Improving Access to Quality Health Services through Community Engagement in Tribal Districts Of Rajasthan

CITIZEN REPORT CARD (CRC) FINDINGS

BACKGROUND

As part of a broader initiative to improve access to quality healthcare services in Rajasthan's tribal regions, a **Citizen Report Card (CRC)** survey was conducted across two key districts: **Pratapgarh** and **Banswara**. Both districts are known for their significant tribal populations and enduring socio-economic challenges. The CRC survey aimed to assess the accessibility, quality, and public perception of government healthcare services by directly gathering feedback from citizens at the grassroots level. In total, the surveys engaged over **2,000 respondents across 200 Gram Panchayats**, generating critical insights into the healthcare delivery landscape and the lived realities of residents in these underserved areas.

In **Pratapgarh district**, the survey involved **1,002 respondents** from **100 Gram Panchayats**. The **21–40 age group** was the most represented, pointing to strong participation from the economically active population. A notable characteristic of Pratapgarh was the prevalence of **joint family structures**, which shaped the household dynamics and likely influenced healthcare-seeking behaviour. Most households had **only one earning member**, reflecting economic constraints and a high dependency ratio. The financial vulnerability of the region was evident, with the **majority of respondents earning less than ₹10,000 per month**, indicating persistent poverty and limited livelihood options. The district's population was also predominantly tribal, reinforcing the need for tailored healthcare strategies that address the specific needs of indigenous communities.

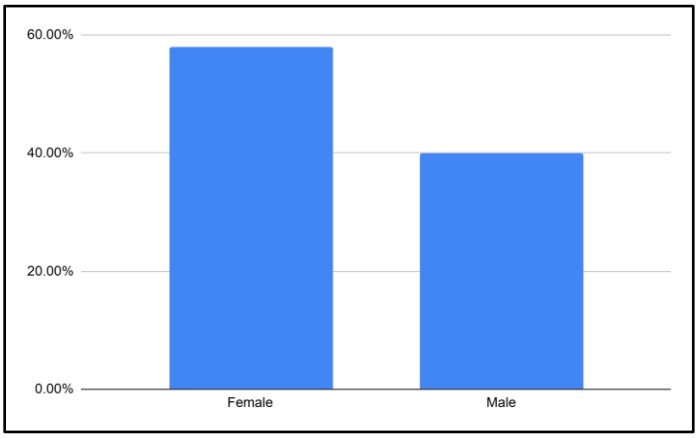
In **Banswara district**, the survey covered **1,011 respondents** across **100 Gram Panchayats**. Like Pratapgarh, the **21–40 age group** formed the largest portion of the survey population, highlighting active engagement from working-age individuals. However, the family structure in Banswara was more inclined towards **nuclear families**, which accounted for **54.6%** of the surveyed households. Additionally, **61.4% of households** had **only one income earner**, underlining the limited financial base upon which families depend. The economic challenges were stark, with **93.3% of respondents reporting a monthly income of less than ₹10,000**, and a significant **44.3%** identified as **Below Poverty Line (BPL)**. The district's tribal identity was pronounced, with **65% of respondents** belonging to **Scheduled Tribes**, indicating a need for inclusive, culturally sensitive healthcare interventions.

The CRC findings from both **Pratapgarh** and **Banswara** provide valuable district-specific data that can inform policy decisions, resource allocation, and program design aimed at strengthening healthcare infrastructure. The data underscores the importance of bridging service delivery gaps and ensuring that healthcare systems are not only accessible but also responsive to the unique needs of Rajasthan's tribal communities.

PRATAPGARH

I. Demographic Analysis

The survey engaged **1,002 respondents**, offering valuable insights into the demographic composition of the region. The **gender distribution** was relatively balanced, with a **slight predominance of female respondents**. Women made up **57.98%** of the total participants, while **men accounted for 40.02%**, reflecting strong female engagement in the survey process.



In terms of age distribution, the majority of the respondents fell into the working-age bracket of **21–40 years**, making up **66.77%** of the total. This is followed by **24.85%** in the **41–60 years** category. Younger individuals below 20 years comprised **5.69%**, and only a minimal **0.30%** belonged to the **61–80 years** group. Extremely few, **0.10%**, were aged between **81–100 years**, and **2.40%** did not disclose their age group. This data clearly shows that most participants were in the economically active and socially responsible age group.

Regarding family structure, a majority of respondents lived in **joint families**, accounting for **59.08%**, while **38.12%** were part of **nuclear families**. Around **2.89%** did not specify their family type. This indicates a traditional family setting remains dominant in the surveyed population.

Household demographics reveal that the most common household configuration includes **two adults between 18–60 years**, comprising **36.83%** of households. This is followed by households with **four members (17.27%)**, and three-member families at **14.67%**. A smaller number of households reported having **one adult (11.88%)**, and very few had more than five adults in that age group. This pattern suggests moderately sized households, with a tendency towards smaller family units.

In terms of income generation, **52.30%** of households had only **one earning member**, while **34.13%** had **two**. A small percentage had **three to four earning members**, indicating a relatively narrow base of economic contributors per household. Notably, **3.89%** of households reported having **no earning member**, which could be a significant concern in terms of financial vulnerability. A rare outlier showed one household with **22 earning members**, likely an anomaly or a data entry error.

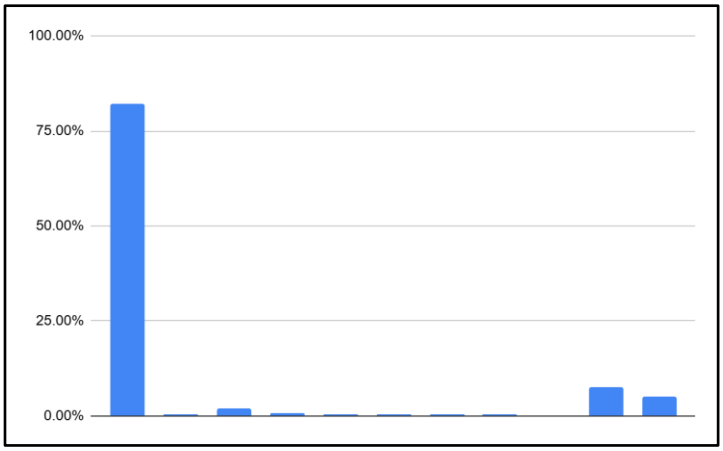
When analyzing household income levels, a significant majority, **78.34%**, reported earning **less than ₹10,000 per month**, underscoring a high concentration of respondents within the low-income bracket. Only **16.07%** earned between **₹11,000–20,000**, and less than **4%** reported monthly incomes above ₹20,000. Although a few respondents reported higher incomes (₹60,000–₹120,000), they form a negligible proportion and do not significantly alter the overall trend of financial precarity.

Looking at economic classification, **51.70%** of respondents identified as **Above Poverty Line (APL)**, while **42.61%** were **Below Poverty Line (BPL)**. A small percentage (**5.79%**) were uncertain or chose not to disclose their category. This almost even distribution suggests a mixed socio-economic population, though tilted slightly towards better economic standing.

Lastly, caste-wise distribution shows a predominant representation of the **Scheduled Tribe (ST)** category at **77.54%**, followed by **Scheduled Caste (SC)** at **10.38%**, and **Other Backward Classes (OBC)** at **8.68%**. A minimal **1.60%** belonged to the **General** category, and **1.90%** did not disclose their caste. The overwhelming representation of ST respondents indicates the survey likely focused on tribal communities or regions with a strong ST presence.

II. Health Facility Analysis

- **Availability of Health Facilities in the Neighbourhood**



The survey reveals that a significant **82.24%** of respondents reported the presence of **government hospitals** in their neighbourhood, establishing them as the primary health facility accessible to the community. In stark contrast, only **0.30%** mentioned exclusive access to **private hospitals**, and **2.10%** to **private doctors**. A few respondents cited combinations of health providers, such as private doctors and quacks or government and private facilities, but each of these combinations accounted for less than 1% of the responses. Notably, **7.49%** of respondents reported that only **quacks** were available in their vicinity, a worrying indicator of informal and potentially unsafe healthcare access. Additionally, **5.09%** of participants were unaware or uncertain about the facilities available near them.

