

# BHS (G)ROUND UP

CLOSING QUARTERS ON THIS QUARTER



## PARTNERSHIPS IN PRIMARY CARE

The scope of work in primary health care is extensive, covering preventive care, disease management, health education, and coordination of services across various specialties. It also calls for multisectoral action and empowering people and communities. It's difficult for an individual or organization to address these needs alone. Achieving this breadth of care requires collaboration with multiple stakeholders.

In this edition of our newsletter, we shine a spotlight on the power of partnerships in advancing health and well-being. In the updates that follow, discover how collaborations with local organizations, healthcare professionals, and dedicated individuals have become catalysts for positive change.

These collaborations bring together diverse expertise, resources, and perspectives, creating a synergy that goes beyond individual capabilities. As we navigate the terrain of primary healthcare they also become beacons of innovation, resilience, and hope. From innovative programs to shared successes, join us on the journey of forging meaningful alliances that amplify the impact of primary healthcare in our communities.

»»» **READ ON** «««



# CONTENTS

<b>PAGE</b>	<b>TITLE</b>
<b>3</b>	<b>SIGHTFUL HOPES</b>
<b>4</b>	<b>MOVING BEYOND TABOOS</b>
<b>5</b>	<b>SEEDS OF CHANGE</b>
<b>6</b>	<b>SUBSCRIBING FOR BETTER HEALTH</b>
<b>7</b>	<b>TRAININGS @BHS</b>
<b>8</b>	<b>1000 DAYS</b>
<b>9</b>	<b>PARTICIPATION AND EVENTS</b>
<b>10</b>	<b>NUMBERS</b>
<b>11</b>	<b>TO SUPPORT US</b>



# SIGHTFUL HOPES

By Vishakha Anbhore

## »»» COLLABORATING FOR QUALITY VISION FOR ALL

Elderly individuals in the communities BHS serves to live difficult lives and face numerous challenges. These include migration of their children to urban areas for employment, limited support and care, resource constraints within families, mobility restrictions, and notably, a prevalent issue of advanced cataracts and poor vision.

In response to the urgent need for comprehensive eye care in these regions, BHS has initiated a collaborative effort with Alakh Nayan Mandir, a leading eye-care hospital in Udaipur and serving the entire South Rajasthan. This partnership aims to address the lack of accessible eye care services effectively. Eye camps are now organized at all six AMRIT clinics to ensure wider accessibility to quality eye care.

These camps provide a range of services, starting with initial eye check-ups and vital parameter assessments. Patients requiring further attention such as those with cataracts are transported to Alakh Nayan Mandir's hospital in dedicated vehicles. The organization goes beyond traditional eye care by offering cataract operations. Recognizing the challenges faced by patients, Alakh Nayan Mandir also provides food and lodging for 1-2 days.

## STORY OF RAJU\*

**At the Bedawal clinic, a child named Raju struggled with cataracts for over a year. Despite our team urging his parents to seek treatment in Udaipur during our previous visit, Raju remained untreated. During our recent eye camp on January 10th, Raju had an examination, but the cataract operation couldn't have happened without his parents' consent.**

**Our health worker, Keshavji, convinced Raju's father and accompanied him to Alak Nayan Hospital in Udaipur. With persistent efforts, Raju's father consented to his operation. The successful procedure restored sight to the little one, reflecting Raju's strong will to live and determination for improvement since our connect last year.**

## »»» IMPACT AND CHALLENGES

Since the initiation of the eye camps in December, Alakh Nayan Mandir has successfully treated 416 out of 584 patients for cataracts. However, challenges such as increased sugar or blood pressure levels in some patients and the absence of the 'Cheeranjivi' card for a few hindered the treatment process for 28% of the initial patients

## »»» FOLLOW-UPS

To ensure thorough monitoring of patients following cataract surgery, we schedule follow-up camps six days after the procedure at the AMRIT clinics. This meticulous approach enables us to closely supervise the recovery process and promptly identify and resolve any emerging issues.

