

ISSUE 17 DEC 2024

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NEW BLOSSOMS

In this quarter, we opened two new phulwaris, one each in Gogunda and Salumbar cluster. These vibrant spaces are ready to nurture young minds, provide a safe, stimulating environment for children, and create more joy all around.

The initial phulwaris set up by BHS were "top down". It was our team that selected the villages and conducted meetings to check for willingness of the communities. Several years and many phulwaris later, the demand is "bottom up"-communities ,or the sarpanch send us a request to set up a phulwari in their village so that their children can also learn and grow, as they see in the other phulwaris.

The Ricchiwada phulwari, is a 25 minutes uphill drive from our clinic in Rawachh and 10 kms from the main road. All around it, the schools, Anganwaadis and health centres are barely functional. Paoti located in Bedawal village, one of the most remote and hilly region in the entire Salumber district, the need for a daycare centre was highlighted by one of our Swasthya Kiran.

Last year, a young boy from one of our Phulwaris, captivated the hearts of the entire Panchayat with his recitation at the Republic Day celebration. This heartwarming moment filled our Phulwari workers with pride. We aspire to nurture more such talented and confident children at our Phulwaris





NEW BEGINNINGS

BHS had set up the first AMRIT Clinic in 2013 to serve the rural, marginalized populations residing in and around Manpur Panchayat. Subsequently, over next two years, we set up two more AMRIT clinics in Salumber Tehsil, serving a total population of about 50,000. Salumber tehsil, lying in south of Udaipur city, is characterized by a high proportion of tribal population, and by many young men migrating to cities for labour.

In 2016, we moved to Gogunda block, which lies in the west of Udaipur city, is similarly underserved, has an even higher proportion of tribal families, and lacks access to quality healthcare. We set up two more AMRIT Clinics in the villages of Rawach and Morwal respectively, collectively serving a population of about 30,000.

In the spirit of community participation, all the AMRIT Clinics are located in premised owned by the community and handed over to BHS for varying periods of time. AMRIT Clinic Morwal was also similarly located in a premises owned by Panchayat. As opposed to other Clinics where the catchment populations are almost entirely tribal, populations in catchment areas of Morwal include families from privileged as well as under privileged castes.

Over years, as people from under-privileged castes started accessing healthcare at low cost, those from privileged castes started feeling threatened. That led to an acrimonious situation between them and Clinic teams. While tribal families, especially women raised their voices and demanded that we stay on in Morwal, we ultimately decided to vacate the Panchayat premises and relocated to a contiguous location in Bagdunda Village where the most marginalized families of the catchment areas could still access the services.

From April, the process began which involved discussions with the community leaders, including meetings with panchayats, local committees, and women from the community. Seva Mandir helped in providing a vacant building—previously used as their office—for the clinic premises. Seva Mandir Federation members actively volunteered to help set up the clinic, showcasing strong community involvement.



The clinic was officially inaugurated on 15 August '24, after four months of planning and coordination. Local sarpanches, Seva Mandir representatives, and community leaders attended the event, reflecting widespread support for the initiative. The opening of the clinic in Bagdunda is not just a relocation; it is a step toward addressing the region's deeply rooted health challenges. With the support of our partners and the community, this clinic promises to bring hope and better health outcomes to those who need it the most.

LEARNING LEAP

Since February 2024, we are organising a learning program for our mid and senior level team in collaboration with IIMU. This program combines management and public health sessions led by IIM-Udaipur faculty and public health experts. This quarter we had two sessions of great relevance to the present times.

As Tuberculosis is one of the most pressing problem in the region and at our clinics, we invited Dr Hemant Shewade, a senior scientist at ICMR who has a lot of experience in TB research. Dr. Shewade delved into the fundamentals of TB, exploring both its basic aspects and the complexities associated with it. He highlighted key risk factors, including social determinants, and shared vital epidemiological data, conveying a picture of the disease's impact. He also discussed the various prevention strategies in place, as well as the diagnostic and treatment services available through the National TB Elimination Programme.

Next, Professor Govind Kumawat, faculty at IIM-Udaipur shared his expertise on operations management, which is crucial to the success of primary healthcare. He took a deep dive into two important concepts, inventory and queue management. We explored some questions like how to manage inventory effectively, how to classify different drugs based on how critical they are, and the cost they account for using the ABC (High, Medium, Low value)-VED (Vital, Essential, Desirable) matrix. Based on his study of patient movement across different stations at AMRIT Clinics, he helped us understand how to streamline processes, reduce bottlenecks, and enhance operational efficiency.



"Dr. Hemant's session on TB was both accessible and engaging. I particularly enjoyed the part on active case finding. He explained how systematic screening for active TB is conducted outside of health facilities, reaching populations unable to access or utilise health facility. He took the time to break down the steps and processes involved in this essential activity, emphasizing the importance of maintaining quality throughout its implementation."

