



BHS (G)ROUND UP

Partnerships in Primary Healthcare

Dear Friends and Well-Wishers,

We are happy to share the 20th issue of our newsletter (G)Round Up! In this issue, we focus on one important aspect of primary healthcare – The role of partnerships.

For the past five years, our newsletter has been our space to share stories from the field, celebrate our team's milestones, and reflect on our experiences in primary healthcare.

Delivering primary healthcare and tackling health inequities require continuous innovation and consistent effort. Fortunately, we have not been alone on this journey. Our partnerships have given us a platform to bring together diverse expertise and move closer to a shared vision of community well-being.

In this issue, we look back to celebrate these collaborations and share our insight on what it takes to build lasting partnerships in primary healthcare. We often remind ourselves of this African proverb,

“If you want to go fast, go alone. If you want to go far, go together”

We dedicate this issue to our co-travellers, collaborators and partners in our journey of improving the health and well-being of marginalised communities.

Contents

Introduction

Stree Sehat

Aarohi

Centre for Healthcare

Seva Mandir

Collaboration on TB and CRD

Gram Shree

Budding Partnerships

Key Updates

New Beginnings

Celebrations

Publications

Support Us

Introduction

Well-being is shaped by factors far beyond clinic walls, including poverty, migration, livelihoods, and gender. Hence, a collaborative approach is critical in primary healthcare. The renowned primary healthcare researcher Susan Rifkin noted that equal partnerships make healthcare more effective by making it both available and acceptable to communities. They also help transfer and seed the changes in other geographies and settings. This also resonates with Baba Ambedkar's vision of an ideal society full of channels where a wind of change in one place travels to another.

However, successful partnerships require hard work. It needs acknowledgement of each other's unique strengths, while respecting their autonomy. Once that happens, partnerships can create magic!

In our journey of more than a decade, we have had some wonderful partners who have helped us deepen and expand our impact, either in another geography, such as with Aarohi Society, or in another domain with Centre for Health Care at IIMU, or by addressing other social determinants with Gram Shree. Each of these partnerships have not only led to greater impact on the ground, but they have also enriched us through bringing in new knowledge and insights and, by challenging us to think afresh on some issues.

We dedicate this issue of (G)round Up to these partners and bring attention to the power of partnerships for delivering primary healthcare with equity and dignity.

Happy Reading!

Stree Sehat

For us, Aajeevika Bureau (AB) is part of our origin story. Our relationship predates BHS when AB incubated us in our early days. Over the last thirteen years, our journeys have been intertwined, walking the same paths and working shoulder to shoulder to support migrant and marginalized communities in south Rajasthan.



This shared history gave rise to Stree Sehat, a joint initiative

between BHS and AB's Ujala Sangathan to empower women to claim health as a right. Adhering to our principles of Equity, Health as a Human Right, and Community Empowerment, the broad areas of this agenda will be the health and wellbeing of women. The initiative instills behaviour change and healthcare accountability across three distinct levels: the individual woman, the family, and the wider community.

The collective's efforts over the past several months have already resulted in significant ground-level wins. Community women successfully flagged Poshahar shortages for children in Ghated and secured official orders to launch hospital sonography services. Local leaders also bypassed identity documentation barriers in Kalyana fala to ensure safe institutional births. This sustained advocacy reached new heights when new staff were appointed at PHC Bedawal and across the district. By submitting a petition and meeting directly with the local MLA, Ujala leaders successfully brought



local health issues into the Vidhansabha, confidently presenting their Right to Health demands face-to-face with public representatives.

*"Swasthya ka adhikaar,
Ujala Kare Pukaar"*



Armed with this health-related knowledge and rights-based collective strength, women prioritize their health, demand entitlements, challenge illegal payments and denial of care, and speak openly on maternal and child deaths, abortion, contraception, and reproductive autonomy. Stree Sehat is a quiet but determined shift—from silence to voice, from access to rights, and from individual struggle to collective care.