- **Utilization of Health Facilities by Households**

When it comes to actual usage, the reliance on **government hospitals** remained strong, with **79.24%** of respondents stating that they and their families utilize these facilities. Use of **private hospitals** or **private doctors** was extremely limited, with each category attracting less than 1% of users. Interestingly, **9.18%** of respondents reported consulting **quacks**, indicating continued dependence on unqualified practitioners for healthcare needs. A further **7.49%** were unsure or did not specify which services they use. These findings reflect both the dominance of public healthcare and potential gaps in the availability or affordability of alternative services.

- **Awareness of Mukhyamantri Ayushman Arogya Yojana**

A reasonably high **70.65%** of respondents were aware of the **Mukhyamantri Ayushman Arogya Yojana**, indicating fairly good penetration of the scheme's name. However, awareness sharply drops when it comes to understanding the **coverage amount** under the scheme - only **35.04%** of respondents knew the correct or any amount, while **64.96%** were unaware. This highlights a significant gap between awareness and comprehension, suggesting that more targeted outreach and education are required to help beneficiaries understand the scheme's benefits. When asked to specify the coverage amount of the scheme, **62.28%** correctly identified it as **₹5 lakh**, aligning with the official scheme limit. However, a considerable **29.64%** of respondents were uncertain. Others gave incorrect figures, such as ₹2 lakh, ₹4 lakh, ₹10 lakh, or even ₹25 lakh and ₹51 lakh, though each of these incorrect responses was under 7%. This disparity emphasizes that even among those aware of the scheme, misinformation or partial knowledge is widespread.

- **Distance to Government Health Facilities**

In terms of physical accessibility, a majority of **66.67%** reported that the nearest government hospital was within **1–10 km**, indicating moderate proximity. **6.79%** had access within just **1 km**, while **6.59%** lived **11–20 km** away. However, **8.58%** had to travel **21–30 km**, and **5.89%** between **31–40 km**, which can pose serious challenges during medical emergencies. A very small group reported even greater distances, and **5.19%** were unsure about the distance to their nearest hospital.

- **Time Taken to Avail Government Health Facilities**

In terms of time taken to reach and access services, **57.39%** of respondents reported a travel and waiting time of **1–30 minutes**, while **31.24%** needed **31–60 minutes**. For most respondents, this indicates a relatively acceptable access time. However, **10.68%** were unsure, and a tiny minority reported delays exceeding **60 minutes**, hinting at either travel difficulties or long wait times at the facility.

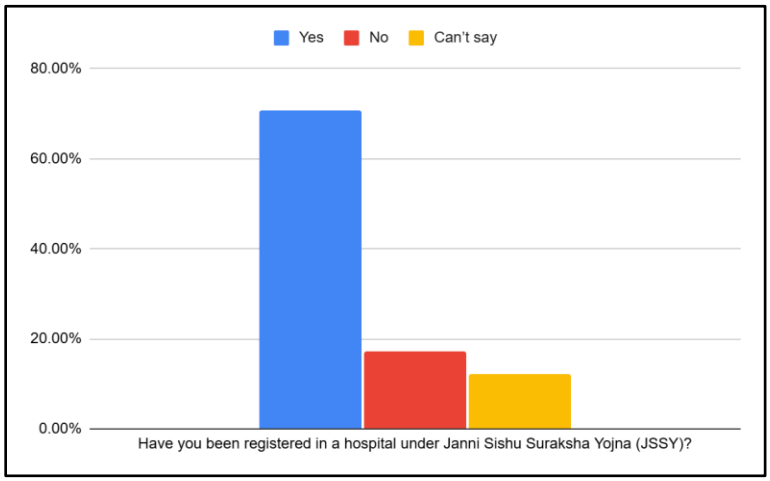
- **Purpose of Last Government Hospital Visit**

When asked about the purpose of their most recent visit to a government hospital, 40.02% of respondents cited family planning, making it the most common reason. 30.34% visited for curative

diseases, while **9.58% sought maternal health services**, and 8.88% for child health. **Visits related to adolescent health stood at 3.39%, and 3.19% indicated 'other' ailments**. A small percentage (4.59%) did not specify the nature of their visit. This distribution indicates that reproductive and general healthcare remain key reasons for public health facility use in the region.

III. Maternal Health Analysis

The survey findings on maternal health indicate that a considerable proportion of respondents, **70.76%**, confirmed registration under the **Janni Sishu Suraksha Yojna (JSSY)**, suggesting a relatively high outreach of the program. However, **17.27%** reported not being registered, and **12.08%** were unaware of their registration status, reflecting a gap in information dissemination or follow-up. When asked about antenatal investigations prior to delivery, the responses showed that only **21.96%** were investigated twice, and **18.06%** three times, while **17.86%** had four investigations. A significant concern arises from the **24.05%** who reported not being investigated at all during their pregnancy, and **13.57%** who were unsure, indicating inconsistencies in antenatal care protocols.



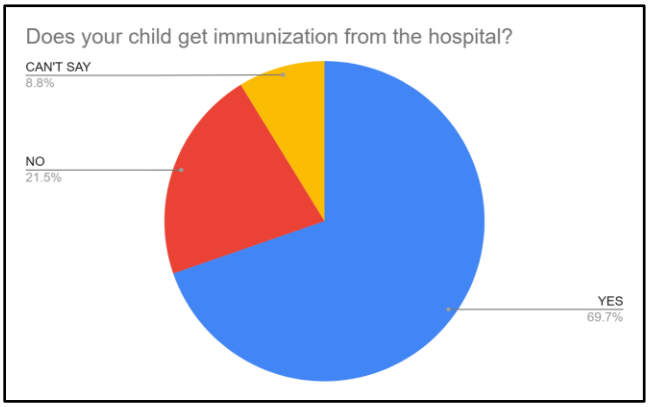
In terms of nutritional and medical support, **75.45%** of respondents stated they had received **iron and folic acid pills** before delivery, showing commendable outreach. Similarly, **73.25%** confirmed that they had undergone **laboratory check-ups** such as blood and urine tests. While these figures are encouraging, nearly **one in five women** reported not receiving these services, and a small but notable percentage were unsure, again highlighting irregularities in service delivery and perhaps documentation. These gaps, especially during pregnancy, could pose serious health risks to both mothers and newborns.

The promotion of **institutional deliveries** appears to be a strong policy direction, with **78.84%** of respondents affirming that the government is actively encouraging it. However, only **58.88%** said that delivery services were available at home when needed, and a sizeable **28.64%** denied the availability of such support, suggesting that while institutional delivery is the preferred policy, it may not be universally accessible. This raises questions about geographic and infrastructural disparities. Furthermore, only **57.29%** confirmed receiving **financial assistance** from government

hospitals, while **32.73%** did not receive any, and **10.08%** were unsure, pointing to inconsistencies in benefits delivery.

Regarding the infrastructure and readiness of government hospitals, **57.09%** of respondents reported that their local hospital provided **24-hour delivery facilities**, and **61.98%** confirmed the presence of **referral services**. While these figures are promising, nearly a third of respondents noted the absence of such services, and over **20%** were unaware of the availability of referral systems. This indicates that while core services exist on paper or in certain areas, awareness and uniform implementation still require considerable improvement. Overall, while the data reflects encouraging trends in maternal health support, the inconsistencies and gaps point toward a need for better awareness, monitoring, and equitable access across all demographics.

IV. Child Health Analysis



A majority of about **70%** of respondents reported that their children receive **immunizations** from hospitals, which is a positive indicator of access to basic preventive healthcare. Immunization is critical in protecting children from many serious diseases, and this coverage shows a reasonably good outreach of immunization services. However, over **21%** of respondents said their children did not receive immunization, and nearly **9%** were unsure, which points to significant gaps in either healthcare delivery or awareness among parents. This suggests that efforts need to be strengthened to ensure universal immunization, especially focusing on those communities or families currently missing out.

