



BHS Newsletter| February 2021, Issue 05

Building a strong referral system to save lives





Why do we need a referral ?

While about 80% of all health needs of a community can be met at primary healthcare level, others would require referral to higher level of care.

Many of these are for life-threatening conditions such as congestive cardiac failure which require intensive

monitoring and a battery of investigations. The others are for specialised conditions (such as a cataract surgery) which need very specific treatment. For many families that have little liquid cash, a fear of city hospitals, accepting referral is not an easy decision.

What is the role of primary healthcare providers in such a situation? Based on our own experience, we share some stories and insights.

The fear of going to a city hospital

Apart from the fear of navigating city hospitals is deep-rooted in the community. Distance, lack of liquid cash, and fear of the unfamiliar, families of the patient being referred also have their past experiences. A common statement we hear is

"जो उदयपुर जाते है ,वो मर जाते है " (those who go to Udaipur-city hospital die).

Counseling the family members, accompanying the patient and wards of elderly, influential persons in the village help; they convert a "No" to a "Yes".

Here in the picture, Geeta, our health worker, is seen counseling 17 family members who accompanied a young woman who presented in labor after walking on foot for 7 km. Later, she safely delivered her baby at AMRIT Clinics





A reliable mode of transport is critical for a referral

In remote and hilly areas, transportation options are sparse, distances are large and terrain is harsh. 108 services often do not reach remote places, and are ill suited to

negotiate difficult terrains. Having a sturdy and a dedicated ambulance has helped us manage emergency referrals from the most difficult-to-access locations, to any and every hospital in the region.

In picture is Kesar, our ambulance "pilot" who has transported women in labor, sick children, and many more to tertiary care hospitals in Udaipur.

The support of community volunteers helps saves lives

Many patients may not have anyone to accompany them during the referral. Migration of male members, limited autonomy of women and need to take care of elders and children make it difficult for many family members to accompany the patient many times we face a situation where there is a very sick patient urgently needing a referral but no one to go with him/her.

In such situations, volunteers from the community have come forward and lend support.



Thavra, a 20-year-old boy and an orphan suffering from extensive Tuberculosis needed an immediate referral. When no one was there to accompany him, Lalki bai (our Swasthya Kiran) not only went with him to Udaipur but also stayed with him for 3 days with him at the hospital till his treatment was complete.*

The not-so-talked-about value of referral escort and support team



Patients coming from far-off villages even need support after reaching the city hospital. Our team member helps the patients to navigate the maze that the hospitals are. He ensures that the patients are not exploited, receive blood timely, treatment is initiated and they receive the care they are entitled to.

In pictures, our "Care Escort" with an adolescent girl who was severely anemic with Hb 2.2 gm% and was referred for a blood transfusion from Manpur village which is 90 kms away from Udaipur.

A salute to the power of partnerships

Many elderly people lose their vision due to cataract, an early treatable cause. They need to be operated but require a referral to an eye hospital.

We are fortunate to have a partnership with Alakh Nayan Hospital, a premier eye hospital that operates patients we refer, free of cost. Hundreds of elderly patients have regained eyesight because of this partnership.



In the picture, a 'derani' and 'jethani' (co-sisters) who went together for the eye surgery.

Total number of patients referred (Sept- Dec '20)

Number of patients referred
44

of which

12 Men | 27 women | 5 children

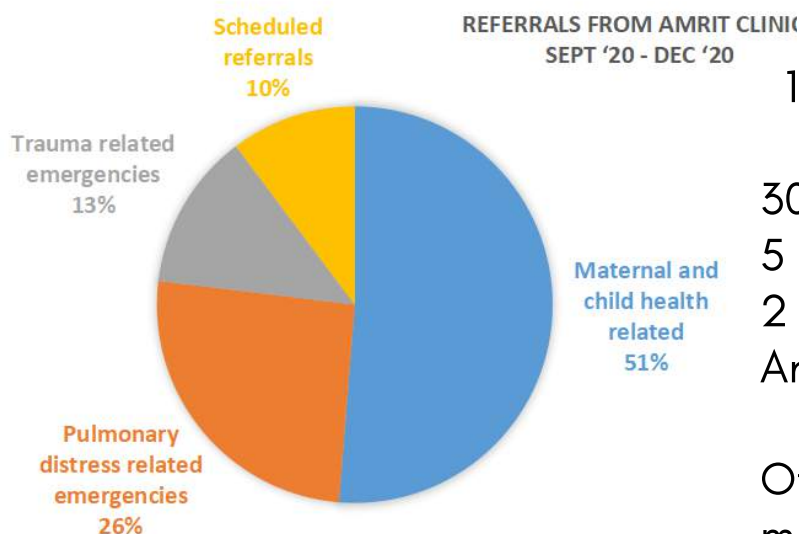
30 of them recovered

5 left against medical advice

2 were referred to another facility

And 1 died

Of these, most were related to
maternal and child health condition



And finally, a smile worth million dollars

With Hb just over 1 gram%, Nanki was brought to AMRIT clinics in a barely conscious state. Her family had no money for her treatment were convinced that Nanki was possessed by 'spirits' and were not ready to accept 'modern' treatment. Our clinic staff counseled the family, also provided a small amount to help the family while in Udaipur.

Nanki received 3 blood transfusions and could finally walk back home after receiving 10 days of treatment.

Nanki is worried about how she will perform in school. We are sure she will shine.



Research and Publications

1. **Food Insecurity in Tribal High Migration Communities in Rajasthan, India.** Food and Nutrition Bulletin. (2020). Saxena A, Amin A, Mohan SB, Mohan P.

Following pandemic and lockdown, tribal high migration communities that we serve, which are food insecure in best of times, suffered further shortage of food. We responded by providing food rations and promoting poultry and kitchen gardens. Besides, we conducted a quick survey to understand the situation, and highlight the urgent need for promoting food security for these populations. Click [here](#) to read more.

2. **Financing Primary Health Care for Rural Areas (2020).** Dutta M, Mohan P, BM, Sanjana, Ponnappan V, and Satyavageeshwaran P. Journal of Family Medicine and Primary Care, 9(11): 5516-5522.

There are several non-governmental initiatives that provide healthcare in rural, underserved areas. Many of them find it difficult to financially sustain the services. How could such healthcare initiatives be financially sustainable? Based on a roundtable that we organized in partnership with IIMU, we collated and published this piece. To read more, click [here](#)

3. **“Pathways to Enable Primary Healthcare Nurses in Providing Comprehensive Primary Healthcare to Rural, Tribal Communities in Rajasthan, India.” (2020).** Frontiers in Public Health.

Nurses are the center of healthcare provided by AMRIT Clinics. What affects the retention, motivation and performance of Nurses to deliver primary healthcare in remote, rural areas? Based on our own experience of engaging with Nurses over last 8 years, we wrote this paper. [Read on.](#)

4. Following lockdown, restrictions in transport, reduced scope of services, dwindling incomes and reduced availability of food led to a huge increase in number of patients with tuberculosis presenting at our clinics. We wrote a few pieces in lay press to highlight the situation, urging for action by governments. To see some of these pieces, click [here](#).

Each referral costs money. From transport to a small advance to the family to supporting at the hospital. Your one time support of Rs. 5000 will support one referral fully and save a life by clicking [here](#).

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