TO THE STUDY ON IMPACT OF PEER GROUP COUNSELLING THROUGH TRIGGERING PROCESS FOR COMMUNITY ACTION UNDER JOINT ACTION FOR SUSTAINABLE HEALTH AND NUTRITION PROJECT OF JSLPS, IN TANTNAGAR, SADAR CHAIBASA AND CHAKRAHDARPUR BLOCK, WEST SINGHBHUM, JHARKHAND

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Development Management

By

Baleshwar Birua

Under the Supervision and Guidance of

Dr. Ratna Verma

2024

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "**To the study on impact of Peer Group Counselling through Triggering Process for Community Action under JASHN project of JSLPS, in Tantnagar, Sadar Chaibasa and Chakradharpur block, West Singhbhum Jharkhand"** is the Bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

Name of the student - Baleshwar Birua

Date - 15/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **"To the study on impact of Peer Group Counselling through Triggering Process for Community Action under JASHN project of JSLPS, in Tantnagar, Sadar Chaibasa and Chakradharpur block, West Singhbhum, Jharkhand"** is a record of the research work undertaken by **Baleshwar Birua** in partial fulfillment of the requirements for the award of the degree of MBA (Development Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Dr. Ratna Verma
Faculty Guide
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Date 15-07-2024

Dr. Himadri Sinha
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Date 15/07/2024

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ACRONYMS

- **ASHA**: Accredited Social Health Activist
- **AWW**: Anganwadi Worker
- **CLF**: Cluster Level Federation
- **COO**: Chief Operating Officer
- **DPM**: District Program Manager
- **EC**: Executive Council
- **FNHW**: Food, Nutrition, Health, and WASH (Water, Sanitation, and Hygiene)
- **FLW**: Frontline Worker
- **GDPP**: Gram Panchayat Development Plan
- **GoJ**: Government of Jharkhand
- **ICDS**: Integrated Child Development Services
- **IRMA**: Institute of Rural Management, Ahmedabad
- **JASHN**: Joint Action for Sustainable Health and Nutrition
- **JSLPS**: Jharkhand State Livelihood Promotion Society
- **JSY**: Janani Suraksha Yojana
- **JSSJ**: Jharkhand State Social Security Jankari
- **MGNREGA**: Mahatma Gandhi National Rural Employment Guarantee Act
- **MCP**: Mother and Child Protection
- **MoRD**: Ministry of Rural Development
- **MVY**: Maternity Benefit Programme (Matritva Vandana Yojana)
- **NHFS**: National Family Health Survey

- **NRLM**: National Rural Livelihood Mission

- **PGC**: Peer Group Counselling
- **PMMBY**: Pradhan Mantri Matru Vandana Yojana
- **RDD**: Rural Development Department
- **SMMU:** State Mission Management Unit
- **SRLM:** State Rural Livelihood Mission
- **TPCA**: Triggering Process for Community Action
- **TOT**: Training of Trainers
- **VO**: Village Organization
- **VHSND**: Village Health, Sanitation, and Nutrition Day

ABSTRACT

the study was undertaken for identifying and understanding health intervention and women empowerment done by Jharkhand State Livelihood Promotion Society for the promotion of joint action for sustainable health and nutrition through forming of community- based organization.

Peer group counselling through the triggering process plays a pivotal role in the JASHN project, significantly impacting the Jharkhand community, especially women. This approach helps to mobilize and organize the people towards sustainable development hence creating a favorable environment. The following outlines the critical roles of peer group counselling in this context: The following outlines the critical roles of peer group counselling in this context.

1. Enhancing Social Cohesion and Trust: Enhancing Social Cohesion and Trust:

Building Relationships: Counselling sessions involving peers ensures the clients discuss their issues thus; creating understanding in the community. This helps to enhance social relations, and build up trust of participants.

Collective Problem-Solving: The idea here is that people in the same community, in view of their experiences and information exchange can take collective positions in tackling problems resulting into more acceptable and effective solutions.

2. Empowering Women:

Voice and Participation: In this sense, while rural women generally face many challenges, they have a chance to share their opinions in the show. This improves their morale and makes them enthusiastic participants in matters touching on the community.

Leadership Development: It extends initiative skills among women by being able to handle more important positions within the society and fight for their right and needs.

3. Promoting Health and Education:

Awareness and Knowledge Sharing: Interactions occur in stressful areas and concern themselves with topics ranging all the way from health and hygiene, to education.

Behavioral Change: Steady focus by engaging the families in counseling ensures that such beneficial changes result to improved health and school attendance.

4. Economic Empowerment:

Skill Development: Training on different livelihood skills is usually carried out by peer groups, thus improving the economic status of the members.

Resource Mobilization: The mobilization of the populations through peers can enhance better access to financial resources like micro-credit facilities and government sponsored programs which in the long-run enhance economic stability.

5. Addressing Social Issues:

Gender Equality: Issues that may be brought up in peer counselling sessions may cause a change in the traditional ideas of gender, thereby positively influencing the reduction of gender based violence.

Social Inclusion: It makes the women and other socially oppressed sections of the lower castes to be accepted and hence the improve the social inclusion.

6. Sustainability and Resilience:

• **Community Ownership:** The triggering process creates ownership and responsibility of the development processes among the community's members hence promoting sustainability of the developments.

• **Adaptive Capacity:** This method strengthens the community in dealing with change and other disturbances as it creates a good support and fellowship.

The implementation of peer group counselling through the triggering process in the JASHN project significantly contributes to community action and empowerment in Jharkhand. By fostering social cohesion, empowering women, promoting health and education, enhancing economic opportunities, addressing social issues, and building sustainable and resilient communities, this approach creates a holistic impact. It transforms the community dynamics, leading to long-term positive changes and improved quality of life for all members, particularly women.

Women friendly community approach aims to build a community, where women can claim and fulfil their rights in the critical areas of FNHW & social Security through community participation. There is an underlying emphasis, on -developing an enabling environment for disadvantaged groups (children, women and other marginalized groups) to constructively respond on their issues, concerns, and aspirations. JSLPS, over a period, have comprehended an understanding on the extent of internalization of the WFC approach in sectoral interventions. Also, it has sought to strengthen and consolidate, community participation in FNHW & SS interventions.