Regarding **Vitamin-A supplementation**, which plays a vital role in preventing childhood blindness and boosting immunity, about **66%** of children were reported to have received this essential supplement. While this coverage is encouraging, it still leaves a considerable proportion of children-more than one-third-either not receiving supplementation or with caregivers unaware of it. The **21%** who responded "No" and the **13%** who were uncertain highlight potential challenges in communication from healthcare providers or gaps in program implementation. Improving awareness and tracking of Vitamin-A distribution could help close these gaps and ensure more children benefit from this critical intervention.

Protection from **preventive diseases**, including malnutrition and infections, appears to be a major concern. Only **57%** of respondents felt their child was protected, while nearly **30%** believed their child was not, and about **15%** were unsure. This reveals a worrying level of vulnerability among a significant portion of children, likely reflecting inconsistent access to nutrition and preventive

healthcare services. The uncertainty among parents also indicates possible deficiencies in health education or communication from healthcare workers. Addressing these issues through more proactive outreach, consistent monitoring, and better caregiver education is essential to improve child health outcomes and reduce preventable illnesses in the community.

V. Family Planning Analysis

The survey data on family planning reveals that about **67%** of respondents have received counselling regarding family planning methods. This suggests that a majority of individuals are being engaged in discussions about reproductive health and family planning, which is essential for informed decision-making. However, nearly **18%** reported not receiving any counselling, and around **15%** were unsure, indicating that there are still significant gaps in reaching all community members with this important service.

When asked about the availability of information on various family planning methods, the percentage of affirmative responses increases to approximately **74%**, showing that more respondents are aware of the different options available to them. This reflects reasonably good dissemination of family planning choices, enabling individuals to select methods that best suit their needs. Nonetheless, **12%** of respondents stated that they were not provided with information on multiple methods, and about **14%** were uncertain, suggesting that awareness and education efforts can be further enhanced.

Overall, while the data indicates a strong foundation of family planning counselling and information dissemination, there remains a notable portion of the population that is either not reached or unclear about these services. Strengthening communication strategies and ensuring consistent counselling and education on family planning methods could help bridge these gaps, ultimately supporting better reproductive health outcomes and empowering families to make informed choices.

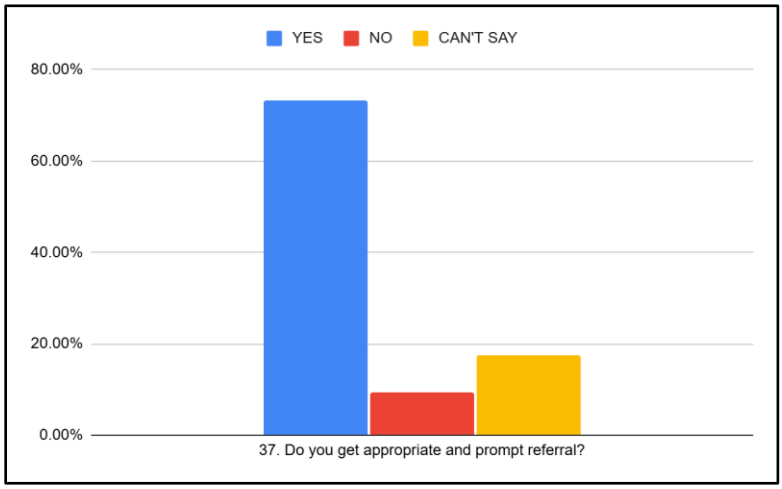
VI. Curative Services Analysis

The survey data on curative services indicates that a significant majority of respondents, about **73%**, confirmed that nearby government hospitals provide treatment for accidents and emergencies. This reflects a reasonably good availability of critical healthcare services in the vicinity, which is crucial for timely medical intervention during urgent situations. However, nearly **9%** reported that such services were not available, and around **17%** were unsure, suggesting that awareness or accessibility of emergency care may still be limited in some areas.

Regarding community health initiatives, an encouraging **81%** of respondents stated that the health day called **'Maternal Child Health and Nutrition Day'** is regularly organized at the local Aanganwadi centers. This shows strong community-level engagement in promoting maternal and child health as well as nutrition, which are vital for improving overall health outcomes. The fact

that only about **6.5%** reported the absence of such programs, and **12%** were uncertain, suggests good coverage but also room for improving participation and communication.

When it comes to the referral system, **73%** of respondents indicated that they receive appropriate and prompt referrals when needed. This points to an effective link between primary health centers and higher-level facilities, ensuring patients can access specialized care in a timely manner. Nonetheless, about **9%** stated they do not receive proper referrals, and approximately **17%** were unsure about the process, highlighting inconsistencies or gaps in the referral system that could delay critical treatment for some patients.



Overall, while curative services like emergency treatment, health days, and referral systems appear to be largely functional and accessible for most respondents, the data also reveals areas that require attention. Increasing awareness about available emergency services, improving the reach and inclusivity of community health programs, and streamlining referral processes can help enhance the quality and responsiveness of curative healthcare services in these communities.

VII. Common Questions and Overall Satisfaction

- **Awareness of Village Health & Sanitation Committee**

Around **64%** of respondents are aware of the existence of a **Village Health & Sanitation Committee** in their village, indicating moderate community awareness of local health governance structures. However, over **20%** were not aware, and about **15%** were unsure, which points to a need for better information dissemination about these committees to ensure community involvement and accountability.

- **Knowledge of Committee Members**

Slightly higher, about **68%** of respondents know who the members of the Village Health & Sanitation Committee are. This suggests that while many people are familiar with the committee's composition, nearly **25%** of respondents do not know the members, and a smaller portion remain

uncertain. Improving transparency and visibility of committee members could enhance trust and engagement with local health initiatives.

- **Presence of Health Officials During Hospital Visits**

Approximately **69%** of respondents reported that doctors and other health officials are present during their hospital visits, reflecting reasonably good availability of medical personnel during working hours. However, nearly **20%** indicated absence of health officials, and about **12%** were unsure, highlighting that gaps in staff availability may impact patient care and satisfaction.

- **Availability of Free Medicines**

A strong majority, **85%**, confirmed that they receive **free medicines** prescribed by doctors at government hospitals, which is a positive sign of accessible healthcare support. Nevertheless, about **10%** did not receive free medicines, and a small percentage were unsure, indicating some inconsistencies that may affect patient adherence to treatment.

- **Payments for Government Health Services**

Only **15%** of respondents reported having paid any amount for services related to government health facilities in the past year, while the majority, **75%**, did not make any payments. This suggests that government health services largely remain affordable or free for most users, though the **15%** who did pay may point to unofficial fees or charges that require further investigation.

- **Requests for Laboratory Tests from Private Facilities**

More than half of the respondents (**53%**) said they were asked to get laboratory tests done at private facilities, indicating a significant reliance on or referral to private sector labs. About **35%** denied this, and roughly **12%** were unsure, showing some variation in practice that could reflect either resource gaps in government labs or preferences for private diagnostics.

- **Requests to Purchase Medicines from Private Pharmacies**

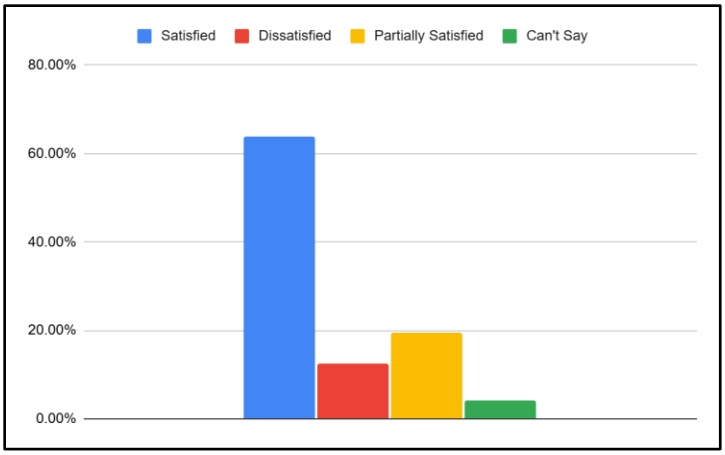
Nearly half of the respondents (**47%**) reported being asked to purchase medicines from private pharmacies, while **45%** said they were not. This nearly equal split suggests inconsistency in the availability of medicines at government facilities, leading some patients to rely on private sources, which could increase out-of-pocket expenses and impact treatment adherence.

