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NEWSLETTER

BHS (G)ROUND UP

Research in Primary Health Care

CONTENTS

Introduction

We are delighted to share this issue of the Basic Healthcare Services Newsletter, a space for reflection, dialogue, and shared learning. Each edition seeks to bring together experiences from our work in southern Rajasthan, stories from the field, insights from data, and reflections that help us think critically about care and the systems that sustain it.

The theme of this issue is research. Although formal research structures at BHS are relatively new, inquiry has long guided our decisions, advocacy, and partnerships. Every new clinic, training initiative, or community program begins with questions: What are people's needs? What barriers do they face? How can care be made more accessible, affordable, and dignified?

Over the years, studies and reports such as those on nurse-led primary care, maternal health, food insecurity, and tuberculosis have informed our programmes, advocacy, and partnerships. They remind us that evidence and action must move together. Through this issue, we reflect on how research continues to shape our understanding of care, deepen community engagement, and strengthen the health systems we seek to build.

Role of Research in Primary Health Care

"Tell me what you value, and I might be able to tell you what kind of society you are building."
– Amartya Sen

Research is the desire to ask why things are the way they are and how they might be different. It is a disciplined inquiry, the structured act of observing, reflecting, and learning with purpose. Research matters because it enables societies to learn, adapt, and imagine better futures. It does not merely describe what exists but explores why and how certain patterns occur and what can be done differently.

This role is particularly significant in health care, where health and illness are inseparable from daily life and social relations. Research helps uncover the broader conditions that produce and reproduce disease. Studies on tuberculosis, for instance, have shown how migration, stigma, and poverty delay treatment, while research on maternal health reveals how gender roles and labour demands shape women's access to care. In doing so, research turns health systems into learning systems capable of listening and responding rather than merely delivering services.

Southern Rajasthan is marked by scattered hamlets, fragile livelihoods, and seasonal migration. The challenges in such geographies can be understood with a deep attention to the context. Research at BHS often begins with questions that arise in daily practice: How does migration disrupt continuity of care? How do adolescent girls navigate reproductive health amid silence and stigma? How do food practices influence nutrition and well-being? Each question starts from life in the community and circles back to improve how care is provided.

Role of Research in Primary Health Care

Yet research is never neutral; it is shaped by values. Values are enduring beliefs about what is important and worth striving for. Values guide what health systems prioritize, how decisions are made, and how success is judged.

From its earliest conception, PHC has been defined as much by its values as by its services. The Alma-Ata Declaration of 1978 placed equity, solidarity, and community participation at the centre of health system reform. Forty years later, the Astana Declaration reaffirmed these principles while emphasizing person-centredness and accountability.

Scholars such as Barbara Starfield identified equity, continuity, and comprehensiveness as the hallmarks of PHC, while Lucy Gilson emphasized trust and relationships as the moral foundations of effective care. These principles take on concrete meaning in settings like southern Rajasthan, where equity means reaching remote families, participation means working with communities to define questions, and continuity depends on long-term relationships of trust. Comprehensiveness, in turn, demands that health be seen in relation to livelihoods, food, and migration.

The questions we ask emerge from the realities of those we serve, and the answers we find feed directly into improving care. Ultimately, research and values are inseparable. Together, they shape how we understand, act, and evolve. Grounded in the principles of primary health care, research at BHS is a way of caring better—linking curiosity with compassion and turning knowledge into change.

Current Research Areas

Strengthening Primary Healthcare Systems

A collaborative implementation research project with IIM Udaipur to strengthen Health and Wellness Centres in Salumbar district by improving primary healthcare quality through training, supervision, reliable supplies, and community engagement.

Sexual and Reproductive Health

The study aims to explore key socio-cultural, and health system factors that shape adolescent girls' access to, utilization of, and care-seeking behaviors for sexual and reproductive health (SRH) services in rural and tribal areas of South Rajasthan

Occupational Health

Baseline assessment of Silicosis patients at Amrit Clinic, Rawach, using HMIS and case sheet data from 2018–2025; data analysis is currently underway.

A collaborative study with the National Institute of Occupational Health to identify predictors of death and document the clinical and social profiles of patients with silicosis and silico-tuberculosis in Rajasthan.

TB Diagnostics

The study is an intervention-control design assessing how introducing X-ray and Truenat in primary healthcare affects TB treatment initiation and patients' financial burden in the areas served by three AMRIT clinics in Salumbar district.

Early Childhood Development

A study assessing how participation in Phulwaris impacts the growth and development of children aged 6–72 months through an integrated model of nutrition, stimulation, and care in tribal and underserved communities.

