

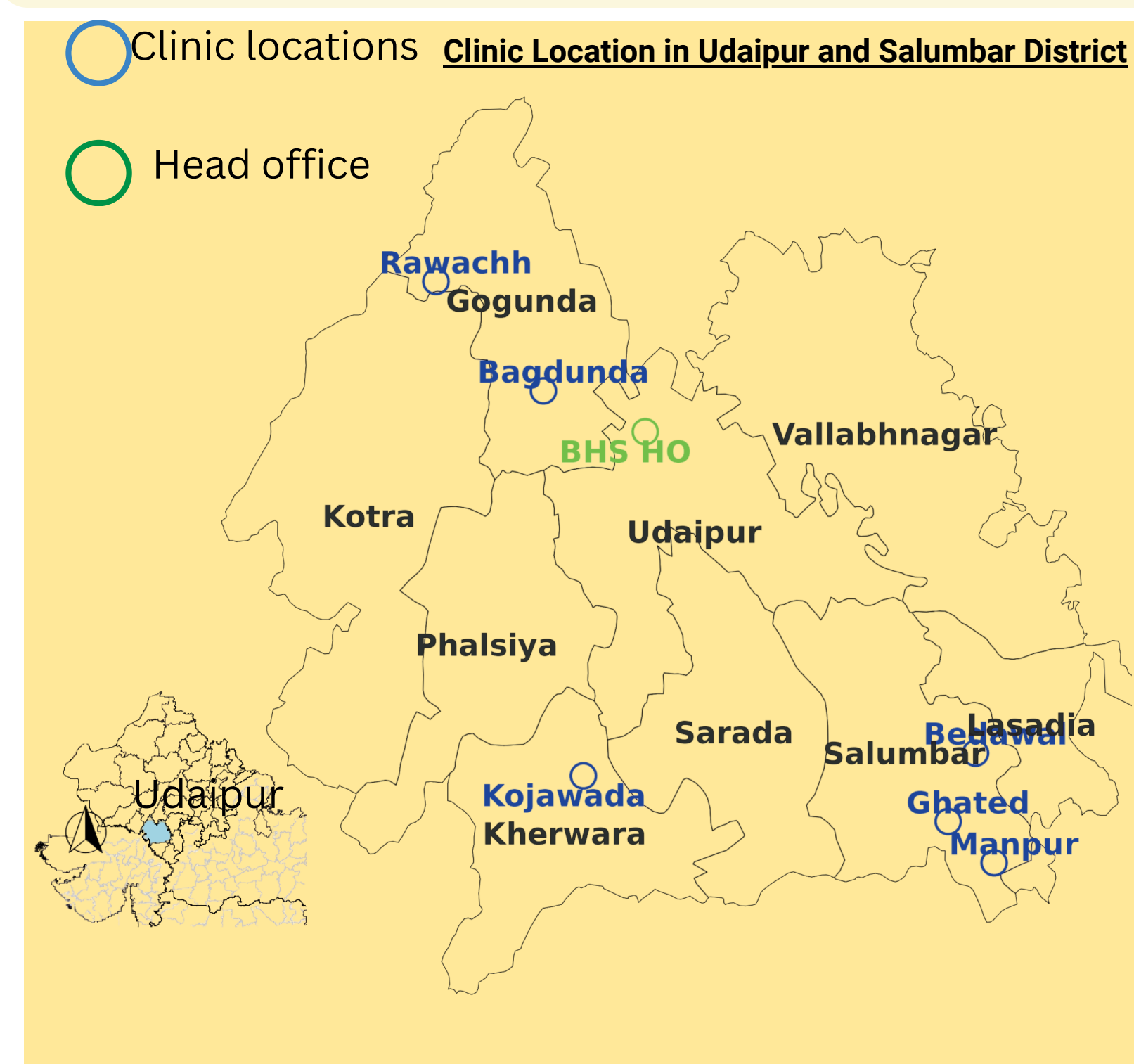
Care with Dignity: Insights from Nurse-led Primary Healthcare Clinics in Tribal, High-Migration Communities of South Rajasthan