- **Complaints About Health Services**

Only about **26%** of respondents reported making a complaint related to health services in the past year, while the majority, **63%**, did not lodge any complaints. This low complaint rate could indicate general satisfaction or, alternatively, a lack of awareness or trust in complaint

mechanisms. Enhancing grievance redressal systems and encouraging feedback can help improve service quality and accountability.

The overall satisfaction with services provided at government hospitals is fairly positive, with about **64%** of respondents expressing that they are satisfied with the care they received. This indicates that a majority of patients feel their needs are being met adequately by the government healthcare system. However, nearly **12%** of respondents reported dissatisfaction, highlighting that a notable portion of users have concerns or negative experiences that need to be addressed.



Additionally, around **19%** of respondents indicated they were only **partially satisfied**, suggesting that while some aspects of the service met their expectations, there are still gaps or shortcomings in the quality or delivery of care. This group represents an important segment where improvements could lead to higher overall satisfaction. A small percentage, approximately **4%**, were unsure about their satisfaction level, possibly reflecting uncertainty or limited interactions with government hospital services.

These findings emphasize the importance of continuing to improve the quality, accessibility, and responsiveness of government healthcare facilities to address dissatisfaction and convert partial satisfaction into full satisfaction among users.

VIII. Perception and Health Infrastructure

- **Preference for Government Hospitals**

A significant majority of respondents, nearly **90%**, expressed that they like going to the nearby government hospital. This high level of preference reflects the trust and confidence that the community places in these public health institutions. It suggests that people find government hospitals accessible and reliable for their healthcare needs, which is a positive indicator of the hospital's role within the local health system.

- **Condition of Hospital Infrastructure**

Around **83%** of respondents feel that the hospital buildings are in good condition, which contributes to creating a welcoming and safe environment for patients and visitors. Well-maintained infrastructure is crucial for effective healthcare delivery and patient comfort. However, about **13%** of respondents disagreed, indicating that some hospitals may face challenges such as

poor maintenance or inadequate facilities, which could hinder the patient experience and require attention.

- **Presence and Integrity of Health Officials**

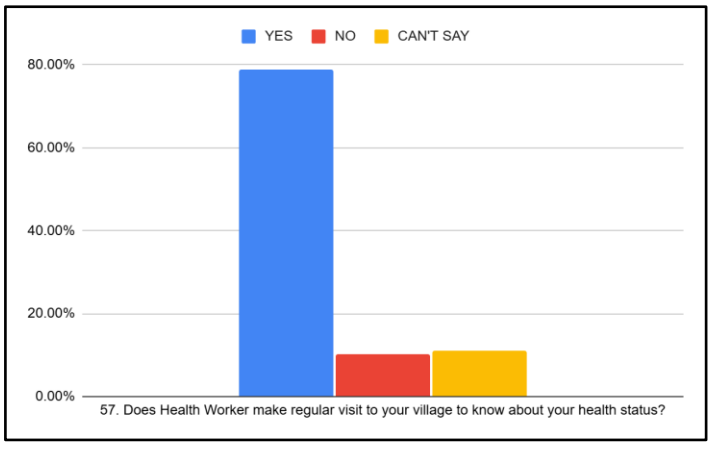
The presence of health officials during hospital hours is seen as adequate by approximately **66%** of respondents, but nearly **30%** indicated that health officials are not regularly present. This gap in staff availability could negatively affect the quality and timeliness of care provided. Despite this, trust in the honesty and dedication of health officials remains high, with about **82%** of respondents believing that medical staff genuinely care for their patients, reflecting a positive relationship between healthcare providers and the community.

- **Quality of Medical Facilities**

When asked about medical facilities, about **76%** of respondents agreed that government hospitals are equipped with good medical facilities, indicating general satisfaction with the resources and services available. However, nearly **20%** expressed dissatisfaction, suggesting that some hospitals might lack adequate equipment, medicines, or specialized services. Addressing these gaps could further improve patient outcomes and overall confidence in government healthcare services.

IX. Awareness Levels

The level of awareness among respondents regarding important health and administrative practices is generally high. An overwhelming 92% of respondents are aware that everyone should obtain birth and death certificates, indicating strong knowledge of essential civil documentation. This awareness is crucial for legal identity, access to government schemes, and demographic record-keeping.



When it comes to community health monitoring, about 79% of respondents reported that health workers make regular visits to their villages to check on the health status of residents. This suggests a good level of outreach and active engagement by health workers, which is vital for early detection of health issues and timely intervention. However, around 10% said health workers do not visit regularly, and about 11% were unsure, highlighting some gaps in consistent coverage or communication.

Awareness about the skills of Auxiliary Nurse Midwives (ANMs) is relatively lower. Only about 59% of respondents believe that their ANM possesses the necessary skills for conducting deliveries. A notable 19% disagreed, and nearly 23% were uncertain about the ANM's competence. This indicates a need for greater community education and possibly enhanced training or support for ANMs to boost confidence in maternal health services.

X. Other Findings from Community Interactions

The survey findings reveal insights into the utilization of government health services and community awareness. Financial assistance related to childbirth was availed by several respondents, with some receiving Rs 1400 or Rs 1000 each at the birth of a child, while others received Rs 6000 during delivery. Additionally, financial support is provided for sterilization procedures and other government schemes, highlighting the availability of monetary aid to encourage health service utilization.

Regarding complaint redressal, out of those who lodged complaints, **94 respondents** reported that prompt action was taken, reflecting a positive response from authorities. However, **12 respondents** mentioned that no action was taken on their complaints, indicating room for improvement in addressing grievances effectively and ensuring accountability.

The community also shows good awareness of important health practices. Most respondents understand that exclusive breastfeeding involves feeding only mother's milk to the child for the first six months, demonstrating sound knowledge of infant nutrition. Health worker visits average around two per month, with some variability, reflecting active community health engagement. Additionally, the majority believe the ideal gap between children should be 2 to 4 years, and the suggested legal age of marriage ranges between 18 and 24 years, indicating a general understanding of family planning and legal norms related to marriage.

XI. Dissatisfaction

The reasons for dissatisfaction among respondents who reported being unhappy with government hospital services highlight several critical gaps in the healthcare system. A major concern is the **lack of doctor availability**, which directly affects timely diagnosis and treatment. In addition to this, the **shortage of medical professionals overall**-including nurses, technicians, and support staff-contributes to delays and inadequate care.

Another key issue is the **inadequacy of treatment facilities**, indicating that some hospitals may lack essential equipment, infrastructure, or the capacity to handle patient loads effectively. Respondents also expressed concern over the **absence of government schemes** or lack of awareness and access to these schemes, which further limits support for economically weaker sections of the community.

Finally, the **absence of a sonography center** was specifically mentioned, pointing to a critical gap in diagnostic capabilities. Without such essential diagnostic tools, the ability to detect and treat various health conditions, especially related to maternal and reproductive health, is significantly hindered. These issues collectively contribute to dissatisfaction and underline the need for targeted improvements in both infrastructure and healthcare delivery.

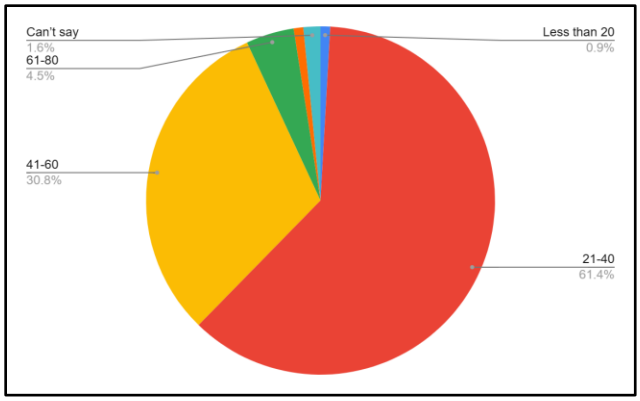
XII. Suggestions from Respondents

- Regular medical camping should be organized in villages every two months to provide check-ups and essential healthcare services. This would help reach remote areas where access to healthcare is limited.
- There is a need for more doctors, nurses, and healthcare workers in rural areas to address the shortage of medical professionals. Government hospitals should be open 24/7, and additional healthcare facilities like sub-health centers and diagnostic services (e.g., sonography) should be established.
- Free medicine schemes should be implemented in government hospitals to ensure access to essential medications, and low-cost hospitals should be expanded to accommodate the growing healthcare needs in rural areas.
- Hospital staff should receive training to improve their behavior and interaction with patients, ensuring a better healthcare experience. Additionally, regular health check-ups and committees should be set up to ensure timely and effective healthcare delivery.
- Emergency services, such as the 104 ambulance service, should be improved to provide quick medical responses during emergencies, ensuring that rural populations have access to timely help.
- Infrastructure in healthcare facilities needs to be upgraded, with proper sanitation, water facilities, and other necessary improvements. Public awareness of government health schemes like the Mukti Medicine Scheme and Ayushman Arogya Scheme should be raised to help more people benefit from these initiatives.

