

CLOSING QUARTERS ON THIS QUARTER



The world of primary healthcare goes beyond the delivery of medical services to a whole-of-society approach. As you read through the following pages, you'll get a glimpse of the wide range of work where we adapt to evolving needs and innovate along the way. Our journey takes us closer to the heart of the communities we serve, while also remaining steadfast in our dedication to the well-being of our own teams. Read on and be a part of our journey.

“Many of these patients hadn't sought care because care wasn't an option. So far, what we have seen is only stigma surrounding these conditions, reaching out to the faith healers and an overall sense of despair in these patients' families. Now, there is at least a term for the all that did not make sense earlier”, says an observant health worker in context of the need for mental health care in our work.

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“So many parts of us are uncovered only when there's someone to look at those parts or ask questions that touch on those. And until then we don't know what lay hidden within us”, says a female colleague who was part of a discussion with Dr. Neelam Kler.

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With inputs and contributions from our teams.***

Hail Inhale



Silicosis persists, so do we...

BHS is partnering with other organisations (Aajeevika Bureau and Kotda Adivasi Sansthan) since 2015 to combat Silicosis. Our collective efforts have brought relief to thousands of men affected with this irreversible and man-made disease in a defined geography - selected blocks of Udaipur, Sirohi and Pali districts.

Recently we learnt about another area becoming a hub for this dreaded condition - Sagwada in Dungarpur district. In this quarter, BHS and AB have conducted 2 camps for Silicosis patients, providing a one-stop solution: we diagnosed Silicosis, offered medicines and other crucial support to those in need, ensuring no one is left to fend for themselves. This is what our health worker had to share about the camps-

"In these 2 days we saw almost 300 sick people, of whom 225 were diagnosed with Silicosis. Many of them had spent thousands of rupees before coming here, but got little relief".



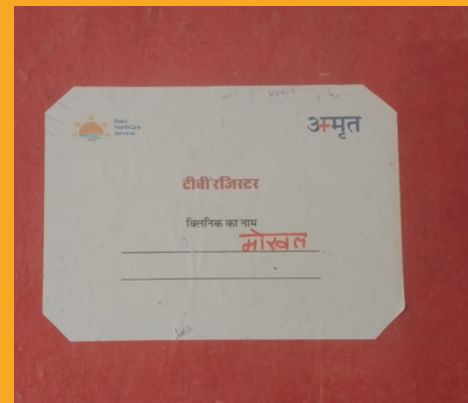
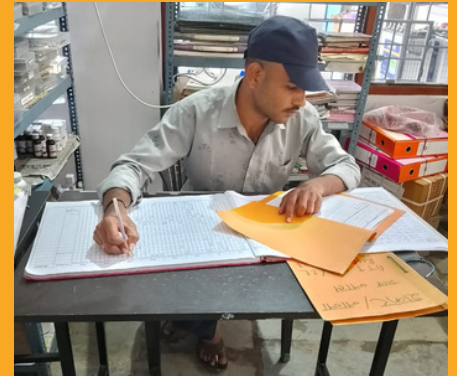
Levelling up for Tuberculosis

"I contacted 42 TB patients today who seemed to have dropped out of treatment. 5 of them said they did not have the money to travel to and from the clinic, 10 said they had to go out for work, 7 said they did not feel any difference in their condition (on probing I found they were consuming the medicine incorrectly), 4 of them felt they did not need to continue with the treatment as their symptoms had got better", says our health worker.

These are common stories we hear of TB, with most patients being men, the sole breadwinners of their families with an urgency to return to work and earn. As they navigate between resting and healing or hustling to provide for their family, we often see patients dropping out of treatment, for several reasons such as the ones our health worker tells us of.

One of our doctor adds, *"In the beginning of treatment, patients feel a fullness in their abdomen and nausea. They have already traveled a lot, these symptoms make them worry that the illness has gotten worse".*

To address this concern, we have introduced a **new patient registry**, that helps us maintain their records for the entire duration of treatment. This records their clinic visits, follow-up appointments, and more. This will help us quickly identify and reach out to patients who may be dropping out and bring them back on the recovery path. At the heart of our mission is a desire to see our patients recover fully, return to their families, and reclaim their roles as healthy individuals.