—Aajeevika Bureau Team

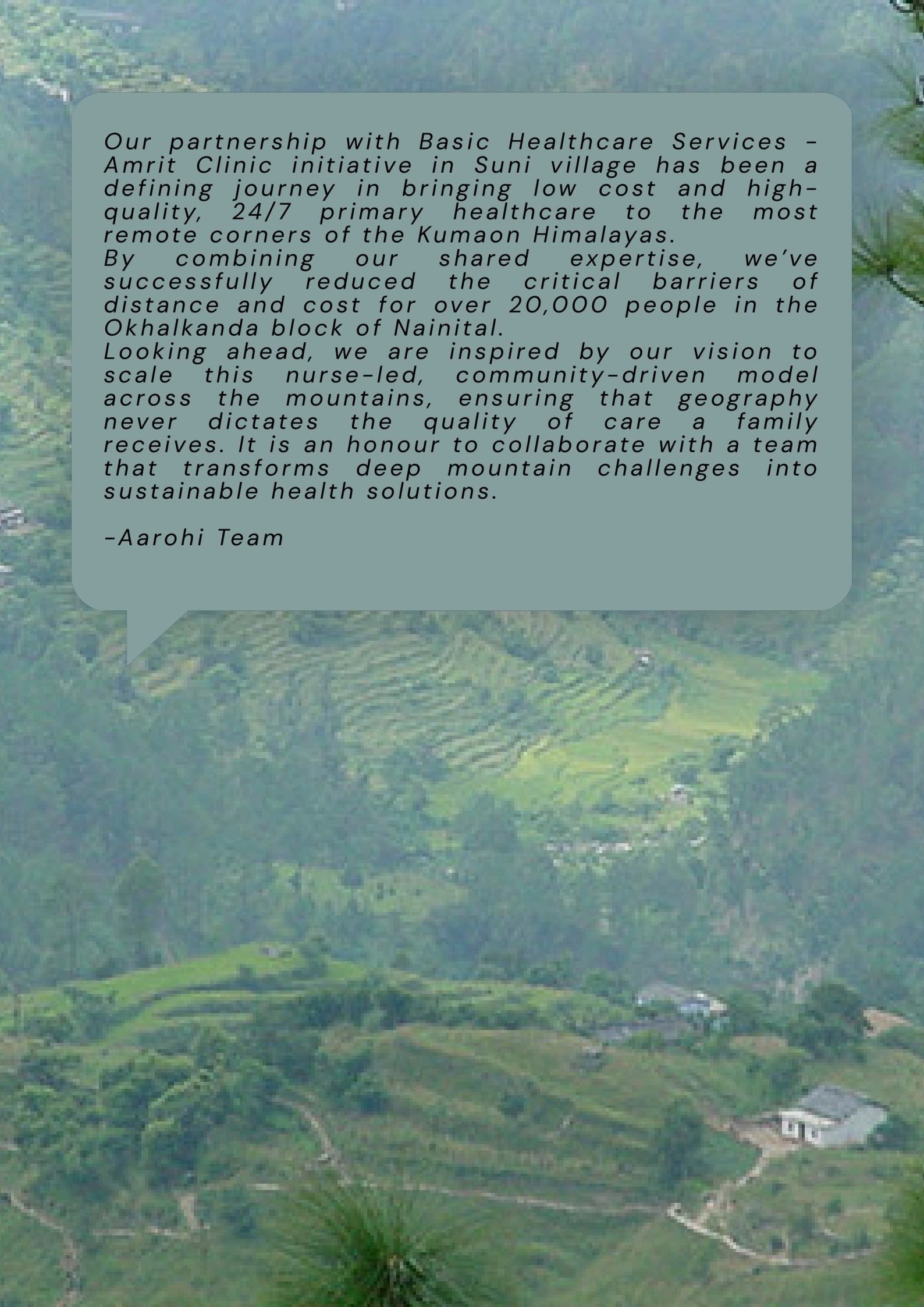
AaroHi

Our partnership with AaroHi began in 2023, marking a major milestone for us at Basic Healthcare Services. AaroHi is a deeply rooted organisation that has spent over thirty years serving remote mountain communities. In many of the inaccessible areas they cover, healthcare is virtually non-existent, and home births remain common.

While AaroHi had a strong history of holding community health camps and grassroots interventions, they wanted to establish a permanent space for high-quality, continuous primary care. They chose to adopt our Amrit model because of its history in delivering patient-centric, low-cost, and scalable healthcare. Together, in 2024, we set up the first AaroHi Amrit Clinic in Suni, located in the Nainital district. This was the very first time the AMRIT Clinic model travelled outside the borders of Rajasthan, finding a home in the hills of Uttarakhand. Building on this strong foundation, we continue to support each other through joint training sessions for our nurses and periodic clinical reviews.