Food Health, nutrition and WASH are indeed essential for every citizen, but it is more important for poor and marginalized people, to develop a correct understanding and awareness on health, nutrition, & WASH issues. Based on empirical facts, it appears that an individual cannot consider making a positive change in their life until they have come to terms with it. to increase people's understanding of health, nutrition, and WASH issues and to help them understand how important their own health and nutrition are in relation to other socioeconomic development indices. Therefore, it is imperative that residents, particularly those living in rural areas, have a prompting, or zeal, in their minds.

INTRODUCTION TO JSLPS

The Jharkhand State Livelihood Promotion Society is an independent organization that was founded in 2009 by the Jharkhand government's rural development department. This society was founded with the intention of acting as a special purpose entity to facilitate the effective execution of policies, plans, and programs Jharkhand for underprivileged populations that aim to reduce poverty.

JSLPS partners with other government agencies and functions as a nodal organization for livelihood promotion strategies and initiatives in the state. NGOs/CBOs, academic institutions, and the business community. Through the executive council and general body, which are made up of secretaries from several government agencies, it operates democratically. Policy makers, social activists, and NGOs' representatives, the Principle Secretary of the Rural Department leads the EC, and the Hon. Minister of the Rural Department chairs the GB. Within the organization, the State Mission Management Unit (SMMU) at the state level has been formed. The CEO is backed by a full-time Chief Operating Officer (COO), a group of top level professionals, and subject matter specialists. The SMMU has debuted its autonomous vertical as Block Program Manager and District Program Manager, respectively, at the district and block levels.

INTRODUCTION TO JASHN

Joint Action for Sustainable Health and Nutrition (JASHN) project is being implemented in 31 blocks across 14 Jharkhand districts. The is for 36 months, and the learning and experiences of this project is being to scale the FNHW interventions across the geographies of Jharkhand. The project was intended in the month of the January 2021 and was kicked off with the virtual meeting that included all the DPMs and BPMs from the proposal area.

Objective of the JASHN projective:

- Promoting dietary diversity through the promotion of the Poshan Bagicha and agriculture nutrition continuum.
- Strengthening the convergence with service providers at ground level for greater access to service and entitlements.
- Reduce incident of anemia among women, under nutrition in children
- Enhancement of knowledge and skills among SHG/VO members around FNHW issues through capacity building and dissemination of social behaviour change communication, development of immersion sites.

According to the most recent NHFS-5 DATA OF Jharkhand, child feeding habits below 6 months, nutrition status of children

Under 5 years, and anemia among children and adults are still in the alarming status, in the country and need to be addressed. Child age (6-59): – 67.5, all women (15-49): - 65.3, men (15-49): - 29.6 and underweight: - 39.4, wasted: - 22.4, stunted: - 39.6, exclusive breastfed: - 76.1.

Initiations of the JASHN project: -

Just after 2nd wave of covid-2019, august 3, 2021, the JASHN project was officially launched. representatives from the MoRD, NRLM, Secretary RD GoJ, Director social welfare, DG-SNM, and CEO JSLPS state, district, and block staff, attended the inauguration and briefed of the project updates. The formation of state advisory committee was initiated immediately after the commencement of the project. It was formed under the chairmanship of the secretary RDD just after the launching of the project.

The first meeting of the advisory committee (with the participations of the different department) for better service access and delivery at the field level, a virtual meeting was different stakeholders.

The first advisory committee meeting was held under the chairmanship of secretory rural development department, GoJ. The objective of the meeting was to develop a convergent action across the departments for convergent action in the state in replicated in the district's levels. These collaborative initiatives are envisaged would help in system strengthening, developing areas of mutual benefits, smoother implementation of the project and would lead to better implementation of the project and the interventions envisioned in the JASHN project.

The key departments with which the collaborative efforts have been initiated are the Department of Women, Child Development and Social Security (ICDS), National Health Mission, State Nutrition Mission, MGNREGA, Drinking Water and Sanitation and other departments.

Baseline survey of the JASHN project – completed and report submitted: -

JSLPS has collaborated with IRMA (Institute of Rural Management, Ahmedabad, for conducting the base line survey of JASHN project. JSLPS and IRMA have signed a MoU (Memorandum of Understanding) to provide other monitoring support for this project.

No of the blocks covered for JASHN baseline	31 blocks
No of the villages covered for JASHN baseline	230
No of enumerators trained	40

The baseline survey has been duly completed by IRMA and the first draft shared. A virtual meeting for sharing of the finding of baseline survey was organized, where the representative of NMMU and SRLM participated and provided their feedback. IRMA is also helping in process monitoring of JASHN project. As many activities of JASHN like Peer Group Counselling, Triggering Process for Community Action, are process oriented, these processes are being mapped through the tools developed by IRMA.

A Functional dedicated cadres developed – Senior Setu Didi's for block level convergence: -

Recruitment of Senior Setu Didis	31
Attended ToT Senior Setu Ditis	31

The senior Setu didi have been appointed across the JASHN project geographies, as a dedicated community cadre in the project areas to capacitate, guide, handhold and direct Setu Didi on regular basis. She is placed at the block level to oversee the functioning of the Setu Didi and also to bring about the qualitative improvement in the deliverables in the JASHN project. The Senior Setu Didi

role is principally supervisory in nature and also bring about significant qualitative improvement in the implementation, capacity building, handhold and guidance, development or tools for smooth implementation of project, and convergence action with ANM, AWW, and Sahiyas. The Senior Setu Didi strategic planning for communication considerable and focused deliverables at the intervention site, development of immersion sites, participating in meetings and talking the lead in anchoring programmes such as Poshan Pakhwara, Brest feeding Week, Fit India Movement, etc.