Health At The Heart



Camp

“Comprehensive primary care is defined as any care that is offered within a 15-minute walk of the patient’s home...” (Mor, 2020). We have intensified our efforts and started organizing health camps, in alignment with our mission to bring healthcare closer to the people.

These camps take place in villages far from the AMRIT Clinics. Each of these sees 20 - 25 individuals including large number of women and children.

In a camp near Rawach, our team identified two severely anaemic women and a severely malnourished child who were linked to our clinic for treatment. But for the camp, they may not have sought care.

This draws our attention to a simple yet intricate reality: even though AMRIT Clinics are located in remote far-off villages, there are still individuals who live in close proximity (to the clinic) who require medical attention but are not able to seek it. This could be from an unfamiliarity with healthcare services, prior unpleasant encounters with hospitals, distance from the clinics or lack of family support, to name a few. Taking services *even closer* to where they live can promote access and improve outcomes - as we see in the instance above.

Day

Given that TB affects large numbers in the population, we organize a monthly "Health Day" that serves as a community gathering for our TB patients. This becomes a space where:

- patients can collect their medicines
- share their personal experiences and stories with each other
- discuss challenges they encounter, or just lend a listening ear
- our team demonstrates recipes that patients and their caregivers can try
- we engage in conversation about the illness and provide further counselling, if required

We strive to introduce fresh activities each month, while also preserving the importance of this gathering as a space for structured social interaction. There is still a lot of stigma around TB, and patients often grapple with discrimination and feelings of isolation.

Health days thus are a crucial component of their care as they develop a sense of familiarity and draw strength from each other.

“A single twig breaks, but the bundle of twigs is strong”
~Tecumseh

Fresh Blossoms from Phulwaris

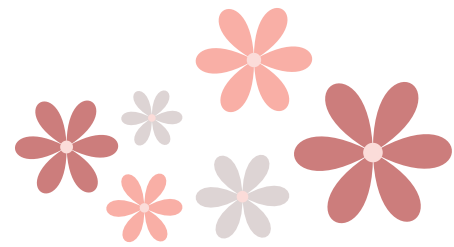
It's a Phulwari Day!

There is no substitute to a structured clinical assessment for the children in our Phulwaris. We frequently encounter situations where children fall ill, and parents seek care from traditional healers. To bring the phulwaris closer to the clinics and for keeping a vigilant eye on our children's health, we have initiated a "**Phulwari Day**" - a designated day when our nurses and health workers visit Phulwaris and conduct these assessments.

"Today we assessed 17 children. Many of them showed symptoms of diarrhea, cough and cold, skin diseases, and viral fever.

Among them, one child was identified as severely malnourished (SAM), and three children were categorized as moderately malnourished (MAM)", says our nurse.

By providing these services at the Phulwari centres, we aim to eliminate the need for mothers to make additional trips to our clinic. This approach simplifies the process and ensures that children receive the essential care they require.



Sprouting

We are thrilled to introduce a new **enrollment form** that aims to provide a comprehensive overview of every enrolled child's journey. This form includes attendance, basic child profiling, and family background information, which serves as a valuable progress card. Not only does it facilitate more effective communication with parents and caregivers during meetings, but it also functions as a vital tool for counseling.

As our young learners reach the age of 5, we actively assist in their transition to formal schooling and also record the **school enrollment** date in the form.

We have also enriched our Phulwaris with nine different types of creative learning **toys**, designed to stimulate dexterity, encourage color identification, foster the ability to recognize ascending and descending orders, identify shapes, foods, animals, body parts, and numbers, and engage in puzzles related to body parts. Our aim is to ignite curiosity, nurture creativity, and foster problem-solving skills among our young participants.

Next time you visit us, look out for children playing with these!

