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# COMMUNITY HEALTH, AND HOW IT CONTRIBUTES TO A HEALTHY COMMUNITY

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## Introduction

Community health is a tripod that stands on Healthcare, Economics and Social Interaction. COVID-19 has been instrumental in showing us how a community's perspective on health plays a significant role in an effective primary healthcare system. While working with marginalised populations, we have realised that a higher degree of engagement with the community is required to empower them to take greater ownership of their own health.

In our last newsletter, we had highlighted the various aspect of primary healthcare. In this edition, we will focus on our experience of strengthening community engagement to build a stronger ownership of health. This issue will also highlight the progress we have in the past few months.

Covid-19 was an unspeakable challenge that caused a major drift in our regular working stream and the gap between our quarterly newsletters. Here's to re knitting the space!

As we prepare for the next phase of the pandemic, through this edition of the newsletter, we will revisit our strategies which helped us tackle the second wave of the COVID-19 in the community.

***Pavni Bai's Grit!***  
Page 2

***Each One Teach One***  
Page 3

***Early Child  
Development***  
Page 4

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## Why do we need the community's participation?



### Swasthya Kirans- Our link with the community

A Swasthya Kiran (SK) is a female community volunteer with a keen desire to work for promoting the health and well-being of the community. By virtue of her being from the same cultural and social background, she is at an advantage of understanding the context of several issues. The community trusts her and values her judgement and hence is a beacon for behaviour change. SK is the first point of contact in her hamlet and she is observant to the health needs of the community and raises timely alarms to the Clinic team.



*Community participation for us has been a gradual process of engaging with the community at various levels to build a greater ownership of health. The objective is to empower communities to develop an active role in their health needs.*

**Pavni Bai** is our Swasthya Kiran from Kelo ki Seri hamlet deep in the village of Rawach bordering Udaipur and Pali district. Pavni Bai has been a SK and one of the champions of AMRIT clinics in the community since 2019. In southern Rajasthan where the terrain is extremely hilly and the houses are scattered across hills, Pavni Bai has been instrumental in linking many women to ante natal care, in the recovery of many severely malnourished children, providing contraception options to couples and more than anything making her community aware about health.

When COVID-19 reached its peak, Pavni Bai proved herself as a true leader. She distributed medicines, counseled families on home care and alleviated their worries. In spite of constant objections from the community for working so closely with COVID patients, she did not falter for a second. Today, the community is grateful for the hard work she put in to ensure all who were affected were safely out of the proverbial woods.

This is just one story of how our Swasthya Kiran strengthened trust and faith of the community in the clinics.

## How do we reach every nook and corner?

***Led by the Health Workers, the Outreach activities serve the purpose of connecting with the community, understanding their needs and inciting behavior change. Community meetings bridge the gap between the people and affordable healthcare. They also serve as a medium of community education on relevant topics.***



### Advisory Committee

Each clinic has an Advisory committee consisting of 15-20 leaders from the community. The objective of the committee on is to spread awareness about the clinic and share the expectations of the community with the clinic teams. The Advisory committee has been extremely useful in processes like expansion of clinic, facilitating referrals, linkage of patients, etc. They also helped in disseminating information to remove misconceptions around COVID-19 and promote vaccination in the community.



### Each One Teach One

Raju\* was suffering from debilitating bouts of cough when he sought care from *bhops (faith healers) and bengalis (quacks)* alike who advised him to stop the consumption of oil, buttermilk, etc. which further worsened his condition. When our health workers found out about Raju, they immediately recognized that his symptoms were suggestive of Tuberculosis. They assured Raju that TB could be cured and convinced him to visit AMRIT Clinics. After regular treatment and counselling at the clinic and at home on what to eat and when to eat, Raju recovered from the disease. Today, Raju is one of the strongest advocates for rational treatment and also understands the importance of nutrition in relation to treatment. e proudly shares his story of conquering TB with his neighbors and advises them

to seek treatment as early early as possible. We also have peer groups which serve as a platform to encourage community members like Raju, who can share their success stories to motivate others undergoing a similar ordeal.

*\*Name changed to maintain confidentiality*



**PARTNERSHIPS**

While working with marginalized communities, one soon realizes that addressing only one issue is never enough. We often partner with our sister organizations- Aajeevika Bureau and Rajasthan Shram Sarathi Association. Working on livelihoods and finance respectively, both these organizations help us cater to the community's needs more efficiently. During the second wave of the pandemic too, the staff from all three organizations was on the field providing home care and counselling in affected households.

We also partner with the government for routine activities like immunization sessions, referrals, etc. But, the true potential of these partnerships was felt during COVID. It was a two way street with us lending technical support to the government to run COVID Health Centers and carrying out capacity building of ASHAs. We also partnered with the government to schedule COVID vaccination camps for the most marginalised population.