Capacity building of Senior Setu Didi: -

ToT for Senior Setu Didi: A four-day Training of Trainers (ToT) for Senior Setu Didi was held at the State from

Capacity building of Setu Didi: -

- The concept of FNHW and its significance in the context of SRLM
- Eight of the sixteen session were completed
  - Cause of poverty, birth readiness, dietary diversity etc.
- Group counselling and technique
- Triggering Process with community in order to prepare a village health and nutrition plan
- The refresher training of Setu Didi and Senior Setu Didi was organized to initiate the vision exercise.
- Community based monitoring process
- Group counselling- positive deviance approach to address the 1000 days
- Guideline for community events

Three days of training of Setu Didi's: -

No. of Setu Didi sanctioned	282
1st phase 3 days of training of Setu Didi's	266
2nd phase 3 days training of Setu Didi	278

To maintain the covid 19 protocol in 2021, initially one-day orientation was held in all 14 districts for the Setu Didi's on covid response behaviour, FNHW and Social Security, following that, the Setu Didi received seven days of residential training to learn about FNHW in the phase manner on all the sixteen sessions.

In every quarter, refresher training are organized for better understand of topics and issue faced by Setu Didi in the field. Setu Didi were also taught about the triggering process for village health plans, peer group counselling process, and tool use, and the Samuh Warta's following four sessions.

After the training, Setu Didi discusses one session per month in the EC1 meeting of the village organization. Then leaders of VO who are representatives of the SHGs discuss the same topic in one of the weekly meetings of Sakhi Mandals. Thus, critical topics of FNHW reach the grass root levels so that the knowledge augmentation and skills enhancement issues are also percolated and anchored.

Capacity building of SHG/Vos /CLF: -

The key objective of the JASHN project is to capacitate the members and enhance the knowledge levels of community institutions members such as CLFs, VOs, and SHGs in health and nutrition activities. It is through the continuous capacity building members develop the desired appropriate

knowledge and skills for maternal, infant, and child health and thus contribute towards systems strengthening. The goal behind the capacity and skill enhancement of the SHGs/Vos and the CLFs are

- Peer-to-peer interaction develops an awareness as well as through thorough understanding of health and nutrition sanitation issues.
- Support in the family involvement
- Systems strengthening by assuring service providers responsibility.
- Create demand-driven services.
- Increasing access to services and entitlements such as THR, VHSND, JSY, JSSJ, PMMBY, and others.

The two interventions at the community level (TPCA) and at the household level (PGC) remains the core of the FNHW interventions and specially of the JASHN project. The assessment, analysis, time bound planning and execution of the FNHW interventions.

Triggering Process and Community Action (TPCA): -

the women-friendly community approach aims to build a community, where women may claim and fulfil their right in the important areas of FNHW and Social Security (SS). With the help of the community, this unique process is being used to construct/prepare the village's health and nutrition plan.

a) Collectivism – bringing people from all corners of the community in one place
b) Sensitization – sensitize the community about the necessity & importance of the exercise

c) Collective & collaborative analysis by assessing current health and nutrition services
d) Prioritization – five to six issues were prioritized for immediate action preparation
e) Action plan preparation – a three-month action plan prepared with clear roles of community institutions members/leaders, FLWs, and PRIs, - A joint accountability matrix is prepared in consultation with all FLWs
f) Implementation – actual implementation takes place based on the action plan

Triggering process and community action is one of the key activities under JASHN project and there are seven steps followed during this TPCA exercise:

Through the TPCA, situation analysis of all schemes related to FNHW are mapped, ranked on basis of priority, and based on gaps a plan of action is prepared by the community institutions. These plans are presented to the Gram Sabha for their consent and eventually endorsement of some of the issues in the GDPP (Gram Panchayat Development Plan). The same exercise is repeated after six months to understand the before and after-effects of the PPA exercise.

Peer Group Counselling:

Peer group counselling was envisioned as an of several steps toward establishing a "Women-Friendly Community" all 14 districts and 31 blocks are using the method, which will cover 140 CLFs, 2797 VOs, and 37688 SHGs. Peer group counselling is a novel approach in which a group of people counsels a single person. For e.g. SHGs counsels its beneficiaries at her doorstep along with other house members. We believe peers trust, confidence and companionship contribute to the development of a solid ecology for service understanding and access.

This peer group counselling technique help the women in her home compliment each other, proving the existing support structure, food intake, nutrition, and another system. During the counselling time, pregnant women are instructed about features of safe parenthood, healthy children, a positive home environment, and support from in laws/husbands. Counselling is used to explain all the services and entitlement to pregnant women to her family. Pregnant women are educated services and rights (JSSY, MVY, Mamta Vahan), nutrition issues, and VHSND participation for service access.

Identification of pregnant women and ensuring the access to services and entitlements: -

During the last year through the convergent initiative in the **14 districts and 31 blocks** of monitoring is done whether the schemes and entitlement and the VHSND services. The VO members do provide supportive supervision on THR and other services.

Peer group counseling is unique in its approach that the peers (fellow members of the SHGs) counsel the pregnant women on all the aspects of antenatal care (during pregnancy), intra-natal care (during childbirth) and post-natal care (after childbirth/lactation period). Peer group counseling, by the SHG for creating a positive environment by helping pregnant women and their families, to better understand health and nutrition issues and adopt positive health and nutrition seeking behaviour. A peer counseling approach often is the edifice of the outreach strategy, providing pregnant women and their families with opportunities to access accurate and correct information to make the women aware and educate them, regarding maternal, child health and nutrition.

LITERATURE REVIEW

- Peer Group Counseling: Peer group counseling involves individuals within a community coming together to provide support, guidance, and encouragement to one another. Through this process, individuals can share experiences, learn from each other, and develop strategies to address common challenges. Triggering Process: The triggering process is one of the vital sections in the peer group counseling, during which the participants are encouraged to pursue certain actions through discussions, workshops, and activities. This process seeks to educate, sensitize and even create a focus in the members of the community, towards a certain goal or activity. Community Action: As to the meaning of community action, it based on concerted efforts, which are made by individuals of the particular community with the purpose of creating a positive change, handling with certain issues within the community and enhancing the quality of life of the inhabitants on the definite territory. Since peer group counseling is an important part of the process of providing people with opportunities, tools, and encouragement to start and continue CAI efforts, it should be a staple feature of all preventative interventions. Effectiveness of Peer Group Counseling for Community Action: On this particular aspect, several authors underlined the effectiveness of the peer group counseling on promoting community action. For instance, Smith et al. (2018) noted that peer-based counseling groups enriched the clients' skills in demanding health care services in deprived communities.
- Following the occupation in 2003, particular ethnic groups in the Iraq have been forced out of their homes as the Iraqi civilians regarded them as allies of the pre-occupation government which posed serious threats to their lives.