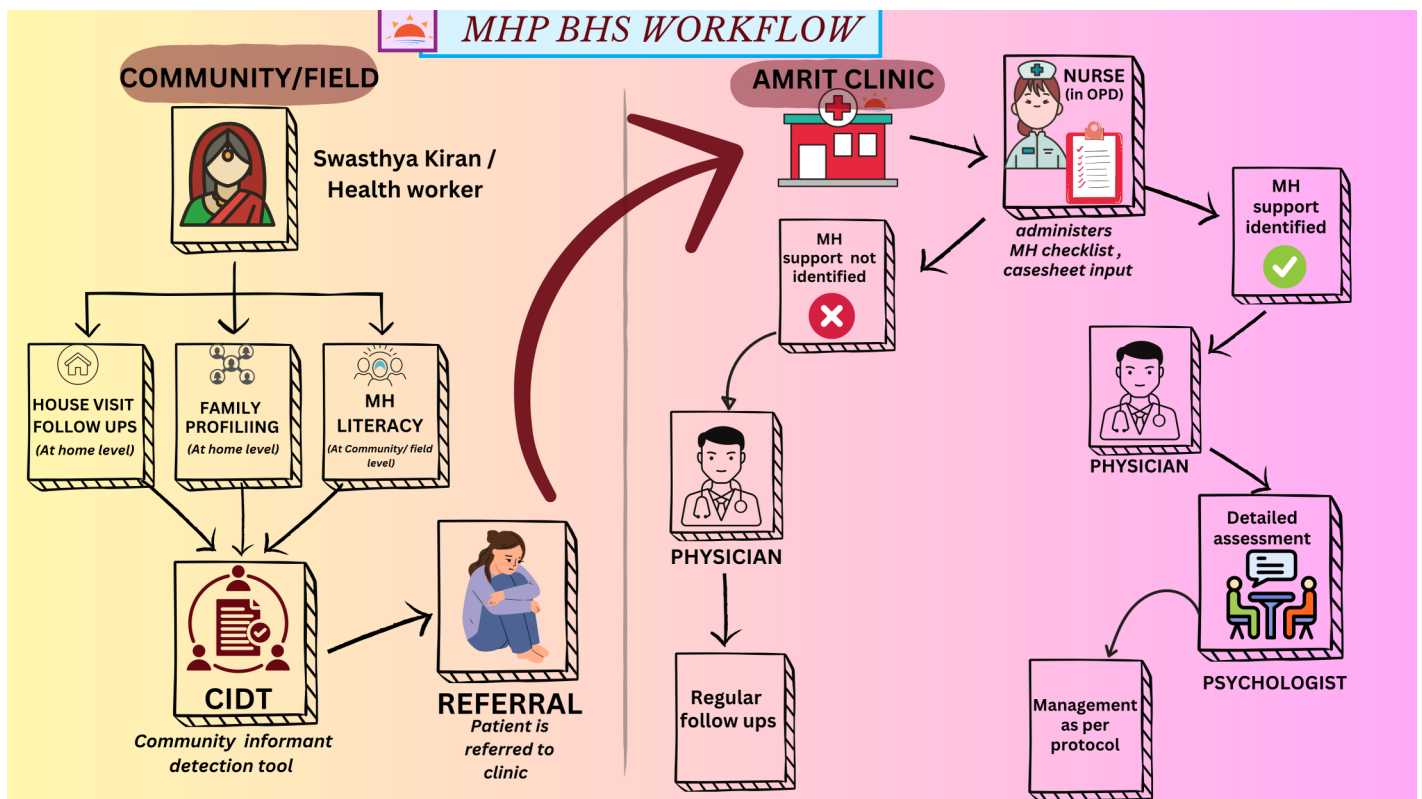
We're on our way to taking this to Salumber

Integrating Mental Health in Primary Healthcare

Our mental health program aims to integrate mental health into primary healthcare and thus reduce the mental health care gap. We are doing this by providing care at two levels: the **community** and the **clinic**.

We have begun sensitizing our frontline workers, community volunteers, and other influential people in the community about health and wellness spectrum, common and severe mental health conditions, and stress management. Furthermore, we discuss ways to build and deepen rapport, identify these conditions, provide psycho-social support and link people with mental health conditions to our clinics. In the last quarter 41 such patients were referred to us at the clinics where they received treatment and counselling.

Following is a diagrammatic representation of a work-in-progress yet working model thus far.



