

State-Level Project Inception Meeting

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

October 01, 2024, Jaipur

1. BACKGROUND

Rajasthan lags in health indicators, as evidenced by its rankings in the ‘Healthy States, Progressive India’ report prepared by the NITI Aayog, the World Bank, and the Union Ministry of Health & Family Welfare. The state scored 16th among 19 big States. The state’s performance has declined between the base year 2018-19 and the reference year 2019-20. It has shown poor performance in neonatal and maternal mortality rates, tuberculosis treatment success rate, institutional deliveries, and immunisation coverage. As a result, the state has been labelled as a poor performer in terms of health outcomes. Despite the presence of health schemes such as *Mukhyamantri Ayushman Bima Yojana*, *Nishulk Janch Yojana*, and *Mukhyamantri Nishulk Dava Yojna*, issues like lack of health facilities in remote rural areas, lack of awareness, poor implementation continue to hinder the effectiveness of these programmes, especially in tribal areas.

CUTS with the support of The Commonwealth Foundation initiated a project titled ‘Improving Access to Quality Health Services through Community Engagement in Pratapgarh and Banswara districts, Rajasthan’ which aims to ensure that citizens of targeted districts have unimpeded access to quality healthcare services with trust and transparency between patients and healthcare service providers.



2. INTRODUCTION

On October 01, 2024, a state-level inception meeting was organised for the project “Improving Access to Quality Health Services through Community Engagement in Tribal Districts of Rajasthan.”. The meeting brought together representatives from various civil society organisations (CSOs), research organisations, academic institutions, individuals working in the health sector, and distinguished guests with significant experience in the field of health.



The purpose of the meeting was to formally launch the project in the presence of wider stakeholders in the capital city of Rajasthan and gather the inputs and feedback of participants for the successful implementation of the project, particularly focused on addressing the health challenges faced by tribal communities in Rajasthan.

3. PROCEEDINGS

The meeting commenced with **Amrat Singh**, Director, CUTS, delivering the opening remarks. He highlighted the critical health challenges currently facing Rajasthan and the specific obstacles tribal communities encounter in accessing quality health services. He encouraged active participation from all attendees and underscored CUTS’ ongoing initiatives aimed at improving healthcare access. He stressed the need for increased awareness and community sensitisation to navigate these challenges effectively, expressing confidence in collaborative efforts for project success.



Following the opening remarks, **Amar Deep Singh**, Senior Programme Officer, CUTS, presented an overview of the project. He detailed the objectives of the project, proposed activities and expected outcomes. He presented data illustrating the current healthcare landscape in the targeted districts of Pratapgarh and Banswara. He quoted data from the health dossier report 2021 of the National Health System Resource Centre (NHSRC) and mentioned that the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)

are higher than the national ratio. Similarly, Rajasthan's out-of-pocket expenditure (OOPE) on health exceeds the national average, underscoring the urgent need to enhance access to government health schemes. There is a shortfall of primary health centres (PHCs) and other health facilities in tribal areas of the state. With this concern, CUTS initiated this project to fill the gap by engaging the community and generating awareness. The project aims to enhance access to quality health services by engaging with the community and raising awareness among healthcare providers about the needs of the community. Additionally, it will promote knowledge about health schemes and entitlements, and encourage community involvement to ensure effective implementation of these health schemes.

Rajendra Bhanawat (Retd. IAS), Chairman, Sandhan

Rajendra Bhanawat stressed on the importance of increasing the medical staff in rural areas, noting that the existing healthcare infrastructure is often underutilised due to insufficient personnel. He mentioned the concept of the “3A’s” — Accessibility, Availability, and Affordability — as essential pillars for the project's success. Bhanawat highlighted the need for a shift in the community's mindset, encouraging them to demand better services rather than passively accepting the status quo. He urged stakeholders to foster a sense of trust between the community and health service providers, which is crucial for the project’s acceptance and effectiveness. A sense of ownership also needs to develop within the community for the success of the health scheme.



Dr Anil Agarwal, Health Specialist, UNICEF

Dr Anil Agarwal shared a compelling story from Anandpuri in Banswara district, illustrating the profound impact of individual healthcare interventions. He recounted how a dedicated doctor improved the health outcomes of a child, which motivated him to enhance the overall health scenario in the village. Through this story, he conveyed a powerful message: instead of criticising healthcare service providers, we should focus on motivating and supporting them. Positive reinforcement can inspire these professionals to enhance their performance, ultimately leading to better patient care. By fostering an environment of encouragement and appreciation, we can create a catalyst for improvement in the healthcare system. Dr Agarwal emphasised the significance of supervision and monitoring throughout the project, advocating for community empowerment and capacity building to ensure sustainability. He conveyed that even small successes in transforming health services in select villages could indicate the project's overall success. Further, he also stated that UNICEF Rajasthan will provide the necessary support for the success of the project in the Banswara and Pratapgarh districts.



