

TASK-ORIENTED SHORT-TERM TRAINING TO CONTRACT LEPROSY WORKERS IN A NATIONAL LEPROSY ERADICATION PROGRAMME

Sir,

To hasten multidrug therapy (MDT) coverage in difficult endemic districts in Northern India, the National Leprosy Eradication Programme (NLEP) authorities decided to launch a novel scheme involving contract leprosy workers who were trained to deliver MDT.¹ A main obstacle in these northern states stopping rapid MDT coverage was inadequate infrastructural facilities, especially manpower at the field level able to operate vertical MDT programmes. To develop manpower to deliver MDS, leprosy workers are usually given 4 months conventional basic training in leprosy training centres. To achieve rapid MDT coverage, the NLEP recommended that 4–5 days training should be offered to these contract leprosy workers (who will work on a contractual basis).² The Bombay Leprosy Project was entrusted to design a suitable training module and offer training in 10 districts in Madhya Pradesh and Uttar Pradesh.

The main tasks of these contractual workers are to detect leprosy cases, prepare patient treatment records after leprosy is confirmed, deliver MDT under the supervision of supervisory staff, report suspect reactions, toxicity and identify deformities, etc. To develop adequate knowledge and skills, a task-oriented, simple, practical and unstructured training programme was designed. No theoretical lectures on anatomy, physiology and epidemiology were included. All the sessions were held with demonstrations, discussions and actual fieldwork. Patients, records, clinical photographs, slides and simple notes were used as training materials. All the sessions were arranged according to trainees' needs and feedback. During training, the stress was on multi-bacillary case detection (skin smear positive), and their importance in leprosy control, MDT drugs, regularity, defaulter retrieval, etc. The village visits were arranged to demonstrate population surveys and to study suspect leprosy cases. To determine the immediate impact of training, the trainees were asked to undertake population surveys, to investigate suspect leprosy cases and prepare patients' records including charting, clinical details, etc.

The study group comprised of 446 contract workers from 2 districts in Madhya Pradesh and 8 districts in Uttar Pradesh, who were given task-oriented training. During the training, they detected 138 leprosy cases during survey and clinic exercise; 34 were new cases, out of whom 4 were smear positive. The rest were old, treated cases. These findings indicate that with 4–5 days' training, adequate knowledge and skills could be developed to detect leprosy cases. Feedback obtained from 2 districts from Madhya Pradesh (Satna and Khandwa) revealed that 71 contract workers suspected 838 new cases, of whom 811 (97%) were confirmed as cases, 366 were MB type, and 120 (33%) out of 366 MB cases were smear positive. They also recorded 96 (12%) patients with deformities, and 2586 active cases also received MDT, in their respective areas.

These observations indicate that a short-term task-oriented training for 4–5 days is quite adequate for untrained contract leprosy workers to detect and treat leprosy cases with MDT in an MDT campaign.

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References

- ¹ DGHS: Annual meeting of the Voluntary Organizations involved in National Leprosy Eradication Programme and State Leprosy Officers. New Delhi, 16–18 November 1993.
- ² Mittal BN: Personal communication, 1993.