“Many of these patients hadn’t sought care because care wasn’t an option. So far, what we have seen is only stigma surrounding these conditions, reaching out to the faith healer and an overall sense of despair in these patients’ families. Now, there is at least a term for the all that did not make sense earlier.”

Women In Workplaces



I see IC

Well over half of our workforce comprises women, many of whom hail from rural backgrounds and have either lived or continue to reside in the interior regions of patriarchal, male-dominated areas here in Rajasthan.

It is crucial to state that workplaces must be different from societal norms. This highlights the vital role of a strong Internal Committee (IC) in creating a "safer and happier work environment."

Our newly constituted IC underwent an orientation led by a gender expert. Following this our members quickly swung into action:

- They briefed our team during an all team meeting
- They engaged with our community volunteers to spread awareness about this critical matter

There is a long way to go, but these are sure steps taking us in the right direction.

"Jab maine suna meeting mei tab mujhe pata chala kya baatein hai jo karne theek nahi hai" a colleague sharing after the presentation from IC in the all-team meeting

A letter to Dr. Neelam

Dr. Neelam Kler is Chair, Department of Neonatology at Sir Ganga Ram Hospital, New Delhi and Chairperson, Board of Trustees of BHS. We were fortunate to have Dr. Kler hold a conversation with women colleagues from AB, BHS and SS. She brought us all together and brought all together for us. Read on for what the session meant for one of our women colleagues!

Sitting with you around the round table, when the first introduction began, we thought this is going to be like most other introductions - time consuming, people zoning out while listening and waiting their turn, some one either talks completely about who they are in terms of profession while others make their whole narrative about personal details.

But what began as a round of introductions turned into asking ourselves and each other questions we hadn't, until then: Who am I when I am not what I am saying I am? Who am I as a working woman, do I enjoy my work, do I have colleagues and friends I trust and talk to at my work place? Do I feel happier and more motivated to work after these stimulating conversations?

Do you feel lonely? What do you do in your free time? What does one mean to feel "accomplished"?

It allowed us to bring ourselves fully into the space - our domestic selves along with who we are at work which are often difficult to separate.

"All this was reached merely through asking a certain set of questions and one meeting was enough for all of us to see each other as women who are together in what we are doing and not merely colleagues."

"So many parts of us are uncovered only when there's someone to look at those parts or ask questions that touch on those. And until then we don't know what lay hidden within us."



"This session makes me want to initiate more of these meetings with our female colleagues."

"I saw that the meeting, being in the same space and sharing what we shared itself brought smiles to all our faces."

Also Read: [Of talking, listening, and giving of ourselves](#)

Rural Sensitization Program



A three-day Rural Sensitization Program unfolded in rural Udaipur from September 30th to October 2nd. BHS welcomed 21 medical scholars who departed from the ivory towers of their medical colleges and embarked on a journey into the realities of rural healthcare.

The budding medical professionals spent their days visiting AMRIT clinics and Phulwaris, engaged in conversations with healthcare providers, and interacted with patients both at the clinics and their homes. This immersive break from the lecture halls and clinical rotations provided them with a first-hand understanding of how multiple social determinants of health intersect and influence the well-being of individuals. It also offered them an insight into the delivery of high-quality care within resource-constrained settings, unveiling the myriad challenges inherent in such contexts, alongside glimpses of some innovative solutions to these very barriers.

For many participants, this exposure went beyond medical metrics or clinical data. As few of them remarked, it helped them see that within every patient who walks into a rural health clinic resides a unique narrative – woven from experiences, fortified by challenges, and illuminated by hopes. And these stories are the very threads that shape their journey towards wellness and better health. The program emphasized a crucial aspect of delivering empathetic care that requires listening, understanding, and respecting these unique stories.

“I used to believe that the purpose of this rural sensitisation programme was to show us how even with minimal medical resources, maximum people are catered to, but its beyond that, its about building a team, not with a hierarchy, but with the right mentorship that guides and trains even the ordinary residents of a village to be an active gear of the machinery.

