kamat, India*

As we all are aware, media has a very crucial role and responsibility so far as developmental issues are concerned. Elimination of various diseases has been a challenge before mankind. Leprosy is one of them. All out efforts are being done to eliminate the disease within next couple of years. But they will have to be on two levels. One to eliminate it from the bodies and two, to eliminate from the minds. The social stigma associated with the disease is more painful and difficult to remove. This second part is more complex and naturally, more challenging. Here media definitely has a role to play.

When we say media, the major two parts of it are obviously, Print and Electronic Media. Print media has a

long and rich tradition in India. The Electronic Media is comparatively new, but has by now got rooted in the soil. Especially, because of the advent of several foreign channels that have already gatecrashed, not only the lavish drawing rooms but the slums and villages, the impact has increased many fold. Another advantage of this media is, its reach, even to the illiterates.

Apart from these two major parts, there are a couple of other forms, which are equally effective. They are, posters, slides, short films, TV spots containing social message, etc. They are powerful carriers of the message that one wants to convey, because of visual impact and catchy lines that go with them.

In a country like India, one cannot forget the great communicative power of folk arts. Even during the freedom movement, they were used very effectively. Kirtan and puppet shows also have a place when one thinks of the folk arts.

While discussing the importance and impact of these various forms of media, there will have to be a word of caution against excessive or wrong use of it. The effect could be totally negative. But if they are used judiciously and imaginatively, the argument for its role in eliminating the disease will be proved beyond doubts.

POSTER ABSTRACTS

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EFFECTIVENESS OF SKIN CAMP AS A MEANS OF HIDDEN LEPROSY CASES DETECTION

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We would like to put forth certain data to substantiate the effectiveness of skin camp as a means of hidden leprosy case detection in the post integration scenario in Vellore District, Tamil Nadu.

Till 1997, case detection activities were mainly by intensive survey and by routine school surveys in the vertical NLEP pattern.

After integration of the vertical NLEP pattern with the public health system in August 1997, case detection activities are mainly by Saturdays rapid photo surveys and multipurpose school surveys on Thursdays.

We would like to present certain findings and share our experiences regarding the conduct of the skin camp in Vellore District along with the NGOs from January 1998 to June 2000.

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ACTIVE CASE DETECTION VERSUS VOLUNTARY REPORTING IN LEPROSY CONTROL PROGRAMME - AN EVALUATION

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Aundipatti Taluk in Tamilnadu, India is endemic for leprosy. Intensive leprosy control programme has been carried out by Arogya Agam, a local NGO since 3 decades. Prevalence of leprosy has dropped from 20 to less than 2 per 10,000 population (year 2000). Traditional method of case detection (by skin and nerve examination of whole population) has become redundant. Even rapid enquiry surveys using flash cards are becoming less effective. There has been a fear that minimising active case detection would lead to failure of detection of leprosy cases at an early stage. Here we attempted to study the pattern of new case detection in the defined project area.

Leprosy sub-centre in Kadamalaikundu village is far away from headquarters of this project. It is the sub-centre with the highest prevalence of leprosy in the project area. There are 49 leprosy cases (includes 2 relapses) registered between January 1999 to June 2000.

Among the new cases of leprosy, 67% reported directly to the leprosy programme staff when he was present in the villages for leprosy related work other than