Vikram Singh Raghav, Technical Consultant, SDGs, UNICEF



Vikram Singh Raghav focused on aligning the project with the Sustainable Development Goals (SDGs), particularly in addressing issues like child mortality and malnutrition. He presented data on the challenges faced by rural communities, such as the prevalence of stunting and wasting in children. Raghav emphasised the importance of raising awareness about the SDGs among local populations, noting that many people are unfamiliar with these goals. He recommended engaging

local panchayats in the project to leverage their influence and enhance community participation. Additionally, he offered support in localising data and encouraged collaboration for more effective project outcomes.

Rajendra Bora, Eminent Sr. Journalist

Rajendra Bora underscored the critical role of awareness in empowering communities. He asserted that by the project's conclusion, individuals should understand their health rights and feel empowered to advocate for them. Bora pointed out a prevalent belief that private healthcare options are superior to government facilities, attributing this perception to a lack of trust in the quality of services provided. He highlighted the need for initiatives that can rebuild confidence in public health infrastructure.



Om Prakash Arya, State Manager, Global Health Strategies



Om Prakash Arya focused on nutrition as a vital component of health, addressing challenges like the lack of dietary diversity among communities. He noted the government's initiatives, such as food fortification, aimed at improving nutrition, but emphasised that public awareness of these programs is lacking. Arya suggested that medical staff and Anganwadi workers should receive targeted training to better understand and address the nutritional challenges faced by the community. He acknowledged progress in Rajasthan's health sector but stressed that substantial work remains to achieve comprehensive improvements.

4. OPEN DISCUSSION

During the open discussion, participants actively shared valuable insights and suggestions to enhance the project's effectiveness. One notable proposal was to establish a model gram panchayat, which would serve as a prototype for effectively connecting government health schemes with the community. Participants emphasised the importance of involving local entities, such as Panchayat Raj Institutions and women's groups, in the project. Engaging these groups can foster better communication and outreach, ultimately enhancing community participation and ownership of the initiatives. Additionally, there was a strong call for a holistic approach to health, integrating effective traditional remedies alongside modern treatments. This perspective acknowledges the cultural context of the community and promotes a more comprehensive understanding of health and wellness. Representatives from Banswara highlighted specific geographical challenges, noting that the hilly terrain often hinders access to healthcare facilities. This reality underscores the need for innovative solutions to ensure healthcare reaches even the most remote areas. Participants from Pratapgarh also mentioned specific health-related challenges in their district. One participant specifically noted that access to health schemes and facilities is often restricted due to religious beliefs. Many participants agreed that raising awareness should be a primary focus of the project. There was a consensus that the project should focus on the community rather than the government, empowering residents to actively advocate for their health needs and rights.



Following the open discussion, the meeting concluded with the Gram Gadar Award Ceremony. *Gram Gadar* was established in 1983 by CUTS as a rural development communication initiative to recognise excellence in rural journalism and communication. This award celebrates individuals who have significantly contributed to highlighting rural issues and fostering community development through impactful storytelling. The event concluded with a vote of thanks from Pritika Nayak, Research Associate, CUTS. During her remarks, she expressed



gratitude to all participants for their valuable insights and recommendations, which will play a crucial role in shaping the project's implementation strategy to effectively tackle health challenges in Rajasthan's tribal communities.

5. HIGHLIGHTS

Need for Community Awareness: A significant emphasis was placed on raising awareness among community members about their health rights and the government health schemes available to them. This sentiment was echoed by several speakers, with Rajendra Bora, the eminent journalist, stating, “We need to build confidence in people so that by the end of this project, they not only understand their rights but feel empowered to claim them.”

Engagement of Local Entities: There was strong support for involving local organisations, such as Panchayat Raj institutions and women’s associations, in the project. Engaging these groups is crucial for fostering better communication and enhancing community ownership of health initiatives. As highlighted by various participants, collaboration with local panchayats could lead to greater community participation.