Health is not just about right diagnosis and right prescription, its about educating the underprivileged so that they can lead on a safer lifestyle, its about having a chain of individuals that link the right expertise with even the remotest of households, its about not looking at patients as if they're a pathology, but as individuals with families and stories.”
-says Shubham

कुछ हँस कर के बोला हमने, कुछ बातें उनकी भी सुन ली थी,,
जो दुःख, पीड़ा चेहरों पे थी, उनको दिल में ही रख ली थी,,
ये जानते थे कि अंतर है, पत्रों में और हकीकत में,,
लेकिन, जब आँखों से देखा, तो जाना कि ये तो ईक समंदर है,,

-Nisha

Also read: <https://bhs.org.in/shifting-perspectives-rural-sensitization-and-the-future-of-medical-education-by-ashmita-gulechha/>

Celebrating Communities

Navigating Traditions for Progress

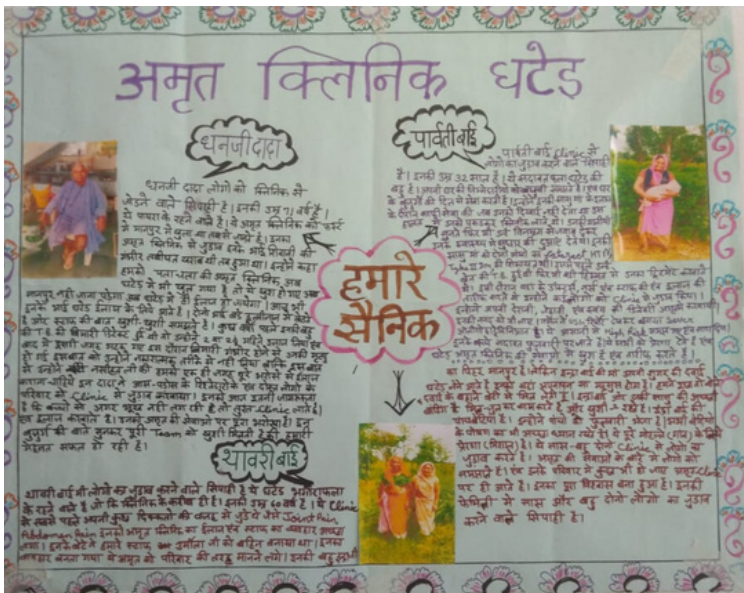
A decade ago, as we embarked on the clinic renovation in Bedawal, we were confronted with a request to make offerings to the local priest. We were warned about ominous consequences that awaited anyone who dared to trim the tree branches obstructing our renovation.

Fast forward a decade, and the story played out once more: for installing solar panels on our clinic's terrace. The tree had grown over the years, and we again found ourselves at the crossroads, requiring permission from the local priest (Bhopa) to trim the branches blocking sunlight from reaching the solar panels.

Our team approached the Bhopa, who, as before, requested offerings and outlined potential consequences for those who proceeded without such offerings. This prompted a discussion within our advisory committee, who offered a clear directive: "A coconut offering to the priest is all that's needed. Proceed with trimming the obstructing branches, and we will stand steadfastly beside you, defending your actions should any objections arise." This moment marked a significant shift, signifying our collective determination to embrace change and overcome long-standing traditions.

In subtle but unmistakable ways, winds of change were blowing

Swasthya Sipahis- Soldiers of Health



During our quarterly team meeting, we asked our AMRIT Clinic Teams for stories of community members who have made a significant impact towards the health of their fellow women and men.

Their responses left us in awe. We heard tales of individuals caring for their ailing family members, guiding numerous sick neighbors to seek medical attention, and championing messages of health and wellness within their communities.

One story that stood out was of a mother-in-law and daughter-in-law. Not only do they support each other in leading happy, healthy lives and take great care of their daughters, sending them to our Phulwaris (daycare centers managed by BHS), but also play a crucial role in connecting those with healthcare needs to our AMRIT Clinics. Their commitment is truly inspiring.

May the tribe of the Swasthya Sipahis grow far and wide!

Cheering On

The village sarpanch and local leaders in Rawach organized a big gathering on August 9th to celebrate Adivasi Diwas. They also invited our clinic team to join, and to share about our work and related issues.

The celebration was filled with energy and enthusiasm, and everyone participated wholeheartedly. This is truly special because it reflects the community's appreciation for our services and their sense of belonging to our mission. This embodies our commitment to working with the people, for the people, and by the people.