Learning through Participatory Action Research

Participatory Action Research (PAR) is both a philosophy and a method that seeks to democratize how knowledge is created. It iterates that people are not subjects of research but active agents capable of analyzing and transforming their own realities. PAR challenges the divide between researcher and participant, proposing that knowledge and change emerge through collaboration, reflection, and shared action.

Participatory Action Research (PAR) began in the 1940s with Kurt Lewin's idea of linking research to real-world problem-solving. Later, Paulo Freire deepened it by showing how reflection and dialogue can lead to learning, awareness, and collective empowerment.

In practice, PAR weaves together three elements: participation, action, & research. Participation ensures that those most affected by a problem are directly involved in exploring it. Action emphasizes that the goal of research is to produce change, not merely to describe reality. Research provides the systematic observation and reflection through which learning occurs collectively. The process is cyclical, where communities and researchers identify a problem, implement actions, assess outcomes, and refine their understanding in successive rounds of inquiry.

In PHC, PAR resonates deeply with the core values of participation, equity, and responsiveness. While conventional research often focuses on measurement and outcomes, PAR brings attention to the social and cultural processes that shape health and illness. Participatory research with women's groups in South Asia, for example, has shown that collective reflection and local problem-solving can reduce maternal and newborn deaths, demonstrating how co-created knowledge can transform systems of care.

At BHS, the principles of PAR are reflected in its nurse-led primary health care model. Nurses, predominantly women drawn from the same tribal and rural communities they serve, are trained to diagnose and manage common illnesses, provide preventive and promotive care, and offer counselling on nutrition and reproductive health. Their embeddedness within the community produces clinically and culturally resonant care practices.

This embedded, participatory approach anchors evidence in everyday experience, builds trust, and ensures that knowledge serves a larger purpose: creating fairer, more responsive systems.

Research @BHS: Grounds Up!

Walking with the Community: Field Notes from Bedawal

"Aap girna maat, yaha par aur kuch nahi hain main aapko kaise lekar jaungi?" laughed Indra ji, a Swasthya Kiran who has served her community in Bedawal, South Rajasthan, for over a decade. Her tone was teasing, yet her words carried truth. The rain had made the steep, hilly paths slippery, and help was far away.

A few months earlier, I began fieldwork in Bedawal to understand how adolescent girls in this hilly region of South Rajasthan experience sexual and reproductive health. AMRIT clinics have been providing primary healthcare here for several years through doctors, nurses, and health workers. When we analyzed clinic records, one finding stood out: 55% of adolescent girls had visited with SRH-related concerns. That number raised deeper questions about knowledge, stigma, and access to care, shaping the focus of our participatory research.

Immersing myself in the community meant first learning Wagdi, the local dialect. My early attempts were clumsy, often met with laughter, but also encouragement. Soon, language became more than a means of communication, it became a way of showing respect and belonging. My first conversations with the girls were quiet and hesitant. Many were shy, and some barely met my eyes. I began sharing small pieces from my own adolescence, how I understood health and change at their age. Gradually, their smiles grew more frequent and their voices more confident. Using familiar local terms, explaining our purpose clearly, and reassuring parents about confidentiality helped us earn trust. Slowly, I learned to recognize which questions opened conversation and which needed patience.

About me: I'm Nupur. I grew up in a small town in rural Assam, where my curiosity about people and health first took root. Trained as a dentist, I transitioned into public health to work closely with communities. My journey has taken me from working on an AI-driven SRH chatbot for women in Mumbai's slums to conducting participatory research with tribal adolescent girls. I'm passionate about birth defects, disabilities, and the intersection of tech, culture, and health.

As we move ahead, we hope to deepen this engagement, creating spaces where adolescent girls can share their perspectives and shape the kind of interventions they find meaningful. For me, this journey has been about more than research; it's about learning to walk with the community, at their pace, and understanding how culture and care come together in everyday life.

Research @BHS: Grounds Up!

Strengthening TB Management with Diagnostics

Tuberculosis (TB) remains one of India's most pressing public health challenges, accounting for nearly 27% of global TB cases. Despite major diagnostic advances, 94% of patients still experience delays of more than two weeks from the onset of symptoms to diagnosis. In 2023, India performed about 6.8 million molecular tests (NAATs) through the national TB programme and deployed over 8,000 rapid molecular diagnostic machines to decentralize testing, yet access in rural and tribal regions remains limited.