- Jordan became a haven for thousands of Kurds, Palestinians, Sudanese, Somalis, and Iranian communists. They were being temporarily housed in two camps in the northern Badia semi-desert as of May 2003. The Ruwayshed camp is located about 20 kilometers from the northernmost Jordanian settlement, while the Karama camp was founded in the area of no man's land between the borders of Iraq and Jordan. It was the responsibility of CARE International to provide the refugee population in Jordan with basic social, health, and educational services. The political climate at the time made it difficult to find the refugees long-term settlement options; as a result, they were forced to spend the bitterly harsh winter at the camp. The severe living circumstances combined with the lack of hope for the future led to significant psychological suffering. The personal help that staff members could provide was insufficient to meet the needs of refugees, as service providers learned. Over a thousand refugees, the majority of whom were Kurdish, remained at Karama camp as of April 2004, while about 400 were housed in Ruwayshed camp. At that time, CARE requested that the author undertake an assessment of the psychological requirements of the two communities and create and carry out a three-month-long program for training peer counselors. Up until the end of 2004, monthly follow-up training helped the peer counselors in Ruwayshed camp1 in particular in their job. Peer counsellors training with Iraqi refugees: A Jordanian case study was made possible by a number of professional connections with the camps. Up until the end of 2005, it was feasible to observe the long-term effects of the peer counselors' work (Intervention 2007, Volume 5, Number 3, Pages 232–243). There are still about 120 refugees residing in the Ruwayshed camp as of the time this story was written. “Peer counsellors training with refugees from Iraq: A Jordanian case study Intervention 2007, Volume 5, Number 3, Page 232 – 243”

- For more than 50 years, peer education and peer counseling have been acknowledged as complimentary ways to professional intervention for health and wellbeing; nevertheless, sufficient information on their impacts has only lately been available. Although measuring effects is challenging, individuals may have an advantage in reaching places that experts cannot. However, it is unclear if this promise is realized. This research looks at 58 narrative, systematic, and meta-analyses that have been done on the subject. evaluations of HIV/AIDS interventions and sexual health were common in peer education, and these were followed by evaluations of other medical disorders and their relevance to inmates. A larger field was covered by more generic reviews. There have been multiple reviews on breastfeeding and mental health in peer counseling. Numerous evaluations in the beginning bemoaned the lack of evaluation; subsequent reviews discovered advances in knowledge but not in behavior; still later reviews discovered gains in both knowledge and behavior. Peer education and counseling seem to be beneficial in this way, but only if organizational issues are properly handled and the national cultural context is acknowledged. There was a summary of the implications for practice, policy, and research going forward.
- **Keywords:** Peer education, peer support, peer counseling, narrative reviews, systematic analyses, meta-analyses, health, and well-being.
- One method that has been suggested as perhaps effective for enhancing health literacy (HL) and lowering health disparities is community-based peer support (CBPS). Nevertheless, peer support is said to as a public health intervention in quest of a theory, and there are currently no systematic reviews examining the reasons for or mechanisms by which peer support enhances HL. Goal To better understand the potential of CBPS to improve HL and lower health inequities, a participatory realist synthesis should be

conducted. sources of data Primary studies assessing peer-support programs, conceptual reviews, and qualitative evidence syntheses were included; also, relevant research that provided theoretical or contextual background for the studies of interest were included. In order to find grey literature, we searched the following databases: Scopus, Global Health (including MEDLINE), ProQuest Dissertations & Theses (PQDT) [which includes Social Work Abstracts and the Education Resources Information Center (ERIC)], The King's Fund Database, Web of Knowledge, and the Institute of Development Studies. Additionally, supplementary strategies were employed. Our searches covered the period from 1975 to October 2011. We created a brand-new method of searching known as "cluster searching," which employs a number of search strategies to locate publications or other research products that are connected to a certain topic.

MATHODOLOGY

Objectives:

- To evaluate the effectiveness of PGC in improving antenatal, intra natal and postnatal care practices.
- To access the role of TPCA in enhancing community participation and accountability health and nutrition initiatives.
- To determine the combined impact of TPCA and PGC on maternal and child health indicators.

Study Design -This study utilizes observational and analytical research design.

Setting - The research will be conducted in the block- Sadar Chaibasa, Chakradharpur and Tantnagar, District – West Singhbhum.

Study Population-The study will target a sample population within the project area, involving a total of 150 beneficiaries selected randomly from the 902 TPCA and PGC beneficiaries in the Block – Sadar Chaibasa, Chakradharpur and Tantnagar, District – West Singhbhum. The sample will be diverse, representing different socio-economic backgrounds.

Study Tools - Annual report of JSLPS for open sources such as the internet, literature reviews, and newspaper articles.

Duration of Study:

The study will be conducted over a period of 90 Days, from April 1, 2024, to June 30, 2024.

Sample Size – 60 beneficiaries.

Sampling Technique - Simple random sampling and clustered sampling technique will be employed.

Data Collection:

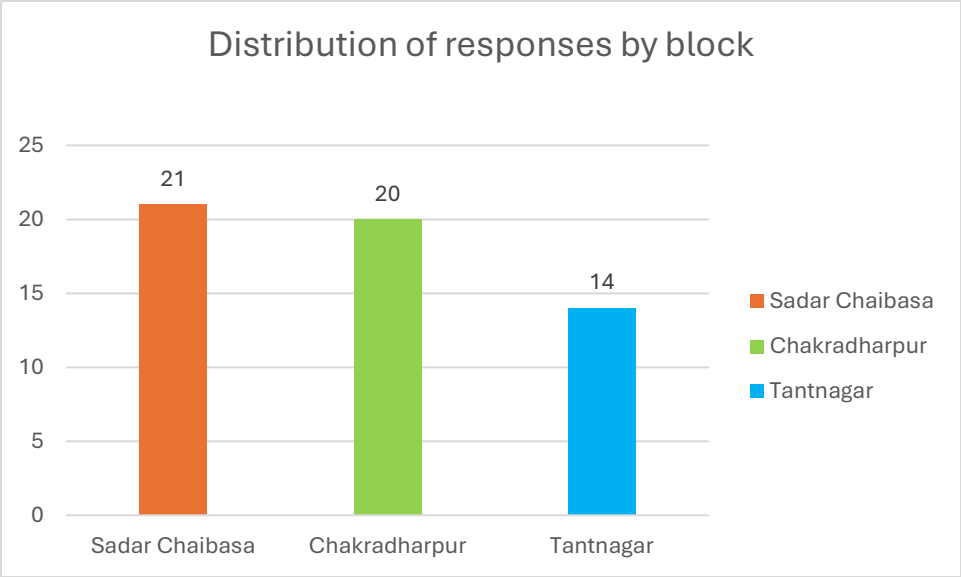
Quantitative data are called using structured questionnaires measuring health knowledge, behaviour, and outcomes before and after the intervention. qualitative data are gathered through semi structured interviews and focus group discussions to capture in-depth insights into participants experience and perceptions.

