

## Teaching Materials and Services

### Centre for Social Science Research on Leprosy, India

Dr A. M. Kurup, Chief Research Scientist, has supplied the following information on this Centre:

Following the philosophy of the Mahatma, the father of the Indian nation, one of the many innovative approaches to leprosy control adopted by the Gandhi Memorial Leprosy Foundation (GMLF) was the establishment of a Centre for Social Science Research on Leprosy (CSSRL), in September 1985. The idea of establishing such a Centre evolved at the National Seminar on Social Aspects of Leprosy organized by the GMLF in 1982, followed by suggestions made by working groups constituted by the Government of India and the State Government of Maharashtra. Realizing the importance of social science input in leprosy eradication, from 1988/89 the World Health Organization (Tropical Diseases Research) assisted the Centre with a long-term Institutional Development Grant. Before this, the Leprosy Relief Organisation, Munich, had been modestly complementing the efforts of the GMLF.

The formative stages of the CSSRL was guided by Professor R. K. Mutatkar, a reputed medical anthropologist, of the University of Poona, who continues to be associated with its activities. In January 1988, the responsibility of leading the Institution fell on the present Chief.

The prime objectives of the CSSRL revolve around the application of social science research input for leprosy eradication (see box below). For achieving these objectives the Centre, besides its multi-disciplinary Faculty, solicits co-operation with like-minded institutions and individual experts, both within the country and abroad. Leprosy-related issues as a potent field for social science research not only need to be promoted among social scientists, but also the results of such research require to be utilized in disease management.

CSSRL aims to do this by: organizing national and international forums of social and health scientists to stimulate research; identifying and involving research scientists and institutions to instil interest in them; establishing a computer-based information and retrieval system; and undertaking research independently and on a collaborate basis.

In view of the expanding activities of the CSSRL a Managing Committee consisting of senior social scientists, leprologists and leprosy managers was constituted to steer the activities of the Centre in October 1989, headed by Professor M. S. Gore, Chairman of GMLF, and a veteran sociologist of repute. A Scientific Advisory Committee guides the research activities of the Centre.

#### *Objectives*

- To conduct and promote social science research, disseminate and utilize research results in planning, programming, evaluation and training;
- To survey existing social science research and examine their relevance to the National Leprosy Eradication Programme;
- To identify gaps in social science research with reference to national needs;
- To equip and orient social scientists and health scientists for health behaviour research in the field of leprosy; and
- To document research information and data.

Further enquiries: Centre for Social Science Research on Leprosy, Gandhi Memorial Foundation, Hindi Nagar, Wardha 442 103, India

### **School of Medical Education, NSW, Australia**

The following publications are available from the School of Medical Education, University of New South Wales, PO Box 1, Kensington, Australia 2033:

*Teaching Skills: A Guide for Teachers of Health Workers*, third revision by *Christine E Ewan* MBBS, MA, PhD. This edition is a revised version of the Teaching Skills Development Manual first published in 1982 in collaboration with the World Health Organization, Geneva.

(\$AUS15.00 each)

*Self-Assessment for Managers of Health Care: How Can I be a Better Manager?* WHO Offset Publication No 97 by *Arie Rotem* and *Joe Fay*.

(\$AUS10.00 each)

*Educational Processes for Trainers of Primary Health Care Workers*. Exchanging experiences in relation to primary health care (Workshop Forum 1981). Edited by *Mick Bennett* and *Christine E Ewan*.

(\$AUS5.00 each)

*Management Training for National Health Development*. Defining ways of strengthening the capabilities of teaching institutions in the implementation of health management (Workshop Forum 1984). Edited by *Charles Boelen*, *George Dorros* and *Arie Rotem*.

(\$AUS5.00 each)

*Designing Appropriate Training Programs*. Educational planning in the health professions (Workshop Forum 1985). Edited by *Raja Bandaranayake* and *Susan S. Irvine*.

(\$AUS5.00 each)

*Evaluation of Training Programs for Primary Health Care*. Identifying the nature of data to be collected, designing the evaluation plan and choosing methods of data collection and analysis (Workshop Forum 1983). Edited by *Arie Rotem* and *Raja Bandaranayake*.

