

TEACHING & TRAINING—ORAL

OT&T 1

A ATUAÇÃO DO PRECEPTOR DE ENFERMAGEM DO PSF/SOBRAL NO PROCESSO DE DESCENTRALIZAÇÃO DAS AÇÕES BÁSICAS EM HANSENÍASE.

Bezerra, Francisca Marlene de Sousa; Flor, Sandra Maria Carneiro; Barrêto, Ivana Cristina de Holanda Cunha; Andrade, Luis Odorico de.

Secretaria de Desenvolvimento Social e Saúde de Sobral.

A atuação da preceptoria de enfermagem do PSF de Sobral, iniciou-se no processo de descentralização das ações básicas de hanseníase, para as 35 equipes do Programa Saúde da Família em 25 unidades, por acreditar que um dos fatores que impede a eliminação a eliminação da hanseníase é a dificuldade de acesso às pessoas doentes e profissionais capazes de realizarem o manejo dos casos.

Em agosto de 1999, iniciou-se o processo de descentralização da atenção às pessoas atingidas pela hanseníase para os Centros de Saúde da Família de Sobral, município, com uma prevalência de 11,9, alta endemicidade.

Na efetivação da descentralização da atenção básica aos casos de MH, as seguintes iniciativas foram tomadas pela preceptoria de Enfermagem: 1) a análise do banco de dados do SINAN, com distribuição dos 285 casos ativos por área de residência e vinculação com o Centro de Saúde da Família (CSF); 2) organização de livros de registro de casos por CSF; 3) entrega dos prontuários individuais por área de residência e vinculação a cada CSF; 4) acompanhamento semanal do atendimento aos casos em conjunto com a equipe do PSF através da preceptoria de enfermagem da RSF; 5) realização do I Encontro de Usuários e trabalhadores para eliminação da Hanseníase.

Como atividades de suporte para a descentralização e preceptoria, foram realizados treinamentos para capacitação das equipes- PSF, mobilização social c/ resadeiras e benzedeiras, I encontro de usuários e trabalhadores e a criação do núcleo do MORHAN.

Como resultado observamos uma queda na taxa de abandono ao tratamento e aumento na proporção de casos detectados pelas equipes do PSF, envolvimento de familiares e comunidade com a preocupação de eliminar hanseníase de suas respectivas áreas.

OT&T 2

ALERT'S ORGANIZATIONAL CHANGE! WILL IT SUSTAIN INTERNATIONAL TRAINING FUNCTIONS?

S.A.R. Krishnan.

All Africa Leprosy, Tuberculosis and Rehabilitation Training Centre (ALERT), PO.Box 165, Addis Ababa, Ethiopia.

All Africa leprosy, tuberculosis and rehabilitation training centre [ALERT] started its activities in 1965 in Princess Zenebework's Hospital in an old leprosy settlement from the beginning of 20th century at Addis Ababa, Ethiopia. ALERT constituted three major divisions: training division, leprosy and tuberculosis control division, and the hospital division. The TBL control division was taken over by the government and the control programme was integrated into the general health service. At present the International training division is being changed into a 5 years project. The purpose of this study is to have a holistic view of the organizational change and its impact with an aim of sustaining the international training functions. All available information was collected and analyzed from the board meeting minutes, annual reports, annual budget financial returns and annual training brochures. The changes made in the organizational goals, structure, responsibilities, authorities, the process of organizational change and the probabilities of sustaining the organization's international training functions will be discussed.

OT&T 3

ANALYSIS EFFECTS OF INTEGRATIVE TRAINING PROJECT OF LEPROSY CONTROL AND COMMUNITY CONTROL

PAN Chunzhi¹, XU Chunmao², NU Jianping³, WU Jing³

¹China Leprosy Association, 100055, Beijing, China

²Gansu Control Disease Centre, 730030, Lanzhou, China

³Qinghai Leprosy Association, 810000, Qinghai, China

Objective: To analysis effects of leprosy control and community control training in Gansu, Qinghai, Shanxi, Xinjiang Province, which have subsidized

from Holland Leprosy Association in recent years, discuss new mode fitted for stability development of Chinese leprosy control in low epidemiological phase.