Health Approaches: Recommendations were made to adopt a holistic approach to health that integrates effective traditional remedies alongside modern treatments. This perspective acknowledges the cultural context of the community and can promote a more comprehensive understanding of health and wellness. One participant noted, “We should not ignore the effective traditional remedies that communities have relied on for generations.”

Geographical Accessibility: Representatives from Banswara highlighted the challenges posed by the hilly terrain, which often hinders access to healthcare facilities. They emphasised the need for innovative solutions to ensure healthcare access in remote areas, highlighting the necessity for tailored strategies that account for geographical barriers in service delivery.

Community-Centric Focus: A consensus emerged that the project should prioritise community empowerment, encouraging residents to actively advocate for their health needs and rights rather than relying solely on government initiatives. As Rajendra Bhanawat emphasised, “People should start demanding their rights; if they do, they will get them.” This shift in mindset is vital for the success of health programs in these communities.

Focus on Vulnerable Communities: Participants emphasised the importance of studying the family patterns and accessibility challenges faced by vulnerable populations, including individuals with disabilities and underprivileged groups, to ensure inclusive development and support.

Health Fund Utilisation Oversight: Advocate for transparent tracking and assessment of the funds allocated to health departments under the GPDP government scheme post-COVID, ensuring that these resources are effectively utilised to address health issues within the community.

6. KEY TAKEAWAYS

- There is an urgent requirement to boost the number of medical staff in rural areas to ensure that existing healthcare infrastructure is fully utilised. Key focus areas include improving accessibility, availability, and affordability of health services.
- Building awareness among community members about their health rights and available services is essential. There is a need to rebuild trust in public health infrastructure to counter the belief that private healthcare options are superior.
- The project should align with the SDGs, particularly concerning health and nutrition. Engaging local panchayats can enhance community participation and understanding of these goals.
- Empowering communities through capacity building is crucial for project sustainability. Monitoring and supervision should be integrated to ensure that improvements in health services are maintained over time.
- Enhancing public awareness of government initiatives like food fortification and providing targeted training for healthcare workers can effectively address these challenges.
- Successful project implementation will depend on collaborative efforts among various stakeholders, including NGOs, local organisations, and government bodies, to create a comprehensive approach to improving health services in tribal communities.

7. PROGRAMME SCHEDULE

| | |
|----------------------|--|
| 10:00-10:30 | Registration & Tea |
| <i>Session</i> | |
| 10:30-12:15 | <p><i>Welcome & Opening Remarks:</i></p> <ul style="list-style-type: none"> ● Amrat Singh, Director, CUTS International <p><i>Overview of the Project:</i></p> <ul style="list-style-type: none"> ● Amar Deep Singh, Senior Programme Officer, CUTS International <p><i>Address by the Speakers:</i> <i>“Current Challenges in the Health Sector of Rajasthan particularly in the Vulnerable Community”</i></p> <ul style="list-style-type: none"> ● Dr. Anil Agarwal, Health Specialist, UNICEF Rajasthan ● Rajendra Bhanawat (Rtd. IAS), Chairman, Sandhan ● Rajendra Bora, Eminent Sr. Journalist ● Om Prakash Arya, State Manager, Global Health Strategies ● Vikram Singh Raghav, Technical Consultant SDGs, UNICEF |
| 12:15-12:45 | <i>Open Discussion</i> |
| 12:45-13:00 | <i>CUTS Gram Gadar Award Felicitations Ceremony:</i> Deepak Saxena , Associate Director, CUTS |
| 13:00-13:10 | <i>Summing Up & Vote of Thanks:</i> Pritika Nayak , Research Associate, CUTS |
| 13:10 onwards | Lunch |

