

SEPTEMBER 2024 | ISSUE 16

BHS (G)ROUND UP

Primary health care is a dynamic field, always evolving and adapting. And in this ever-evolving landscape, we often find ourselves juggling with multiple priorities all at once. This edition of our newsletter gives a glimpse of some of what goes on in our work simultaneously.

From introducing new initiatives to deepening our existing programs, to strategizing for the future, we're constantly striving to improve the health and well-being of our communities.

Each update in following pages highlights emerging challenges, opportunities, and developments. We invite you to join us on this journey as we continue to navigate this dynamic field.

[READ ON](#)

AMPLIFYING THE VOICES OF OUR ADVISORS

Salahkar Samiti (Advisory Committees) are group of local elders, panchayat members, and other influential community figures who act as a crucial link between our clinics and the people we serve and are a crucial link between us and the people we serve. They are vehicles to exchange vital information, helping us grasp community challenges and, taking our voices to the community. Thus, they have a unique role in building a healthier community.

We have seen their presence many times: when Kali* a pregnant woman in Bedawal developed high BP and the family refused to take her to the hospital, Bhera*, a member of our Advisory Committee urged them to do so. In Manpur, our committee set up floodlights outside the clinic and also donated chairs.

Recent discussions with the Advisory Committee brought forth that while they were happy in their roles, they are not able to visualize what all they can do in this role, i.e. their own power.

So we have begun our efforts to energize and empower this important group. We are creating smaller group at the panchayat level - going closer to where they live. We asked them what do they find unique about the clinics, and this is what they shared - “the staff is like us (and not someone coming from outside), they invest in our people - who are with us always, people here are well-trained, they do a very thorough check-up”.

We have asked them to take these messages to the community. Their words, we are sure, will go far.



NOT LETTING THE HRP_s DROP OUT OF SIGHT

High risk pregnancies in our communities face several challenges including unresponsive public health systems, socio-economic and cultural barriers. From 2023 we have added a renewed focus on maternal health in one clinic area, which has helped us identify three correctible challenges in HRP_s -

- delayed diagnosis, due to pregnant woman not seeking care
- loss to follow-up due to pregnant women living in far-off villages or going to her parent's place or not having a phone
- family members refusing for the care required - usually a referral to a hospital

Recognising this, we have conducted trainings for our nurses, community health workers and volunteers (Swasthya Kiran's) on high-risk pregnancies. We also started maintaining a separate registry for pregnant women with high risk pregnancy at AMRIT clinics, which aids the staff for follow up of such women and facilitating delivery preparedness. This also helps plan home visits by our SKs for additional support.

We are conducting regular audits of high-risk pregnancies to track their management. These steps are helping us not only to reach HRP_s, but also improve follow up and care, ensuring successful and safe deliveries.



क्र.सं.	महिला का नाम	पति का नाम	पंचायत	व्यवस्था	LMP	FDD	(डिलीवरी) तिथि	HRP का कारण	मा	वट	मैस	BP
1	पद्मा / शर्मा	श. ६०००	32	मानपुर	कोणार	1/3/24	६/६/२४	S. Anandhi	72	44	106	118/14
2	सुनी / कानिया	श. ६०००	25	मानपुर	दिलीपिया	24/8/23	1/6/24	करवीर अस्पताल	115	65	108	110/7.5
3	कोकिया / कोकिया	श. ६०००	23	गारुडा	उमरी	2/11/23	10/5/24	S. Anandhi BROOKHATS	111	42	102	7.5

A Near Miss for Kali and Her Baby

Kali (name changed), 28 years old woman who was 8 months pregnant came to AMRIT Clinic Bedawal in June 2024 with high Blood Pressure and swelling over her feet. She was diagnosed with Pre-eclampsia and advised immediate referral to the Maternity hospital in Udaipur. Her family refused and despite several visits by the clinic team, did not change their decision. After a week, Kali delivered a girl at home. Soon thereafter, she started having fits- the pre-eclampsia had progressed to eclampsia. Her family took her to a hospital but her condition did not improve. By the time she was brought to Udaipur, she had been convulsing for over 3 hours. She was barely conscious.