(\$AUS5.00 each)

*Management of Change in Training Institutions*. Focusing on the management of change in educational institutions (Workshop Forum 1986). Edited by *Arie Rotem* and *Katja Janovsky*.

(\$AUS5.00 each)

*Management of Human Resources in Health*. Providing a framework for planning, exchanging of experiences, reviewing constraints in development of strategies and identifying realistic entry points for improvement in the management of human resources in health (Workshop Forum 1989). Edited by *Arie Rotem*.

(\$AUS5.00 each)

*A Manual on Teacher Training for Teachers of Primary Health Care Workers*. This Manual provides a resource for teacher training programs for the field trainee. By *Raja Bandaranayake*, *T. D. Vijitha Perera*, *S. Dulcie de Silva* and *Rukmal Seneviratne*.

(\$AUS12.50 each)

### **A leprosy course in Maputo, Mozambique**

For the first time since Mozambique's independence in 1975 a 4-week course was held in Maputo commencing on 2-3 September. In the past many short-course seminars have been held but they mainly covered a limited number of selected topics for health personnel at district or provincial level.

Due to economic and organizational problems, which are considered secondary to the persistent Civil War that creates urgent priorities, leprosy and its problems have been undervalued and 'forgotten'.

Multidrug therapy was introduced in Mozambique in 1984, but since then has only reached

about 8.5% of the 18,200 patients on the register, mainly because the prescription of such therapy was mostly the preserve of the provincial supervisors.

The first course had 16 participants—health workers already engaged in the National Leprosy Control Programme. The aim of the course was: 1, to give up-to-date knowledge of the most important topics dealing with leprosy; and 2, to provide sufficient skills so that the Programme can be run at more peripheral levels.

Basic instruction on the following areas was included to refresh the participants' knowledge: anatomy and physiology of the skin and nerves, topographic anatomy, physiopathology of inflammation, pathology of skin lesions and of the peripheral nerves, and a short account of general and applied microbiology and the essentials of immunology applicable to leprosy.

This was preliminary to the clinical criteria for suspecting, diagnosing and classifying leprosy in dark-skinned patients, with particular reference to the aspects of control of the disease in southern Africa. In particular, the criteria for the introduction/extension of MDT was given, taking into account the existing social situation and the degree of training of the health workers. Probably the most important outcome of the course is that a real extension of MDT treatment may begin.

The course was preceded by a 76 multiple-choice question test, to evaluate the basic knowledge of the attendants. As a mean, only  $54 \pm 19\%$  of the questions were correctly answered. At the end of the course, the students underwent a final evaluation, with a 119-question test: a minimum score of 70% was necessary to pass and  $81 \pm 11\%$  of the questions obtained a correct answer (maximum 91% and minimum 44%—only one student failed).

The course was held thanks to co-operation between the National Leprosy Programme of the Department of Epidemiology and Endemics at the Ministry of Health and the Italian Association of Amici di Raoul Follereau who gave financial and organizational help.

Further courses will be held twice a year, in February and August.

Consideration is being given to the inclusion of a tuberculosis component and also to open the courses to students from other Portuguese-speaking countries.

For further information, please contact: Secção de Lepra, Ministério da Saúde, MAPUTO, Moçambique; or Dr L. Compostella, A.I.F.O., c.p. 4344, MAPUTO, Moçambique.

### ***Leprosy: basic information and management—now in Indonesian***

This 42-pp booklet, published by Ciba-Geigy Ltd, CH-4002, Basle, Switzerland, is available free of charge to *bona fide* applicants. It is already available in French, Spanish and Bengali and has now been translated into Indonesian. The current English edition (2nd, 1989) has sold out, but a third edition will be available in the near future.

### ***Essential Drugs Monitor; WHO***

The *Essential Drugs Monitor* is a newsletter produced and distributed by the WHO Action Programme on Essential Drugs and Vaccines. Since the Action Programme was launched in 1981, more than 80 countries have either drawn up essential drugs lists or started projects in support of primary health care, providing reliable essential drugs and vaccines which:

meet people's common health needs; have significant therapeutic value; are acceptably safe; offer satisfactory value for money.

All correspondence should be addressed to the Editor, *Essential Drugs Monitor*, World Health Organization, CH-1211 Geneva 27, Switzerland.