9. PHOTO GALLERY



10. LIST OF PARTICIPANTS

| S. No. | Name of Participant | Organisation |
|--------|---------------------------|---|
| 1 | Harish Kumawat | Samvedana Sansthan, Phulera, Jaipur |
| 2 | Sukhpal Dhabhai | Centre for Rural Development and Consultant Society, Jaipur |
| 3 | Amit Bejnath Garg | Freelance Journalist, Jaipur |
| 4. | Nand Kishore Dubey | Lado Sansthan, Jaipur |
| 5. | Dr Vinod Kumar Upadhyay | Harshit Shiksha Evam Vikas Sansthan, Jaipur |
| 6. | Banshi Lal Bairwa | Prayas Kendra, VP- Harsoli, Distt.- Dudu |
| 7. | Gauhar Mahmud | CUTS-CHD, Chittorgarh |
| 8. | Madan lal Keer | CUTS-CHD, Pratapgarh |
| 9. | Pushpendra Mehta | Social Worker, Pratapgarh |
| 10. | Udai lal Gadri | CUTS-CHD, Banswara |
| 11. | Vimal Prakash | Community Member, Banswara |
| 12. | Laxaman lal Katara | Community Member, Banswara |
| 13. | Dr Subhash Chandra Sharma | R K Sansthan, Jaipur |
| 14. | Shalu Saini | Shorya Sewa Sansthan, Jaipur |
| 15. | K N Joshi | IIRM, Jaipur |
| 16. | Amar Deep Singh | CUTS |
| 17. | Dr Rajesh Malakar | Vikasonmukh Sansthan, Jaipur |
| 18. | Dr Sonia Agarwal | HCM – RIPA, Jaipur |
| 19. | O P Arya | Global Health Strategies, Jaipur |
| 20. | Pukhraj Acharya | Anvarat Sansthan, Jaipur |
| 21. | Shailendra Kosthi | Shiva Sanstha, Jaipur |
| 22. | Rajendra Bora | Journalist, Jaipur |
| 23. | Suleman Shekh | Gramin Manav Kalyan Shikshan Sansthan, Phulera |
| 24. | Dharmendra | Aparna Sanstha, Jaipur |
| 25. | Rekha Sharma | Aparna Sanstha, Jaipur |
| 26. | Manish Saxena | World, Jaipur |
| 27. | Rajendra Bhanawat | Sandhan, Jaipur |
| 28. | Leela Sharma | Sahyog Samajik Sansthan, Jaipur |

| S. No. | Name of Participant | Organisation |
|---------------|----------------------------|--|
| 29. | Vinita Sharma | Sahyog Samajik Sansthan, Jaipur |
| 30. | M L Sharma | Saibaba Sansthan, Jaipur |
| 31. | Vansh Sharma | Saibaba Sansthan, Jaipur |
| 32. | Aditi Khandelwal | Honhar Sansthan, Jaipur |
| 33. | Manish Saini | Jagriti Sansthan, Jaipur |
| 34. | Dr Bharti | Disha foundation |
| 35. | Vikram Singh Raghav | Unicef, Jaipur |
| 36. | Sunita Kanoongo | Honhar Sanstha, Jaipur |
| 37. | Manmohan Sharma | Shiv Shikshan Sansthan, Jaipur |
| 38. | B R Sharma | Hardev Shikshan And Jankalyan Sansthan, Jaipur |
| 39. | H C Sharma | Hardev Shikshan And Jankalyan Sansthan, Jaipur |
| 40. | Jagdish Choudhary | Marudhara Sewa Sansthan, Jaipur |
| 41. | Lalit Bhardwaj | Sarojini Naidu Sansthan, Jaipur |
| 42. | R K Sharma | Navjeevan Society, Jaipur |
| 43. | A K Srivastava | IIRM, Jaipur |
| 44. | Amit Kumar Gupta | CECOEDECON, Jaipur |
| 45. | Dr Amit Kumar | Kumarappa Sansthan |
| 46. | Nesar Ahmad | BARC Trust |
| 47. | Neetu Sharma | Ganesh Vihar, Jaipur |
| 48. | Deepak Sharma | Records Sansthan, Jaipur |
| 49. | Kedar Sharma | Shree Ganesh Vidya Mandir |
| 50. | Dr O P Kulhari | CULP, Jaipur |
| 51. | Mamta Verma | Gram Chetana Kendar |
| 52. | Abhishek Pareek | Pehchan, Jaipur |
| 53. | Manoj Jain | Pehchaan |
| 54. | Dr Yateen Gautam | Medical and Health Department, Banswara |
| 55. | Raj Sharma | Saakaar Sanstha, Jaipur |
| 56. | Nikita Sharma | Nalini Foundation |
| 57. | Meena | WLCF Foundation |
| 58. | Sarita Sharma | Muskaan Foundation |

| S. No. | Name of Participant | Organisation |
|---------------|----------------------------|---------------------|
| 59. | Ramchand Jangid | Jagruti Sansthan |
| 60. | Amrat Singh | CUTS |
| 61. | Pritika Nayak | CUTS |
| 62. | Rajdeep Pareek | CUTS |
| 63. | Dharmendra Chaturvedi | CUTS |
| 64. | Deepak Saxena | CUTS |
| 65. | B N Sharma | CUTS |