Her treatment was started immediately and Kali was saved. If she had been delayed any further from reaching the hospital, she may not have survived.

A HEARTFELT FAREWELL TO PHC NITHAUWA

In 2015, we took over the Primary Health Center, Nithauwa in Dungarpur district as a public-private partnership with the state government. This enabled us to take comprehensive healthcare to a population of approximately 25,000, almost entirely tribal. This has ensured that people have accessible health care for preventive, promotive, and curative services, available 24X7.

Running the PHC has been a special experience for us and over the past nine years, we have witnessed remarkable progress. We were able to ensure 100% immunisation of children in our catchment, institutional deliveries increased by a substantial 68%, and early antenatal care registration improved significantly. We introduced innovative practices like Kangaroo Mother Care (KMC) for low-birth weight babies at the facility and community level, a triage system for emergencies, and specialized care for children with severe acute malnutrition (SAM).

A typical day at PHC Nithauwa was a whirlwind of activity, with over 70-100 outpatients, one to multiple deliveries, and various emergencies. Contrary to the often-held perception of PHCs as mundane, of there being no “adrenalin rush” there for doctors, our experience was both exhilarating and profoundly rewarding.

However, due to recent developments and challenges, including the decision to upgrade the PHC to a CHC, we handed over the PHC operations back to the government in June 2024.

Running the PHC helped us to show how much good is possible with a well-functioning public health facility. It also brought forth the complexities of managing a PHC, something not talked about much.

Finally, it has reinforced our commitment to keep working for building strong public health system.



"Without the PHC, we feel a void in our lives. The doctors and staff were like family, always there when we needed them the most,"
- a villager from the community.

"The PHC has been a beacon of hope for our people. BHS brought not just medical aid but a sense of security and well-being to our village. We are deeply grateful for their years of service and dedication."

- The local sarpanch

JEEVAN PETI

At AMRIT clinics we often come across patients with type-1 diabetes, for whom regular insulin injections are essential but can be a significant challenge, especially in the regions we serve.

The communities in Southern Rajasthan are barely able to make their ends meet and over 90% of them do not have refrigerators available at their households. Patients usually store their insulins in earthen pots or matkas to maintain a low temperature. Although it may seem an easy and traditional way to store vaccines but it is not reliable considering high temperatures in summer seasons & low durability of matkas.

In search of a lasting solution for this group, Social Alpha and Blackfrog joined hands with BHS in the form of a cold storage device, Emvolio. It is a portable, battery-powered refrigeration device that maintains a preset temperature of 2-8 degrees for 8-10 hours. It enables the patient to conveniently store their medication. We have named the device as “Jeevan Peti”, as it truly is a box of life



We are optimistic that insulin stability will help maintain blood sugar levels and help improve symptoms and complications



“This device has been super helpful for me. I can easily carry it with me to the fields and wherever I go. I’m now able to take my insulin on time. I never have to worry about missing a dose of insulin again. It’s really helped me keep my blood sugar under control.”