Data Analysis: - Microsoft excel

Implications of Research:

This research aims to improving community engagement, enhance social capital, empowerment of marginalized group, community-led development, informing policy and practices, and contribute to the overall development of the JSLPS region in Jharkhand, particularly in the West Singhbhum.

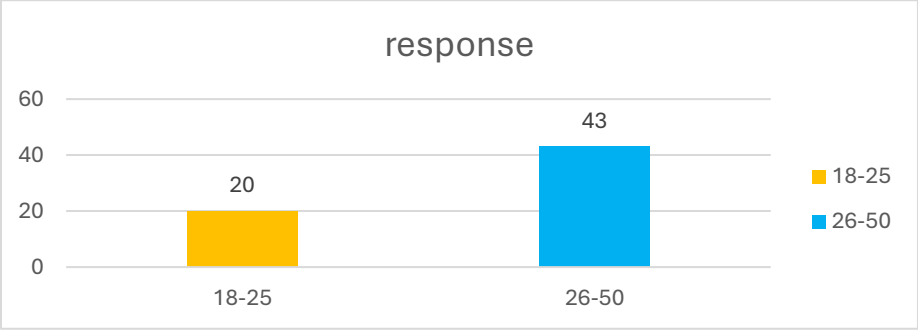
ANALYSIS AND FINDINGS



- **Sadar Chaibasa** has the highest number of responses, with a total of 21. This indicates that this block has a significant level of activity or engagement compared to the others.
- **Chakradharpur** is close behind with 20 responses, showing almost equal participation or relevance as Sadar Chaibasa.
- **Tantnagar** has the fewest responses, with 14, indicating comparatively lower engagement or activity.

This distribution suggests that Sadar Chaibasa and Chakradharpur have similar levels of participation in whatever activity or survey these responses pertain to, while Tantnagar is slightly less involved. This information could be useful for identifying areas with higher or lower engagement and for planning targeted interventions or resources accordingly.

❖ The distribution of individuals surveyed amongst two age brackets, which are 18-25 and 26-50, is shown in the bar chart.



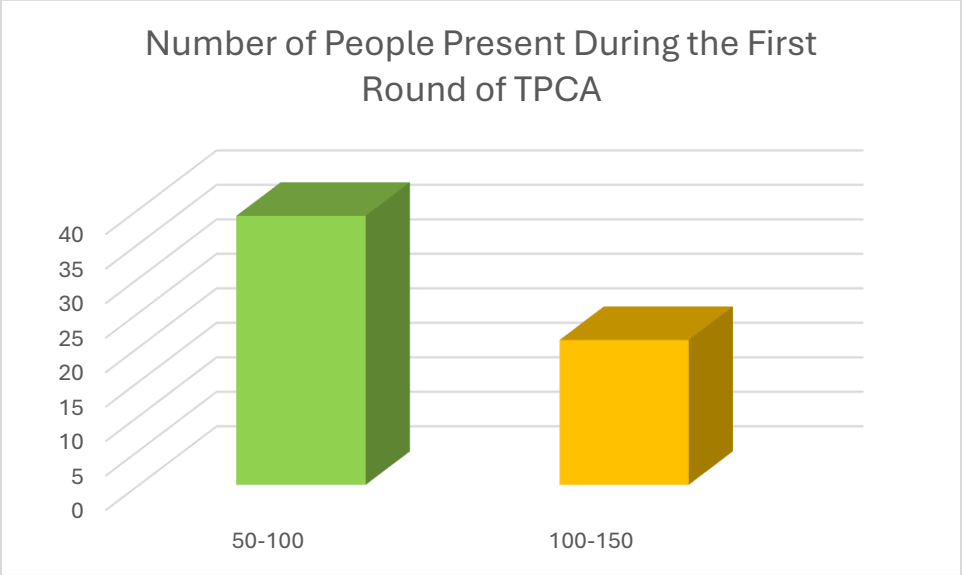
- **18-25 Age Group**: This group comprises of 20 people. It represents roughly about 31.7% of the total sample.
- **26-50 Age Group**: This group contains 43 persons. It constitutes approximately 68.3% of the entire sample population.
- **Most Dominant Age Group**: The majority of those asked to participate in this survey were between the ages of twenty-six and fifty, accounting for almost seventy percent of those who gave their opinion on this issue. These findings imply that middle-aged adults are more likely to respond as compared to young adults in this study.

- **Possible Target Demographic**: If you wanted the results obtained from the survey to reflect more on preferences or behaviors it would be better if they were more inspired by "26-50" age group; hence any inferences derived will apply more narrowly in their case.

- **Age Group Diversity**: Although both age groups have a significant representation, "26-50" has a considerably larger proportion. However, while such diversity may help understand needs and behaviors across a broader range of ages, one should also consider whether there is an overrepresentation issue with respect to older individuals whenever analyzing data like these.

❖ The bar chart shows how many people were present at the onset of TPCA, initially.

There are only two groups: “50-100”and “100-150”.



- **Majority Category (50-100 People)**:

Between 50 and 100 people were there on 39 occasions.

