A STUDY TO ASSESS THE IMPACT OF PARTICIPATORY PLANNING AND ACTION AT THE BLOCK LEVEL OF JHARKHAND AS IMPLEMENTED BY JHARKHAND STATE LIVELIHOOD AND PROMOTION SOCIETY

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Shounak Chakraborty

Under the Supervision and Guidance of

Dr. Alok Kumar Mathur

2022

DECLARATION BY STUDENT

I hereby declare that this dissertation titled “a study to assess the impact of Participatory Planning and Action at the block level of Jharkhand as implemented by Jharkhand State Livelihood and Promotion Society” is the Bonafede record of my original research work. 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Shounak Chakraborty

27.06.22

CERTIFICATE

This is to certify that Shounak Chakraborty in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her/his internship at Jharkhand State Livelihood and Promotion Society (JSLPS) during April 1, 2022, to June 30, 2022.

Place: Ranchi

Date: 27.06.2022

Ajay Nand Srivastava, PM M&E –cum-State Nodal FNHW

Jharkhand State Livelihood and Promotion Society (JSLPS)

CERTIFICATE

This is to certify that dissertation titled ..... is a record of the research work undertaken by (Name of Student) in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management)/MBA (Pharmaceutical Management)/MBA (Rural Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date	Date

1. **Abstract-**

Participatory Planning and Action (PPA) is an activity that has been recently started by JSLPS under the umbrella of NRLM, to make the people in the village aware about the services that are available to them related to Food, Nutrition, Health, and WASH (FNHW). This research has tried to find out the impact of PPA on the community level from the viewpoint of the facilitator responsible of conducting these activities and the people taking part in it. It has also tried to find out any gaps that exist between the expected and current situation of the provided to them. Data has been collected with the help of interviews and Focus Group Discussions with the facilitators and the community respectively. Data has also been collected from the chart where Plan of Action (PoA) has been made to find out the gaps in services and the reasons behind it. By analysing data from all the sources, it has been found that people are finding this activity helpful in making them aware about the different services available in the village and what all services they are entitled to receive from the government. It has also helped the community to find what all services are not available to them and what are the reasons behind it. After analysing the data, the key recommendations which were suggested are, first another research should be done by taking data from all the 130 blocks where FNHW is working on and then compare the results with this study to find out what new finding can be generated. Training should be provided to all the facilitators on a regular basis so that they can conduct the activities more effectively and keep up with any changes made in the activity. The villagers should be encouraged to participate in the activity and prior notice should be given to them at least two weeks before the activity so that they can finish all their work and came prepared away from distractions. Another study should be done after 6 months when second round of PPA has been conducted in most of the villages, then that data can be compared with this one to find out if any improvement can be detected among the behavior of the community or on the availability of the services.

Keywords: PPA, JSLPS, NRLM, gap analysis

2. **Acknowledgement-**

First and foremost, I would like to express my sincere gratitude to my industrial guide Ajay Nand Srivastava sir for his continuous support during my internship at Jharkhand State Livelihood Promotion Society (JSLPS), Ranchi. I would also like to thank Dr. Alok Kumar Mathur sir for his guidance that helped me in completing my project within due date. Also, I am thankful to Dr. P.R. Sodani sir and Dr. Dhirendra Kumar sir for their

guidance during the internship. Finally, I would like to thank my family for all the support and encouragement during the completion of this project and my friends for those helpful discussions and suggestions that helped in completion of the project within the specified time.

3. **Table of contents-**

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5. **Abbreviations-**

- **ANM**- Auxiliary Nurse Midwife
- **AWW**- Anganwadi Workers
- **FGD**- Focused Group Discussions
- **FNHW**- Food, Nutrition, Health, and WASH
- **JSLPS**- Jharkhand State Livelihood and Promotion Society
- **NRLM**- National Rural Livelihood Mission
- **PDS**- Public Distribution System

- **PRI**- Panchayati Raj Institutions
- **SHGs**- Self Help Groups
- **TPCI**-Triggering Process with Community Institution
- **VHSND**- Village Health Sanitation and Nutrition Day
- **WASH**- Water, Sanitation and Hygiene
- **WFC**- Women Friendly Community

Chapter 1. Introduction:

1.1 **Context-**

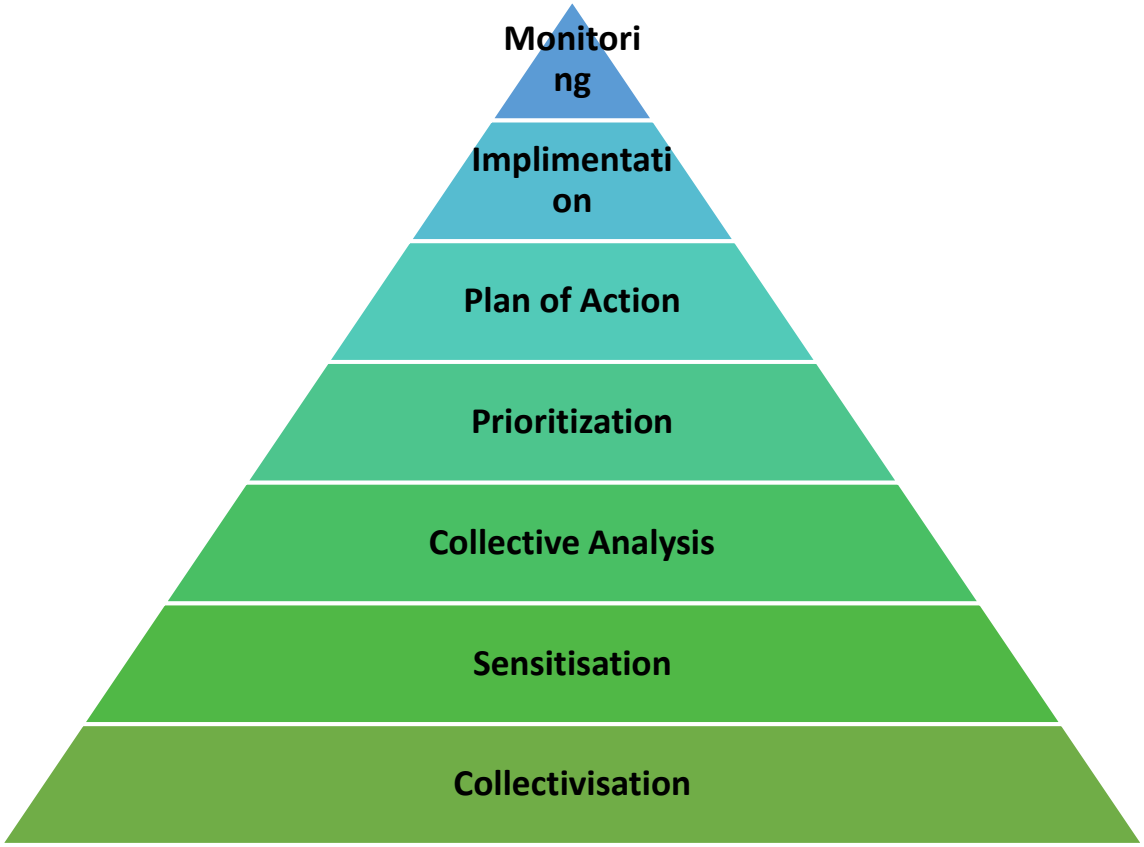
Women friendly community approach aims to build a community, where women can claim and fulfil their rights in the critical areas of FNHW & social Security through community participation. There is an underlying emphasis, on developing an enabling environment for disadvantaged groups (children, women, 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. Empirical evidence suggests that until a person realizes something him/herself, they cannot think seriously changing it for the better. Enhance comprehension on issues related to health nutrition and WASH and to make people realize that their health and nutrition is of paramount importance with other socio-economic development indicators. Thus, it is necessary to have a triggering, or zeal's in the minds of the citizens, especially in the rural space.

This extensive and inclusive process is known as PPA. Triggering process with community institutions (TPCI) is the very first entry step in any new village. The Participatory Rural Appraisal (PRA) tools were used to assess the service delivery gaps and prepare a Plan of Action (PoA) based on the identified gaps. The triggering process plays a crucial role in improving the demand generation and behaviour in respect to FNHW of the rural masses. The triggering process also orients the people on different health services and entitlements which are provided by different line departments. Through the participative assessment, the community will be able to comprehend, the difference between provisions of FNHW related services vis a vis, the actual status of service delivery that they are getting in their village from the different departments. Make people understand and realize about the actual situation of government services, of what they are getting against what they should get, the gap between the two, is comprehended by the multitude.

The seven building blocks are being used for creating a women-friendly community, the triggering process with the communities' members at the village level where already

community institution have been formed under the auspices of NRLM and these institutions would play a lead role to facilitate the TPCI process. The front-line service providers ANM, AWW from concerned departments along with the Panchayati Raj Institution (PRI) members would be actively involved. These service providers need to play significant role in developing a women-friendly community. The triggering process is the first activity at the village level which is based on the following seven building blocks. Earlier the process is limited to the second stage i.e., till sensitization but it has been noticed that it is not enough just to sensitize them, a plan of action needs to be made, implemented and regular monitoring need to occur to observe the progress of the Plan of Action (PoA).



i. **Collectivization-** Collectivization is the first activity that includes all the members to gather at one place informed by the Setu Didi about the triggering process.

ii. **Sensitization-** Sensitizing happens with the help of TPCI where the community is triggered into thinking and making them realize, comprehend and with passage of time understand the importance of FNHW and SS in the community level.

iii. **Collective Analysis**- Collective analysis is a type of participative assessment through which the community members participating in the exercise, will be able to know the difference between provisions of FNHW related services versus the actual status of service delivery which they are getting in their village from the different departments.

iv. **Prioritization-** In the collective analysis process, many issues related to FNHW, and SS would come out in the discussion, but the issues must be taken or prioritized after detailed discussion and overwhelming consent of the community.

v. **Plan of Action**- The purpose of planning in the villages for FNHW (Food, Nutrition, Health and Water, Sanitation and Handwashing) after Identifying the problems, finding the unmet needs, and surveying the resources to meet them is to make the accountability of all stakeholders to improve the status of identified indicators.

vi. **Implementation-** After making the plan, it is presented in the Gram Sabha (GS) where all the members of GS acknowledge and endorse the issues, after that the chart papers are pasted on the wall of VOs office to be reviewed at a periodic basis.

vii. **Monitoring**- The VO members take the suitable actions and review the progress against the plan in their monthly meeting. The VO along with PRI members actively take part in the VHSND and monitor the services, being provided by the department of health and ICDS through the duty bearers (ANM, AWW).

1.2 **Aim (rationale)-**

The aim behind choosing this topic is to assess the impact of the activity to help people in matters related to Food, Nutrition, Health, and WASH (FNHW). Services regarding FNHW is the core necessity that is required by everyone, and everyone is entitled to receive these services provided by the Government in respect of their economical or social background. Thus, the main aim of this study is to find out if the activity was able to help the community and in what ways was it helpful. To assess the impact a questionnaire was prepared for the facilitator and the community to understand their perspective regarding PPA. Data were also collected from the Plan of Action (PoA) to find out the gap that exists between the desirable and expected condition of the services provided by the government. This will ultimately help in finding out if performing PPA with the community benefitted them in any way.

