"Medicine should be viewed as social justice work in a world that is so sick and so riven by inequities."

Dr. Paul Farmer
Approximately 65 million people in India suffer from non-communicable respiratory diseases, with bronchial asthma and chronic obstructive pulmonary disease (COPD) accounting for 42 million of these (Research Gate, 2009). The most significant causes of death among slum dwellers are respiratory, including childhood pneumonia and asthma, adult tuberculosis, and COPD. Contributing factors include poor housing quality, overcrowding, traffic-related and household air pollution, tobacco, occupational exposures, and inadequate diets.

Diabetes and hypertension are also highly prevalent in India’s slums, although some 80% of cases are undiagnosed (Indian Journal of Community Medicine, 2012).

Tuberculosis is one of India’s major public health problems. According to World Health Organization, India accounts for about one-fifth of the world’s TB burden, with more than 300,000 deaths every year. Of these, an estimated one million cases go unreported every year, each one potentially infecting 10 to 12 others.
Gauri’s story

Gauri Shankar, 50 years old, has been a resident of Asha’s Dr. Ambedkar Basti slum community for 40 years. His family migrated from Uttar Pradesh, searching for better job opportunities. Gauri lives in a small shanty, with his parents, wife, children, and grandchildren. He and his two sons work as vegetable vendors. Their total monthly household income is around INR 20,000 ($260), which is not sufficient for 10 members of the family. Gauri was diagnosed by Asha in 2020 with pulmonary tuberculosis. He was immediately accompanied by Asha’s Community Health Volunteer to the local government TB center. His treatment was completed after nine months. However, shortly thereafter, he began having episodes of breathlessness. He was diagnosed with COPD due to residual lung damage after treatment of tuberculosis. Asha started treating him for COPD. Regular nebulization and use of rotahalers and other drugs as necessary have given Gauri much relief. He now visits the Asha clinic in his community regularly for follow-up.
Asha’s Management of Chronic Disease

Asha addresses the social determinants of chronic disease through programs that support behavioral change, education, and treatment. These include regular clinic visits with primary care providers, referrals to specialists, medication monitoring, and other community–based programs.

Bronchial Asthma

Patients are investigated and diagnosed at the Asha Health Centers in the slums. Appropriate treatment is provided free of cost. Asha’s team of doctors, nurses, and community health volunteers monitor patients and provide counseling on prevention.

Chronic Obstructive Pulmonary Disease (COPD)

The Asha team provides treatment in the form of rotahalers, nebulization, bronchodilators, steroids, and oxygen therapy, depending on severity. Education and counseling about the use of tobacco–related products, nutrition, and exercise are given.

Diabetes

Residents learn about the causes, treatment, and management of diabetes through home visits, workshops, and community meetings. Asha takes all diagnosed patients under its care and provides them with treatment free of cost. They are monitored regularly through appropriate investigations. Individual patients receive advice regarding diet, exercise, and lifestyle management.
Hypertension

Early diagnosis and access to treatment are key to the effective prevention of cardiovascular adverse events. The Asha health team diagnoses patients through screening as well as those who are symptomatic. Treatment with appropriate anti-hypertensive medication is given along with other therapy as needed. Patients are investigated and monitored regularly.

Asha also empowers individuals to address common risk factors through smoking cessation, cholesterol reduction, diabetes management, and lifelong adherence to drug therapy to reduce cardiovascular events.

Tuberculosis

The Asha team educates and spreads awareness of causes and symptoms. Home-to-home screening is conducted regularly. Those identified with symptoms are investigated through Mantoux testing, Hemogram, Sputum for AFB, X-ray chest, and other tests as necessary. Once the diagnosis is established, treatment is given and rigorous follow-up is done to ensure compliance. Asha works closely with the government’s TB Program called DOTS (Daily Observed Treatment Short-term). Asha also provides vitamins and other high protein high calorie supplements to the patients. The families of the patients are screened for the disease.
Asha’s Impact

Asha’s diagnosis, investigations, and treatment free of cost to hundreds of patients have meant that they have achieved good control over these chronic diseases, they have adopted lifestyle changes, and have the constant support of the health team and volunteers to help them lead a better quality of life.

You can help by giving:

$700 to train 10 Asha community health workers. You could fund this by making a regular monthly gift throughout the year.

$200 to provide free medicines for a month to 3 patients.

$100 to fund free Lab Investigations for 2 patients.

$35 to provide supplements for 1 patient for one month

Contact: Richard Leder, National Coordinator, Australian Friends of Asha for Slums Limited (AFOA)
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To donate online go to:
www.australianfriendsofashaslums.org.au

To donate by cheque: Make a cheque payable to “Australian Friends of Asha for Slums Limited” and mail to:

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