

# — Celebrating Nutrition —

## THE CENTRAL PILLAR FOR HEALTH

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### PRIMARY HEALTH CARE

#### The point of convergence of strategies for promoting health and well-being.

PHC integrates three synergistic components. First, 'Health Services', which integrate preventive, promotive and curative care and more. Second, 'multisectoral policy and action', that address all determinants of health such as nutrition and livelihoods. Third, Empowered people and communities; who are active partners in the health services.

The rural belt of South Rajasthan is home to a significant number of tribal population. People residing in scattered, hilly and inaccessible regions are left behind from the advances made by the world outside.

Many resort to faith healers and unqualified providers in the villages to heal. A well functioning public health system is a fairly new introduction within these underserved areas, a service that BHS has humbly advanced.

We make certain that our patients not only heal correctly, but also eat well and stay healthy for a long period of time. We strive not only for dignified medical care, but also to ensure that the preventive and promotive services reach every family as much as the curative services do!

This issue highlights the importance of nutrition, which has emerged as one of the most crucial determinants of health and well-being.



Benki\* being counseled with the help of our flip book.

## EACH ONE TEACH ONE

"During one of our postnatal care visits in a village in Kadech Panchayat, almost 70 kms away from Udaipur, we noticed that 12 year old - Benki\* looked extremely ill. She struggled to walk straight and took long sharp breaths. This alerted us. On further enquiry, we learnt that she has been sick since the past 3 years. The family took her to a traditional healer who advised them to sacrifice an animal. This failed to change Benki's fate and the family gave up.

We managed to convince her elders to visit the clinic where our nurse did a complete check up and that's how we learned that Benki's hemoglobin was only 3.4 grams. She was referred to a tertiary hospital immediately to receive blood.

After she returned and during our visit, we learnt that Benki barely ate half a roti a day with some water. After counseling her family about her food requirements, she slowly started to eat vegetables, oil, some fruits and even eggs and meat.

Within a few months, Benki got better, her hemoglobin is now normal and she is able to breathe at ease. Her family tells me, *"We were preparing to lose her. We blindly follow what is practised in our villages, thank you for explaining the right things to us."*

Counseling all our patients on the importance of eating healthy during their treatment and recovery is very crucial. We elaborate on how eating healthy everyday will prevent further illnesses in the future as well. This is my role, to counsel patients + their families and keep following up with them until they are healthy again. "

- Shared by Pushpa, Senior Health Worker.

*\*Name changed to maintain identity*

In the past quarter, **2987** new patients were linked to our clinic while we received a footfall of **10662** patients in total.



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A recovered TB Patient outside Amrit Clinic, Ghated.

## GIVE YOURSELF A SECOND CHANCE!

There are many myths among people on treatment for TB. For example, when someone is sick, they aren't allowed to have curd, buttermilk, ghee and even maize. The field staff works towards bursting such myths and providing patients with the right knowledge on their diet after the diagnosis at Amrit Clinics.

People in our community depend on their daily wage to purchase food and a TB patient is not exempted. They usually continue to work in hazardous situations which plays a negative role in their recovery. This cycle is vicious. Their diet consists of very little dairy products and no meat/egg (protein) with very little vegetables and oil, while *rotis* (Carbohydrates) make up most of their daily intake. Amrit Ahaar is a nutritious package-one month's ration including *soyawadi*, oil, semolina, gram flour, and roasted peanuts & *chana*. When recovering from TB, the patient needs to have nutritious food. Amrit Ahaar provides the required nutrition supplements to the patient that aids recovery.

Bhera\* (26) comes from a very remote village near Manpur Clinic. He worked in the tile fitting industry in Ahmedabad for 6 years. During this time, he contracted TB. With poor access to the public health system, he consulted quacks, private hospitals in the city and traditional healers where he spent over Rs. 80,000. However, none of this cured his sickness. He was then linked to Amrit by one of the health workers. Within 6 months of treatment and Amrit Ahaar, Bhera\* recovered. He bought a vehicle of his own to start earning for his family of four. He visits the clinic often and has linked several people from his village to Amrit Clinics.