**Referrals are made for specialized services, while primary healthcare teams conduct follow-up care. This integrated approach ensures comprehensive support throughout the post-operative period, enhancing the overall effectiveness of patient management.**





# MOVING BEYOND TABOOS

By Sofia Hussain

## ➤➤➤ INTRODUCING MENSTRUAL CUPS

Recently, we surveyed around 30 women and girls in our community to gain insights into their menstrual health and hygiene practices. Through this survey, we discovered significant challenges and cultural barriers surrounding menstruation. Many women still resort to ineffective methods like cloth or nothing at all during their periods, while cultural taboos persist, resulting in exclusion from activities such as entering kitchens or temples and even sleeping outside their homes. Women are also excluded from everyday tasks such as going to fields and serving food. We also found that a lot of adolescent girls miss school due to menstruation-related issues, highlighting the urgent need for change.

In response to these findings, we have developed a targeted training program aimed at educating our community about menstruation. Our focus is on promoting the use of menstrual cups as an effective management solution while dispelling prevalent myths. Initially, we directed our efforts towards training health workers, followed by our esteemed "Swasthya Kirans." Despite initial reservations observed in the survey, we were pleasantly surprised by the positive response from our Swasthya Kirans. They not only embraced the concept but also actively engaged in discussions, demonstrating confidence even in the presence of male members.

Currently, our health workers and Swasthya Kirans are actively organizing community meetings and conducting educational sessions in schools. The aim is to empower women and girls with knowledge about safe and improved menstruation management practices.

### JOINING HANDS WITH ARTH

To foster a supportive environment where menstruation is understood, respected, and managed with dignity, we've collaborated with ARTH who have a rich experience in menstrual health. They've come on board as a valuable resource, contributing to our strategy development and conducting training sessions for our team members.





# SEEDS OF CHANGE

By Noopur Auddy

Rawach, a remote village in the Udaipur district, has been home to an AMRIT Clinic since 2018. In this community, high levels of malnutrition and anemia have been observed. Recognizing the crucial link between the availability of nutritious food and better health outcomes, BHS, Aajeevika Bureau, and Gramshree have partnered to enhance access to and consumption of nutritious food in these communities while creating new livelihood opportunities. This project aims to achieve that by:

- Promoting kitchen gardens
- Providing knowledge, expertise, and support regarding farming techniques
- Building women producer groups

## »»» UPDATES

- A total of 11 vegetable seeds were provided to 208 families.
- A total of eight women producer groups have been formed in the village which comprise of 99 women who meet weekly and do regular savings and internal lending to cover any emergency need of the family.



## FIELD TO FEAST

**Oagi Bai, wife of Mitharam Ji, and mother of five children is a member of the Amba Mata Producer Group, cultivating a three-bigha field. She joined the Producer Group on July 13, 2023. Oagi Bai gained insights into vegetable production and attended an exposure visit to Paner village in Sayara Block. Inspired, she decided to venture into vegetable cultivation for home consumption.**

**Previously, the family used to buy green vegetables twice a week, spending around 300 to 400 rupees monthly, from the local market in Padrada which is 15 km away from their home. Presently, they have successfully cultivated 33 tomato plants, 20 brinjal plants, and 13 chili plants, ensuring a daily supply of fresh vegetables for their household.**

# SUBSCRIBING FOR BETTER HEALTH

By Ashmita Gulechha

## INTRODUCING THE SUBSCRIPTION CARD

The communities we serve often have limited liquid cash, leading to delayed or deferred healthcare seeking. To tackle this issue, BHS partnered with the Centre for Healthcare, IIM-Udaipur, to introduce a subscription card service in the catchment areas of our AMRIT Clinics in Ghated and Manpur.

This subscription card requires individuals to make an upfront payment, enabling them to access various healthcare services at our clinics. It covers patient visits, ANC check-ups, clinical care for children under 5, discounts on ambulance support for emergencies, as well as free medicines and tests for the subscribed family members. By providing a transparent and affordable prepaid pricing model, the subscription service aims to overcome financial barriers and encourage timely healthcare-seeking.

In the Ghated catchment area alone, we sold approximately 219 subscription cards, with 149 actively utilized, resulting in a notable 527 service uses overall. This highlights significant adoption and utilization rates, indicating varied levels of engagement among different participant segments.

This intervention has not only facilitated stronger connections with households in the catchment areas but has also boosted awareness of our AMRIT Clinics, resulting in a slight uptick in patient footfall at our facilities.