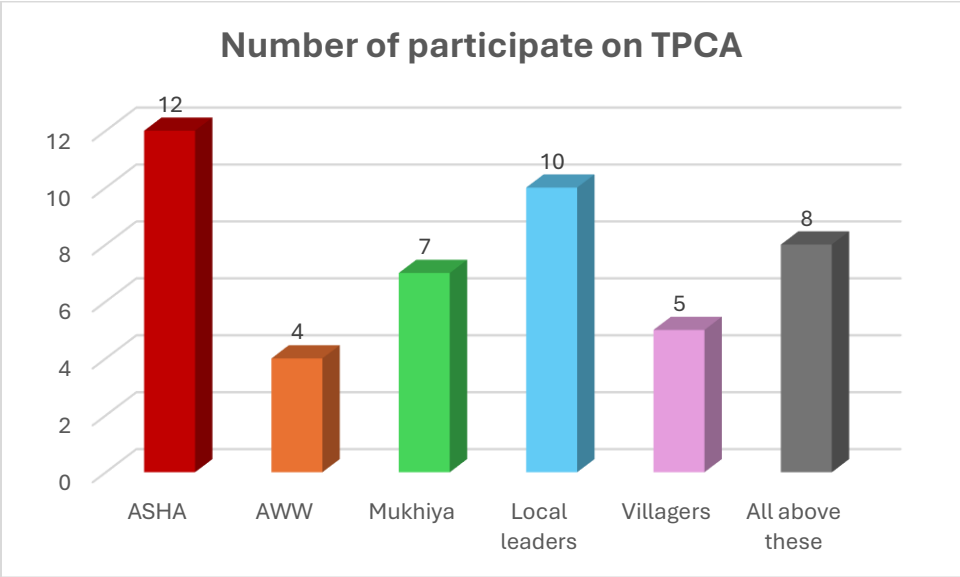
This category has the highest frequency, that is, most lectures had a rather average attendance.

- **Minority Category (100-150 People)**:

Between 100 and 150 people were there in 21 instances.

There were fewer number of sessions that had higher attendance in this category as compared to the first one i.e. 50-100

❖ **the bar chart representing the presence of different groups during the activity would be as follows:**

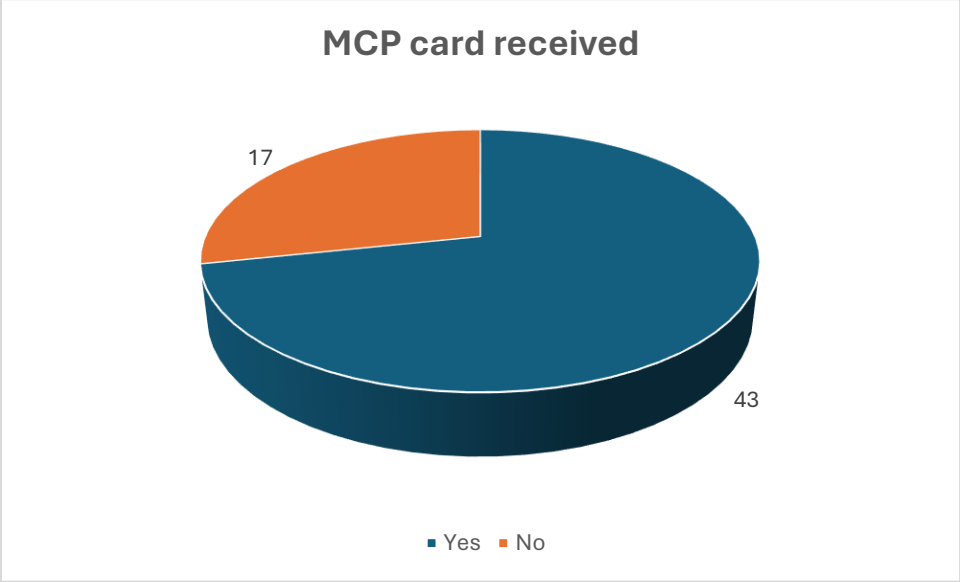


The bar chart represents the frequency of different groups' presence during community activities over a period.

- ASHA was present the most frequent among all groups, with a total count of 12 occurrences. This suggests that ASHA members actively participated in and contributed to the activities.
- **Local leaders** were present 10 times, indicating significant involvement in community affairs and activities.
- **Mukhiya**, the village head, attended 7 times, indicating regular participation but less frequently than ASHA and local leaders.
- **AWW** (Anganwadi Workers) were present 4 times, indicating moderate involvement. Villagers were present 5 times, showing varying levels of participation compared to other groups.

- The category "**All above these**" appeared 8 times, suggesting instances where multiple groups were present simultaneously or when the activity involved a broad spectrum of community stakeholders.

❖ **The pie chart visually represents the distribution of responses regarding whether beneficiaries received MCP cards**: -

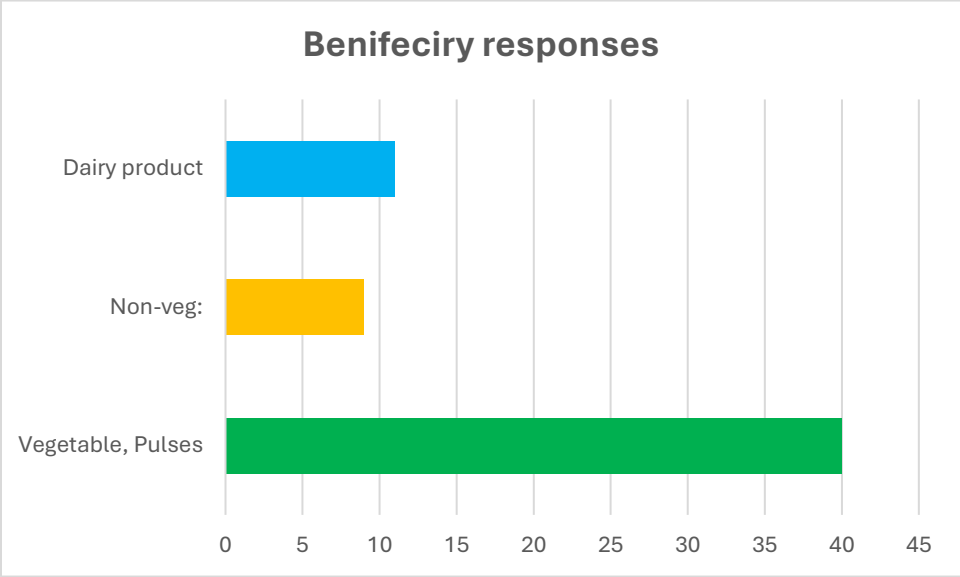


• "**Yes" (Received MCP Card):** The larger slice of the pie chart indicates that 43 out of 60 beneficiaries received MCP cards, representing approximately 71.7% of respondents.