BANSWARA

I. Demographic Analysis

The survey engaged **1,011 respondents**, offering valuable insights into the demographic composition of the region. The **gender distribution** among the respondents was fairly balanced, with **males comprising 50.90%** and **females at 48%**, suggesting active participation from both genders.



The **age composition** of the respondents shows that the majority belong to the **21–40 age group (61.98%)**, indicating that the economically active population was most engaged in the survey. Additionally, **31.04%** were from the 41–60 age group, while only a small fraction of respondents were over 60 or below 20, highlighting the centrality of working-age adults in shaping healthcare usage and opinions in the district.

In terms of **family structure**, Banswara leans slightly towards **nuclear families**, with **54.59%** of households following this structure, compared to **42.71%** in joint family setups. This indicates a shift towards smaller household units, which may influence healthcare-seeking patterns and decision-making processes. Looking at the age group of 18–60 years within households, most families had **2 to 4 members in this category**, pointing to a moderate size of the working-age population within homes.

Income generation patterns reveal that a significant **61.38%** of households had only **one earning member**, with another **28.34%** having two. This dependency on a single income source reflects **limited financial flexibility**, which may directly impact access to private healthcare services. The **economic vulnerability** is further underlined by the fact that a staggering **93.31% of respondents reported a monthly income of less than ₹10,000**, highlighting widespread poverty and economic hardship in the region.

In terms of **socio-economic classification**, **44.31%** of the population identified as **Below Poverty Line (BPL)**, and **65.07%** of the respondents belonged to **Scheduled Tribes (ST)**. This strongly reinforces the **tribal identity** and **marginalised status** of Banswara, both socially and economically. Scheduled Castes (SC) comprised **19.16%**, and Other Backward Classes (OBC) **13.27%**, while General category respondents were minimal at just **2.4%**.

Overall, the demographic data from Banswara paints a picture of a **young, tribal, low-income population** primarily dependent on single-earning members and living in small to moderate-sized nuclear families. This context is critical for designing **inclusive, affordable, and accessible healthcare services** that cater effectively to the specific socio-economic and cultural realities of the region.

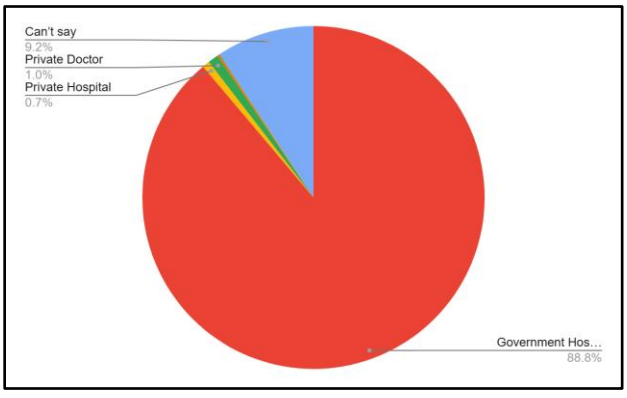
II. Health Facility Analysis

- **Availability of Health Facilities in the Neighbourhood**

The survey findings reveal that a significant majority of respondents in Banswara (**91.12%**) reported the presence of a **government hospital** in their neighbourhood. This indicates that the physical availability of government healthcare infrastructure is quite strong in the region, which is essential given the high concentration of vulnerable and tribal populations. However, access to **private healthcare services** is almost negligible, with only **0.40%** reporting a private hospital and **1.30%** citing private doctors in the area. A negligible portion (**0.10%**) mentioned the presence of quacks, which while low, is still concerning given the risks associated with unqualified practitioners. Importantly, **7.78%** of respondents were not aware of what healthcare services were available around them, which suggests a need for better dissemination of information at the community level regarding the health resources that are already in place.

- **Utilization of Health Facilities by Households**

When asked about the actual usage of healthcare facilities, a large proportion of respondents (**89.62%**) reported that they and their families use **government hospitals**. This demonstrates a high level of dependency on public health services, which can be attributed to both economic constraints and the wider availability of public institutions in the district. Only **0.70%** of respondents had availed services at private hospitals, and **1.00%** had consulted private doctors-further emphasizing the minimal role of the private sector in healthcare delivery in this tribal-dominated region. Interestingly, **0.20%** reported using services from quacks, which while small, indicates that informal healthcare providers still exist and are utilized by a fraction of the population. A concerning **9.28%** of the surveyed population could not specify where they sought medical services, either due to irregular healthcare use, lack of health literacy, or limited decision-making in the household-particularly among women or elders.



- **Awareness of Mukhyamantri Ayushman Arogya Yojana**

Awareness regarding the state's flagship health insurance scheme, **Mukhyamantri Ayushman Arogya Yojana**, was found to be low in Banswara. Only **45.31%** of the respondents had heard about the scheme, while **34.63%** stated that they were unaware of it, and **20.96%** were unsure. This indicates that a large portion of the population is either **completely unaware or partially informed** about a government scheme designed specifically to provide free health insurance to the poor. This lack of awareness could prevent thousands of eligible households from availing essential healthcare services, especially in times of critical illness. The data points to the need for more **aggressive outreach and IEC (Information, Education, and Communication)** efforts by health officials, especially in remote and tribal hamlets, where communication barriers and low literacy further inhibit awareness.

Understanding of the actual **coverage amount** provided under the Ayushman Yojana is also limited. Only **44.01%** of respondents were able to correctly identify or mention the scheme's coverage amount, while **43.51%** had no idea and **13.37%** were uncertain. This lack of clarity can pose significant barriers during medical emergencies. Even among those who were aware, many provided **inaccurate responses** about the insured amount. For instance, **49.60%** mentioned the correct coverage of ₹5 lakh, but a smaller portion reported inflated figures such as ₹25 lakh (**6.19%**), and **43.41%** couldn't say at all. This misinformation may create false expectations or mistrust in the scheme's applicability and benefits. It highlights an urgent need for the government to not only promote awareness of the scheme but also to **ensure accurate understanding of its features and limits**.

- **Distance to Government Health Facilities**

Proximity to government hospitals in Banswara appears fairly reasonable for most respondents. About **56.59%** mentioned that the nearest hospital was within **1–10 km**, and **16.47%** said it was within **1 km**, indicating that nearly three-fourths of the population resides within **10 km** of a public health facility. However, for a substantial minority (**20%+**), the distance was **11 km or more**, which can be a major hurdle in emergency situations-especially given the poor transportation facilities often found in tribal areas. Notably, **8.28%** of respondents could not estimate how far their nearest hospital was, suggesting either **disconnection from health services** or a lack of personal healthcare experiences, particularly among elderly, disabled, or dependent household members.

- **Time Taken to Avail Government Health Facilities**

The majority of respondents (**65.07%**) reported that it takes them **less than 30 minutes** to reach a government hospital, while an additional **24.85%** said it takes **31–60 minutes**. This shows that most people can access public health services within an hour-an encouraging statistic in terms of geographic accessibility. However, time is also influenced by terrain, road quality, and transportation availability, all of which are known constraints in Banswara's rural landscape. For

10.68% of respondents who were unable to estimate travel time, it reflects a potential lack of **engagement with or access to health facilities**, possibly due to physical, social, or financial barriers.