AMRIT Clinics, providing primary care to remote tribal communities where TB continues to exact a heavy toll. For families here, delayed diagnosis means not only deteriorating health but also loss of income and livelihood. When I first arrived at the AMRIT Clinic, the waiting area was full by sunrise. Many patients had travelled up to 80 kms, women carrying infants, and even a 16-year-old boy weighing less than 20 kgs who was later diagnosed with TB. That morning, I understood that timely diagnosis here is not just a medical service; it's a bridge to dignity and hope.

To bridge this gap, BHS introduced on-site X-ray and Truenat molecular testing in September 2025. Truenat, a portable molecular diagnostic tool, detects TB and drug resistance within hours, enabling faster, more accurate, and accessible diagnosis within the clinic itself.

About me: I'm Bhargab Chowdhury, a Public Health professional with a foundation in Prosthetics and Orthotics. Through internships with the Kasaragod District Health System and Swasthya Swaraj in Kalahandi, I've gained rich, on-the-ground experience in health care service delivery and working with vulnerable communities. I have joined BHS in the TB diagnostic project as a Research associate.

Since the launch, 69 patients have been tested, and over 150 X-rays have been conducted in just three weeks. For one farmer, being able to get tested locally meant starting treatment without leaving his fields. Our study aims to assess whether introducing these portable diagnostic tools can reduce the time from testing to treatment and lower the cost of care for patients by cutting travel expenses, minimizing wage loss, and ensuring quicker access to appropriate therapy. Each day in the clinic is a reminder that progress is built on listening, adapting, and learning from the people we serve.

Research @BHS: Grounds Up!

Bridging Research and Practice in Silicosis Care

Silicosis is one of India's most severe occupational health threats, affecting an estimated 31.4% of workers exposed to silica dust , and reaching as high as 52% among mine workers in Rajasthan. Despite this alarming burden, prevention and compensation systems remain weak, and thousands of workers continue to live and die without adequate medical or social support. In southern Rajasthan's tribal belts, where stone carving and mining are often the only sources of livelihood, silicosis has become both a health and social crisis.

When I joined BHS in April 2025, I began working on the Silicosis Baseline Assessment at the Amrit clinic located in Rawach. The study aims to document key indicators related to the health outcomes through an analysis of existing clinic data collected since 2018. Our goal is to gain a deeper understanding of disease patterns and to highlight how structural and policy gaps impact care and compensation for affected workers.

The assessment includes 819 confirmed silicosis patients registered at the Rawach Clinic. More than half (54%) were between 26 and 35 years old, the core working-age group with 6- 15 years of exposure to silica dust from stone carving and mining. Nearly 48% are also diagnosed with tuberculosis, deepening their respiratory distress. Nutritional indicators were strikingly poor: the median BMI ranged from 15.4 to 17.2 kg/m².

Despite a state compensation scheme, only 15% of patients report receiving any payment, and even among these, delays are common. Many speak of repeated rejections, missing paperwork, or complete uncertainty about their claim status. Patients describe working 8- 10 hours a day in thick clouds of dust, often without protective gear, earning barely ₹300- 400 per day.

About me: I am Gauri Shankar Jha, from Jaipur with roots in Patna, and I currently work as a Research Assistant at BHS, after completing my MPH in Social Epidemiology from TISS, Mumbai. My research work on the rehabilitation of stroke survivors shaped my interest in the intersection of health systems, social determinants, and lived realities, a focus I now apply to my work on silicosis in underserved tribal communities of southern Rajasthan.

"In the evening, it was so dusty that we couldn't even recognise who was nearby," says a 38-year-old worker from Pindwara, who had spent nearly a decade in stone carving across several states. For many, entering this occupation is an inheritance: *"My uncle worked in this field. I thought if he could earn this way, maybe I should too,"* another patient shares.

My journey at BHS teaches me every day how research and clinical work reinforce each other. Through this experience, I am learning to see research as a collaborative, evolving journey shaped by field realities.

What's Next?

Assessing Early Childhood Growth and Development through Community-Based Phulwari Childcare

An upcoming study is early childhood development (ECD) to examine how community-based childcare can support the growth and well-being of young children in rural Rajasthan. The study, currently in the planning phase, will assess the effectiveness of Phulwari centres, local day-care spaces where children under five are cared for, fed, and engaged in play and learning activities. It will look closely at how Phulwaris influence children's nutritional status, growth, and developmental milestones, and how family practices, food availability, and seasonal migration affect childcare and feeding. The study will also document caregivers' perceptions, daily routines, and the support systems that enable or limit responsive caregiving with the aim of generating evidence that can strengthen and scale community-led childcare models in tribal and rural settings.