~ Charishma Jones Sarman, Lead (Strategy and Systems)

EXPLAINING PPP IN HEALTHCARE

In collaboration with Centre of Healthcare, IIM-Udaipur, we launched an online webinar series this year that aims to enhance awareness of primary health care, encourage knowledge exchange, and facilitate networking opportunities.

In the latest episode we delved into an insightful discussion on Public Private Partnership (PPPs) in Primary Healthcare which featured Dr. Rakesh P.S., the Deputy Director (Programs) at The International Union Against TB & Lung Diseases who has been involved initiatives like STEPS, which contributed to Lakshadweep becoming the first TB-Free Union Territory in India, and Mr. Venkat Narayana Chekuri, Secretary and Trustee at Karuna Trust, has spent his career improving healthcare for underserved communities

Dr. Rakesh presented findings from his meta-analysis on the challenges and opportunities of engaging the private sector in India's TB care. While private providers recognize their role in delivering quality TB care, they face obstacles such as complex NTEP mechanisms, concerns about autonomy, and a lack of coordination. This advice to enhance private sector engagement, simplify data exchange, non-financial incentives, and establish effective coordination mechanisms are crucial steps.

Mr. Venkat, drawing from his extensive experience with Karuna Trust, highlighted the importance of community-centered PPPs in reaching remote regions. He emphasized the need for advocacy with state governments and active community engagement.

Key learning that emerged was that While governments play a crucial role in leading primary care, effective implementation and widespread reach often require innovative approaches and strong partnerships. To ensure that primary care services reach the last mile, equality and trust between partners, and a people-centered approach are essential.

You can access the session recording **here**.

"Although, it is a difficult partnership, there's a lot of value to it. We are able to bring in lot of changes, we are able to serve better, we are able to bring in innovations that sometimes become mainstream."
Mr Venkat

"Citizens should be at the centre of partnerships. They are ultimate beneficiaries and also one of the key stakeholders. We need to think of them, we need to involve them in designing these partnerships" - Dr Rakesh PS

WHAT DO OUR VALUES MEAN?

With completion of 10 years, we embarked on a visioning strategy for the next 5 years, a process that took almost a year. Our team has expanded significantly from a small group of less than ten to over a hundred members and investing in them, defining clear roles and reporting structures came up as a priority.

This process was led by Supriya and Anupama. Together they conducted interviews and identified the behavior, practices and norms across the organization based on which they conducted a workshop which delved into the essence of the values with which BHS was envisioned and how these values are practiced within the organization.

They unpacked our organisation values and made us see what gives them life. For instance, what goes into building excellence varied significantly among different individuals. individual excellence, marked by dedication and skill, is crucial, we also emphasized the power of collective excellence. This involves working together seamlessly, sharing knowledge, and supporting one another to achieve shared goals. Additionally, we discussed the importance of striving for excellence in problem-solving, finding innovative solutions challenges, and empowering our teams with the latest knowledge and skills.

Through engaging discussions and contextualized case studies, we explored how to translate our values into daily actions, navigate value conflicts, and prioritize our values when faced with difficult choices. We also recognized the importance of pausing and assessing our values and behaviors.





This workshop was a valuable opportunity for us to strengthen our organizational culture and reaffirm our commitment to our core values. We're excited to continue this journey and conduct similar workshop for our teams at the cluster level.

DIARRHOEA RESPONSE

By Charishma Jones Sarman

During the monsoon every year, the tribal communities in the region face a rise in diarrhoea cases. This year, starting in July, the situation became worse, especially among children, leading to the tragic loss of a 3-year-old due to severe dehydration. This emergency called for an urgent action to understand the extent of the outbreak, inform government authorities, improve awareness, early treatment, and prevention to protect the community.

Our team launched a rapid survey in six villages of Bedawal Amrit Clinic. We surveyed 503 individuals in 97 households and found that 17.1% had diarrhoea in the past two weeks, with children under five being the worst affected, making up 34.2% of cases.



Most families relied on hand pumps, borewells and 12% were using open wells. Only 35% sought care from formal health facilities, and many were treated by unqualified practitioners, receivina ineffective expensive treatments. Most families delayed care for three to five days, worsening the condition, especially in children, who often received treatment only after dehydration had set in.

In response, we trained Swasthya Kirans on prevention methods. We visited homes to distribute ORS, prevention and early test, and took sessions on use of ORS and hygiene. We organized chlorination drives for open wells used for drinking with help from our team, and local residents, teaching proper water treatment techniques. We informed the District Collector and requested urgent action, particularly to ensure ORS availability.