- Shared by Ramlal Meena, Male Health Worker.

\*Name changed to maintain identity

**227** new TB patients have been linked and **55** have recovered in this quarter.



Manju being fed by her mother.

## A CIRCLE OF CARE AND LOVE

### GROWTH MONITORING: PREVENTING MALNUTRITION

Our SKs (Swasthaya Kirans) visit all children under 3 years every month. They measure the child's weight, plot it on the growth chart and find out if the child is malnourished or well nourished. They counsel the mother accordingly. Through Growth Monitoring, childcare is changing. Mothers who would usually delay feeding their children till he/she turned one, have started to initiate top feeding at 6 months.

### PHULWARIS: A BIG LEAP INTO PROMOTING CHILDHOOD NUTRITION

A Phulwari is a creche that is home to children between 6 months to 5 years of age, providing a safe environment, nutritious food and early child education.

*Manju (4 years) was so weak, she couldn't stand or eat by herself. After enrolling her at the Hathiyatalai Phulwari, she recovered and now walks to the creche herself. She also eats Khichdi nicely with a spoon.*

### HOME BASED CARE FOR SEVERELY MALNOURISHED CHILDREN

Across most of the country, a child with Severe Acute Malnutrition (SAM) requires admission in a Nutrition Rehabilitation Centre at the district level, far away from home. Across our work area, the SAM children identified through Growth Monitoring and Phulwaris receive home based care, including the energy rich Ready To Use Therapeutic Food, and counseling for home foods.

-Shared by Geeta Lohar (Senior Health Worker) and Anuradha Rajput (Nurse Coordinator).

In this quarter, Growth Monitoring was carried out for **248** children, **282** children received childcare through Phulwaris. **211** SAM children visited Amrit Clinics and **26** recovered from SAM through Amrit Clinics.



A family with a house they built for their poultry.

## CROPS, GRAINS, HENS AND MORE

In the last 4 years, BHS has reached 1000+ families with seeds and saplings of different varieties of vegetables and fruits. The Kitchen Garden Initiative has helped in improved availability and consumption of vegetables in households. Patients battling Malnutrition and TB are given priority as they are in due need of nutrition. Post which, the beneficiaries include patients with chronic conditions such as diabetes and hypertension. Through this initiative, families are growing healthy vegetables in their backyard. We have also noticed that the cultivation of millets are rapidly disappearing. Hence, to cover regions where eggs/meat are still taboo, we are working on reviving the cultivation of millets with the help of elders in the village.

Our backyard poultry initiative has led to an improved availability and consumption of meat and eggs in **81%** and **65%** of households, respectively. Promotion of backyard poultry has also led to alleviation of false beliefs like women shouldn't eat eggs as it encourages them to get angry, or well mannered women don't consume eggs. As a result, **23%** of women have started consuming eggs.

Burkhi\* was diagnosed with TB. On learning how his diet consisted of a barely any protein, he was counselled to start eating eggs. Being a pure vegetarian, he refused many times. However, he gave it a shot and now he also eats meat. He expressed how he felt healthier and encouraged his family to have eggs too. Burkhi\* also has a garden full of vegetables through our KG Initiative. Within 6 months of his treatment, Burkhi\* recovered from TB successfully.

Shared by Bherulal Meena, Nutrition Supervisor.

*\*Name changed to maintain identity*

In the last quarter, **25** families were given seeds to plant millets and **50%** of families have benefitted from these initiatives as an additional source of income.



Premila with expecting mothers at an anganwadi.