Chapter 2. Review of literature-

Participatory Planning and Action

Eileen T. Higgins and Anna Toness

Higgins E, Toness A. [Internet]. Uupcc.org. 2010 [cited 18 April 2022]. Available from: https://uupcc.org/sites/uupcc.org/files/partner/ccb_resources/print/handbook.pdf

- The location of the study is Kyrdem, Meghalaya.
- Key tools include community mapping, institutional analyses, seasonal calendars, ranking and action planning. Other useful tools are timelines and gender calendars.
- Participatory community-based tools help to build consensus on public issues using conflict mediation techniques, create action plans based on community consensus about highest priority needs and ways to address them, assist local institutions to mobilize their own resources to focus on these priority needs, form partnerships with government, NGO, and private sector agencies instil community ownership and pride in the projects they implement.
- Some of the lessons learned are as follows:
    1. People are the most important resource.
    2. Planning tools are more important than money.
    3. Start with local information.
    4. Mobilize underutilized resources.
    5. Consensus is critical to unite the community.
    6. Evaluation takes place in seeing new and successful projects, so all the community members are evaluators.
    7. Local planning is gaining recognition.
    8. Partnership is the new mode of poverty alleviation.
    9. The people as preeminent.

Chapter 3. Methodology-

3.1 **Research question-**

What kind of impact can be seen in the block level of Jharkhand after the implementation of Participatory Planning and Action (PPA) in the community?

3.2 **Objectives-**

3.2.1 **General objective-**

To assess the impact of Participatory Planning and Action as implemented by JSLPS in the community.

3.2.2 **Specific objectives:**

- To assess the impact of Participatory Planning and Action from the perspective of the facilitators and the community.
- To assess the impact of Participatory Planning and Action in investigating the gap between the expected and current situation of government-provided services.

3.3 **Research design-**

We have used qualitative data and exploratory research method to analyze the collected data.

3.4 **Study setting-**

The data have been collected by visiting different villages from different districts of Jharkhand and asking the facilitators and the community questions regarding Participatory Planning and Action (PPA), but before visiting plans were made with the facilitators to gather the community at a certain place where it was convenient for them to answer the questions.

3.5 **Study population-**

3.5.1 **Inclusion criteria-**

The study has only included people within the same village.

3.5.2 **Exclusion criteria-**

The study has excluded people outside the village of study.

3.6 **Study tools-**

Two questionnaires were prepared one for in-depth interviews with the facilitators (setu didis) and another for Focus Group Discussion (FGD) with the community.

3.7 **Duration of study-**

It took around 8 weeks for data collection and another 4 weeks to compile and analyze the data.

3.8 **Sample size-**

We were able to visit 52 villages, had 52 Focus Group Discussions (FGD) with the community with each FGD consisting of minimum 5 members and had interview with 26 setu didis (facilitators) with each setu didi looking after 2 villages.

3.9 **Sampling technique-**

2 step sampling has been done,

first purposive sampling has been used to identify blocks where FNHW domain is working on, as FNHW is working on only 130 blocks out of 263 blocks in Jharkhand only 130 blocks were considered for this study, after that simple random sampling has been done in the village level to select Village Organizations (VOs) from the selected blocks where interview was taken with the facilitators and the community.

3.10 **Data collection procedure-**

To collect data for the first objective, in-depth interview with the Setu didis and FGD with the community were conducted, then the responses were plotted into graphs for ease of data analysis.

For the second objective pictures were taken of the wave diagram and the plan of action to do gap analysis from the collected data.

3.11 **Ethical consideration-**

Consent has been taken from the setu didis (facilitators) and the community prior their interviews. The participation in this study was voluntary and the responses were taken only after taking consent from the participants.

3.12 **Implication of research-**

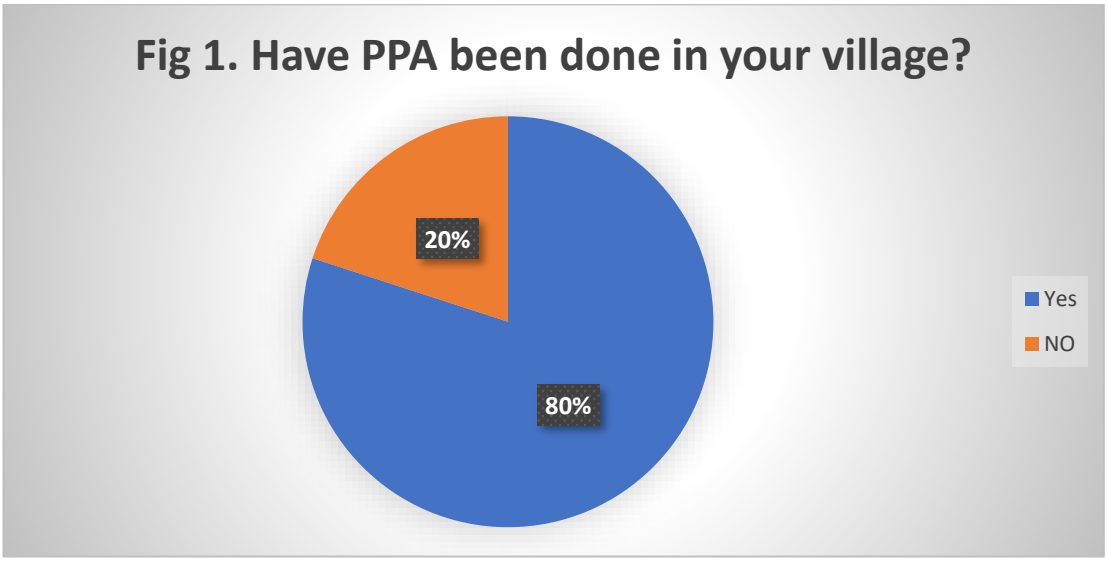
This activity is first of its kind, so the research will be helpful to understand what kind of impact Participatory Planning and Action (PPA) has on the community by taking perspective of both the facilitators and the community. It will also help in assessing the gap between the desirable and current situation of the services provided by the Government to the community which will help them to understand what they are entitled to and what they are getting.

Chapter 4. Results-

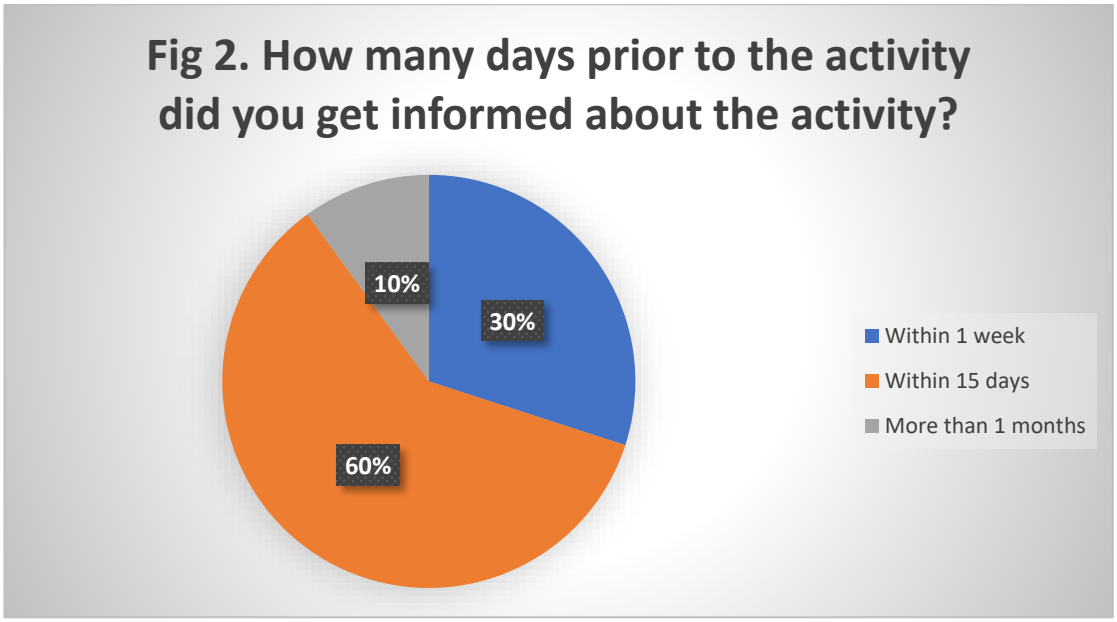
4.1 **Analysis of the first objective,**

the following data were collected from the facilitators and the community by having interviews and FGDs with them respectively. The purpose of collating this data is to find out the perspective of the facilitator and the community regarding PPA and its impact on them. Graphs were then prepared from the collated data so that it can be visually presented, which will be easy to comprehend by the readers.

4.1.1 **Part A: Questionnaire for Focused Group Discussion with the community-**



From part A, figure 1, it can be noticed that in around 80% of the villages the community is aware that PPA has been conducted in their village, which shows an increase in awareness among the community regarding the introduction of a relatively new activity.



From figure 2, it can be noticed that most of the people around 60% were informed within 15 days of the activity, whereas 30% of them were informed within a week. This effect their presence during PPA, if they can be informed as early as possible then they will try to remain free during the day of the activity.

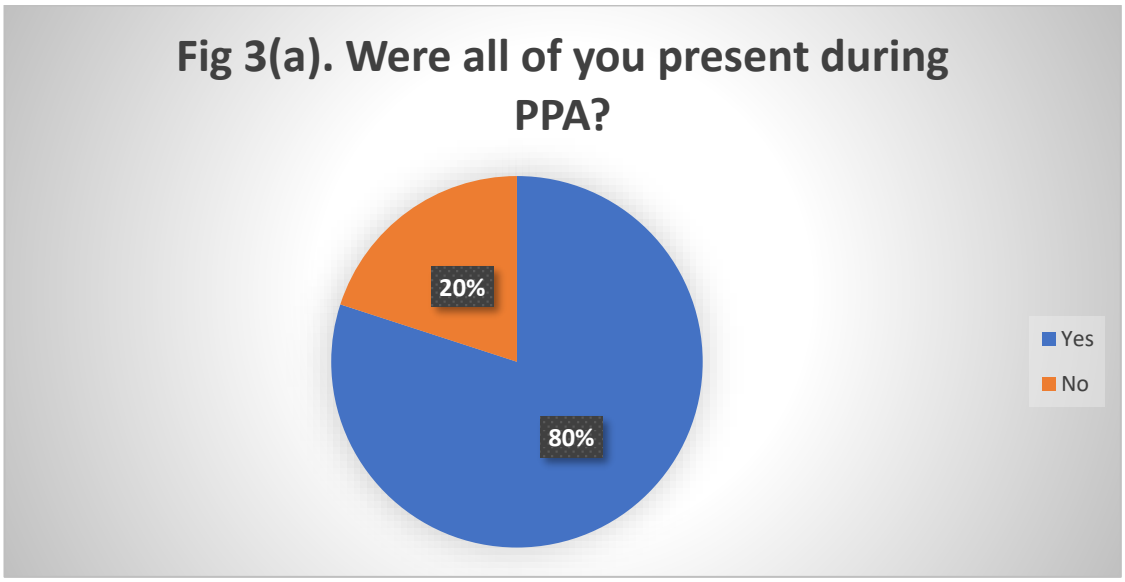
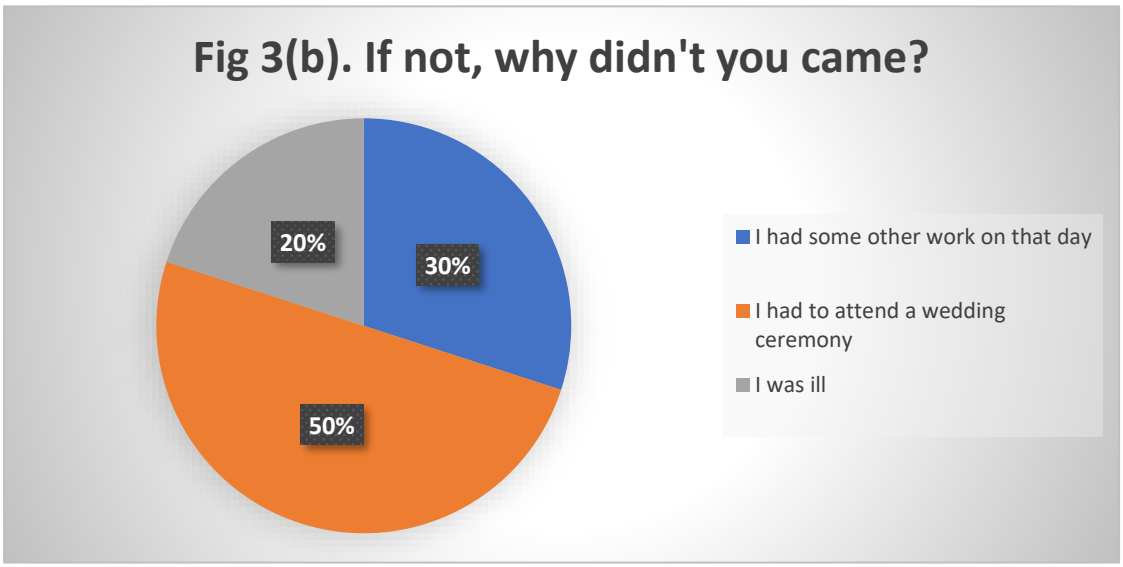


Figure 3(a). shows that 80% of the people were present during PPA, which is a good sign as it shows that people are interested to know more the activity and how they can benefit for them.