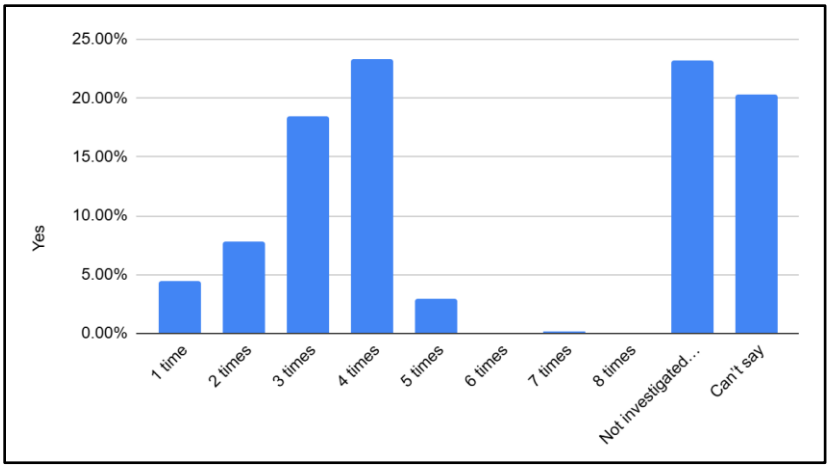
- **Purpose of Last Government Hospital Visit**

The survey also sought to understand what types of healthcare needs brought people to government hospitals. **Curative diseases (29.14%)** were the most common reason, indicating that government health services are frequently used for treating general illnesses and injuries. This was followed by **family planning (25.15%), and child health (15.57%)**, showing that the hospital is also a key source for reproductive and child healthcare. Maternal health-related visits accounted for 8.38%, which is somewhat low, possibly due to delivery services being accessed through other channels or lack of institutional trust. Interestingly, 14.17% were unsure or didn't respond, which may indicate recall issues, stigma related to certain health conditions, or limited decision-making roles in health matters.

III. Maternal Health Analysis

The survey reveals that a substantial proportion of respondents in Banswara-**71.66%**-reported being registered under the **Janani Shishu Suraksha Yojana (JSSY)**, a government initiative aimed at promoting institutional deliveries and providing maternal care support. However, nearly **17.17%** stated they had not been registered, and **12.08%** were unaware of their registration status. This lack of awareness among a significant portion of the population may reflect communication gaps, especially among rural and tribal women, who may not be adequately informed about their own healthcare entitlements or the schemes available to them during pregnancy. This also suggests that while the coverage of JSSY is commendable, efforts must be made to improve outreach and ensure that all pregnant women are actively enrolled and aware of their benefits.

A critical aspect of maternal health is regular **antenatal check-ups**, which help identify complications early and ensure safe deliveries. However, the responses show a mixed picture. While **23.35%** of women reported being investigated four times and **18.46%** said they had three antenatal check-ups, a concerning **23.25%** claimed they were **not investigated at all** during pregnancy. Moreover, **20.26%** of respondents could not recall how many check-ups they had undergone. These numbers are significant as they reflect either **inadequate service delivery** or **poor record-keeping and follow-up**. It's notable that only a small number of women received five or more check-ups, suggesting that **compliance with WHO-recommended standards** of antenatal visits is not yet being met. The high percentage of uncertainty or inability to recall may also indicate that some women are not directly involved in or fully informed about their maternity care.



Regarding the **quality and range of maternal services**, **68.86%** of respondents confirmed receiving **iron and folic acid tablets** before delivery, which are essential for preventing maternal anemia-a common condition in tribal areas. Meanwhile, **62.57%** reported undergoing some form of **laboratory testing**, such as blood and urine tests. Although these figures are somewhat encouraging, the fact that **30.54%** did not receive any lab investigations and **21.76%** were not provided essential supplements indicates **gaps in standard prenatal care**. In terms of government promotion of institutional deliveries, **73.85%** acknowledged that such encouragement exists, showing that health messaging is being received by a large section of the population. However, **55.59%** said they had access to **home-based delivery support**, suggesting that a significant proportion of deliveries may still be conducted outside of health institutions, especially in remote areas where transport and infrastructure are inadequate.

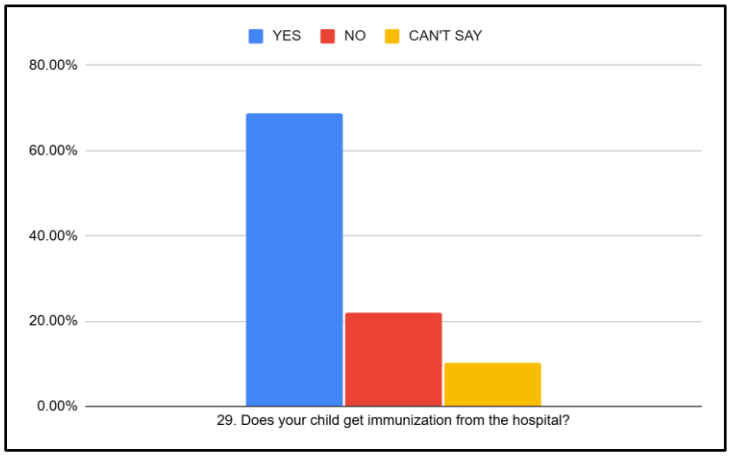
Financial and infrastructure support from government hospitals also shows varied experiences. Slightly more than half of the respondents (**52.59%**) said they had received **financial assistance**, a benefit that is critical in incentivizing institutional deliveries among economically weaker households. However, a significant **34.53%** did not receive any such aid, while **13.77%** were unsure, indicating issues of **non-uniform benefit distribution** or poor awareness of entitlements. Access to 24-hour delivery facilities remains a concern-only **45.51%** confirmed the availability of round-the-clock services at government hospitals, while **40.32%** reported that such services were unavailable. This is problematic in emergencies, especially in rural tribal belts where transportation at night may be difficult. Finally, only **58.38%** of respondents stated that **referral services** are available in their nearby government hospitals, while **21.26%** said they were not, and an equal proportion were unaware.

IV. Child Health Analysis

The survey findings highlight that **immunization coverage** in Banswara is relatively strong, with **68.86%** of respondents affirming that their children receive vaccinations from government hospitals. However, a significant **21.96%** reported their children were not immunized, and **10.08%** were unsure. While the majority have access to life-saving immunization services, the remaining portion reflects potential lapses in outreach, education, or access-particularly critical in tribal and remote areas. These gaps could stem from a lack of regular visits by health workers,

misconceptions about vaccines, or logistical challenges. Ensuring 100% immunization coverage should remain a priority, especially in high-risk communities where children are more vulnerable to infectious diseases.

Regarding **nutritional supplementation**, only **57.58%** of respondents confirmed their children had received **Vitamin-A supplements**, which play a crucial role in preventing visual impairment and supporting immune function. Alarmingly, **26.75%** stated their children had not received the supplement, and **16.57%** did not know. This indicates that nearly half the children may be **missing out on essential micronutrient support**, either due to supply issues, lack of awareness, or inconsistent service delivery. Similar trends emerge in breastfeeding awareness, where **62.48%** of mothers reported being advised to breastfeed their child for at least six months, a critical recommendation for early child development. Yet, nearly **38%** were either not advised or unaware-reflecting a **need to enhance counselling** and engagement by frontline health workers.



Lastly, the perception of protection against **preventive childhood diseases**, such as malnutrition and infections, shows only moderate confidence among caregivers. Just **56.59%** believe their child is protected, while **22.65%** say their child is not, and **21.56%** are uncertain. This lack of certainty highlights gaps in health education and preventive care outreach. It also raises concerns about **inconsistent follow-up, limited access to community-based nutrition programs, and inadequate communication** about the services available. Given the vulnerabilities in tribal regions like Banswara, stronger health communication strategies, regular screening, and community nutrition programs are urgently needed to reduce childhood morbidity and mortality.