Method: The information come from Leprosy Control Association of China's work summary and training acceptance report 1 year later which have executed Integrative training of leprosy control and community control in Hanzhong prefecture of Shanxi, Gannan prefecture of Gansu, Yushu and Tongren prefecture of Qinhai, Hetian prefecture of Xinjiang from 1999 to 2000, more 2000 members of common medicine staff which receive integrative training project in three step sanitation control net from county, town, burg, which grasp knowledge of leprosy control and make use of practical work and carry through leprosy control in these regions, will go on synthesis analysis.

Results: The training staff have already achieved average 80 score in elemental knowledge of leprosy control via intensive training a day (The intensive training is average 30 to 40 score ago).

Conclusion: At present, our country have already been better sane medical sanitation control net of community, the many leprosy patients have still been mistaken and leaked diagnosed, the disabilities rate of leprosy in newly detected cases is still high from 20 to 40%, which shows many medicine staff in grass-root control net can not quite understand control knowledge of leprosy. We should make the best of medical staff's role in three step of control net, and strengthen popularity knowledge of science in community group, should be possible to diminish mistaken and leaked diagnosis rate. Early detect, diagnosis, treatment of leprosy will conduce control infection and prevention disabilities. Meanwhile, we are possible to eliminate terrible and prejudice of community group to leprosy patients, and will mobilize everyone taking active part in caring action of leprosy patients.

[Key words] leprosy control and community control; training; effects analysis.

OT&T 4

CAPACITY BUILDING OF GENERAL HEALTH CARE FUNCTIONARIES IN LEPROSY-AN ENTRY POINT FOR ELIMINATION.

Murugesan, N. Dr. State Project Co-Ordinator, DANIDA/DANLEP

Tamil Nadu, India and Mahmood. K. Dr., State Leprosy Officer, Tamil Nadu

Integration of leprosy services with General Health Care (GHC) system is the only alternative to provide comprehensive medical services under one roof and to eliminate leprosy. For realizing this objective, the

GHC functionaries have to be fully trained to have adequate skills in-

diagnosis of leprosy and classification, treating a case with adequate Multi Drug Therapy (MDT) regimen, managing complications, stocking of adequate drugs, giving information to people on simple facts about leprosy, educating patients on regularity of treatment and sensitizing and involving community members, local volunteers, special groups and leaders in all leprosy elimination efforts, monitoring the programme through simple patient card, treatment register with simplified reporting system.

With a remarkable decline in Prevalence rate from 118/10,000 (1983) to 7/10,000 (1997),

Tamil Nadu State integrated leprosy with general health care system.

In order to equip the GHC functionaries at various levels a core group was formed at the state level with clear terms of reference to work on. They are assigned with the following tasks: to define the job responsibilities of various staff, to design curriculum for different functionaries as per job responsibilities, to develop training support materials for various categories, The outcome of the core group was very productive.

Cascade method of training was followed to cover the entire state in a short period. Functionaries from district down to the periphery were trained as per the time frame.

This paper highlights the training methodology, number of personnel trained, duration of training, contents, training methods and media and the training outcome.

OT&T 5

LEPROSY TRAINING IN THE CHANGING SCENARIO

P. Sarkar, Dr. V.V. Dongre

Gandhi Memorial Leprosy Foundation, Ramnagar, Wardha (Maharashtra State) India.

The changing scenario has created a need for reorganisation of the existing training programmes in leprosy and also introducing new training courses according to the need of the situation. Seventyfive persons belonging to various categories such as, experts, programme managers, field workers in leprosy including general health staff responded through a mailed questionnaire and also through personal interviews. We intend to analyse their opinions in this paper regarding the training needs, duration of training, contents and syllabi and such other factors to impart systematic and effective training to various categories of workers for successful integration of leprosy work with general health services.

OT&T 6

REVIEW OF KNOWLEDGE AND SKILLS OF TRAINED HEALTH WORKERS IN THE CENTRAL REGION OF NEPAL

Madan Ghimire, Jonathan Quimpo; Gopal Pokhrel, Uddhav Raj Pant, Ram Babu Bista, Kapil Dev Neupane and Rewati Timilsina.