PG 1

Shram Sarathi अमृत Pre-print 10001 onward

कार्ड संख्या: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

मुखिया का नाम: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

फला: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

पंवाईल: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

परिवार के सदस्यों की संख्या: [ ] [ ]

कार्ड जारी करने की तारीख: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

वैधता: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

इलाहाबाद अमृत क्लिनिक, माता जी नगरी, मानपुर इलाहाबाद (परिवार सदस्य) क्लिनिक का पत्ता - पृष्ठ 9 में शाप 5 बनें तक। (जारीकर्ता)

Card type- S/M

DP	1	2	3
INT			
DATE			
AMOUNT			

PG 2

Shram Sarathi अमृत परिवार के सदस्यों का विवरण

क्र.सं.	नाम	लिंग	उम्र	मुखिया से संबंध

PG 4

Shram Sarathi अमृत कार्ड धारक परिवार के लिए सेवाएँ:

- 1.5 बार इलाज निस्सर्गे दवा, क्लिनिक पर उपलब्ध जॉप और व एक दिन तक की भर्ती शामिल है।
  - 5 प्रसव पूर्व जांचें।
  - 5 बार 5 साल से कम उम्र के बच्चों का इलाज निस्सर्गे दवा तथा क्लिनिक कर उपलब्ध जॉप शामिल है।
  - एक बार के इलाज में 7 दिन की दवा नि:शुल्क मिलेगी।
  - एम्बुलेंस की सेवाओं पर 50% की छूट।
    - एम्बुलेंस से संपर्क करने के लिए 8003696393 पर कॉल करें।
  - 1 मरीज के मॉलिटिविड का इलाज।
  - डॉक्टर डे पर डिजिटलमेडिसेरी की सेवा नि:शुल्क उपलब्ध।

नोट:
 

- कार्ड एक वर्ष तक मान्य है।
- दिल्लीवरी की सुविधा क्लिनिक पर उपलब्ध है किन्तु कार्ड में शामिल नहीं है।
- कृपया इलाज के लिए कार्ड हर बार क्लिनिक पर कार्ड ले पधारें।

PG 3

Shram Sarathi अमृत

	1	2	3	4	5
OPD					
प्रसव पूर्व जांच					
बच्चों की विजिट					
मॉलिटिविड					
एम्बुलेंस					



# TRAININGS @BHS

By Sofia Hussain

## ➤➤➤ INTRODUCTION OF COMPETENCY BASED FRAMEWORK

In our recent joint training of our nurses and health workers, we introduced the WHO's Global Competency Framework. This framework serves as a standardized guide for education and practice within primary care settings. It outlines a comprehensive set of competencies essential for delivering effective, efficient, equitable, inclusive, integrated, people-centered, safe, and timely healthcare services.

Following the introduction of this competency-based framework, participants were divided into groups for a thorough assessment. Our healthcare professionals, comprising doctors, program teams, mentors, nurses, and health workers, converged to understand the proficiency of our nurses and health workers across various domains outlined in the framework. After the session, we identified key domains, such as Collaboration and People-centeredness, which required targeted training initiatives.

**"This session was very good; it gave us the opportunity to understand ourselves and our work better. It also revealed where the gaps are in the connection between the clinic and the community, and where we can improve ourselves".**

**"When we were doing this group work, we realized that we were in the shoes of our health workers or nurses, and we could see their work with even greater intricacy. This task was like a flashback for us regarding the work they are doing."**

This session proved instrumental in introducing a new theme to our team, providing them with a valuable tool to evaluate their competencies. A few participants responded that they were able to reflect on their work and the trajectory of it. The session emphasized the importance of competence in their roles and instilled a sense of enthusiasm. Several participants pledged to do this assessment at the clinic level, striving to achieve expert status in the assessment.



# 1000 DAYS

By Sanskriti Sharma

Maternal and Child Health has been central to BHS' work. We've been diligently providing care throughout pregnancy, facilitating institutional deliveries at our clinics, conducting postnatal check-ups, and monitoring the growth of newborns.

However, we identified the need to integrate these activities, leading to the launch of the 1000-day MCH Care Project at our Amrit Clinic Bedawal, where women and children visit the clinic in large numbers.

The project aims to ensure the health and well-being of mothers and young children by providing longitudinal care through pregnancy and early childhood. We initiated the project by assessing the state of maternal and child health in the clinic's catchment areas.