-Satra Ram, a 24 year old with Type 1 diabetes*

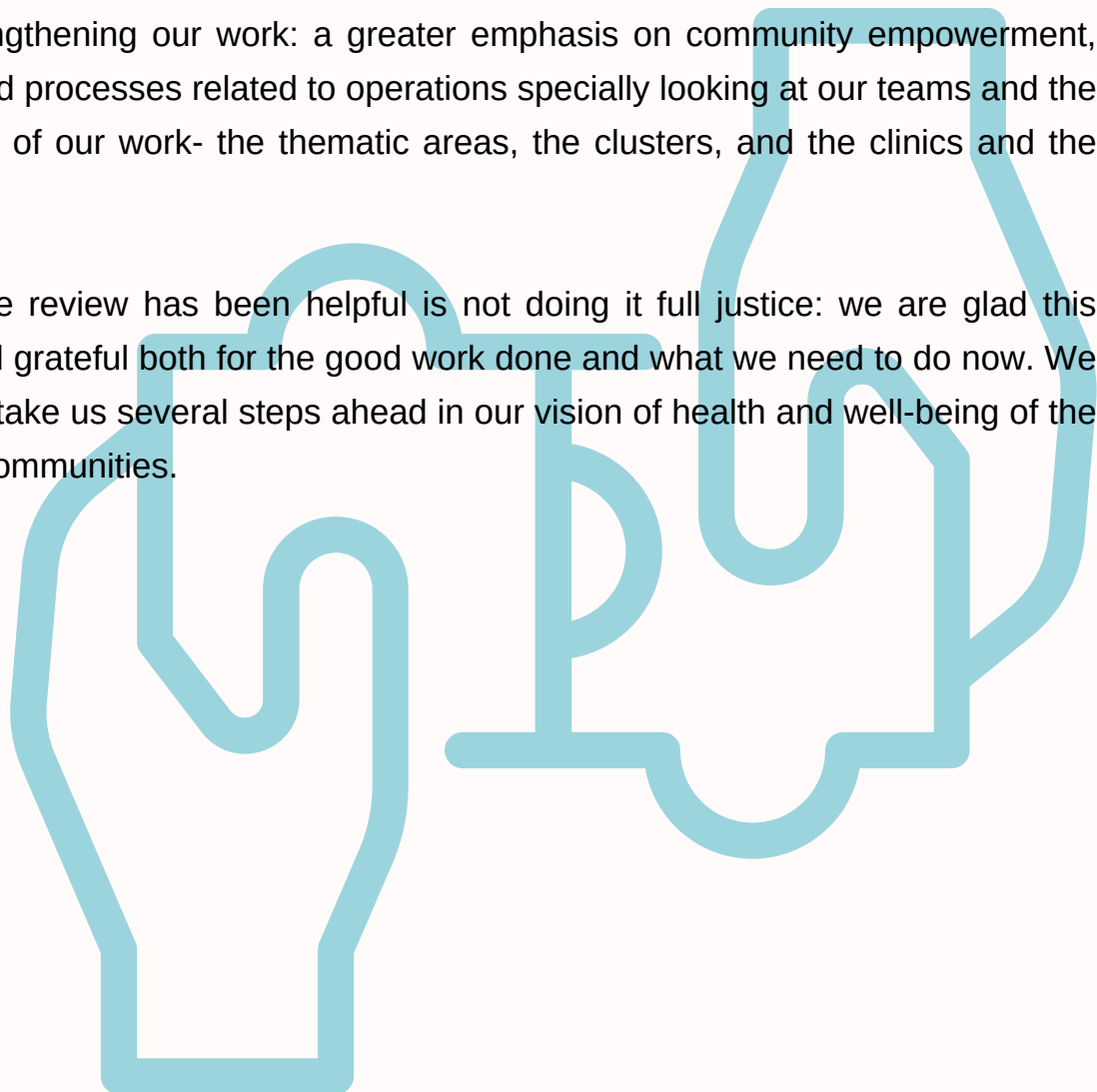
BHS STRATEGIC REVIEW: WHAT IS OUR FUTURE LOOKING LIKE?

When we reached our 10-year milestone in 2023, we were faced with the question: what next?

Thus began an extensive strategic review led by Start Up, which has been a partner and friend since our beginning. Who met with our team, went to our clinics and phulwaris, also spoke to BHS Board members and friends. These are some of the things they found:

BHS has been able to build a decentralized model of healthcare and a multi-professional, diverse team. Our work has contributed to developing young professionals for healthcare, also to policy and mindset shifts. There were also clear areas for strengthening our work: a greater emphasis on community empowerment, on systems and processes related to operations specially looking at our teams and the different levels of our work- the thematic areas, the clusters, and the clinics and the phulwaris.