**Many health initiatives consider community members and patients as "beneficiaries".
We consider them as partners, promoters and advancers of health.**

Who Visited Us This Quarter

BHS has frequent visitors - friends, partners, donors and also people who want to learn more about primary healthcare. These bring us a fresh perspective, both appreciation as well as critique. They also bring new knowledge from different areas. These visits also help us take a step back, pause and zoom out to review the work we do.

Savera Foundation

Savera Foundation works with tribal and Dalit communities in Jharkhand. Their recent focus includes strengthening treatment for TB patients, and daycare for young children near mica mines - common occupation seen in their work area. During a two-day visit, they observed our TB program at AMRIT Clinics and the Phulwaris.

They plan to use these learnings in their work with TB patients and other vulnerable populations in their area.



Deep-dive into our community engagement

Dr. Ramani and Krishnavatar Sharma are colleagues who bring an in-depth understanding of public health and of the communities. In this quarter they began a review of our community engagement program with the aim to build and ensure strong community participation.

We look forward to the findings of the review and to forming a stronger connect with the communities.

Strategy Review by StartUp

A decade ago, BHS and StartUp came together to develop the strategy at the start of BHS's journey. Today, we're teaming up once more, with the aim to envision and help develop our work and directions for the coming 5-years. StartUp conducted interviews with various stakeholders about their roles, perspectives, and our future direction. The Inquiry will continue in the coming months.

This is an opportunity for us to reflect, learn, and adapt as we collectively chart the path forward for BHS. Stay tuned for the exciting vision and insights that will shape our next phase.

Reetika Khera @BHS

Reetika Khera (Professor, IIT Delhi) visited us and shared regarding two new government schemes: the Urban Rozgaar Guarantee Yojana and the Indira Gandhi Rasoi Yojana. The former offers opportunities to women to work outside their homes, and the latter offers affordable meals at several places in the city, for a sum of 8 rupees.

We were pleased to have participants from Aajeevika Bureau, Shram Sarathi, and BHS join this discussion.

Our Participation, Publications, Numbers

Publications

Population is less a case of numbers but more a case of development”, writes Dr Sanjana Mohan in [A different approach to family planning is needed, The Billion Press.](#)

Read this article in [Patrika- नसबंदी के अलावा भी हैं सुरक्षित और बेहतर विकल्प](#)

An India Fellow with BHS writes on “A Day In The Life of an India Fellow”. Read here: [Part 1 & 2](#)

Many times, we encounter patients who have spent a significant amount seeking healthcare from unqualified practitioners, faith healers, or private hospitals in other cities before turning to us. This is particularly common among severely malnourished or tuberculosis patients. Additionally, many diabetes patients share their experiences of discontinuing treatment elsewhere. But with our continued support and comfort, many such patients including others have sought care from us. The table below illustrates the number of individuals we've assisted on their journey to improved health.

Numbers

July'23 - September'23			
Indicator	Amrit Clinic	PHC	Total
Individuals seeking care	12828	12191	25019
Pregnant women seeking antenatal care	420	140	560
Deliveries	48	111	159
Mothers and children provided post natal care	258	159	417
Children fully Immunised (PHC)	-	138	138
Severely Acute Malnourished	174	23	197
Tuberculosis (TB) Treated	351	11	362
Diabetes Mellitus	244	274	518
Hypertension	431	414	845

Gender Collab Session

[Gender Collab](#) is a community promoting gender intersectionality in healthcare systems. Their recent seminar was a deep-dive into Nurse Leadership.

Ensuring a smooth and insightful session, [Dr. Kaveri Mayra](#) took on the role of moderator. The panel included [Evelyn Kannan](#), Secretary-General at TNAI (Trained Nurses' Association of India) and women colleagues from BHS, Dr. Sanjana Mohan (Director) and Soniya Navin Modiya (Nurse-coordinator, AMRIT Clinic Ghated).

What is Nurse Leadership? This is what we heard the panel say *Being a leader, inspiring change single-handedly, Knowing that she has what it takes to influence her life, Honesty and integrity.*

The session attracted a diverse audience and left attendees inspired and motivated.

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The Will to Create Change



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