

# Newsletter

## BHS (G)ROUND UP



## IN PRAISE OF EMPOWERMENT

This quarter's newsletter celebrates the power of empowerment, of our healthcare managers, of our nurses, health workers, volunteers and of our communities, men and women living in far-off places.

Empowerment, for us, is more than a training. It's an effort to make sure that not only do our teams learn, but also they incorporate the learning into their practice. Not easy, when they have multiple areas to focus on. So 'knowing' about high-risk pregnancies is not enough, how do they incorporate the knowledge in their day to day lives, make sure all pregnancies with risk are followed up, and provided treatment till their delivery and post-natal period.

For our communities, it's about adapting these learnings into their daily lives. Think about the day when a pregnant woman feels prepared for delivery - knowing the date delivery, the place where she will deliver, transport arranged beforehand, finances secured. This, for us, is the aim.

While we may not be there yet due to cultural norms and social barriers, we're committed to getting closer every day.

Join us as we explore the power of empowerment in action. Here's to building a brighter future, one step at a time.



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# LEVELLING UP

## Learning and Development Sessions

At BHS, the learning season is perennial!

We have a strong learning agenda for our nurses, health workers, Phulwari workers and SKs, but not one for our management teams, who complained.

Hence, we launched a learning program in collaboration with IIM-Udaipur, combining blend of management and public health sessions led by IIM-Udaipur faculty and public health experts. These impactful trainings combine theory with hands-on exercises, enabling immediate application of learning.

In this quarter, we focused on goal setting, data-driven decision-making, and design thinking. These sessions have helped our teams set ambitious yet attainable goals for the coming year while equipping them with innovative strategies to overcome challenges.

We're excited for the impact this program will have on our organization and the communities we serve.



"The timing of these sessions couldn't have been better. They've equipped us to refine our approach in the field, providing a toolbox of fresh ideas to tackle the challenges we face while serving our communities."

*-Our program executive*



# INTEGRATING CARE

## Exploring Primary Care Psychiatry

We hosted a training on primary care psychiatry for our physicians and psychologist led by eminent psychiatrists from New Delhi having a collective experience of over 30 years..

Global mental health strategy recommends integration of mental health into primary care, especially in lower and middle income country settings, coupled with task-shifting/task-sharing, with non-specialist health workers delivering basic mental health interventions. However, most trainings and service-delivery tend to be largely 'biomedical' in their approach, trying to fix the 'treatment gap' with increased access to biomedical solutions alone, little attention is paid to the context-specificity to adapting the services on offer. Very early on we learnt that it was clear that this was not going to be one of those trainings.

Happily, our experts combined their domain knowledge with their experience, wisdom of our poets and their philosophies and good old common sense. A psychiatrist unequivocally promoting the importance of non-pharmacological interventions of counselling and psychotherapy was incredibly powerful.

We explored the identification and management of mental disorders, placing new knowledge within our specific context. the safe space made our physicians open up and share anecdotes and questions about prescribing medications.

The two-day training session ended on a note of reassurance and re-affirmation of the work done so far and an acknowledgement that the very mission of the organization, to provide healthcare with dignity to last-mile communities is in reality, very much a mental health intervention itself.



"The training refreshed my understanding of the fundamentals of psychiatric patient assessment and management. The insightful discussions helped us chart the future direction of our mental health initiatives, ensuring they are grounded in sound principles and a commitment to patient care. By the end of it, I was instilled with a renewed sense of confidence in our approach."

- Our physician



# IT'S STORY TIME!

## Empowering communities through storytelling

At BHS, empowering communities is at the heart of our primary care approach. Methods such as short films, pamphlets, brochures, etc., have been effective, recently, we have found one more way to connect with our communities – through storytelling.

Our stories feature women, men and children with local names, living in familiar settings, facing situations the community understands. Use of local language and in the context make the stories truly resonate. Including images and questions throughout the narrative, keeping the audience engaged

In this quarter, we did a story around menstrual health and hygiene, a topic often surrounded by silence and hesitation. We crafted a sensitive story to address this, and the feedback was positive. Our Swasthya Kirans reported that *"large numbers of people gathered, listened attentively, interacted with us and each other, and left the sessions eager for more information"*.