**SALIENT FEATURES**

**EARLY CHILD DEVELOPMENT**

Rapid development takes place between birth and age 3. To support the early stages of growth among the children, we conducted a workshop with our Phulwari Workers where we focused on sharpening the children's cognitive skills. With the support of a passionate child development professional, we introduced play, stimulation and learning activities among the children enrolled in Phulwaris. They learn by playing with familiar objects like leaves, stones, flowers, fruits, utensils and more. It has also given our Phulwari workers, women from the community to find a creative outlet and enhance the children's development in their formative years.



## KANGAROO MOTHER CARE

We partnered with WHO - Headquarters to promote Kangaroo Mother Care (KMC) among low-birth-weight babies (LBW) in the Primary Health Center we run. As opposed to the newborn care provided in newborn ICUs, KMC is provided by mothers (or other family members, as we learnt) themselves, is inexpensive, and empowering. As a result, many LBW babies gained good weight, were exclusively breastfed, and had lesser infections.

It was a delight to see the small babies strapped to mothers' (And sometimes fathers') chests, warm and secure!



## NABH ACCREDITATION

AMRIT Clinic at Rawach, the last village of Mewar region, was accredited by National Accreditation Board of Hospitals & Health Care Providers (NABH) for highest standards of safety and quality of healthcare. This probably is the first tribal, rural Clinic to be so accredited. For us it is a reaffirmation and demonstration that it is possible to attain high quality care with limited resources, and that marginalised communities also need and deserve high quality care. Our team had been preparing for the quality accreditation for two years (yes, even while in midst of COVID pandemic!). Here is a picture of the them on receiving the certificate!

## ASPUR PROJECT

We have partnered with IIM Udaipur and UNICEF to strengthen the primary healthcare across Aspur block in Dungarpur district of southern Rajasthan.

We are currently interacting with PHC staff as individuals and teams to understand their motives, fears and needs. We found that in spite of having adequate resources in the public health system to provide quality healthcare, the resources are not appropriately utilized on account of an unsupportive work environment and lack of skill training. On the basis of these insights we will design HR interventions to improve skills, team-spirit and motivation, while supporting the PHC teams directly on their felt needs and empower the communities to take greater ownership of their help through platforms like VHSNC.



## Research & Publications

### CHILD HEALTH IN THE HINTERLAND

Our team contributed a column to highlight the social and systemic aspects of child healthcare that exists in lesser developed parts of the country. This quarterly column presents cases managed at AMRIT clinics by our team of nurses, health workers and physicians.

#### **1. A child with tuberculosis and severe acute malnutrition**

Our physicians share a case study of a young child suffering from Tuberculosis and malnutrition. They emphasize how determinants of health play a role in a child's treatment and how a responsive and sensitive healthcare team can help in overcoming some of the obstacles in the road to recovery. You can read the story behind their smiles in the picture, [here](#).

#### **2. A premature baby with respiratory distress in a rural primary health center: Role of technology in newborn care**

In low resource settings where the referral center is more than 100 kms away, low cost, indigenous alternatives when used appropriately are a boon. The case study in this article shares a life saving intervention in PHC Nithauwa, in the depths of Dungarpur district of Rajasthan. Read more about the story [here](#).



We share similar case studies in the other articles in the column Child Health in the Hinterland.

#### **3. Management of an adolescent boy with a congenital heart disease: The value of care coordination**

#### **4. Managing a child with epilepsy: The value of primary care and three-stage assessment**

### Healthcare in post-COVID India: A call for a decentralized healthcare system, December 2021- JFMPC

In India, COVID-19 precipitated the darker realities of the healthcare system, with it being inaccessible, expensive, and impersonal. The authors of this article advocate for a decentralized healthcare system to build a more effective and sustainable system. The authors draw from their own experiences across different levels of healthcare in different settings to strengthen their case. To read more about it click [here](#).

### Choosing Wisely for COVID-19: ten evidence-based recommendations for patients and physicians, July 2021- Nature Medicine

As we see another surge in the COVID-19 cases across the country, it is time to reflect on our missteps in the previous wave and heed to the experts' advice this time around. 18 Public health professionals came together to devise 10 recommendations for prevention, care and control of COVID-19. Their recommendations can be found [here](#).

### Back to Basics!- January 2021, Civil Society

In another piece, our founders share how NGOs have contributed in reducing the disparities in the healthcare systems to improve the lives of marginalized populations.

Click [here](#) to read the article

*Frequent writings on experiences and observations within the BHS community are recorded through the [blogs](#) on our website.*

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Basic HealthCare Services  
39, Krishna Colony, near Khan Complex,  
Bedla Rd, Mahaveer Colony Park,  
Udaipur, Rajasthan 313001

 +91 294 245 3392

 <https://bhs.org.in/>

