



# Community engagement for health and well-being of indigenous populations: *Experiences from South Rajasthan, India*

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# BHS Vision



## BHS VISION AND MISSION

### **Our Vision**

BHS's vision is to enable marginalized and vulnerable communities lead a healthy life with dignity.

### **Our Mission**

BHS's mission is to provide high quality and responsive primary healthcare for the last family in the communities BHS serves.

# Where We Work: Rural South Rajasthan



Proportion of Tribals (indigenous populations):

70 – 98%

Female Literacy rates:

10- 20%

Proportion of Migrant Households:

70-80%

Population Density:

200 per sq. km

# Multiple vulnerabilities: multiple identities

- Indigenous population (Adivasis)
- Migrants to cities (men)
- Left behind families (women, children and elders)
- “Remote” communities
- “Underserved” communities





# Multiple vulnerabilities: multiple identities

- “Food scarce” communities
- “Socially marginalized” communities
- “Poor” communities
- Gender discrimination



# Community engagement approach-1: Responsive, trustworthy services



## Community based

Supplementing the functional health services through community outreach and behaviour change to improve health outcomes



## HR innovation

- Skilled nurses from tribal areas as primary care providers.
- Nurturing and empowering a cadre of community volunteers



## Patient centric care

Providing access to high quality, low cost healthcare services with dignity



## Technology enabled

Teleconsultation with physicians to ensure appropriate care.

# Community engagement approach-1: Responsive, trustworthy services



- “Appropriate” language and counselling
- Task-sharing & task-shifting
- Community volunteers





# Community engagement approach-2: Community Advisory group



- Community advisory group:
  - Consists of “indigenous” members; men and women
  - Provide feedback and advice
  - Ask for accountability
  - Assume responsibility for community action





# Community engagement approach : Convergence



- Convergence with other services:
  - Skills and Livelihoods
  - Organizing “left-behind” families
  - Childcare

# Community engagement approaches (4) Basic HealthCare Services

## Health Education

- Based on understanding of context and beliefs
- By community volunteers from indigenous populations
- A culture of empathy, mutuality and support





# Some cross-cutting principles

- Engage women, men and community leaders
- Patience, as historical inequities and exclusion would take time



# In the end, trust counts!

*“Its ultimately a matter of trust between us”* many community volunteers tell us