V. Family Planning Analysis

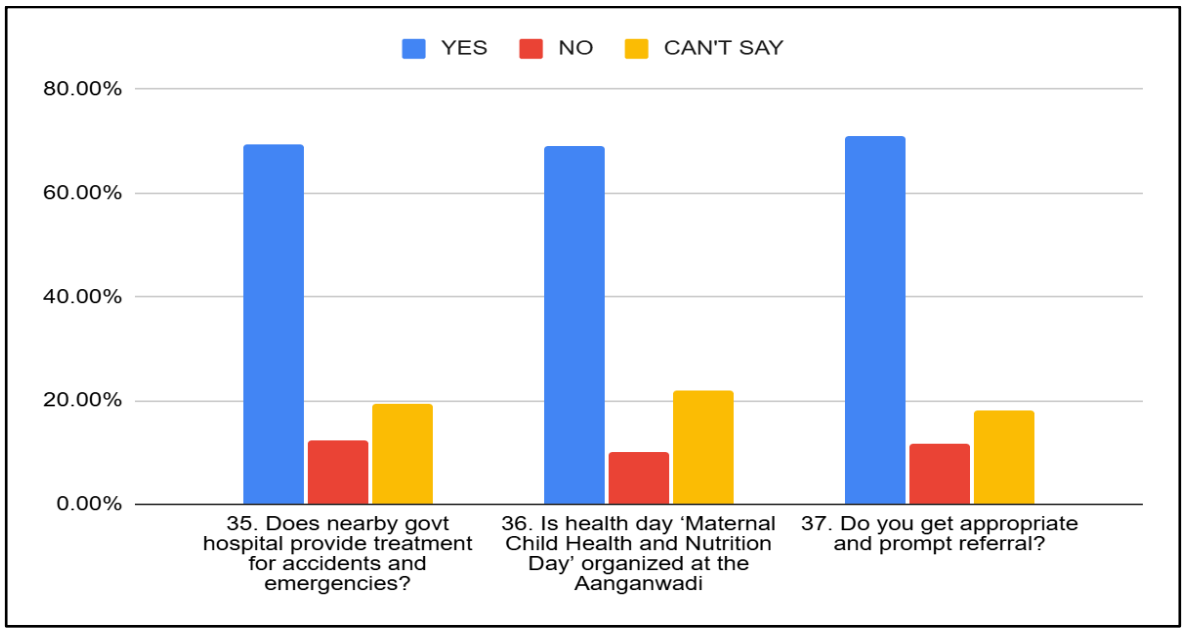
The data reveals that **family planning counselling** is being provided to a majority of respondents in Banswara, with **66.47%** affirming that they received guidance on available methods. This suggests a fairly strong outreach effort by frontline health workers and government health facilities. However, a closer look indicates that **over 33%** of respondents either did not receive counselling (**15.77%**) or were unsure (**18.66%**), which is a considerable gap in a district marked by socio-economic and educational vulnerabilities. The lack of clear awareness or access to counselling can have far-reaching consequences, including unplanned pregnancies, financial strain

on families, and poor maternal and child health outcomes. This highlights the need for consistent and inclusive awareness drives, particularly among women in remote and tribal areas.

In terms of access to **family planning methods**, **64.67%** of respondents reported being provided with contraceptive options by health services. Although this majority is a positive indicator, it still leaves over **35%** of the population either without access (**17.47%**) or unsure about their access (**18.76%**). These figures reflect persistent **barriers such as stigma, lack of trust, limited outreach in certain areas, or irregular availability of contraceptives**. The high percentage of respondents who answered "can't say" also points toward the need for better health communication and follow-up by ASHAs and ANMs. Strengthening counselling, ensuring consistent supply, and empowering women through community dialogue can help close these gaps and improve reproductive health outcomes across Banswara.

VI. Curative Services Analysis

A majority of respondents (**69.26%**) reported that their nearby government hospital provides **treatment for accidents and emergencies**, suggesting a fairly functional emergency care infrastructure in the region. However, over **12%** of the population stated that such services are not available, and an additional **19.36%** could not say for sure. This uncertainty and lack of awareness among nearly one-fifth of the respondents may reflect gaps in communication between health facilities and the community, or irregular service availability that leads to a lack of trust. For emergency care, clarity and reliability are essential-any hesitation in accessing treatment during critical moments can lead to severe consequences, particularly in remote tribal areas where alternative options are limited.



Another key curative service evaluated was the organization of **Maternal Child Health and Nutrition Days (MCHN Days)** at Aanganwadi centres. Around **69.06%** of respondents confirmed the regular conduct of these health days, which are crucial for delivering preventive and curative care such as antenatal check-ups, child immunization, nutrition counselling, and distribution of supplements. However, nearly **10%** reported that no such events were conducted in their vicinity, and a significant **21.86%** were unaware of them altogether. This lack of awareness or access among almost one-third of respondents may indicate either a shortfall in actual program delivery or insufficient community engagement and outreach efforts. Enhancing the visibility, frequency, and participatory nature of these health days could significantly improve maternal and child health outcomes in the district.

Regarding **referral services**, **71.06%** of respondents felt they received appropriate and timely referrals when needed, which is a strong indicator of a responsive primary health system. Timely referrals are vital, especially when local facilities are not equipped to handle complex or specialized cases. However, **11.68%** of respondents denied receiving such referrals, and **18.16%** were unsure, signaling that a sizable portion of the population may not experience seamless care coordination. Strengthening referral linkages between sub-centres, PHCs, and district hospitals-backed by transportation support and clear communication-can help ensure that no patient falls through the cracks during urgent medical needs.

VII. Common Questions and Overall Satisfaction

- **Awareness of Village Health & Sanitation Committee**

A significant portion of respondents (63.87%) indicated awareness about the existence of a Village Health & Sanitation Committee (VHSC) in their village. This shows a relatively good level of community knowledge regarding local health governance structures. However, nearly 22% were unsure, and over 15% were unaware altogether, pointing to a gap in active engagement and outreach by the committee itself or a lack of effective communication channels.

- **Knowledge of Committee Members**

Close to 70% of respondents reported that they knew the members of their local VHSC, reflecting a promising level of local transparency and recognition. Knowing the members is an important aspect of building trust and accountability in public service delivery. However, about 10% could not say, and 20.76% responded negatively, suggesting that more awareness initiatives may be needed to enhance familiarity with key health stakeholders in the village.

- **Presence of Health Officials During Hospital Visits**

Around 67.56% of participants observed that doctors and other health officials were present during their hospital visits. This reflects relatively good attendance and reliability in service availability.

Still, over 33% either disagreed or were unsure, highlighting sporadic gaps in staffing or communication lapses that may hinder trust and continuity of care.

- **Availability of Free Medicines**

The majority of respondents (79.24%) confirmed that they received free medicines prescribed by doctors at government hospitals, suggesting a strong implementation of essential drug distribution policies. Despite this, nearly 14% did not receive such benefits, and close to 8% were unsure, indicating that while the scheme is largely functional, consistency and supply management might still need improvement.

- **Payments for Government Health Services**

Only 8.08% of respondents reported having paid for services at government health facilities in the past year. This low percentage is encouraging and points to successful efforts to provide free healthcare services. However, 10.48% respondents were unsure, which may suggest either a lack of transparency about charges or miscommunication at the facility level.

- **Requests for Laboratory Tests from Private Facilities**

Responses revealed that 42.42% of respondents were asked to go to private labs for tests, nearly matching the 43.81% who were not. This raises concerns about the adequacy of diagnostic infrastructure in public facilities. The 14.67% who were uncertain may reflect irregular communication from health providers or limited understanding of referral procedures.