AIMING FOR EXCELLENCE IN OUR TRAINING

A diverse healthcare workforce, including nurses, health workers, and community volunteers, gives life to BHS. Our training programs are tailored to enhance their capabilities, considering their specific roles and qualifications. It prepares them for their multiple responsibilities that grow over time ,pushing the envelope with an aim to develop structured training program for our different teams, sharply define the competencies and implement post training follow ups.

Given the wide range of responsibilities in primary care, training presents unique challenges. Traditionally, our focus was on knowledge-based training. However, we've shifted towards skill-based and competency-based approaches to better address practical needs.

Another challenge lies in post-training follow-up, especially with diverse thematic areas. LAICO, a renowned training institute of Aravind Eye Care, has successfully addressed these issues. By learning from their experiences, we aim to strengthen our training programs.

Two members of our training team, Sofia and Manish attended LAICO's Eyexcel training course in Madurai. This intensive four-day workshop provided valuable insights into designing competency-based curricula, utilizing the ADDIE framework, applying adult learning principles, and mastering effective training delivery methods.











FMPC CONFERENCE

Participation and Presentation

Our team was invited to share our experience at the National Conference of Family Medicine and Primary Care, held at the serene AIIMS Rishikesh from September 27th to 29th, 2024. Dr Amruth, Primary Care Physician made a presentation on comprehensive care in rural remote settings. He talked about challenges and opportunities in practicing family medicine in a resource-constrained area, and the importance of adapting the guidelines according to the patients and not patients according to guidelines.

Sanskriti, Executive MCH made a presentation on gaps in maternal care in rural area and our subsequent efforts to address these and promote access to maternal health, was also awarded first prize in the MCH category.

To read more of our experience ,click here.

I attended oral presentations of other participants, especially those related to Maternal and Child health, helped in gaining a wider perspective on the different approaches adapted in other states to fill gaps, interventions we can learn from and adapt in our settings. The overall experience was enriching. It was also reassuring to see that more individuals' interest lies in improving primary healthcare. We were able to socialise with learned scholars and experts from other domains, share our learnings and work and surely hope for fruitful collaborations in the future." ~ Sanskriti Sharma, Executive MCH







"The experience was both enriching and eyeopening, as it underscored the significant gap in understanding the complexities of rural practice among professionals from other healthcare settings. Despite being ideally suited for rural contexts, family medicine faces considerable challenges bridging this gap." ~ Amruth Jacob, Primary Care Physician

PUBLICATIONS AND VISITS

Journal Article

Integrating physiotherapy in rural primary health care: Early lessons on the value, feasibility, and emerging role of the physiotherapist from a community-oriented primary care (COPC) program in Rajasthan by Colis Anwari, Deekshita Yadav, Gargi Goel, B. C. Rao, Pavitra Mohan, Ramakrishna Prasad

https://bhs.org.in/wp-

content/uploads/2024/09/integrating_physiotherapy_in_rural_primary_health.65.pdf

Articles/Op-eds

What ails our docs? By Sanjana Brahmawar Mohan https://bhs.org.in/wp-content/uploads/2024/07/What-Ails-Our-Docs-in-Orissa-Post_160724.pdf

Nutrition and Growth Standards - Seeing Beyond the Smoke and Mirrors: By Dr Yogesh Jain, Dr. Pavitra Mohan, and Dr. Rakesh Lodha.

India's healthcare institutions need more women at the helm. By Sanjana Brahmawar Mohan https://www.southasiamonitor.org/perspective/indias-healthcare-institutions-need-more-women-helm

Nurses are central to effective and empathetic primary healthcare systems. By Pavitra Mohan and Ashmita Gulechha https://www.wiprofoundation.org/wp-content/uploads/2024/07/Arogya-Darpan-Oct23-Mar24.pdf

Blogs

You can also read some of our recent blogs here.

Visitors @BHS

Partnerships are the cornerstone of creating lasting change. This quarter, we were happy to welcome two remarkable organizations, TAABAR and Setu Abhiyan

Dedicated to the care and protection of children, TAABAR offers a comprehensive range of services, including residential care, education, skill-building, and healthcare. Their team recently visited to learn from our primary care model and the innovative Amrit Clinic to expand their healthcare services.

Based in Kutch, Gujarat, Setu Abhiyan empowers local communities by strengthening Gram Panchayats. Their focus on community-led development and decision-making is truly inspiring. As they venture into healthcare, they visited us to gain insights into primary care practices, working with public healthcare teams.

NUMBERS

July-September

Indicator	Amrit Clinics
Total Footfalls	13604
ANCs	492
Deliveries	26
PNCs	217
Safe Abortion (MTP)	66
DMPA	68
SAM Treated	169
Tuberculosis (TB) Treated	309
Diabetes Mellitus	333
Hypertension	485
Physiotherapy	129
Mental Health	53
Total no. of outreach sessions	272
Children reached through Growth monitoring	789
No. of Phulwaris	17
No. of Children enrolled	351

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