PRIMARY HEALTH CENTRE, NITHAUWA

## HEALTHY BABIES IN MY COMMUNITY!

Lali\* walked into the PHC, eager to get the required tests done. Upon receiving the results, she was informed that her HB was 5 grams and she weighed only 38 kilograms, which wasn't good news during her pregnancy. She was counseled about the risks she was carrying along with her child. With great emphasis on her diet, we continued to counsel her. Lali\* was given a few medicines and injectable iron. We spoke to her husband and family as well. After regular follow ups for over 2 months, her HB increased to 14 grams and weighs just as required. She delivered a healthy baby with no complications.

In order to promote healthy nutritional practices and reduce malnutrition among children, **Poshan Day** is celebrated every Tuesday in Anganwadis near the PHC. On this day, pregnant women, lactating mothers and people from the community come together to reiterate the purpose and significance of a healthy diet.

**This year, 1275 children have been weighed, out of which 120 (9.5%) were malnourished and 50 (4%) were severely malnourished. The PHC has been successful in supporting 20 children (40%) recover from Severe Acute Malnutrition. 30 children are still on treatment.**

When mothers are constantly counseled and followed up with, they feel supported and cared for. This is how we aim to increase awareness within the community.

Shared by Premila Patidar and Bhuri, ANMs at PHC, Nithauwa.

*\*Name changed to maintain identity*

At the PHC, **91** deliveries took place in the past quarter and **6959** patients were served.

# What does working in primary healthcare mean? Voices of young doctors from rural southern Rajasthan

Panel discussion

Moderators:

Dr. Sanjana B. Mohan  
Dr. Ramakrishna Prasad

## समाचार

### Panel Discussion

BHS, together with Patient Centered Medical Home (PMCH) Restore Health, organized a discussion at the recently concluded Annual Conference of Academy of Family Physicians of India. This encouraged a rich discussion on the challenges and value of working in primary health care.

### #WomenLiftHealth

Dr. Sanjana Brahmawar Mohan was selected for Women Lift Health's 2022 India Leadership Journey, a program designed to give women leaders in global health the tools, mentorship & coaching to expand influence.

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## SHARING EVIDENCE IN EXTERNAL FORUMS

Poster Presentation on **Nutrition Support for patients with TB** in the 8th Asia Pacific Region Conference of International Union Against Tuberculosis and Lung disease.

Presentation on BHS' experience of **Managing Malaria in migrant and tribal communities of southern Rajasthan** at Symposium on Malaria prevention and control in mobile and hard to reach populations. This was organized in Suriname, South America.

Participation in a panel discussion on Access to Health for Migrant Families, at a National Conference on Migration: **Building lives of Migrants today for sustainable tomorrow: Migration & SDGs**

healthcare in India. We have large private hospitals where people can walk in and get state-of-the-art treatment. We also have poor people who die at home because they cannot reach the nearest health service or afford treatment. Many people fall into indebtedness trying to get treated.

In a management school, the CEO of a large hospital said that getting a patient into the operation theatre is usually done in less than 30 minutes. Compare this with the many hours it takes to get a patient in remote and rural south Rajasthan is for treatment. Juxtapose these two situations and the stark differences in India's healthcare.

There is a huge gap between the rich and the poor. In rural areas, one out of three had not consumed any pulses and less than one out of five. Only about five percent had consumed any

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## A lot to learn from NGOs in school education

When I was transferred to the School Education Department in 2016, hordes of 'advisers' descended to ...

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## For rural healthcare it is back to basics

There are huge disparities in healthcare in India. We have large private hospitals in cities where ...

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# PUBLICATIONS

- **Managing a child with acute rheumatic fever in a remote and rural clinic: Role of decentralized primary healthcare.**

A case study of a 13-year-old girl who was presented at one of our rural primary healthcare clinics with abnormal, purposeless movements in one half of the body.

- **Primary Care Physicians and Clinical Courage**

Doctors who practice in remote areas of India, have no option but to display immense clinical courage when referral is at the cost of the patient's life. What does one do then? Here's sharing stories around courage and rural healthcare.

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

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