From figure 3(b). it can be noticed that from the 20% people who haven't showed during the activity, 50% did not came because they had to attend a wedding, whereas 30% people did not came because they had some other work to do. This can be easily averted if the community were to notify about the activity at least 15 days earlier to the activity.

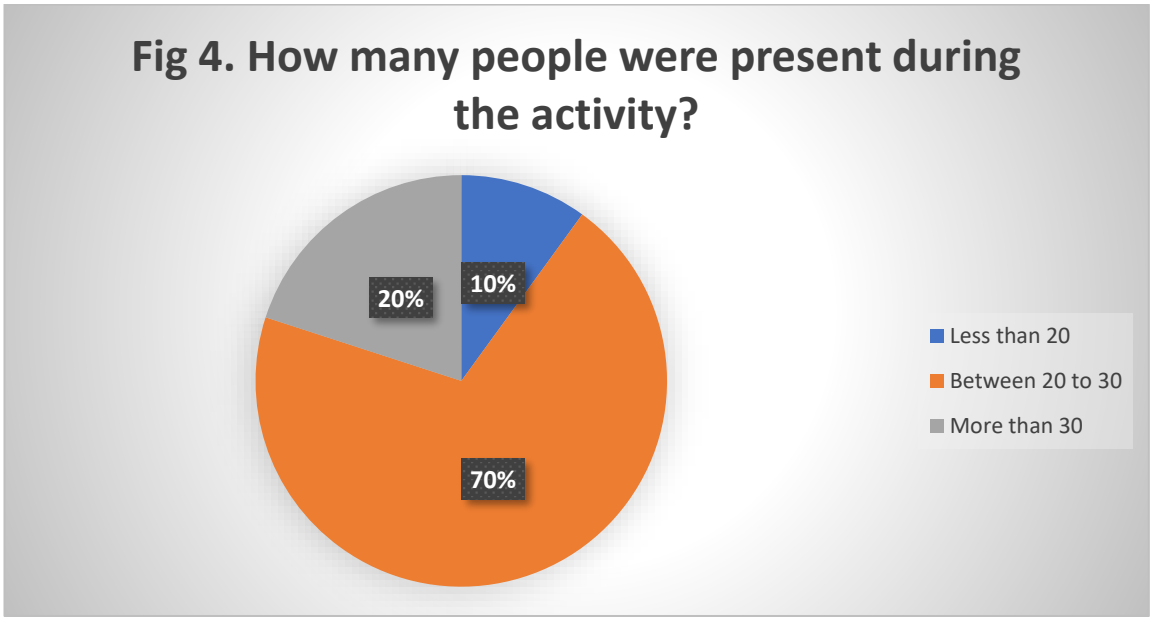


Figure 4. shows that 70% of the times 20 to 30 people came during the activity which is good for the first round of PPA as it is hard to gather people for activities that are new in the community.

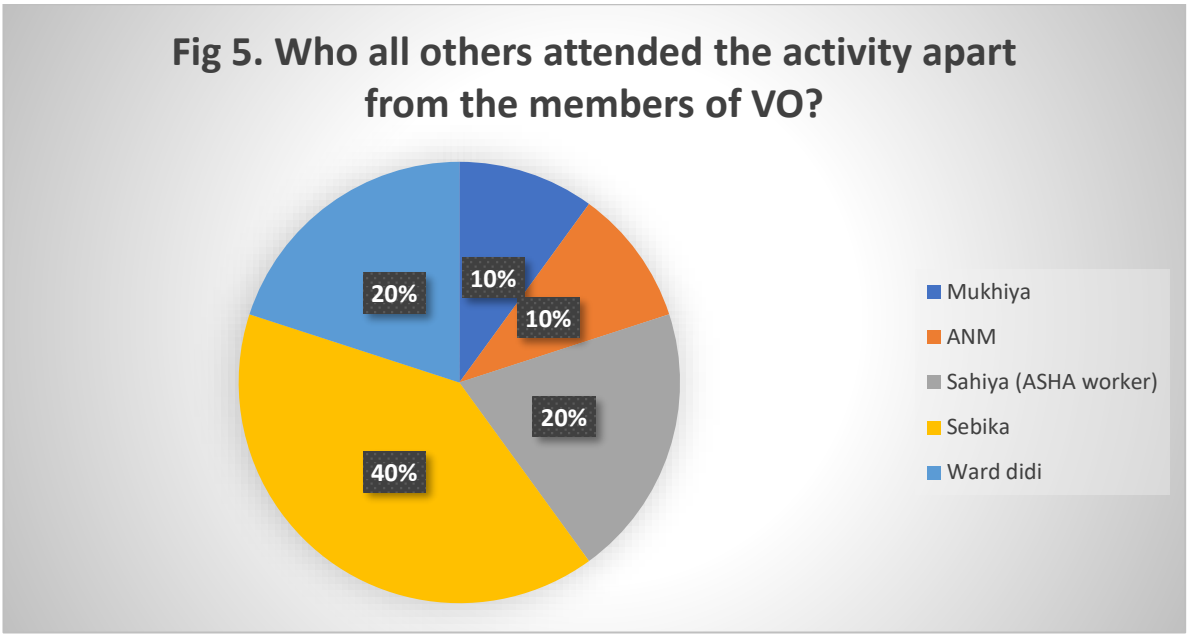


Figure 5. shows that Sebikas were present 40% of the time, whereas all other parties were also present during some of the meetings. The low presence of the Mukhiya (10%) is due to the ongoing panchayat vote but in her absence Ward didi (20%) was present in some of the meetings. Apart from the facilitators it is recommended that all the above parties should also participate to guide the community by sharing some additional information that can help the community.

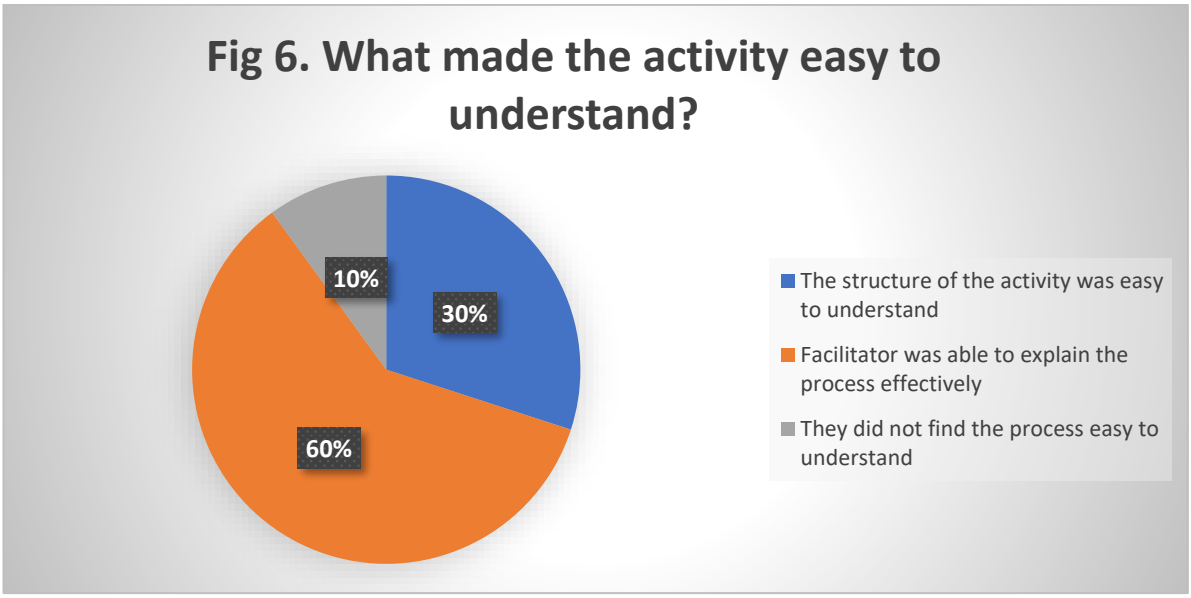


Figure 6. shows that 60% of the times the facilitator was able to explain the process effectively this is because she received training regarding PPA and was able to convey that information effectively, whereas during 10% of the time they did not find the process easy to understand this is maybe they did not find it interesting enough to give

attention to it or the facilitator was unable to explain the activity effectively or keep them engaged due to her lack of training.

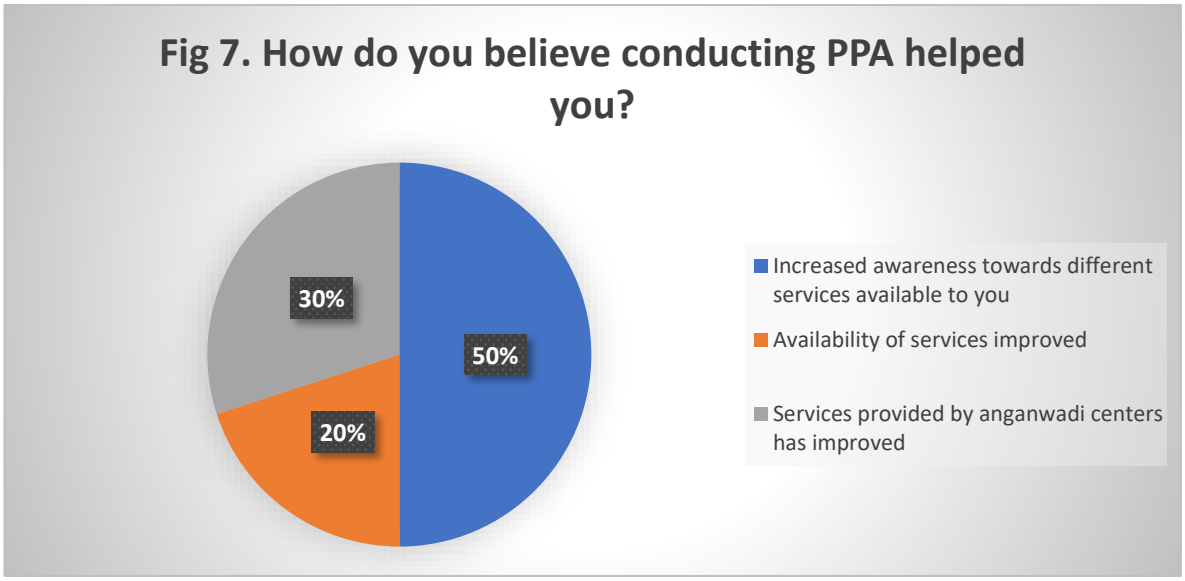


Figure 7. shows that according to 50% of the people there is an increase in awareness towards different services available to them, whereas 20% of the people thinks that availability for all the services has improved. This shows that PPA has been able to make an impact on the lives of the community.