The impact of this clinic is vast. It directly serves around 16,000 people in the Okhalkhanda region, with the potential to reach 28 neighbouring villages across Almora and Champawat districts. Furthermore, two additional clinics are on their way to being established, further expanding our reach and care to under-served communities.





Our partnership with Basic Healthcare Services - Amrit Clinic initiative in Suni village has been a defining journey in bringing low cost and high-quality, 24/7 primary healthcare to the most remote corners of the Kumaon Himalayas.

By combining our shared expertise, we've successfully reduced the critical barriers of distance and cost for over 20,000 people in the Okhalkanda block of Nainital.

Looking ahead, we are inspired by our vision to scale this nurse-led, community-driven model across the mountains, ensuring that geography never dictates the quality of care a family receives. It is an honour to collaborate with a team that transforms deep mountain challenges into sustainable health solutions.

-AaroHi Team

Centre for Healthcare

Our partnership with the Centre for Healthcare at the Indian Institute of Management Udaipur (IIMU) began in 2019. We started with a simple but powerful idea, which was to combine management expertise with frontline grassroots experience to strengthen rural health systems.



Through the Primary Healthcare Initiative, we set out to understand what it truly takes to make primary care work for the most vulnerable communities. In our early years, this meant building a model learning site in Aspur block and exploring how health subscription cards could protect families from crippling medical costs.

Now, this collaborative journey is taking a major step forward. We are partnering on an ambitious implementation research project called EQUIP-HWCs, which focuses on optimizing care delivery through Ayushman Bharat Health and Wellness Centres in the Salumber district of Rajasthan.

Instead of studying healthcare from a distance, we are working hand in hand with frontline health staff and local communities. By tracking vital indicators like service coverage, how families perceive the quality of their care, and facility infrastructure, the project aims to co-develop a practical delivery model that ensures at least 80% service coverage.

As part of this initiative, we have so far trained around 80 Community Health Officers (CHOs) and district-level officers, collaborating closely with the District Health Society to strengthen services and improve workplace culture. We are also encouraging regular HWC, sector, and block-level planning meetings. Additionally, the EQUIP team has been conducting regular supportive supervision visits to HWCs and Maternal and Child Health Nutrition (MCHN) Days to identify gaps and simultaneously work on the quality of healthcare services being delivered.





The partnership between the Centre for Healthcare (CFH) at IIM Udaipur and Basic Healthcare Services is built on complementary strengths – BHS brings deep field presence, clinical expertise, and community understanding and trust in some of Rajasthan's most underserved areas, while the CFH brings research rigor, consumer insights, and management expertise to complex healthcare challenges. It has been an exciting journey, full of learning, energy, and the quiet satisfaction of watching strategies turn into action and impact on the ground. Together, we have moved from strengthening the public health system in Aspur block and generating evidence for subscription-based healthcare financing, to our ongoing EQUIP project, where we are working to strengthen primary healthcare delivery at the district level in Salumber. Each project has stretched both organisations in the best possible way, pushing us to take on harder problems than we would have tackled alone. As we look ahead, our shared ambition is to scale this evidence to the state and national level – and to show that rigorous research and ground-level practice, working together, can demonstrate and meaningfully shape policy on primary healthcare.

-Centre for Healthcare Team at IIMU

Seva Mandir

Remote tribal communities in southern Rajasthan face a heavy burden of illness and malnutrition. In Kherwada block of Udaipur district, public healthcare facilities are often unavailable or function poorly.

To bridge this gap, Seva Mandir took a pioneering step in 1992 by establishing the Apno Swasthya Kendra in Kojawada in Kherwada block.



For many years, this centre had been a trusted space that brought reliable healthcare close to the community. In April 2018, our organisations decided to pool our strengths and thus Seva Mandir AMRIT Clinic came into existence. By combining Seva Mandir's deep community roots with our specialised models of nurse-led care aided with appropriate technology, we have been able to provide continuous comprehensive primary healthcare. This partnership shows how partnerships built on existing foundations can breathe new life into existing systems.