Intervention on Sexual and Reproductive Health

Another area of focus is the planned intervention on adolescent sexual and reproductive health (SRH), which will build on findings from our ongoing study, Barriers and Pathways to SRH Care Among Adolescent Girls in Rural and Tribal South Rajasthan. The programme will use a participatory approach to co-design community-based solutions with girls, mothers, and frontline health workers. It will include group dialogues, peer-led learning sessions, and capacity-building for health providers to make services more adolescent-friendly. By grounding this work in evidence and community engagement, the intervention will aim at improving awareness, agency, and access to SRH care for adolescent girls in tribal and rural areas.

Research to Action and Advocacy

Research in our work at BHS includes the questions that come up in our clinics and the geographies we serve, from the health problems people face, the challenges they talk about, and the patterns our teams notice in their caregiving. Each of these becomes an opportunity to understand better and to improve what we do. Over the years, this way of asking, observing, and learning has helped strengthen our model of primary health care, improve services, and at times, inform policies beyond our programmes.

We describe this approach through three examples that show how evidence has translated into action, shaping practice on the ground and influencing policy at broader levels.

Our work on newborn care began at the Primary Health Centre in Nithauwa, managed through a public–private partnership. There, the team integrated Kangaroo Mother Care (KMC) and the management of Possible Serious Bacterial Infection (PSBI) within a PHC setting, adapting approaches usually reserved for higher facilities. The success of this model led to its expansion across AMRIT Clinics and informed national guidelines on Home-Based Newborn Care (HBNC) and Home-Based Care for the Young Child (HBYC). BHS advocated for PHCs to serve as active units of newborn care, with stronger roles for PHC teams alongside ASHAs in providing continuous, responsive care for underserved populations.

The Amrit Aahar study began with a simple observation: many patients with tuberculosis struggled to recover despite regular treatment. Investigating this, the team found a strong link between nutrition and recovery. This led to the creation of a nutrient-rich food supplement, now part of our TB care package, an innovation that has improved both treatment adherence and recovery outcomes.

Another key strand of research has focused on our nurse-led model of primary care. The paper Pathways to Enable Primary Healthcare Nurses in Providing Comprehensive Care documented how nurses are trained, mentored, and supported to deliver holistic primary health care. It showed how autonomy, ongoing mentorship, and community trust allow nurses to anchor care locally, offering lessons for building sustainable, community-based primary health systems across India.

Updates

New Learnings

Strengthening Our Training Approach

A diverse team of nurses, health workers, and community volunteers brings life to BHS. Our efforts are geared to strengthen training across roles, by ensuring competency-driven and skill-based learning that better prepares our teams for the evolving realities of primary care.

To further this effort, Mansi, Bhavesh, and Vidit from our training team attended the Eyexcel course at LAICO, Aravind Eye Care, Madurai—a renowned institute known for its innovative approaches to training. The four-day workshop equipped them with tools to design structured, competency-based training programs using the ADDIE framework, apply adult learning principles, and refine post-training follow-up systems. Their learnings will help us make BHS's training ecosystem more systematic, hands-on, and responsive to the diverse needs of our field teams.

Integrating Narrative Practices in Community Mental Health

Our colleague Pratishtha is taking a course on Narrative Therapy and Community Work to deepen her understanding of the link between mental health and social justice. Here's what she shares:

"Attending the course was a deeply meaningful experience that changed how I think about people, problems, and healing. It taught me to place people's stories at the centre, to see them beyond their difficulties and to recognise their resilience and hope."

"I see great potential to bring these ideas into our mental health programme—guiding how we train health workers to listen to local stories, design tools that reflect community voices, and speak about mental health in ways that honour people's strengths."

Our Participation

At the Type-1 Diabetes Summit

Managing Type-1 diabetes (T1DM) can be especially challenging for families in rural areas with limited access to healthcare, nutritious food, and even basic facilities like refrigeration for insulin. At Basic Healthcare Services, we've been working to manage T1DM at the primary care level through the right mix of protocols, education, support, and technology. Recently, four young people living with diabetes from remote parts of southern Rajasthan—whom we've been supporting over the years participated in the Type-1 Diabetes Summit, organized by The Friends of Mewar.

They shared their experiences, heard inspiring stories from others, and returned feeling more confident and motivated to manage their condition. Their enthusiasm has, in turn, strengthened our resolve to continue improving diabetes care in rural communities with even greater commitment.