4.1.2 **Part B: Questionnaire for interview with the facilitators (setu didi)-**

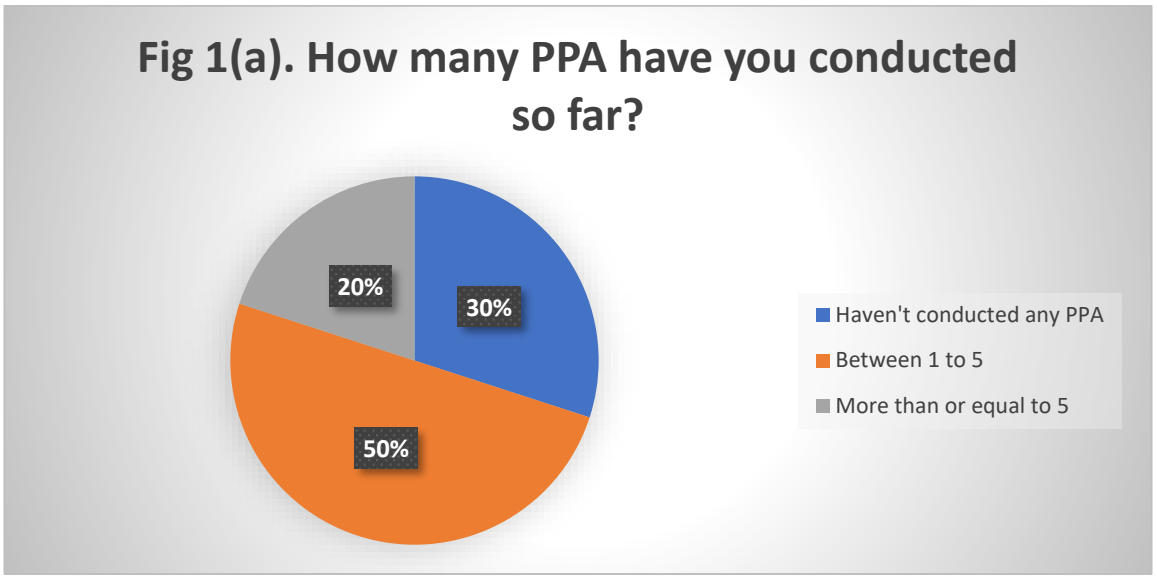


Fig 1(a). of part B of the questionnaire shows that most (50%) of the facilitators have done PPA in a range from 1 to 5 out of 8 to 12 activities, which shows that they understand the activity and are able to perform the activity, whereas 30% of the facilitators haven't conducted any PPA this shows that some facilitators are lagging than others in conducting the PPA.

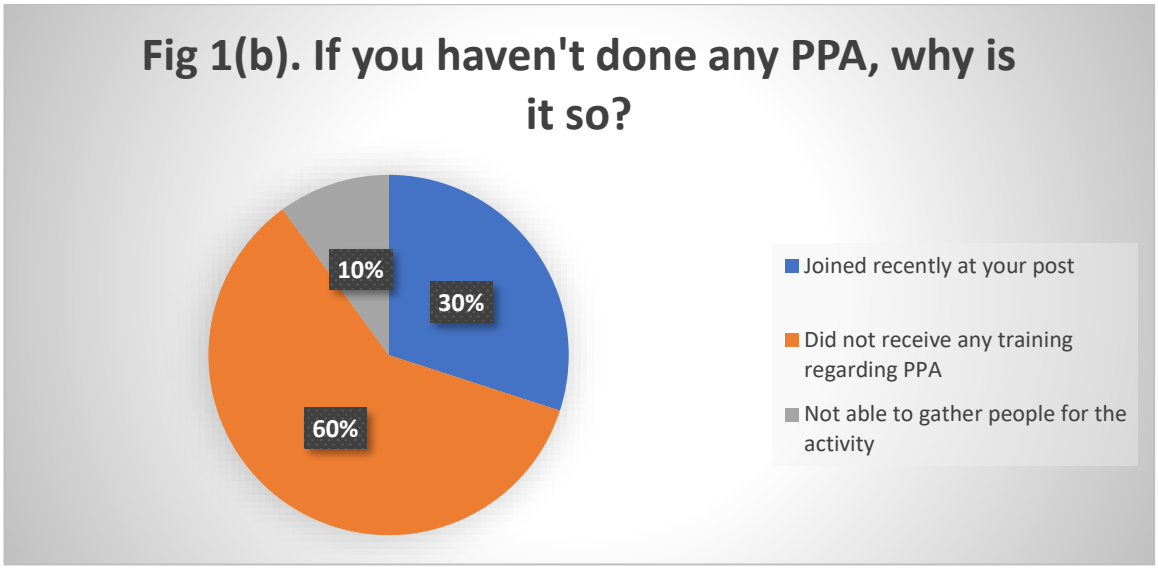


Figure 1(b). depicts the reasons as to why the facilitators haven't been able to do any PPA, according to the figure 60% of them did not receive any training related to PPA and thus haven't been able to conduct the activity, whereas 30% of them recently joined their post and haven't been introduced to the activity.

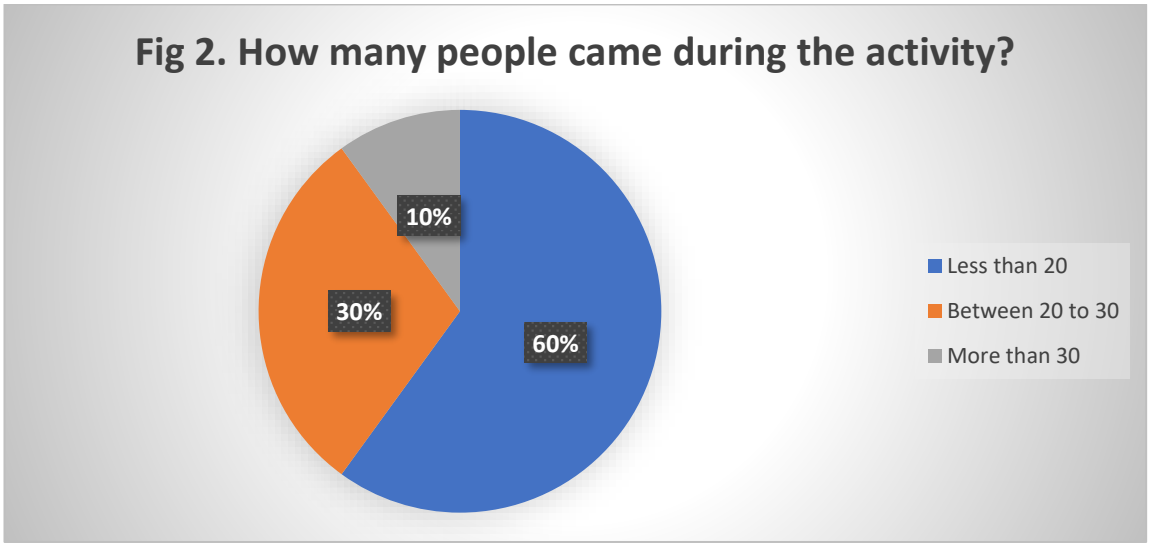


Figure 2. shows that 60% of the times less than 20 people gathered during PPA, whereas 30% of the times 20 to 30 people and 10% of the times more than 30 people were present this is because the people do not know much about the activity and thus were hesitant to participate.

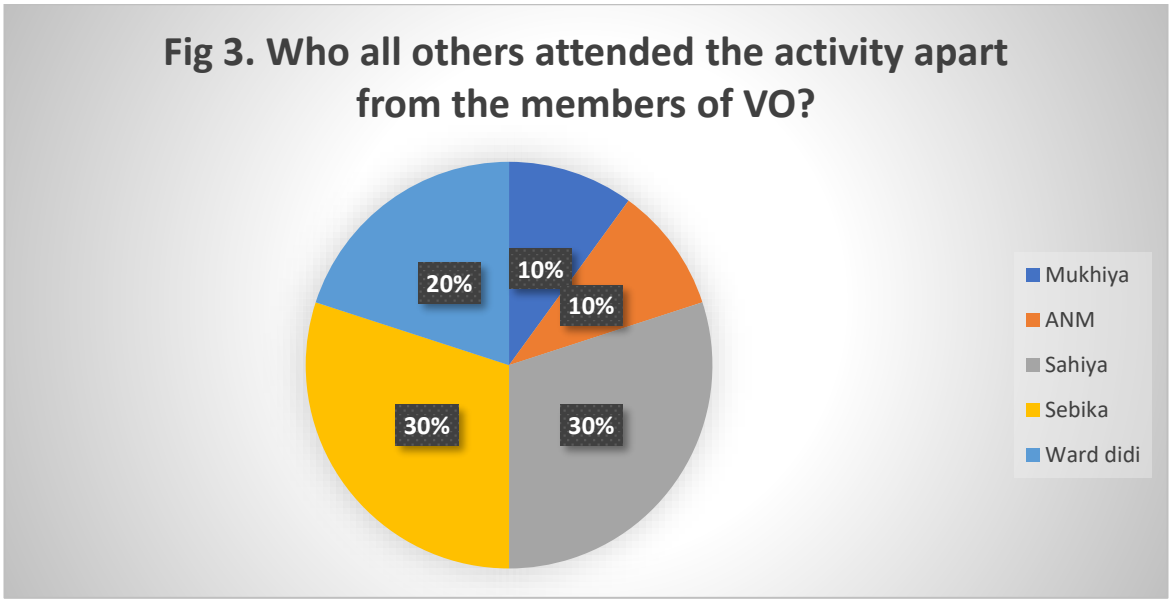


Figure 3. shows that sahiya and sebika both came 30% of the times during PPA which is good as they are an integral part in upholding the health and nutrition indicators in the village, whereas mukhiya was present 10% of the times which is due to the reason that they were busy with the preparation for panchayat vote.

Figure 4(a). shows that 70% of the times the facilitators find it easy to be able to conduct the activity effectively this is because that they received training regarding PPA and were able to perform the activity with confidence, whereas 30% of the times they did not find it easy.