• "**No" (Did Not Receive MCP Card):** The smaller slice represents 17 out of 60 beneficiaries who did not receive MCP cards, accounting for approximately 28.3% of respondents.

- This distribution suggests that a significant majority of beneficiaries received MCP cards, which can be crucial for enhancing antenatal care practices by providing structured health information and access to services.

❖ **Based on the stacked bar chart representing the types of meals or food included in the beneficiary's diet**:



The chart visually represents the frequency of different meal types consumed by the beneficiaries:

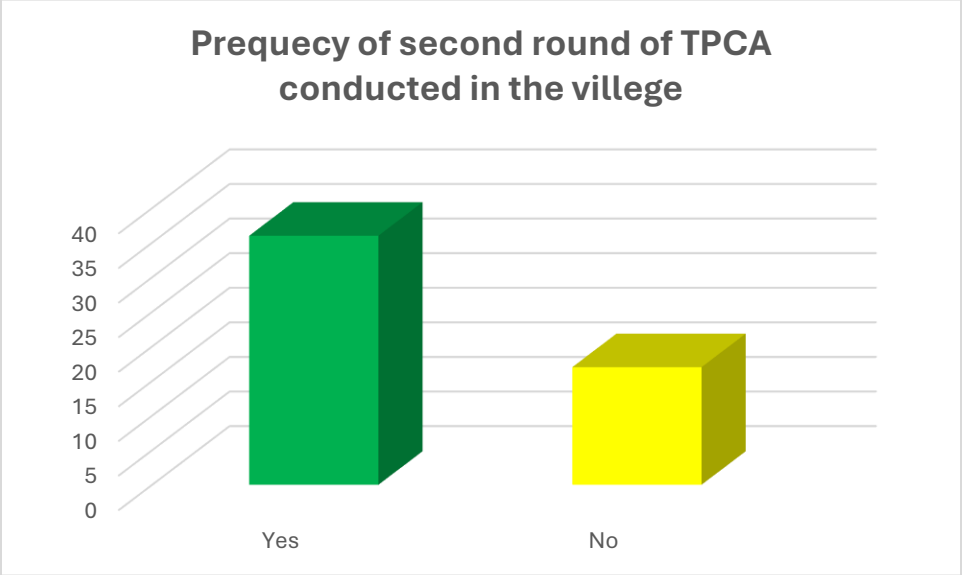
- **Vegetable, Pulses:** This category dominates the chart, indicating that it was the most frequently consumed type of meal among the beneficiaries.
- **Non-veg:** A smaller proportion of beneficiaries reported consuming non-vegetarian meals.
- **Dairy Product:** This category shows a moderate frequency compared to the others, indicating varied consumption of dairy products among the beneficiaries.

Insights:

- **Dietary Preferences:** The majority preference for vegetables and pulses suggests a diet rich in plant-based proteins and nutrients.
- **Variation in Diet:** The inclusion of non-veg and dairy products highlights dietary diversity among the beneficiaries.

- **Health Implications:** Understanding these dietary patterns can help in assessing nutritional adequacy and planning interventions to improve dietary diversity and health outcomes among the target population.

❖ **The bar chart provided shows the frequency of responses to whether the second round of Triggering Process for Community Action (TPCA) was conducted in the village:**



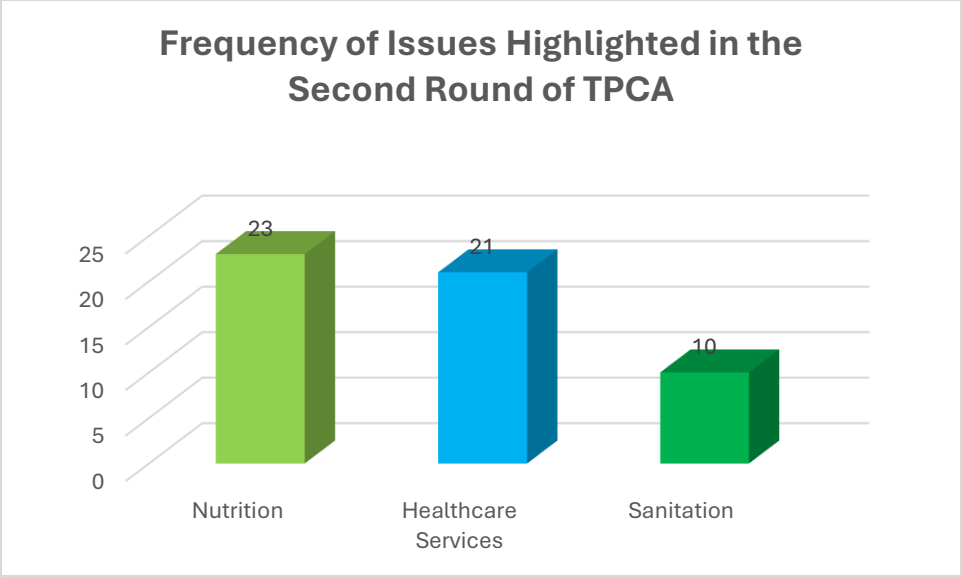
• Frequency **of TPCA Conducted**:

- **2021**: The second round of TPCA was conducted 10 times.
- **2022**: The second round of TPCA was conducted 17 times.
- **2023**: The second round of TPCA was conducted 29 times.

• Trends **Over the Years**:

- There is a clear upward trend in the number of second round TPCAs conducted from 2021 to 2023.
- The year 2023 shows the highest frequency, indicating a significant increase in TPCA activities compared to the previous years.