- **Requests to Purchase Medicines from Private Pharmacies**

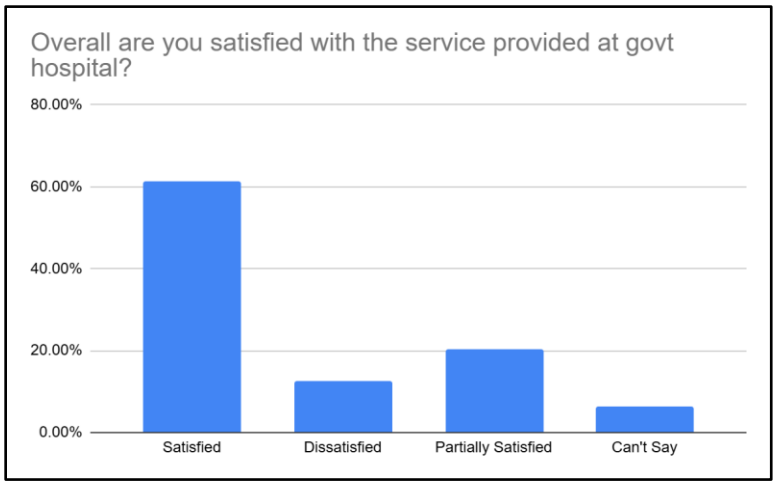
23.95% of respondents stated that they had to purchase medicines from private outlets. While a majority (66.27%) did not face this issue, this figure still indicates supply-side gaps in government pharmacies. The 10.68% who could not say might reflect a lack of documentation or receipt-based verification.

- **Complaints About Health Services**

Only 16.07% of respondents had lodged a complaint about health services in the past year. This may indicate underreporting due to lack of awareness or confidence in the grievance redressal mechanism. A high 72.75% said they had not filed any complaint, and 11.98% were unsure-pointing to potential areas where community sensitization and confidence-building measures are needed.

A substantial 61.48% of respondents in Banswara reported being satisfied with the services they received at government hospitals. This reflects a generally positive perception of public healthcare in the district and indicates that the core services-such as consultation, treatment, and access to

medication-are meeting the expectations of a majority of citizens. The satisfaction could be attributed to factors like the availability of free medicines, presence of medical staff during working hours, and timely referrals.



However, 12.57% of respondents expressed dissatisfaction with the services, which highlights that not all healthcare experiences have been positive. This dissatisfaction may be linked to issues such as lack of medical staff, unavailability of essential diagnostic tools, or delays in service delivery. An even larger segment-20.46%-indicated they were only partially satisfied. This suggests that while certain services were up to the mark, other aspects might have been lacking, such as waiting time, cleanliness, or attitude of staff.

Meanwhile, 6.39% of the respondents were unsure or did not wish to comment on their experience. This could point to limited engagement with government health services or a lack of clarity in evaluating the quality of care. These findings underline the need for ongoing improvements in public health service delivery, especially in patient experience, infrastructure, and responsiveness, while also building awareness around patient rights and grievance redressal mechanisms.

VIII. Perception and Health Infrastructure

- **Preference for Government Hospitals**

A significant majority of respondents (88.72%) indicated that they prefer visiting their nearby government hospital. This shows strong community acceptance and trust in public healthcare facilities. The high preference could be linked to free or low-cost services, accessibility, or the perception that government healthcare is more reliable than private options in rural or tribal regions like Banswara. However, a small portion (5.59%) disagreed, possibly due to prior negative experiences, long wait times, or perceived inefficiencies. Meanwhile, 6.59% were unsure, pointing to either a lack of personal experience or mixed perceptions.

- **Condition of Hospital Infrastructure**

The overall perception of hospital infrastructure is positive, with 83.83% of respondents agreeing that the hospital building is in good condition. This suggests that investments in basic infrastructure - such as buildings, cleanliness, waiting areas, and facilities-are visible and appreciated by the

community. However, 10.98% expressed dissatisfaction, possibly pointing to specific issues like lack of space, poor maintenance, or inadequate sanitation. Around 6% of respondents could not comment, indicating either limited visits to the hospital or indifference to physical infrastructure.

- **Presence and Integrity of Health Officials**

Regarding the regular presence of health officials, 68.46% of respondents agreed that health officials are present regularly at government hospitals. This suggests that staffing is relatively stable, which is crucial for service continuity. Yet, 26.35% disagreed, highlighting gaps in staff availability or irregularities in duty hours that may affect service delivery. When asked about the honesty and patient care offered by these officials, a strong 86.43% felt that the staff treats patients honestly and with care. This trust is essential for long-term public engagement with health institutions. Only 8.28% disagreed with this sentiment, suggesting a relatively small segment with negative experiences.

- **Quality of Medical Facilities**

The perception of medical facilities at government hospitals was also largely positive, with 82.83% of respondents affirming the availability of good medical facilities. This could reflect access to basic diagnostic services, medicines, and primary treatment options. However, 12.28% disagreed, indicating that for some, the services fell short - possibly in terms of advanced diagnostics, specialist care, or medicine availability.

IX. Awareness Levels

A large proportion of respondents demonstrated a good understanding of basic civil entitlements, with **87.33% acknowledging that every individual should receive a birth or death certificate**. This suggests relatively strong awareness of vital documentation and its importance in accessing services and legal rights. However, 9.28% said they "can’t say", indicating a gap in outreach or education around civil documentation. Similarly, **74.05% of respondents reported that health workers make regular visits** to their villages to monitor health status, showing a generally positive interaction between frontline workers and the community. Still, the nearly 14% who were unsure about this could reflect either irregular visits or lack of direct contact with the health workers.

When asked about the **skills of the Auxiliary Nurse Midwife (ANM)** in handling deliveries, **only 58.68% confirmed that their ANM had the necessary skills**. This raises concerns about the confidence level of the community in the capabilities of their healthcare providers. A significant 28.24% responded with "can’t say", which suggests a lack of exposure to or communication with the ANMs. These figures imply a need for increased visibility of ANM roles and reassurance to the community about their training and readiness, especially in maternal healthcare situations.

In terms of **knowledge about complementary feeding**, there is a mix of awareness and misinformation. The majority of respondents (47.60%) correctly identified **6 months** as the ideal time to begin complementary feeding, which aligns with national and global health guidelines. However, a considerable number reported incorrect timings, such as 8–9 months (18.66%) and even earlier or later periods. Additionally, **15.37% responded with "can't say,"** highlighting that a significant portion of the population still lacks clarity on this crucial aspect of infant nutrition. These findings point to the need for enhanced awareness campaigns around child nutrition and feeding practices to ensure better health outcomes for children in the district.

X. Other Findings from Community Interactions

A few participants reported availing specific healthcare services such as X-rays. In some cases, respondents mentioned receiving treatment or medicines free of cost, indicating that many healthcare services were accessed under government health schemes or provided without charge. Regarding complaints about healthcare services, only a small number of respondents experienced prompt action, while others reported no action taken on their concerns, reflecting mixed outcomes in grievance redressal.

There is a strong awareness about the importance of exclusive breastfeeding for the first six months among the community, with many emphasizing its critical role in child health. However, some individuals still lack detailed knowledge or remain uncertain about this practice. Health worker visits were reported to occur most commonly twice a month, though frequencies varied between once to four times monthly, with some respondents noting irregular or no visits. This shows a general pattern of outreach with some inconsistency.

Regarding family planning and social norms, the majority of respondents expressed a preference for spacing children 2 to 3 years apart, with some variation between 1.5 to 5 years. This indicates a community consensus towards moderate child spacing for better health and well-being. When asked about the legal age of marriage, most people suggested the range of 18 to 21 years, with a few citing slightly higher age ranges like 21-24 years, reflecting general awareness of legal norms around marriage age.

XI. Dissatisfaction

Community members expressed dissatisfaction primarily due to the absence of essential services and inadequate infrastructure at healthcare facilities. Many respondents reported that doctors often did not provide sufficient attention during consultations or offered excuses instead of proper care. There were concerns about uneducated or inadequately trained individuals giving incorrect or unclear guidance, which further undermined confidence in the healthcare system. Additionally, general issues with service delivery, including delays and poor responsiveness from staff, contributed to the overall dissatisfaction with government health services.

XII. Suggestions from Respondents

- Ensure the consistent availability of essential medicines at government healthcare facilities to prevent delays in treatment.
- Prioritize strengthening government healthcare facilities over promoting privatization, ensuring quality healthcare access for all economic groups.
- Organize frequent health camps in villages to provide accessible medical care, health screenings, and raise awareness about preventive health measures.
- Maintain round-the-clock operation of hospitals, especially in rural and underserved areas, to guarantee availability of emergency and critical care services.
- Promote regular health checkups at fixed intervals, such as every two months, to facilitate early detection and management of diseases.
- Update and adapt legal and administrative frameworks to create a more efficient healthcare system that responds promptly to public health needs.