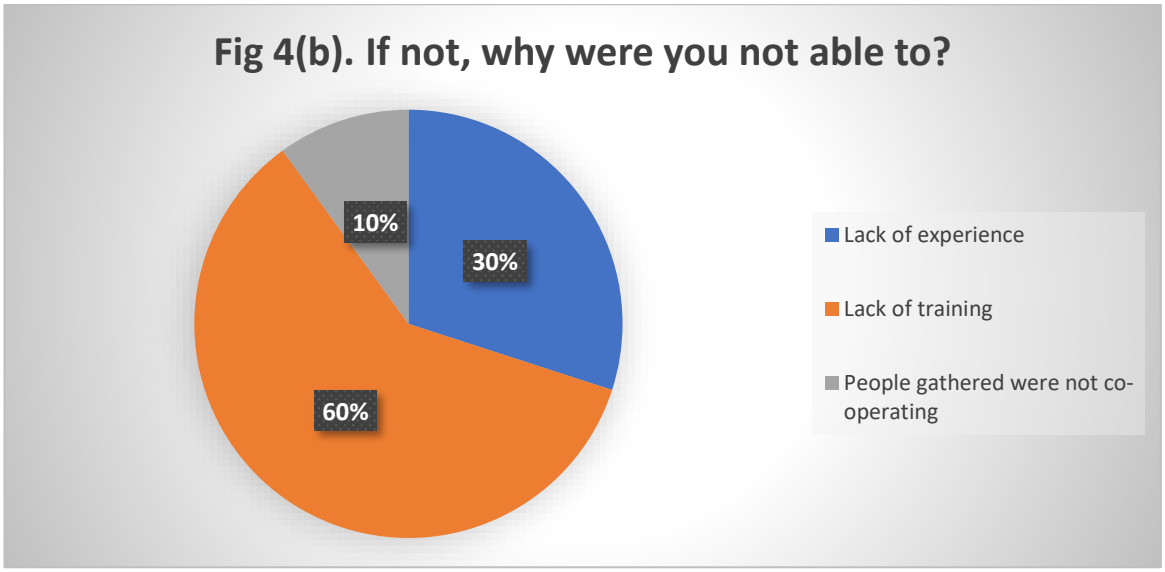


Figure 4(b). depicts that from the 30% people who were not able to conduct the activity effectively, 60% of them lack in training either because training has not been provided to them or they were not available during the training period, whereas 30% lack in experience as they were new to their post and were not accustomed to handle crowds.

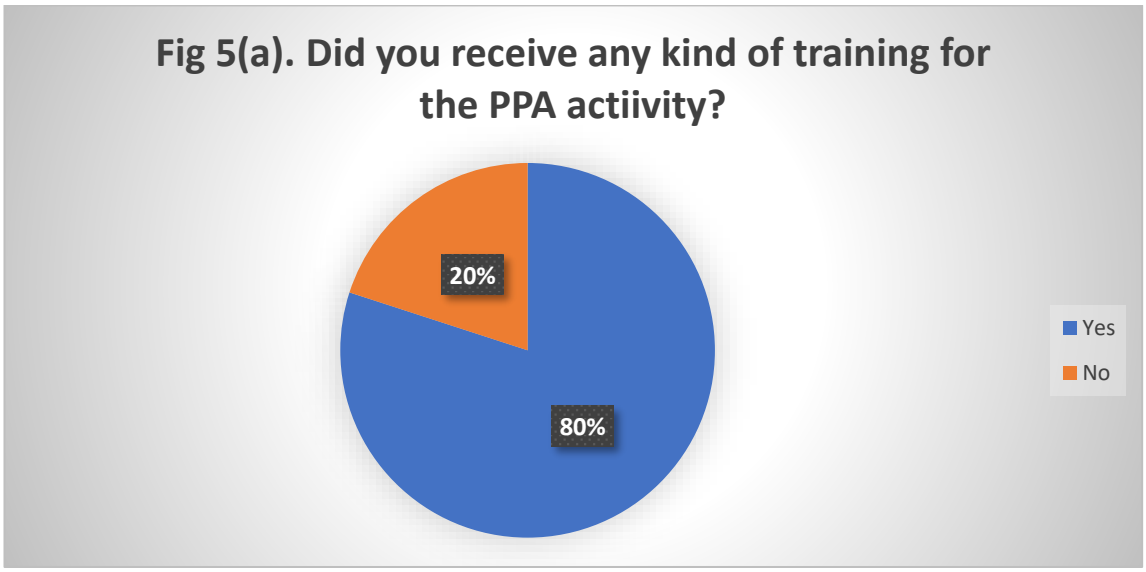


Figure 5(a). shows that 80% of them received training related to PPA, whereas 20% of them did not receive any training which can cause delay in organising the first round of PPA which will delay the subsequent rounds.

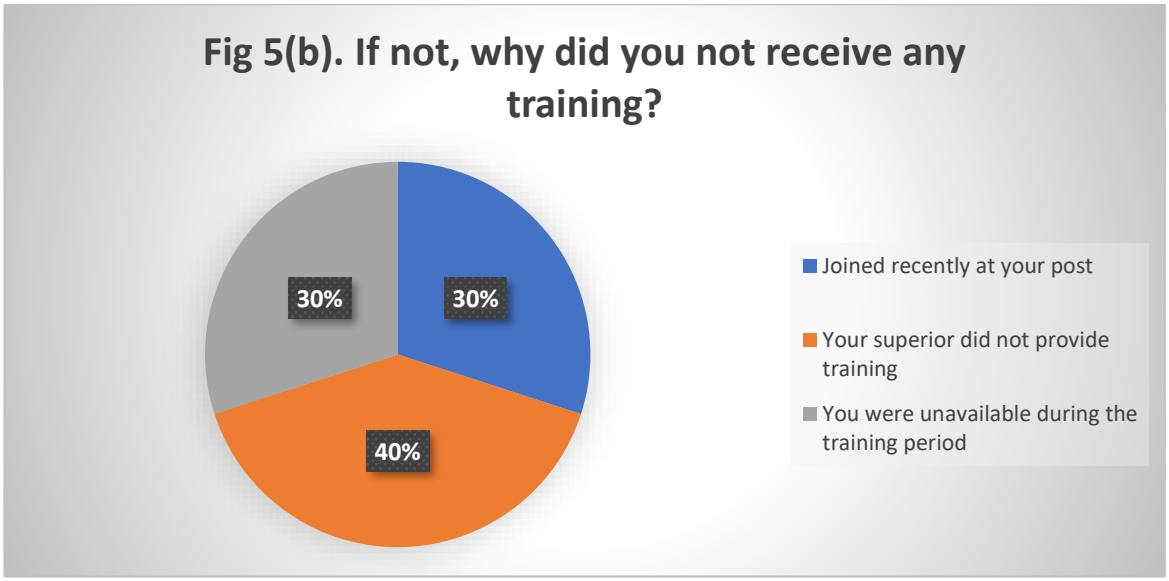


Figure 5(b). depicts that 40% of the facilitators did not receive any training as their superior usually senior facilitators and concerned persons related to FNHW domain, from the state did not provide them, and 30% of the time either they were new to their post, or they were not available during the training period.

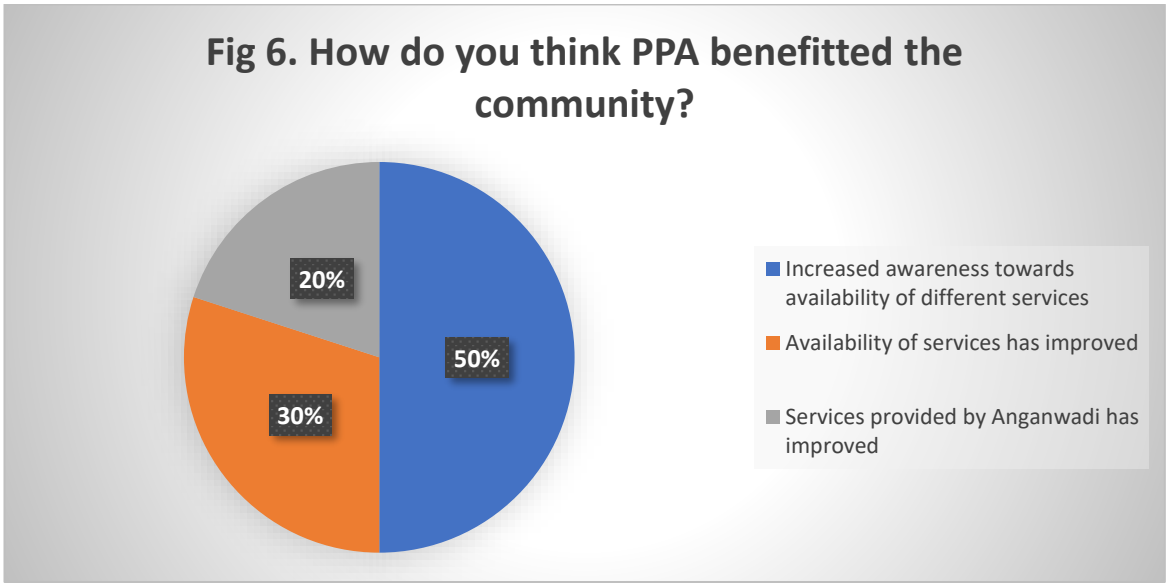


Figure 6. shows that according to 50% of the facilitators PPA has increased awareness towards availability of different services, whereas according to 30% people availability of services has improved which shows that PPA has been effective in creating a positive impact on the community relating to increase in awareness and availing the services thereof.

4.2 **Analysis of the second objective,**

data were collected from the pictures of the Wave diagram and plan of action of the 52 villages that have been visited. A total of 36 indicators were recorded during the activity and then the frequency of each indicator appearing in each village was found out by using tally marks. After that the indicators were distributed in ranges of (below 20, between 20 to 35 and more than 35) for the ease to find out the indicators which has been mentioned more during each activity. The indicators appearing (between 20 to 35 and more then 35) were considered key indicators due to the number of times they were appearing during each activity.

Table 4.1- Frequency of all the indicators

Indicators	Tally Marks	Total Villages			
Abdomen examination	51	52	Grading	KEY INDICATORS	
Anganwadi centre/Anganwadi education, ANM, ASHA, Sevika didi	28	52	Below 20	Between 20 - 35	More than 35
Anna prashan	5	52	19	9	9
B.P. check-up	22	52			
Birth certificate	7	52			
Blood examination (Haemoglobin)	38	52			
Calcium tablets	48	52			
Clean water services	8	52			
Covid-19 vaccine	2	52			
Education	2	52			
Godh bharai	10	52			
Hospitals	2	52			
IFA tablets	50	52			
Immunization	47	52			
Institutional delivery	21	52			
Janani Suraksha Yojana	20	52			
Kanya-daan	1	52			

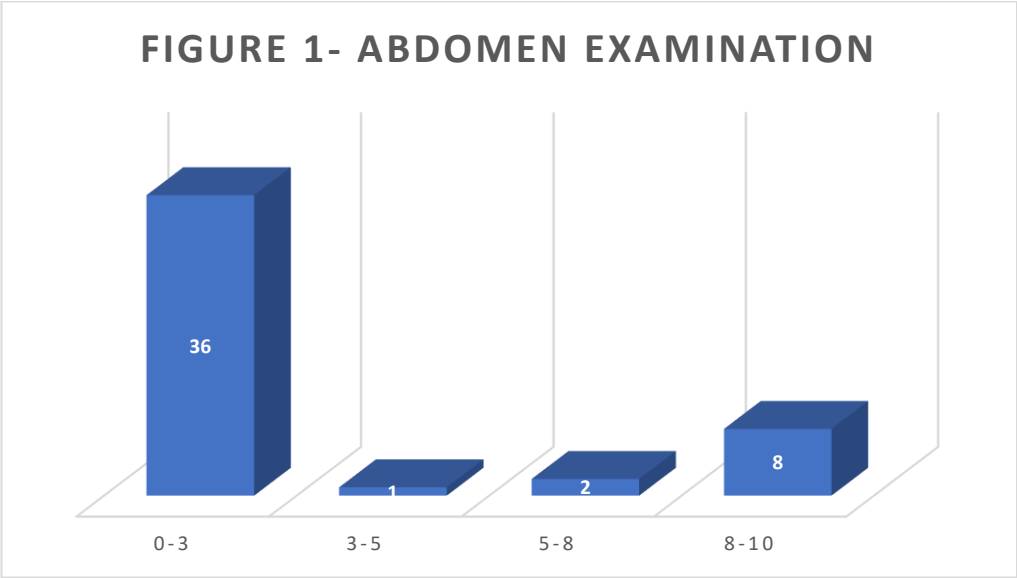
Ladli Yojana	3	52			
M.C.P card / Mother child card	22	52			
Malnutrition children check-up	7	52			
Mamta ambulance service	24	52			
Matritva Vandana Yojana	10	52			
Mid-day meal	35	52			
Naali	14	52			
Nutrition (packed food)	48	52			
Panjikaran (registration)	1	52			
Payjal (drinking water)	39	52			
PDS	33	52			
Poshan vatika	18	52			
Post-natal check-up	14	52			
Pre-natal check-up (before delivery)	30	52			
Sukanya Yojana	6	52			
Usage of Toilet facility	52	52			
Ujvala Yojana	1	52			
VHSND	2	52			
Weight check-up	22	52			
Total = 36 Indicators					

4.2.1 **Key indicators more than 35-**

The table below shows the key indicators above 35, there are total 9 indicators that appeared during more than 35 activities which shows that out of 52 villages more than 50% of villages are not receiving these services. The indicators were then distributed in groups of (0-3, 3-5, 5-8 and 8-10) according to the score they received by the villagers during each activity. Now if the indicators scored less than 5 it is considered that the services are below desirable condition, whereas if it is more than 5 it is considered that the services are functioning and available to the community with room for improvement and all the indicators should try to achieve at least a score of 5 during all the activities.