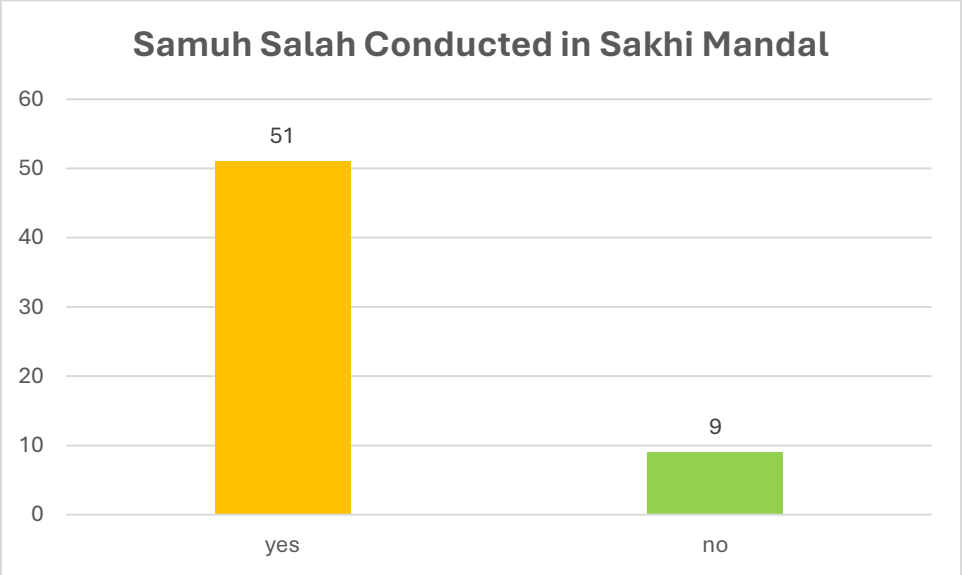
❖ **The bar chart represents the frequency of issues highlighted in the second round of TPCA:**



1. **Nutrition**:
    - **Frequency**: 23 mentions
    - **Interpretation**: Nutrition was the most frequently mentioned issue, indicating it is a primary concern among the participants. This suggests that there may be significant challenges or areas for improvement in nutrition-related practices, access, or education within the community.
2. **Healthcare Services**:
    - **Frequency**: 21 mentions
    - **Interpretation**: Healthcare services were the second most frequently mentioned issue, with a high frequency close to that of nutrition. This points to potential problems or gaps in the availability, quality, or accessibility of healthcare services that need to be addressed.
3. **Sanitation**:
    - **Frequency**: 10 mentions

- **Interpretation**: Sanitation was mentioned less frequently than nutrition and healthcare services, but it still represents a notable area of concern. The issues related to sanitation might include waste management, clean water access, and hygiene practices.

❖ **"Samuh salah" conducting the "sakhi mandal":**



The data indicates that an overwhelming majority (85%) of the respondents answered "Yes", indicating that "Samuh Salah" was conducted in their Sakhi Mandal. On the other hand, a small minority (15%) answered "No", indicating that it was not conducted.

CONCLUSION

Therefore, this study documents the success and gaps of PGC and TPCA in Sadar Chaibasa, Chakradharpur, and Tantnagar, West Singhbhum District. The findings indicate:

Effectiveness of PGC and TPCA: A number of the PGC and TPCA program has been effective in lending a positive boost to the antenatal, intra-natal and post-natal care practices as can be seen from the increased turnover of the MCP card distribution and active support of community in health and nutrition ventures. Community Engagement and Participation: Although Sadar Chaibasa and Chakradharpur show high level of involvement Tantnagar has potential which can be focused to increase the extent of participation of those communities in health interventions.

Challenges and Opportunities: Issues like lack of equitable representation across Age and gender and participants' uneven distribution across TPCA sessions present the need to come up with strategies that will make special provisions for these issues while implementing the program.

Recommendations for Future Action: For MCP cardholders, recommendations include an outreach focus on low-participation areas, expanded involvement of different age populations, further build-up of card distribution, and nutrition/healthcare services, sanitation and usage of mobilized active group parisons.

Path Forward: By following these recommendations, the stakeholders can go a long way to develop the cumulated necessity of PGC and TPCA, that would help to improve maternal and child health outcomes in Sadar Chaibasa, Chakradharpur and Tantnagar. Public health interventions should focus on monitoring and regular assessment and modification where necessary' of the changes that would support and enhance the positive changes in health practices within the communities.

RECOMMENDATION

For the improvement of turnout during TPCA sessions, the following recommendations should be implemented:

Flexible Scheduling: The TPCA sessions should be held during the time most of the community is not busy during the weekdays during the evening and on weekends.

Transportation Support: Transportation should be arranged to take individuals residing in the remote areas to the TPCA sessions.

Collaborative Events: Organise the implementation of TPCA sessions during other community events or services that many people attend; for instance health fairs or market days.

On this account, the following measures need to be strengthen for effective MCP Card distribution:

Comprehensive Tracking System: Develop ways on how all beneficiaries will be issued with MCP cards as all of them are eligible to be given. Lastly, at least call the patients that have not been provided with any of the mentioned commodities.

Awareness Campaigns: Carry out sensitization programs for the target group on the necessity to possess an MCP card and where to get them from.

Collaborate with Health Workers: Ensure that the MCP cards are disbursed among the target population especially when ASHA workers and other health workers are conducting home visits or other health check-ups.

By concentration on the food and the medical related services

Nutritional Education Programs: Start sensitization of balanced diets through preparation of foods with right proportions and distribution of information, facts, on nutrition.

Healthcare Accessibility Projects: Set up health camps and mobile clinics in underprivileged communities to increase access to healthcare services.

Nutritional Supplements: To treat any immediate nutritional shortages, give pregnant women and children nutritional supplements.

To Enhance Hygiene Procedures

Sanitation Workshops: Hold seminars on good hygiene and sanitation techniques, such as the significance of handwashing, waste management, and clean water.

Community Clean-Up Drives: To encourage a clean and healthy environment, plan frequent community clean-up drives.

Infrastructure Development: Work together with NGOs and the local government to construct latrines and supply clean water sources as part of an improved sanitation infrastructure.

To Maximize Engaging Community Groups

ASHA and Leader Training: Give ASHA employees, community leaders, and Mukhiya further instruction in cutting-edge health practices and community mobilization strategies.

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