Saying that the review has been helpful is not doing it full justice: we are glad this happened, and grateful both for the good work done and what we need to do now. We are sure it will take us several steps ahead in our vision of health and well-being of the underserved communities.



OUR PARTICIPATION

Dr Sanjana @WomenLift Health!

Dr Sanjana travelled to Tanzania in April for the WomenLift Health Global Conference. This important conference discussed the challenges women in healthcare leadership face around the world. She also joined a panel discussion about the brave women working on the frontlines of healthcare who often don't get the recognition they deserve.

Want to know more?

Click [here](#) to read her insights and experiences!



Our nurse mentor shines at nursing conference!

This quarter one of our nurse mentors, Dheeraj Jain, presented his experiences at the International Conference of Clinical Nursing Research Society (CNRS), held from 04th to 6th April, 2024 in Gujarat.

Dheeraj's presentation focused on his work in mentoring nurses in rural and tribal areas. His passion and expertise shone through, leaving a lasting impression on a distinguished audience of national academic and clinical nursing leaders.

It's a reminder that mentorship is powerful. By sharing their knowledge, experienced nurses can help others grow and provide excellent care, even in difficult places.

Stronger PHCs for better newborn care

The Government of India has set up a technical advisory group to revise the guidelines for Home Based Newborn Care (HBNC) and Home-Based Care of Young Child (HBYC). Dr. Pavitra Mohan was invited to present about integrating newborn care in primary health care.

He shared our experience of integrating Kangaroo Mother Care (KMC) and management of possible serious bacterial infection, at Primary Health Center (PHC) Nithauwa, which BHS manage in a Public-Private Partnership.

We affirmed that Primary Health Centers, with their dedicated teams (not only ASHAs), are well-positioned to deliver crucial newborn care, especially in underserved areas. We believe PHCs should be the main unit for implementing newborn care, not relying solely on ASHAs (community health workers). This approach can provide more responsive and continuous care for newborns.

For more details, see the full presentation [here](#)

AWARD

We are happy to share that Basic HealthCare Services was recently honoured with the Community Service Award at the 26th Dr. S Rangarajan Memorial Oration by the SUNDARAM MEDICAL FOUNDATION in Chennai. Our whole team is proud! This reward is a recognition of everyone's hard work and commitment at BHS.



Dr. Pavitra also delivered a powerful oration on "Prioritizing Primary Healthcare in India - Putting the Last First". Drawing on his extensive experience working with underserved communities in South Rajasthan, he tackled myths surrounding primary healthcare and championed a vision for decentralized care, person-centered approaches, and recognizing health as a fundamental human right. You can read the full oration text [here](#)

PUBLICATIONS

This quarter our colleagues Sanskriti Sharma and Sofia Hussain shed light on crucial issues affecting women's health and well-being on occasion of National Safe Motherhood Day and Menstrual Health Day, igniting a conversation for change.

Dive into their insightful blogposts -

More Than a Day: Committing to a Future of Safe, Joyful and Respectful Motherhood (link [here](#))

Moving Beyond Taboos (link [here](#))



NUMBERS

Indicator	Amrit Clinics	PHC	Total
Footfalls	11745	9717	21462
ANCs	414	151	565
Deliveries	44	94	138
PNCs	229	105	334
No of children full Immunised (PHC)	-	135	135
Safe Abortion (MTP)	127	-	127
DMPA	81	10	91
SAM Treated	138	11	149
Tuberculosis (TB) Treated	340	25	365
Diabetes Mellitus*	288	312	600
Hypertension*	433	515	948
Physiotherapy*	147	-	147
Mental Health	44	-	44
Total no. of outreach sessions	313	-	313
Children were reached through Growth monitoring	769	699	1468
No. of Phulwaris	15	-	15
No. Of Children	286	-	286

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