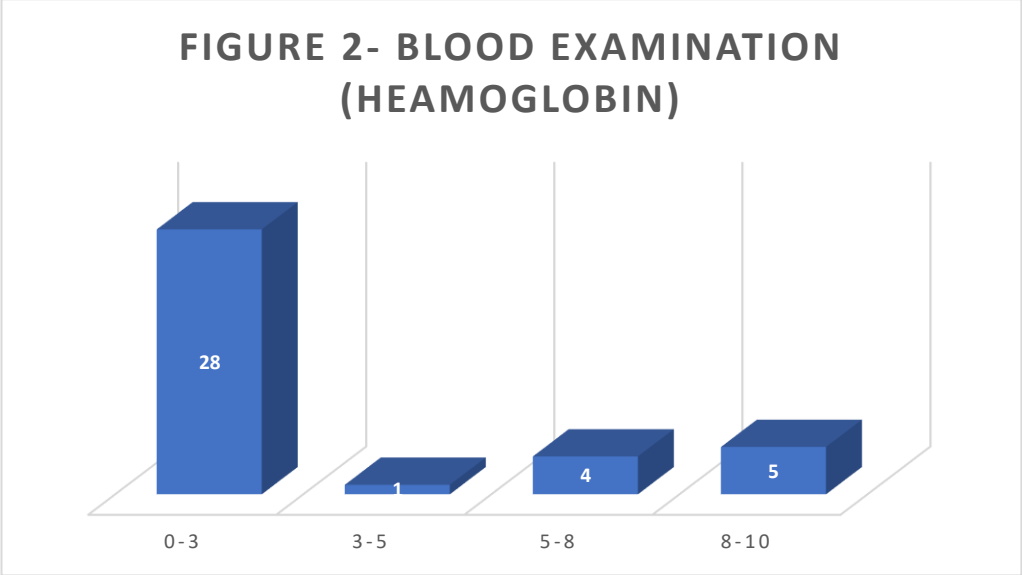
Table 4.2- Key indicators more than 35				
Indicators/Range	**0-3**	**3-5**	**5-8**	**8-10**
Abdomen examination	36	1	2	8
Blood examination (Haemoglobin)	28	1	4	5
Calcium tablets	4	0	17	22
IFA tablets	4	0	16	25
Immunization	0	0	2	42
Mid-day meal	0	0	10	23
Nutrition (THR, Poshanaahar)	3	4	9	33
Payjal (drinking water)	7	4	19	8
Use of Toilet facility	0	3	14	32

Below each indicator were given with reasons that were discussed during the activity and recorded during the preparation of plan of action as to what are the problems they are facing when trying to avail the services provided by the Government.

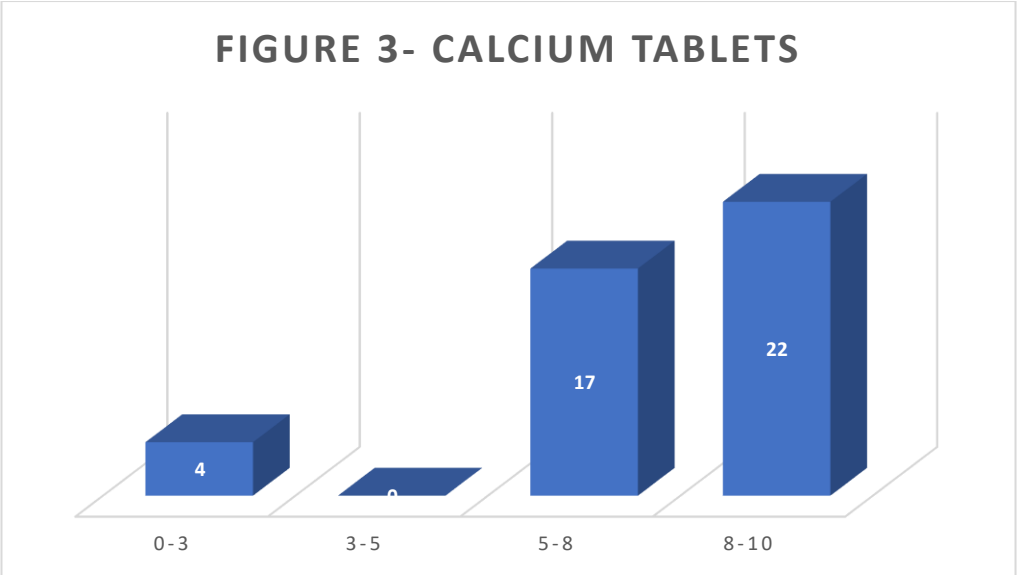


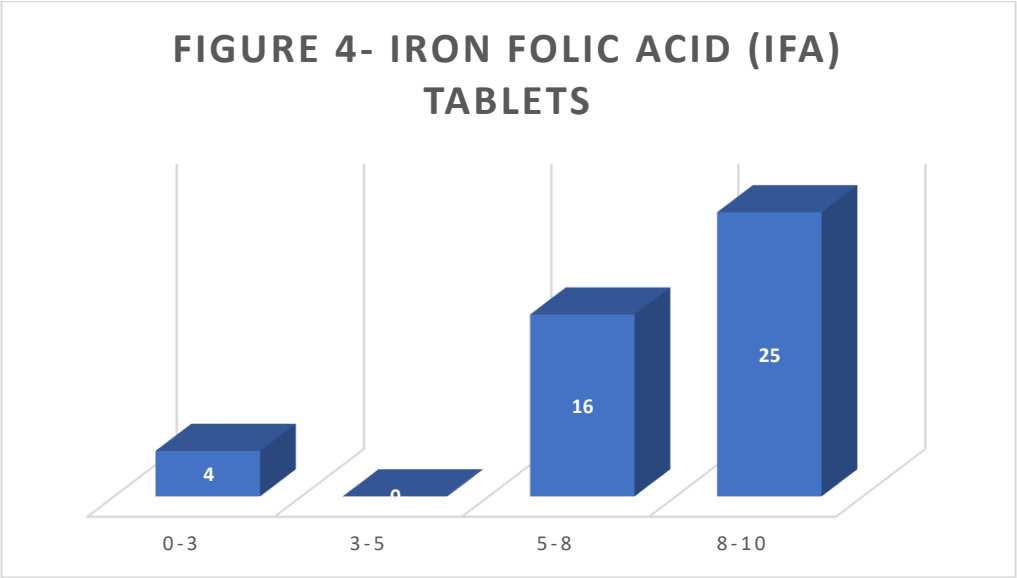
In case of abdomen examination, 36 of the times people scored them 3 or less the main reasons that came up during the activity were that there was no proper machinery for the check-up, no specific place for doing the exam, most of them didn't even know that abdomen examination is provided by the government for the pregnant women, negligence

from the ANM in providing the information or service to them. These are some of the reasons that is acting as barriers in availing the services by the villagers and creating a gap between the expected and current situation of services.

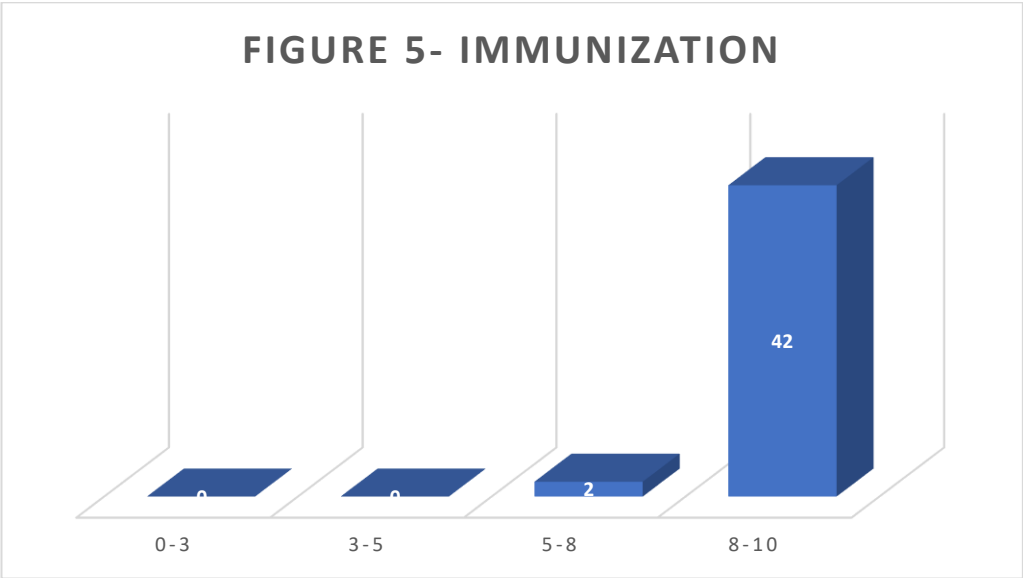


In case of blood examination 28 of the times people scored them between 0 to 3 the reasons that came up during the activity are that there was no proper instrument to take blood samples or to test them, information was not provided to them regarding when, where and who can avail the services, lack of place to do the tests. All the reasons mentioned above can be resolved if the government can take some responsibility in creating facilities that will provide the services and aware them of the facilities this gap will cease to exist.