Since its inception, the Seva Mandir AMRIT Clinic has delivered care to more than 50,000 community members, the majority of whom have been women and children. The clinic has safely conducted more than 250 deliveries and provided critical care to over 1000 pregnant women and 250 tuberculosis patients. Beyond routine care, the clinic proved instrumental in containing a severe malaria outbreak in the surrounding villages, particularly within hard-to-reach areas, by identifying and treating more than 1,500 malaria cases in a single year. The clinic has always seen a high burden of non-communicable diseases (NCDs), including diabetes and hypertension. As we go forward, the clinic will address a rising burden of NCDs through active community screening and early intervention. This journey stands as a powerful example of two value-aligned organisations combining their strengths to deliver dignified, long-term healthcare to marginalised communities.



Meaningful partnerships are built on a shared purpose, and our collaboration with Basic Healthcare Services is a strong example of this. Through the AMRIT Clinic in Kojawada, we have witnessed how community-rooted institutions and healthcare providers can work together to bridge gaps in access to quality healthcare for communities that are often left behind. The partnership has not only improved the availability of essential healthcare services but has also strengthened community trust and engagement in health-seeking practices. As we look ahead, we are excited to continue building innovative, community-centred solutions that advance health and well-being for underserved communities

-Seva Mandir Team

Collaboration on TB and CRD

The TBCRD Partnership is a collaborative initiative bringing together Aajeevika Bureau (AB), Kotra Adivasi Sansthan (KAS), Godwar Adivasi Sangathan (GAS), and Pathar Gadhai Mazdoor Suraksha Sangh (PGMSS).

The coalition aims to enhance health outcomes for tuberculosis (TB) and chronic respiratory diseases (CRDs) by strengthening early detection, improving integrated care, and expanding community-based prevention. While implementing integrated interventions through our primary healthcare services, we identified critical challenges to address in the next phase. These include a low treatment adherence rate of just 24% among CRD patients, persistent unsafe cooking and smoking behaviours made harder to change by vast geographic distances, and a high burden of coexisting TB that complicates care. Operational constraints also persist because the direct reach of AMRIT Clinics is limited due to the vast distances from which patients originate. Adherence to treatment and routine follow-ups is frequently limited, and our ability to identify the social risks that patients face at the household level is heavily hindered.

To tackle these issues, the partnership leverages a multi-layered network that expands our geographic footprint. While AMRIT Clinics deliver direct clinical services, partner organisations like KAS, GAS, and PGMSS drive vital outreach and follow-up care for patients coming from faraway or non-catchment areas. Within these communities, peer support groups promote adherence and behaviour change, while engagement with government health departments and labour organisations fosters long-term policy and healthcare access improvements.

As a recent extension of this clinical care, three fellows have been appointed—one in Kotda, one in Bali, and one in Ogna. The fellows play a key role in tracking and following up with patients, while driving field-level advocacy by linking suspected patients to government PHCs for TB testing and treatment.



Additionally, with the immense support of KAS, a new outpost of the AMRIT Clinic has been started in Devla, Kotda. A doctor visits this centre twice a month, ensuring that patients no longer have to travel long distances to access high quality care.

"We started working together in 2015-16 when we went door-to-door to screen community members for silicosis in Sirohi district. Our collaboration only grew from there and extended to joint efforts in advocacy in Jaipur. We are now gathering more information on outcomes of Silicosis patients in Southern Rajasthan to contribute to building better policies for affected patients.

Beyond silicosis, TB is still not being recognised enough at the ground level, making government databases unreliable and out of touch with the ground realities of what we see every day.

Patients used to travel to Hamirgarh and Poshina, spending so much money, but now they can access care in Rawachh. The start of Doctor's Day in Devla with BHS has been vital in making care more accessible, and we hope to replicate a similar model in other areas."

-Kotra Adivasi Sansthan



Gram Shree

In the remote tribal regions of southern Rajasthan, families battle a deeply entrenched, dual crisis of high malnutrition and chronic food insecurity. For these communities, health and nutrition are fundamentally inseparable. Medical interventions alone cannot achieve lasting outcomes if a patient returns to a household facing severe food shortages. Recognising that clinical recovery depends on access to nutritious food, an integrated intervention became vital to address these interconnected needs simultaneously.