Anandaban Leprosy Hospital, PO Box 151, Kathmandu, NEPAL. E-mail: anandaban@mail.com.np

The Leprosy Mission-Nepal provides training to Basic Health Services (BHS) staff of Nepal's Central Region (CR) using a standard curriculum-based course (CLT-B) and a refresher (CLT-R). A systematic post-training evaluation using a standardised checklist was used from July 2000.

Aim: To assess the levels of post-training core knowledge and skills of BHS staff trained at the Training Centre at Anandaban Leprosy Hospital.

Methods: A post-training evaluation was done in selected Central Region districts, using the same standardized post-training checklist, enrolling a total of 150 staff. Knowledge was assessed by interview and skills by demonstration of procedures. Analysis was done using Epi Info 2000.

Results: Knowledge and skills were correlated with 3 variables: (a) years interval between training and evaluation (1 - 8 yrs); (b) whether they dealt directly with patients post-training (DP+) or not (DP-); and, (c) whether they had CLT-R (R+) or not (R-). Results suggest a decrease in knowledge and skills as the time interval widened (knowledge: 1 yr. (A)= 50% to 8 yrs (H)= 14.3% ($p= 0.53$)); skills: A= 20% to H= 7% ($p= 0.38$)). Those dealing with patients appeared to do better (knowledge DP+= 38%, DP-= 20% ($p= 0.13$); skills: DP+= 17%, DP-= 3% ($p= 0.32$)). Those who had CLT-R appeared to do better (knowledge: R+=

47%, R-= 30% ($p= 0.18$); skills: R+= 12%, R-= 4% ($p= 0.12$)).

Conclusions: This study will help in the planning of future courses, with particular attention to the need, content, timing of refreshers, and the qualifications of participants for each course batch

OT&T 7

TRAINING IN CHANGING CIRCUMSTANCES:

S.A.R. Krishnan

All Africa Leprosy, Tuberculosis and Rehabilitation Centre. ALERT, P.O.Box 165, Addis Ababa, Ethiopia.

All Africa Leprosy Tuberculosis and Rehabilitation Training Centre (ALERT) initiated Leprosy teaching and training during the early 70's to develop manpower to fight against Leprosy in Africa and the rest of endemic countries in the world. Since then many changes in training have taken place at ALERT.

The aim of this study on "Training in changing circumstances" is to observe changes, made in various training related issues by using Alert's annual international training calendar from 1991 till date, statistics on International and National trainee weeks, changes made in training programmes which were offered by ALERT in the past and to plan future training.

The results of the study shows significant changes made in international and national courses, increased the number of trainees weeks in all structured international courses, gradual decrease in all international in service training programmes and a very significant increase of participants in national courses etc. The study relates the present institutional changes in order to challenge and take advantage of the changing circumstances and to improve the international training within and outside ALERT

TREATMENT

OT 1

A COMPARISON OF 12 AND 24-MONTH MDT/WHO REGIMENS WITH MULTIBACILLARY LEPROSY PATIENTS

Sales, A.M.; Sabroza, P.C.; Nery, J.A.C.; Duppre, N.C.; Fialho, M.B.; Gallo, M.E.N.; Sarno, E.N.

Leprosy Laboratory, Oswaldo Cruz Foundation, Rio de Janeiro, R. J., Brazil.

Introduction: The adoption as of 1982 of a standard, fixed-duration, multidrug therapy regimen under the

recommendation of the World Health Organization (MDT/WHO) requiring 24 consecutive monthly doses of MDT followed by patient discharge regardless of Bacteriologic Index (BI) was a landmark step in controlling leprosy worldwide. Over time, however, it was seen that duration of treatment proved to be an obstacle for the public health care sector. Short treatment regimens allow for easier patient compliance and, perhaps even more importantly, facilitate the implementation and sustainability of national leprosy programs. Based on a growing body of evidence, in 1998, WHO recommended that MDT be