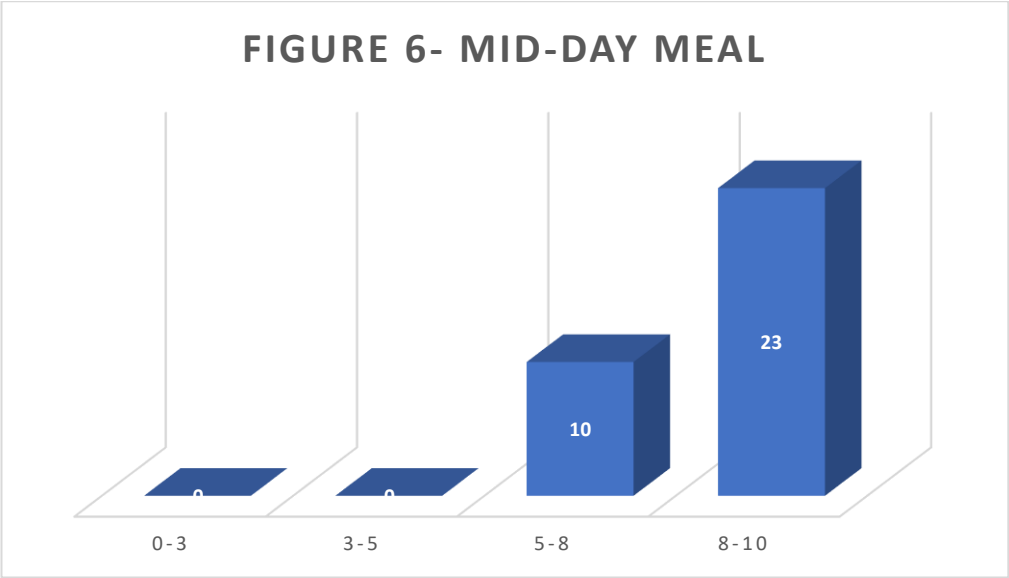




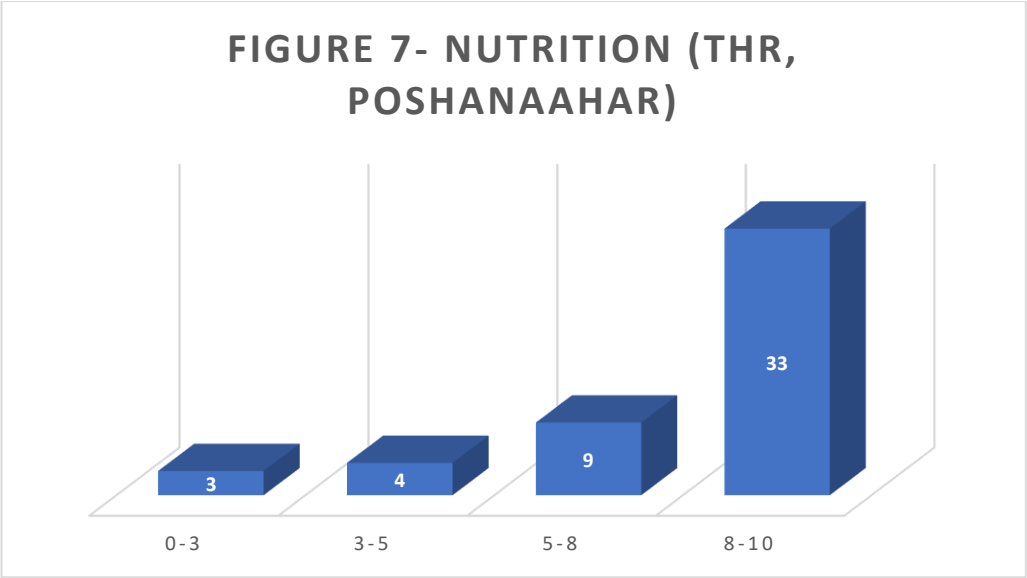
In case of calcium and IFA tablets, most of the times they received score more than 5 which shows that the services are available, and the people are availing them but during 4 times they scored between 0 to 5. The reasons that came up during the activity are that they lack the information that they are entitled to receive these tablets during their pregnancy, stock was not available in anganwadi centers, there is a delay in getting the services from the government, negligence from the side of the ANM to prove the services, some of them received the services while others did not. Most of the problems can be resolved if the ANM can take some accountability and look at the matters.



For immunization 42 times people scored them between 8 to 10 which is good for that village, and it shows that in most of the villages the services are available, and people are availing the services.

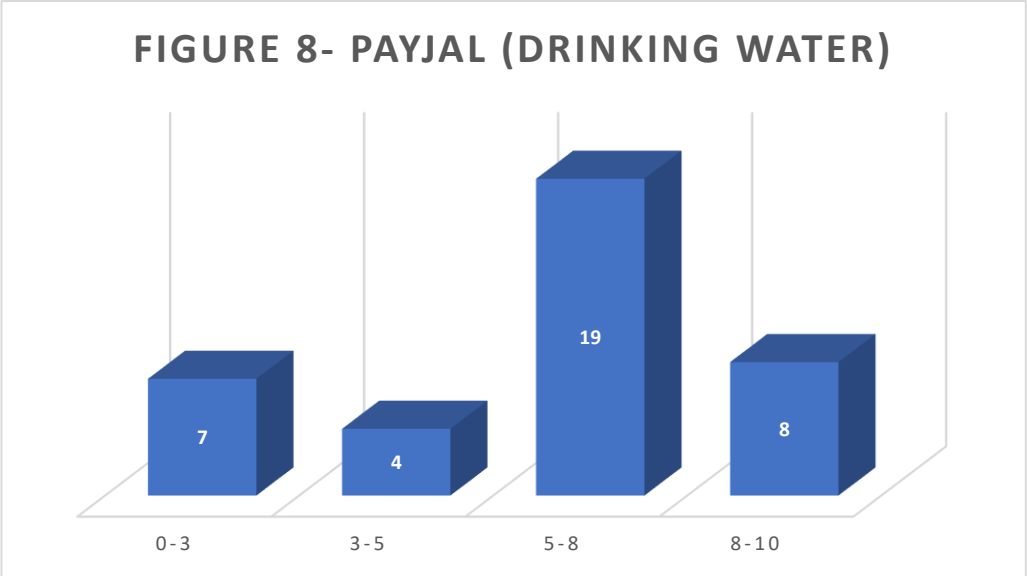


In case of mid- day meal, 10 times people scored them between 5 to 8 which is good but still improvements are needed to achieve the optimum level. Some of the reasons discussed during the activity are that some of the schools are not providing mid-day meals as they are not receiving funds from the government while some of them are providing mid-day meals but not on a daily basis. These problems can be resolved by talking to the person responsible for providing the funds or rations and thus the gap between the services can be minimized.

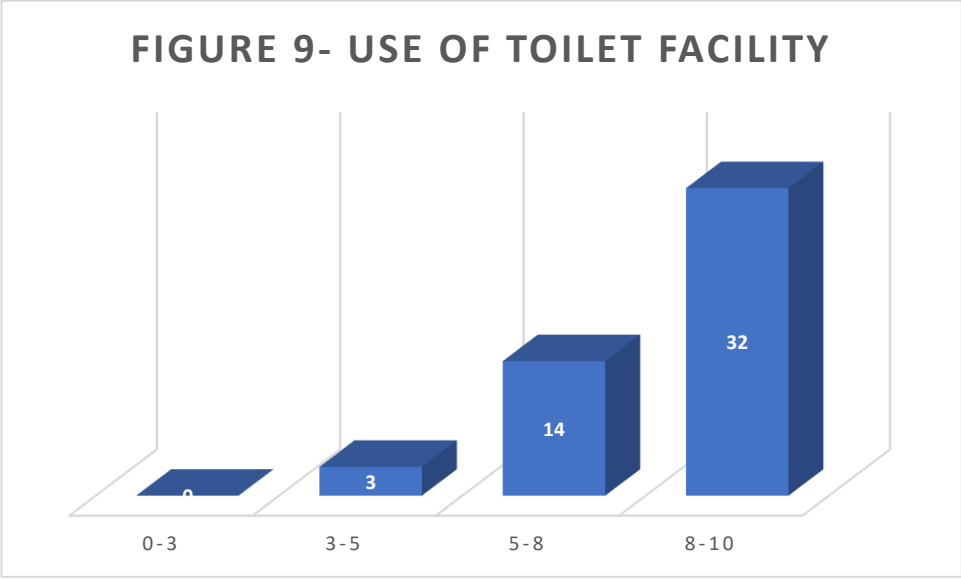


In case of nutrition for the pregnant and lactating women, 7 times they scored less than 5 which shows not everyone is availing the services. The reasons discussed during the activities are that rations are available in the anganwadi centers, but they are not receiving it, rations have stopped coming from the government, they are not receiving them on time, they do not receive them every month. Most of the problems can be solved by the help of

the ASHA workers in co-ordination with the government and thus minimizing the gap between the expected and current situation of services.



In case of drinking water received from tube wells, hand pumps 11 times people scored them less than 5 the reasons being that most of them are out of function, not available as per the requirement and people must go long way before reaching one, no new ones are being built due to lack of funds, some of them are not working and are not being prepared. If new tube wells and hand pumps can be built across the village this problem, can be resolved completely.



For toilet facility 32 times people scored them more than 8 whereas only 3 times people scored them less than 5 during the activities, the reasons that came during the discussions are that there is lack of water to use in the toilet so they seldom use the toilets, the government did not build them toilets or provided funds to build the toilets by themselves,

not everyone has toilets in their house, some of them are not aware that government provides toilets to families who are not able to avail them. If awareness can be spread to more families in the villages and funds can be allocated to the persons who need them to build a toilet this gap in the service can be eliminated.

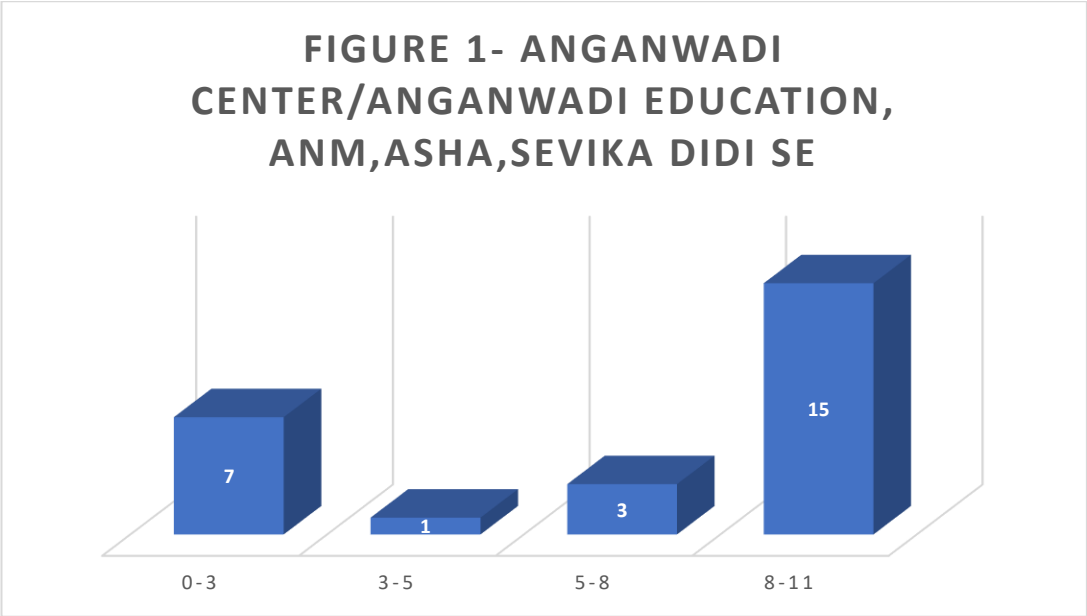
4.2.2 **Key indicators between 20 to 35-**

The table below shows 9 key indicators that appeared in 20 to 35 activities which shows many people are not availing these services due to some reasons. The indicators were then distributed in groups of (0-3, 3-5, 5-8 and 8-10) according to the score they received during each activity. Now if the indicators scored less than 5 it is considered that the services are below desirable condition, whereas if it is more than 5 it is considered that the services are functioning and available to the community with room for improvement.