To bridge this gap, the Jeevika Project, a collaborative partnership with Gramshree, directly focuses on food availability and economic sustainability at the household level. The initiative systematically improves daily nutrition by promoting kitchen gardens and backyard poultry, ensuring families have access to fresh vegetables and protein. By supporting and promoting nursery entrepreneurs, the initiative has provided a steady, independent source of income for families who built and now operate these nurseries. Through this integrated approach, the Jeevika Project transforms health outcomes by anchoring them in community-led food security and financial independence.



Budding Partnerships



Building on our technical support, we are launching a new collaboration with **Janpath** to support their nutrition program across the Danta and Poshina blocks. This emerging initiative focuses on capacity enhancement of their team with structured protocols, hands-on support, exposure visits, and trainings.

We are expanding our Occupational Safety and Health (OSH) footprint through a new collaboration with the **Work Fair and Free Foundation (WFF)**, alongside Aajeevika Bureau. To address the health needs of informal workers engaged in high-risk environments of chemical industries, we are co-developing a comprehensive OSH framework and conducting a field survey to validate it. This initiative combines ground-level research with frontline insights to build strong evidence for policy advocacy around workplace safety and health rights.



Through the newly emerging Van Sanjivani project of **CureReba initiatives**, we are sharing our experience with nurse-led primary care to support communities in the remote and tribal hamlets of Chhattisgarh. The effort focuses on improving accessibility of high-quality healthcare services closer to families living far from mainstream health infrastructure.

Updates



We achieved a beautiful milestone in February this year, with the official launch of '**Swasthya ka Safar**', a 6-month Nurse Leadership Program organised by BHS and ICRW. This initiative is the first of its kind in India, which is designed specifically for rural nurses using Hindi as the medium. The fellowship brought together 29 nurses from 13 different organisations across five states, including dedicated nurses from the government system.

This fellowship features online sessions on themes like gender, patriarchy, time management, and behavioural change. Now, halfway through the programme, the fellows and mentors have formed a deep bond and built solidarity to lead with confidence and pride.



We hosted our 4th cohort of the **Rural Sensitisation Program**, bringing together budding doctors and healthcare professionals for an immersive three-day experience in rural Salumber. Through field visits and direct community interaction, participants gained firsthand insight into how social determinants shape health outcomes in underserved areas.

One of the participants shared, *"Healthcare is not only about diagnosis and treatment, but also about trust, awareness, accessibility, and empowerment. Rural health challenges demand solutions that are deeply rooted in the community and driven by compassion."*

Updates

In our effort to build a more responsive, inclusive, and sensitive workplace, we partnered with the **ICRW** team to conduct gender sensitisation workshops for our staff. Titled **Gender ka Chashma**, these interactive sessions encouraged our team to view our organisational practices and daily interactions through a gender-sensitive lens. By unpacking subconscious biases and fostering open dialogue, this initiative is helping us cultivate an environment where respect and mutual understanding guide both our internal workplace culture and our interaction with the community.



New Beginnings



BHS achieved two key milestones with **DSIR certification** as a recognized scientific research institution and **DHR approval for our Research Ethics Committee**. These milestones strengthen our technical standing, open possibilities for national and international research partnerships, and authorize us to formally oversee research proposals under national guidelines.



**INDUCTION OF NEW
SWASTHYA KIRANS!**

**NEW PHULWARI IN
MALARIYA FAL**



Celebrations

We celebrated **International Women's Day** with vibrant gatherings across Salumber and Gogunda, inviting team members along with their families. The event offered families a glimpse into the vital roles played by our nurses, health workers, Phulwari workers, and Swasthya Kirans, celebrating their contributions both to our organisational mission and to the broader healthcare landscape.

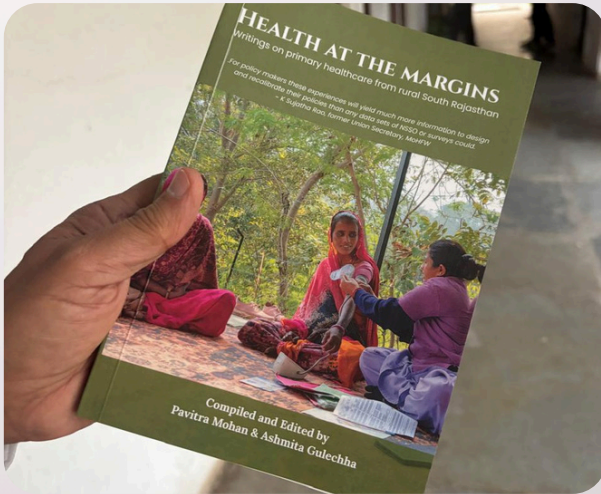


To mark **World TB Day**, members of our peer support group, the Amrit Bandhus, took center stage to share their personal journeys in tackling TB stigma within their communities. Their frontline efforts focus on driving early linkage to treatment, supporting strict adherence, and guiding affected families through every step of recovery.