Building on that, we also developed stories around pregnancy care which were used on Pradhan Mantri Surakshit Matritva Divas at PHCs. On one day through 4 sessions, we could reach 150 pregnant women and their family members. These stories included discussion on common gaps we see on the ground – women not knowing their date of delivery, not preparing for the delivery in advance, and not coming for the check-ups regularly

Through stories of Savita, Raju, Sita, and Rambha we've taken our common knowledge back to them, adding scientific solutions for the identified problems. They have helped us forge and deepen connections and generated so many smiles and laughs!

*"Going into these storytelling sessions," shared one of our facilitators, "I had doubts about how well the audience would understand and participate. But the format was a game-changer! Unlike traditional presentations, storytelling kept everyone engaged. We saw active participation through questions and attentiveness, which gave me confidence that the crucial information was landing"*





# EQUIPPING THE FRONTLINE

We are working closely with doctors, nurses, ANMs and ASHAs at PHCs and CHCs in Dungarpur to strengthen M&CH both at the facility and community level. The last quarter saw us invested in trainings for different healthcare professionals. read on for more

## IMNCI Training

We conducted a two-day training for Doctors, GNMs and CHOs from different PHCs and CHCs on the Integrated Management of Neonatal and Childhood Illnesses (IMNCI). At the end of training, participants were much more confident in being able to diagnose pneumonia (counting respiratory rate), dehydration (using the 4 signs), severe neonatal illnesses (using the list of signs of severity); and also in their treatment



*"Your session has been about the issues we need to train the ANMs and ASHAs on. Thank You!"*

*-A LHV from a PHC*

## Building Leadership Among LHV's

Lady Health Visitors supervise the ANMs and are central to mobilising communities. Yet they receive few inputs for this important role. We conducted a series of sessions with them, aimed at understanding and using data for action, supportive supervision and communication.



## Short 'capsules' of sessions for the ANMs

We also conducted short training sessions for ASHAs, focusing on the gaps identified on the ground - high risk pregnancy being missed and followed up; little counselling for diet, medications and on delivery



# A RETREAT TO REMEMBER

## Reconnect, Rejuvenate, Reimagine

This quarter we went for a three-day retreat to Kumbhalgarh, nestled amidst the Aravalis, from March 15th to 17th. We stepped away from the daily grind to reconnect with each other, deepen connections, and reaffirm our values.

Laughter and bonding filled the retreat along with learning and growth. Chahya Banti made us realise the importance of environmental responsibility and encouraged us to embrace a more sustainable way of life. Nachiket Mor led a discussion on BHS's role in the country's primary health ecosystem.

During a session on recent changes, Rajiv Khandelwal highlighted the significant progress made in south Rajasthan over the past two decades. He pointed to advances in women's education, tribal rights awareness, labor rights, and infrastructure, among others. Our Bhanu sister touched everyone's heart by sharing her story of struggles and triumphs, inspiring hope and resilience in all of us.

The energy was electric! We participated in exhilarating team-building activities, witnessed mesmerizing cultural performances, and immersed ourselves in nature experiences, leaving us feeling refreshed and ready to tackle new challenges.

Looking back, it's clear that this retreat wasn't just a weekend getaway—it was a catalyst for growth, a spark for renewed energy, and a powerful reminder that we're all in this together. We can't wait to bring this fresh perspective back to the office and continue building the future we've reimaged.

Onwards and upwards!





# HONORING HERSTORY

## Celebrating the Women of BHS

This Women's Day, we took a pledge to celebrate the remarkable women who power our success. who with their unwavering courage, resilience, and determination, are the beating heart of our organization.

To capture their essence, we invited Paromita Goswami, a distinguished lawyer and writer whose passion for social justice aligns perfectly with our own values. Paro's keen eye and insightful approach helped us unveil many inspiring narratives. These stories, previously untold, resonate within the very walls of our organization, each one a testament to the diverse experiences and contributions that shape who we are.



Paromita's lens helped us discover the hidden heroes who champion innovation. These narratives aren't just stories; they're proof of women's power to keep striving, overcome challenges and make a lasting impact. We see the unwavering leaders who inspire and empower others, and the dedicated individuals whose daily contributions form the bedrock of our organization's success.