## ➤➤➤ RECENT PROGRESS

- In our interactions with mothers and families, we've identified a persisting prevalence of home deliveries in certain remote areas. Based on our conversations with them we found that this trend is primarily attributed to limited access to transportation, which poses a significant challenge for families, compelling them to opt for home births. Additionally, we found that mothers didn't know about the delivery dates which affected their preparedness for childbirth.
- Across our AMRIT clinics, there has been a notable prevalence of low-birth-weight babies. To address this issue and improve the care and management of such infants, in this quarter we conducted training sessions on Postnatal Care, and Newborn care, particularly Kangaroo Mother Care for nurses, health workers, and our Swasthya Kirans.



## ➤➤➤ WORKING WITH PUBLIC HEALTH SYSTEMS

Recognizing the lack of adequate care-seeking behavior during pregnancy, we have initiated collaborations with the Primary Health Center (PHC) in Bedawal. The PHC team has expressed a willingness to collaborate. We engaged directly with the Medical Officer of the Bedawal PHC and proposed collaborating on the 9th, Surakshit Matritva Diwas (ANC Day), where we plan to conduct counseling sessions on pregnancy care. We are also collaborating with ASHAs and ANMs to reach the unreached pockets and address the challenges in delivery of mother and child care.



# PARTICIPATION AND EVENTS

## »»» AT THE UNION CONFERENCE

Our Director, Sanjana Brahmawar Mohan presented findings from an exploration to understand how Tuberculosis patients from remote and rural areas in South Rajasthan navigate public and private systems for seeking treatment.

The study was conducted jointly by Basic HealthCare Services and the Centre for Healthcare (Indian Institute of Management, Udaipur) and it was presented at the **International Union of Tuberculosis and Lung Diseases in Paris.**

*Read more about her experiences and insights [here](#).*



## »»» A NEW SPACE



This quarter, BHS moved to a new working space surrounded by greenery and a frequent sight of peacocks. To celebrate, we had a fun gathering with our team, joined by friends from Aajeevika Bureau and Shram Sarathi.

The evening was spent listening to Kabir's dohas and Sufi melodies, adding to the joyful atmosphere. And let's not forget the delicious gulab jamuns that made the celebration extra sweet!

This change reflects BHS's growth and renewed energy, which we're excited to channel into our work.



# NUMBERS

In primary care, we dedicate ourselves to providing a wide range of essential services aimed at maintaining and improving the health of individuals. These services include preventive measures, health promotion activities, and the treatment of various health conditions. Our commitment extends to serving all members of the community we serve, and our ongoing efforts have positively impacted numerous patients.

<b>Indicator</b>	<b>Amrit Clinics</b>	<b>PHC</b>	<b>Total</b>
<b>Footfalls</b>	<b>12209</b>	<b>10582</b>	<b>22791</b>
<b>Pregnant women seeking ante natal care</b>	<b>420</b>	<b>123</b>	<b>543</b>
<b>Deliveries</b>	<b>44</b>	<b>119</b>	<b>163</b>
<b>Mothers and children provided post natal care</b>	<b>242</b>	<b>127</b>	<b>369</b>
<b>No. of children who completed full immunisation (PHC)</b>	<b>-</b>	<b>124</b>	<b>124</b>
<b>No. of safe abortions conducted</b>	<b>103</b>	<b>-</b>	<b>103</b>
<b>No. of injectable contraceptives provided</b>	<b>34</b>	<b>24</b>	<b>58</b>
<b>No. of children with sever acute malnourishment treated</b>	<b>84</b>	<b>17</b>	<b>101</b>
<b>No. of Tuberculosis (TB) patients treated</b>	<b>281</b>	<b>17</b>	<b>298</b>
<b>Diabetes Mellitus*</b>	<b>237</b>	<b>274</b>	<b>511</b>
<b>Hypertension*</b>	<b>474</b>	<b>414</b>	<b>888</b>
<b>Physiotherapy*</b>	<b>196</b>	<b>-</b>	<b>196</b>
<b>Mental Health*</b>	<b>74</b>	<b>-</b>	<b>74</b>
<b>Total no. of outreach sessions conducted</b>	<b>308</b>	<b>-</b>	<b>308</b>
<b>No. of children reached through Growth monitoring</b>	<b>1387</b>	<b>644</b>	<b>2031</b>
<b>No. of Phulwaris</b>	<b>16</b>	<b>-</b>	<b>16</b>
<b>No. of children provided care in the Phulwaris</b>	<b>315</b>	<b>-</b>	<b>315</b>

\*\* refers to the number of visits by patients



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