On May 12, we celebrated **International Nurses Day** across all AMRIT Clinics, honoring our team and reiterating our commitment as strong advocates for nurse-led care. We celebrated our nurses' dedicated efforts in extending compassionate, high-quality primary care to marginalized communities.



Publications



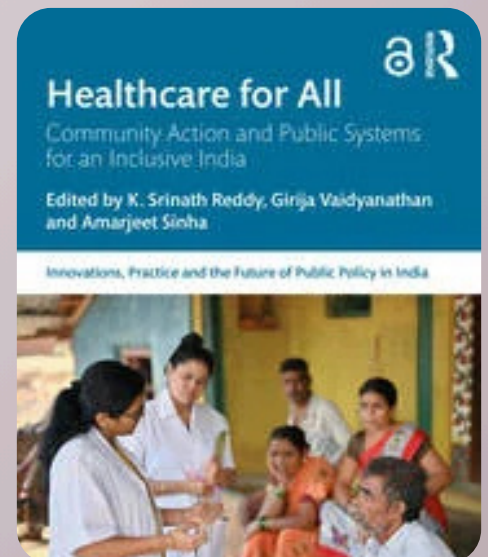
We marked a major milestone with the launch of our new book, capturing our journey, field learnings, and insights on delivering high-quality primary healthcare in remote areas. If you are interested in exploring the book, please feel free to reach out to us. You can also read a review of the book by Dr. Nachiket Mor [here](#).

Please write to us at info@bhs.org.in to get a copy of the book.

We contributed a chapter titled **'Improving Health and Well-Being of Migrants in India'** to the newly published book, **Healthcare for All**. The chapter highlights ground insights and strategic approaches for delivering equitable care to migrant populations.

Other Publications:

1. Co-Creating a Research Agenda for Rural Primary Healthcare in India
2. We presented our experience of running a government Primary Health Centre for nine years at the Evidence in Public Health Policy conference
3. Blogs by our team



In the first episode of 'The Health Worker', a new podcast hosted by Azim Premji University, RamG Vallath sat down with Dr Pavitra Mohan and Dr Sanjana Brahmawar Mohan to discuss their experiences building healthcare systems for remote tribal and rural communities. The conversation dives into nurse-led clinics, migration, malnutrition, and the real ground realities of last-mile care.

Exchanges in Primary Care is a bi-monthly series which offers a dedicated platform for the public health community, bringing together frontline practitioners and domain experts to share real-world experiences, bridge theory and practice, and foster collective knowledge across primary care.

You can access recordings of past sessions [here](#).

Exchanges in Primary Care



To Support Us



If you wish to financially support our work, please click on:

DONATE

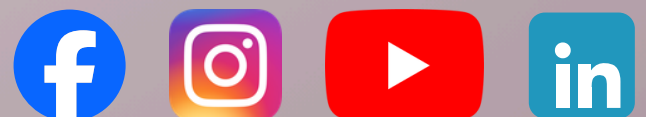
Or

You can send your donations to:
BASIC HEALTH CARE SERVICES
TRUST A/C no: 35576504978
IFSC code: SBIN0005887
Branch: STATE BANK OF INDIA,
ADB BADGAON, UDAIPUR
*(All donations received are tax
exempt u/s 80G of Income Tax Act,
India)*

If you wish to support our work by
volunteering with us: Please drop
an email at hr@bhs.org.in

You can reach us at:
Basic HealthCare Services
Vidya Bhavan Rural Institute
(VBRI), Badgoan Road,
Udaipur -313001
+91 294 245 3392
<https://bhs.org.in/>

Stay Updated with us through our
Socials:



You can read previous issues of our Newsletters [here!](#)