Organization: Basic Healthcare Services

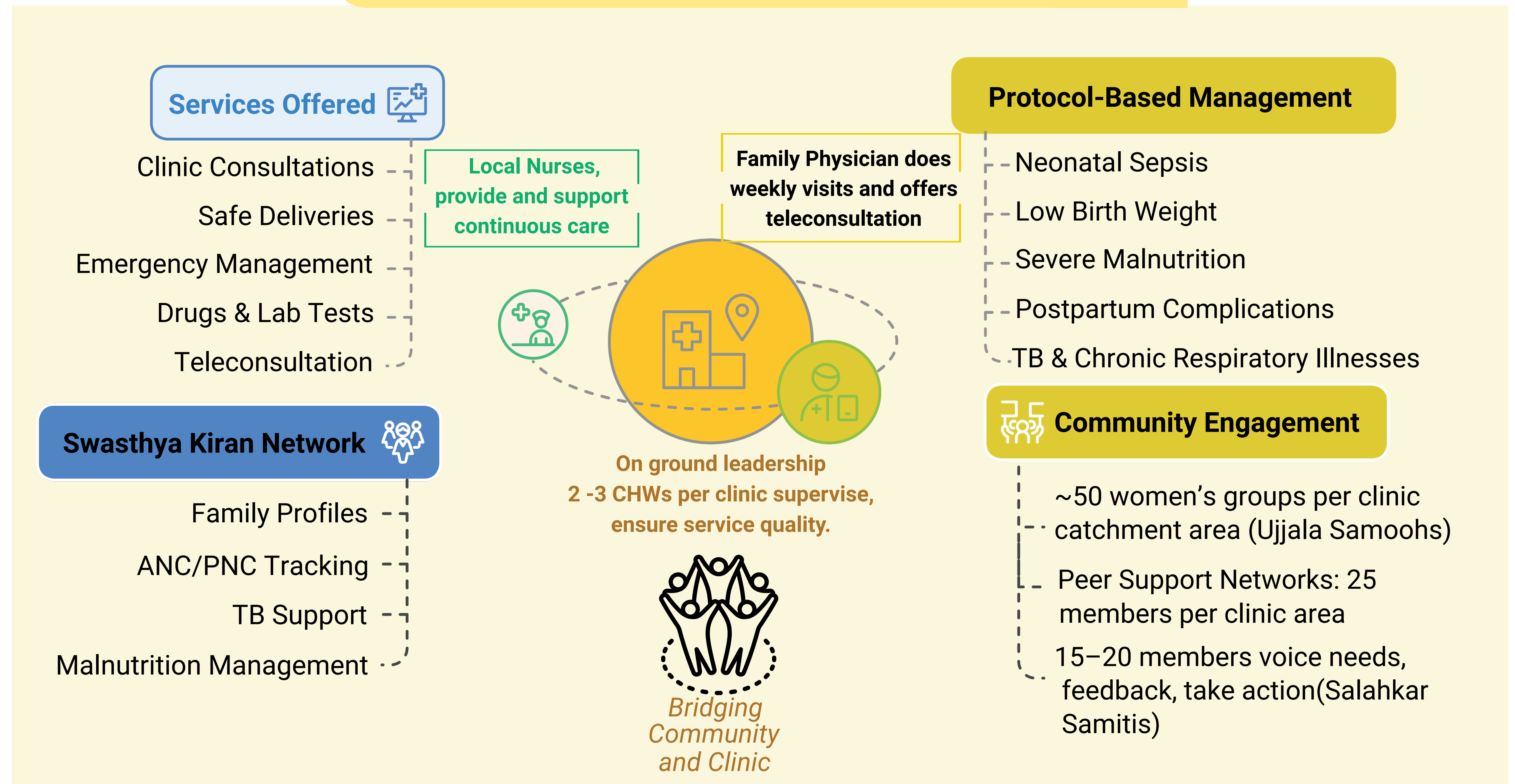
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INTRODUCTION

- Communities in rural South Rajasthan have **limited access to basic health services**.
- Most families (77%) are **tribal**; erratic rainfall and limited employment opportunities force many men to **migrate to cities** (from about 50% HHs) and engage in hazardous occupations.
- About **half of children under-three**, and their **mothers are undernourished (~55% have BMI<18.5)**.
- To address healthcare access challenges in remote rural areas, **BHS set up AMRIT Clinics, each serving ~15,000 people**.