State Workshop on Silicosis

Our colleague Dharmaraj from Aaajeevika Bureau represented us at a state-level workshop in Jaipur on Strengthening Rajasthan's Pneumoconiosis Policy. The workshop brought together experts from AIIMS Jodhpur, ICMR-NIOH, DGMS, and SMS Medical College to discuss ways to strengthen silicosis prevention and response in Rajasthan.

During the discussions, several participants acknowledged the work of BHS, particularly the efforts of our Amrit Clinic in Rawach, Udaipur, in providing care and support to silicosis-affected communities. Dr. M.K. Devarajan (former IPS, RSHRC) appreciated these initiatives and encouraged the organization to share a detailed proposal to further improve care and treatment for silicosis patients.

New Blossoms

Phulwari Opening

This quarter marked a milestone with the opening of two new phulwaris, one in Ghated (July) and another in Bagdunda (September).

Before each opening, our team including health workers, cluster associates, and nurses engaged in a series of meetings with community members who had themselves expressed the need for a Phulwari in their area. We discussed key aspects such as the inclusion of eggs in meals for child nutrition, a nominal monthly fee to encourage parental participation, and simple ways for families to stay involved from attending meetings to helping with daily chores or contributing vegetables for meals.

On the opening day, everyone came together in true team spirit. Health workers managed enrollments and ensured each child's details were recorded with valid documents like Mamta cards, while others took height and weight measurements to track children's growth over time. An experienced Phulwari worker guided the new team in preparing nutritious meals, and parents joined in to celebrate the start of this shared journey.

The Bagdunda Phulwari saw a particularly heartwarming response with over 30 children enrolled on the very first day. The enthusiasm of parents and the community made it feel less like an opening and more like a festival of new beginnings!

Community Empowerment

TB Nivaran Sahyogi Samuh

For people affected by Tuberculosis, recovery often needs more than medicines, it needs emotional support, understanding, and hope. In our communities, many TB survivors have been stepping up to help others - visiting patients, encouraging them to complete treatment, and even bringing them to clinics. One survivor has helped over 50 patients reach our clinics on his motorcycle! These acts of solidarity inspired the creation of TB Nivaran Sahyogi Samuh, a peer support group of TB survivors who use their experiences to guide others through recovery.

In the last quarter, over 20 survivors came together for a training workshop to strengthen this initiative, deepen their understanding of TB, and plan how to reach more people. Their energy and sense of purpose were a powerful reminder that healing grows stronger when people come together.

Stree Sehat

Recognizing the close link between health and social vulnerability, Aajeevika Bureau (AB) and BHS have come together through the Stree Sehat initiative to strengthen women's health rights and leadership in tribal Rajasthan.

Health and nutrition have been integrated into Aajeevika's women's collectives — Ujala Samoohs — with BHS providing technical support and training. In the last quarter, over 90 women leaders were trained on health as a right, reproductive health, and community advocacy, sparking rich discussions on self-care and access to entitlements.

Their efforts are already showing impact — a long-vacant ANM post was filled in Bedawal Panchayat, maternal health services resumed at the local PHC, and women were supported in addressing gaps in nutrition and antenatal care.

Publications

Journal Article

Our recent publication, Choosing wisely: Improving decision-making for deployment of diagnostics in primary care settings, highlights how thoughtful diagnostic choices can strengthen primary healthcare delivery. Read here

Blogs

Midwives and Nurses: Providing quality healthcare with compassion in rural India. Read here
A lovely feature based on our panel discussion, Empowering Nurses and Midwives for Rural Healthcare, Empowering Communities, highlighting how these frontline providers bring skilled, compassionate care to remote areas. When supported to lead and grow, nurses and midwives not only thrive but also transform the communities they serve.

Amri's Story: A Journey of Strength and Survival in Rural Rajasthan. Read here
This blog by a young colleague captures the story of resilience and care, capturing a pregnant woman's journey through illness and recovery.

In News

Our work and stories from the field have also been featured in the media — explore some of those articles here:

- Bringing rays of hope in healthcare to remote villages in Rajasthan is a voluntary organisation
- Courageous, Committed and Kind —These Nurses Contribute a Lot to the Health of Remote Villages
- AMRIT Approach to Providing Health Care to Remote Villages Raises Hopes

A vital boost for rural healthcare

BHARAT DOGRA

The Statesman Thu, 25 September 2025
https://epaper.thestatesman.com/c/78224788

FIRST PERSON

'Care delivered by local nurses has been transformative'

AMRIT Clinics run among marginalized people in south Rajasthan. Here is their story about deepening links with the community

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