Embark on a journey of inspiration. Explore these stories and discover the strength that fuels the engine of BHS. Click [here](#) to open the story box 📖

"All five women possess a rare twin-vision – the ability to understand and assess the larger processes and goals of social transformation and at the same time to commitment themselves to the daily hard work and discipline that sustains the larger process."

–Paromita Goswami



# PARTICIPATION AND EVENTS

## A Unified Vision

As an active member of the **Equitable Healthcare Access Consortium (EHAC)**, Basic Healthcare Services (BHS) joined a pivotal meeting at IIM Udaipur on February 9, 2024. This consortium, comprising socially-sensitive healthcare providers, livelihood organizations, and educational institutions, aims to expand healthcare access across the country.

The agenda focused on reviewing past successful collaborations of EHAC members, identifying mutual benefits, and exploring ways to enhance visibility and healthcare access. Discussions highlighted both achievements and challenges, emphasizing the need to maintain focus.

Our team actively participated by contributing ideas, voicing concerns, and reaffirming the consortium's vision. The meeting concluded with a renewed sense of purpose and confidence in the collective commitment to advance equitable healthcare access.

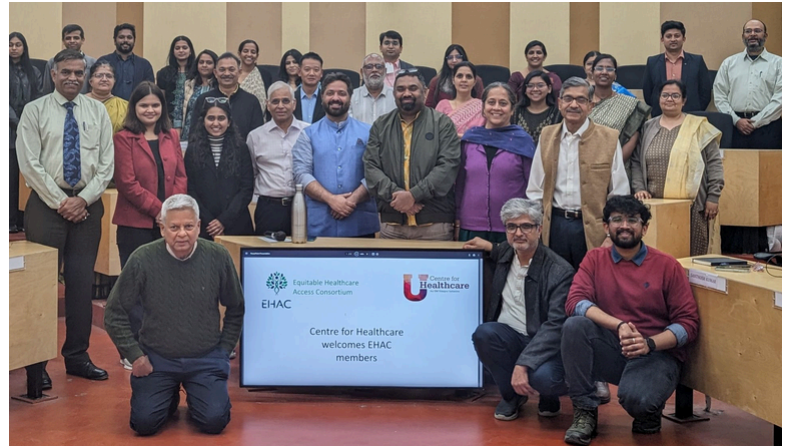
## Webinar Alert !

This quarter, in collaboration with Centre of Healthcare, IIM-Udaipur, we kickstarted an online webinar series, called the **Dialogues in Primary Healthcare**. The series aims to enhance awareness of primary health care, encourage knowledge exchange, and facilitate networking opportunities.

In the first episode we heard Dr. Sudha Ramani and Dr. Reetika Khera talk about the evolution, status and future of publicly delivered primary healthcare in India. Their insights shed light on critical challenges and innovative solutions in the field.

Missed the live session? Access the session recording [here](#)

Stay tuned for more insightful episodes by following us on [LinkedIn](#). Join us as we continue to explore and discuss pivotal topics in primary healthcare.



"When at work, we sometimes feel isolated. Our friends in corporate hospitals also face similar experiences. Here (in the consortium), we realise that we are not alone. There are so many people with us!"

-A consortium member

## News

Our director, Dr. Sanjana, was one of the panelists for the webinar on **LEADERSHIP JOURNEY EVALUATION** conducted by **WOMENLIFT HEALTH**. Read the evaluation report [here](#), and important takeaways from the webinar [here](#).

# NUMBERS

Indicator	Amrit Clinics	PHC	Total
Footfalls	11588	9898	21486
Pregnant women seeking antenatal care	275	131	406
Deliveries	36	79	115
Mothers and children provided postnatal care	209	155	364
No of children fully Immunised (PHC)	-	108	108
No. of safe abortions conducted	76	-	76
No. of injectable contraceptives provided	68	27	95
No. of children with sever acute malnourishment treated	101	10	111
No. of Tuberculosis (TB) patients treated	270	31	301
Diabetes Mellitus*	258	170	428
Hypertension*	516	480	996
Physiotherapy*	179	-	179
Mental Health	29	-	29
Total no. of outreach sessions	293	-	293
No of Children reached through Growth monitoring	1033	504	1537
No. of Phulwaris	15	-	15
No. Of Children	270	-	270



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