NURSE-LED PRIMARY HEALTHCARE MODEL

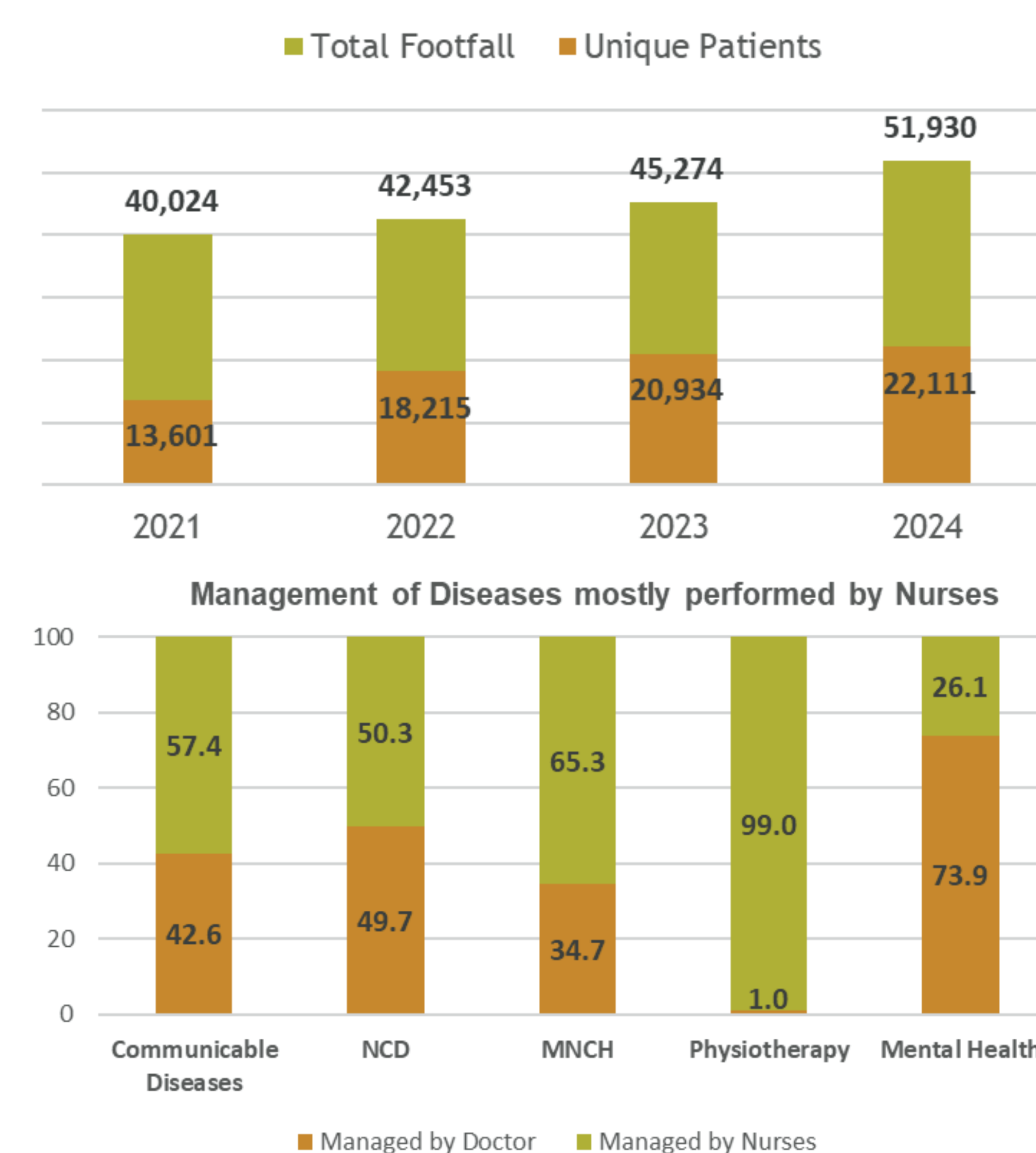


PATHWAYS

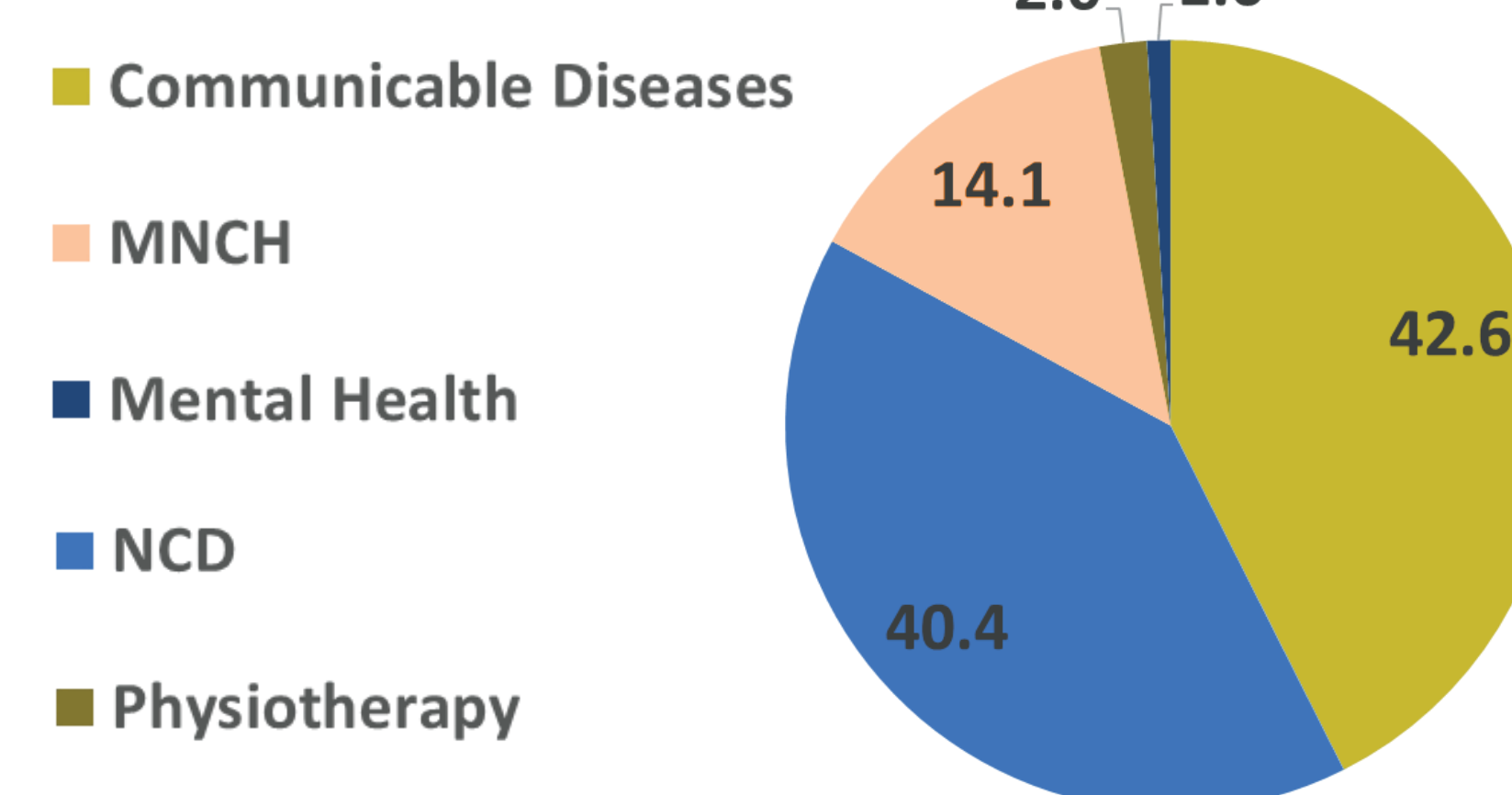
- Recruitment** of BSc Nursing or Diploma in GNM/ANM; also **sourced via Nurse Fellowships**
- Regular onsite, offsite, and online training.** Focus on social and cultural health determinants
- Rational **task-sharing among nurses, physicians, and CHWs**
- Nurses supported to grow personally and professionally **mentored by nurse-mentors and physicians**
- Outcome measured by service utilization, comprehensive care, motivation, satisfaction & retention**

KEY FINDINGS

Performance: Enhance access & equity through nurses



Provision of Comprehensive care



Motivation & Satisfaction

High sense of pride
"We used to work under the doctor in the hospital (we worked in) but here we ourselves, it feels nice that we are doing doctor's work also," - PHC nurse

Patient-centeredness
"We do not work for money here; days merge in nights, but we try to ensure that the patients get better." - PHC nurse

CHALLENGES AND SUSTAINABILITY

- Retention affected by pull of government jobs** and their family situation
- Legal challenges** include mandate to prescribe under supervision
- Competence of nurses compromised** by quality of pre-service education, and thus need for intensive training is crucial

Ensuring continuity of Nurse Led Model involves:

- A non-hierarchical work-culture
- Strong training, support & supervision
- Weekly clinic visits by physicians
- 24/7 tele-consult with physicians
- Intensive training
- Standardized protocols; POC diagnostics
- Fair living & working conditions

