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Community Engagement

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# Transforming Health Advocate Initiatives in Punjab and beyond through surgical community engagement

Atul Suroy, Deepak Jain, Amit Gulrez, Amandeep Kaur, Prateek Shukla, Sonia Mathai, Deepak Singh Samson, Anna John, Parvez Haque, Rohin Mittal, Dhruva Ghosh

**Correspondence**: Atul Suroy, Christian Medical College & Hospital Ludhiana, Brown Road, Ludhiana, Punjab, 141008, India; atulsuroy@gmail.com

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## Background

The health systems of the rural population in India remain a critical concern, characterised by a multitude of challenges and disparities. Limited access to healthcare facilities, lack of awareness, and a shortage of healthcare professionals are pervasive issues. [1] The provision of surgical care and cancer treatment in rural parts of India faces significant challenges stemming from limited access to specialised healthcare facilities, a shortage of skilled medical professionals, and inadequate infrastructure. Rural areas often lack well-equipped hospitals with surgical units, necessitating residents to travel long distances for treatment, resulting in delays and compromised patient outcomes. Poverty and lack of awareness exacerbate these hurdles, with many individuals unable to afford surgery or unaware of available options or lacking knowledge of the criticality of post-surgical wound infections.[2] Efforts to improve rural healthcare include initiatives like mobile surgical units and telemedicine services but sustained investment and collaboration are needed to ensure equitable access to quality care. Similarly, cancer care in rural India is hindered by barriers like limited access to oncology services and a shortage of skilled professionals, leading to delayed diagnosis and treatment. Cultural beliefs and stigma further contribute to late-stage presentations. To address these challenges, efforts include mobile cancer screening units and community-based awareness programs, but ongoing investment in infrastructure and education is vital for improving access to quality cancer care in rural areas.

## Accredited Social Health Activist (ASHA) workers

Accredited Social Health Activist (ASHA) workers are female healthcare activists who are trained to help people access government healthcare programs and are the first point of contact for health-related needs, especially for marginalised populations. They raise awareness of health and its determinants, mobilize the community for local health planning, and promote good health practices. They are a core part of the National Rural Health Mission launched by the Government of India.[3] ASHAs are selected from within the village and are accountable to it, acting as a bridge between the community and the public health system. ASHAs receive performance-based incentives for promoting universal immunization, reproductive and child health services, and sanitation initiatives.[4] They provide information on health determinants, counsel women on maternal and child health practices, and facilitate access to health services available at local centres. The ASHAs receive support from various institutions including women's committees, village health committees, and peripheral health workers to fulfill their roles effectively.

## Training

The NIHR Global Surgery Unit (GSU), through its network in India, has been initiating and delivering training sessions to the ASHA workers and Community Health Care Workers on key topics of early signs of cancer detection, screening, identification of surgical site infections (SSI), stoma care, and easing the referral pathways for the marginalized population of these states.

The training has been primarily focused on empowering the ASHA workers in 16 villages and towns under District Ludhiana Punjab, educating female healthcare workers on screening of cervical cancer in the outskirts of Kolkata West Bengal and introducing wound management toolkits to patients and their healthcare providers in the Vellore, Tamil Nadu. The training across these three states has included 2500 ASHAs in Punjab (across 1500 kilometres), 500 Village HealthCare Providers in Kolkata (West Bengal), and 200 caregivers in Vellore (Kolkata). Our Two Sub-Hubs, CMC Vellore in the southern part of

India and TMC Kolkata in the eastern part of India have already begun the community engagement work in their respective regions and plan to expand the same at the state level with similar government collaborations.

### Rural network

Our network of rural hospitals is leading the community engagement work in the remote areas of the country, led by hospitals Manali Mission Hospital (Manali, Himachal Pradesh), Chinchpada Christian Hospital (Chinchpada, Maharashtra), and Padhar Hospital (Padhar, Madhya Pradesh). Their surgeons have created educational programmes on wound management in local languages and video clips to show and spread to the village population coming to the hospitals for treatment.

### Challenges

We have faced unique challenges in both the rural and urban parts of the Punjab, that include:

1. Large geographical areas to cover
2. Weak rural logistics system
3. Widely varying transportation, technology, and resources
4. Lack of space and seating conditions for engagements
5. Lack of electricity & visually challenging conditions for AV equipment.
6. Challenging weather conditions for engagements in open areas.

To overcome these challenges, we adapted and utilized the local resources available at each engagement site (e.g. engagements inside temples, use of parking space, use of public walls as display, use of hand-drawn material to be visually relatable, holding multiple small gatherings on different time intervals)

### Conclusion

By providing specialized training to ASHAs and local community practitioners, we can harness their potential as valuable allies in preventing, detecting, and managing cancer and wound infections. Their proximity to the community and regular patient interactions makes them ideally positioned to contribute significantly to reducing the burden of surgical diseases. We plan to imitate the same model across all the 20 major cities of Punjab, educating more than 22,000 ASHAs and other states of India. This will be in collaboration with the National Health Mission, Ministry of Health, and Family Welfare Government of India. We envisage creating a sustainable and pragmatic model of education and training for these ASHAs all over India which can be achieved in collaboration with the Ministry of Health and Family Welfare, Government of India.

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