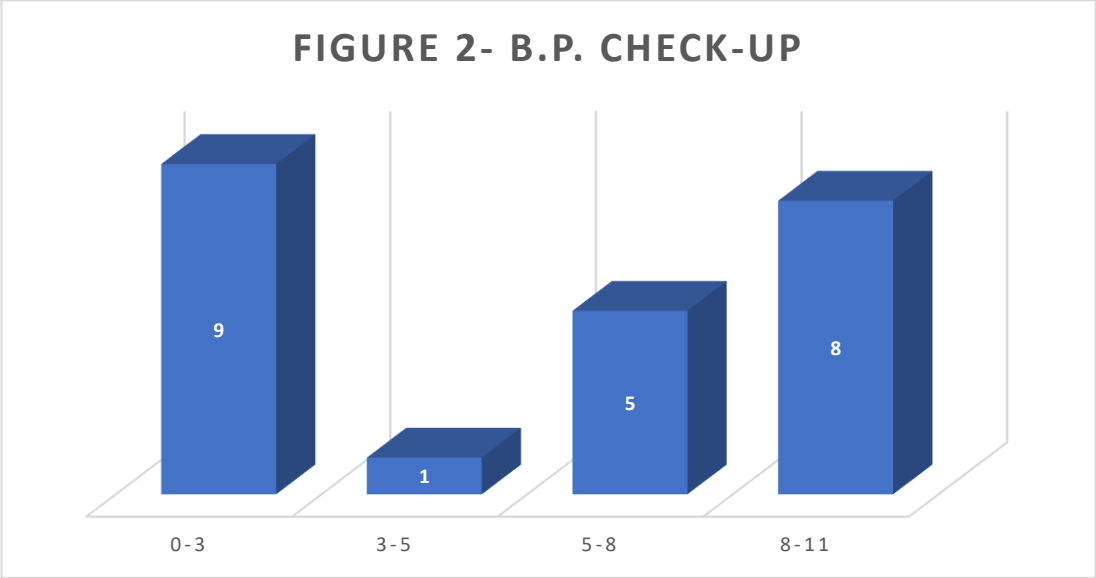
Table 4.3- Key indicators between 20-35

Indicators/Range	0-3	3-5	5-8	8-11
Anganwadi centre/ anganwadi education, ANM, ASHA, Sevika	7	1	3	15
B.P. check-up	9	1	5	8
Institutional delivery	1	1	1	16
Janani Suraksha Yojana	4	1	7	7
M.C.P card / Mother child card	4	0	0	17
Mamta ambulance service	1	0	2	22
PDS ration	0	0	11	22
Pre-natal check-up (before delivery)	3	1	3	19
Weight check-up	3	0	0	20

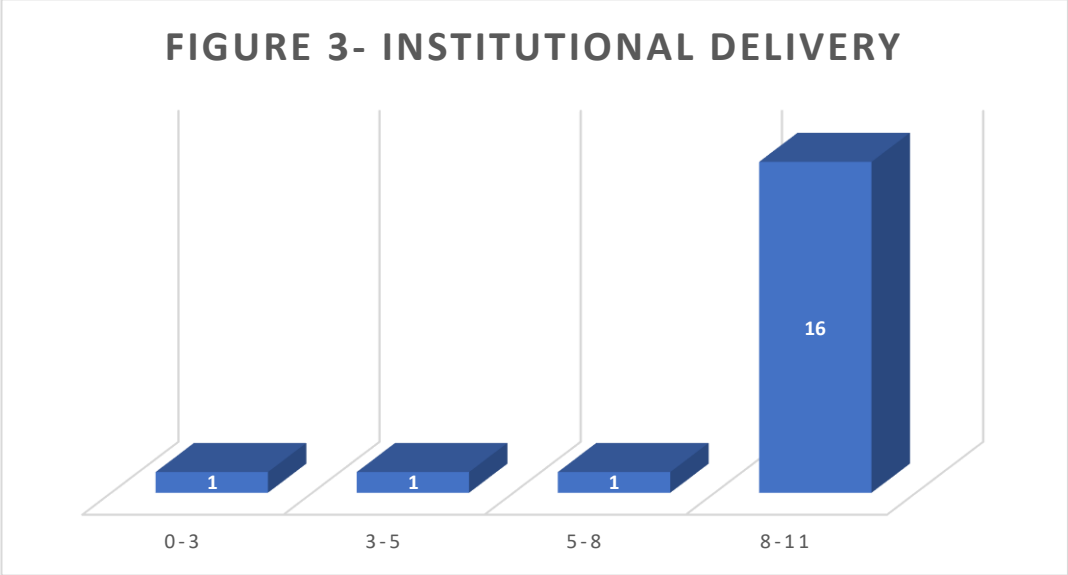
Below follows the reasons which were discussed during the activity as to why the services are not available in every village.



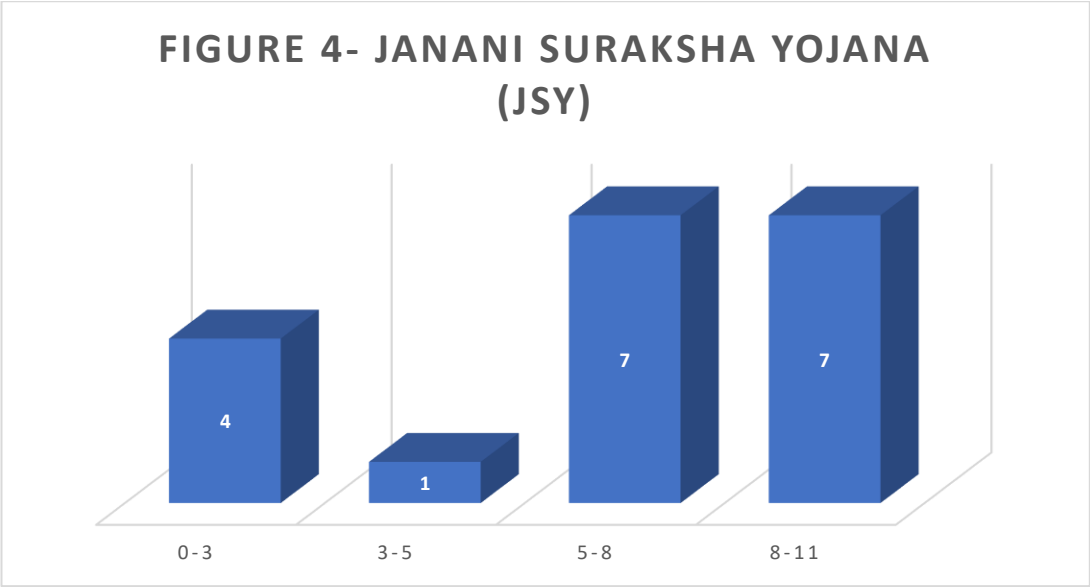
For anganwadi centers out of 26 times 7 times they received score of 3 or less which shows that there is need for improvement of the services. The reasons that came up during the activities for this poor condition of service are that adequate information is not available to the people regarding the services that are available in anganwadis, in some places there is no anganwadi to receive service from whereas in some places there is no land allotted for building anaganwadi. All these problems can be resolved if the information can be sent to the government by proper channels, in this regard mukhiya of the village can help in sending the information to appropriate authority.



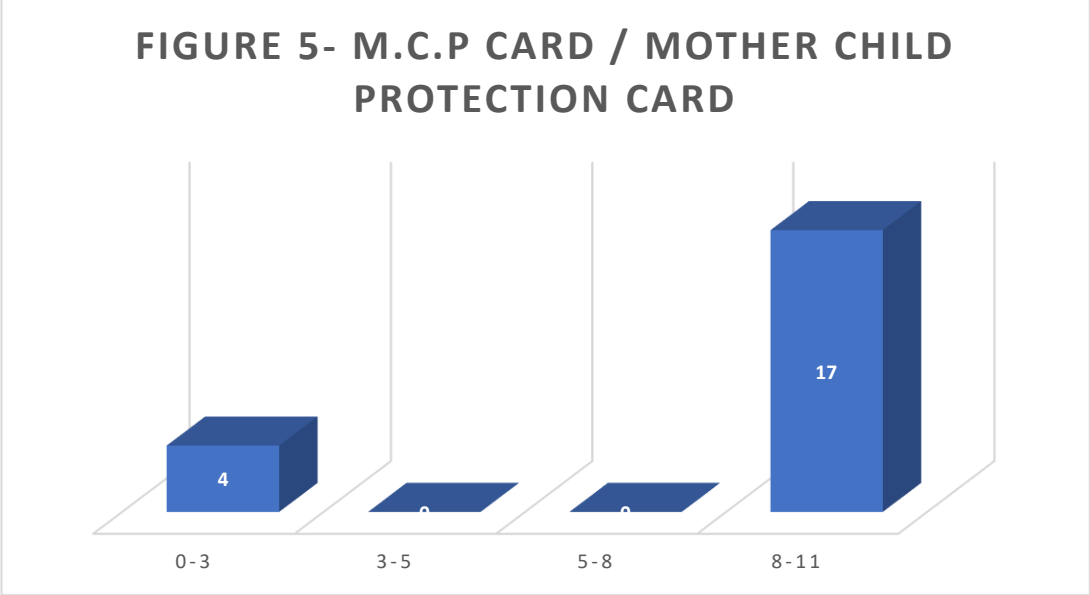
For B.P check-up 9 times of the 23 times during the activities they received score less than 3 which shows that more work is needed to improve the condition of the services. The reasons that were discussed during the activities are that B.P machines were not available in the villages; most people do not know that they can receive this service during pregnancy in anganwadi centers or health centers. To close this gap between the desirable and current situation of the service proper equipment needs to be delivered in every village and awareness should be created among the villagers regarding who all can avail the services.



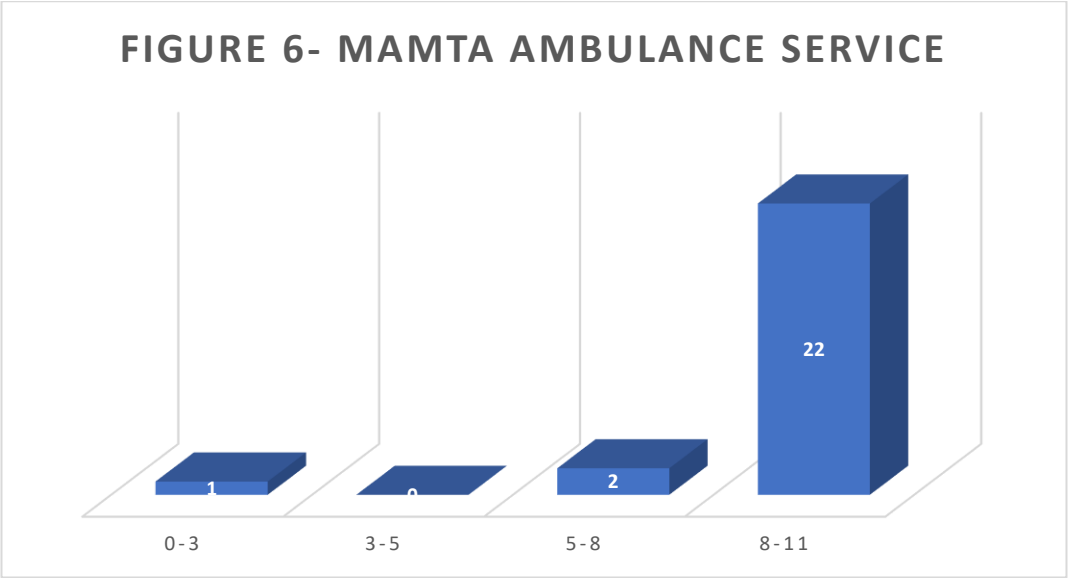
For institutional delivery out of 19 times, 16 times it scored more than 8 which shows that the services are available in most of the villages whereas 2 times it recorded less than 5 and the reasons that came up during the activities are that there is no proper institution with all the medical facilities to give birth to, lack of information among the villagers regarding that they will get financial help from the government during their delivery, whereas in some places they do not visit the institutions during delivery they visit them after delivery for check-up. These problems can be resolved if the ANM takes some responsibility in making them aware about the benefits of institutional delivery.



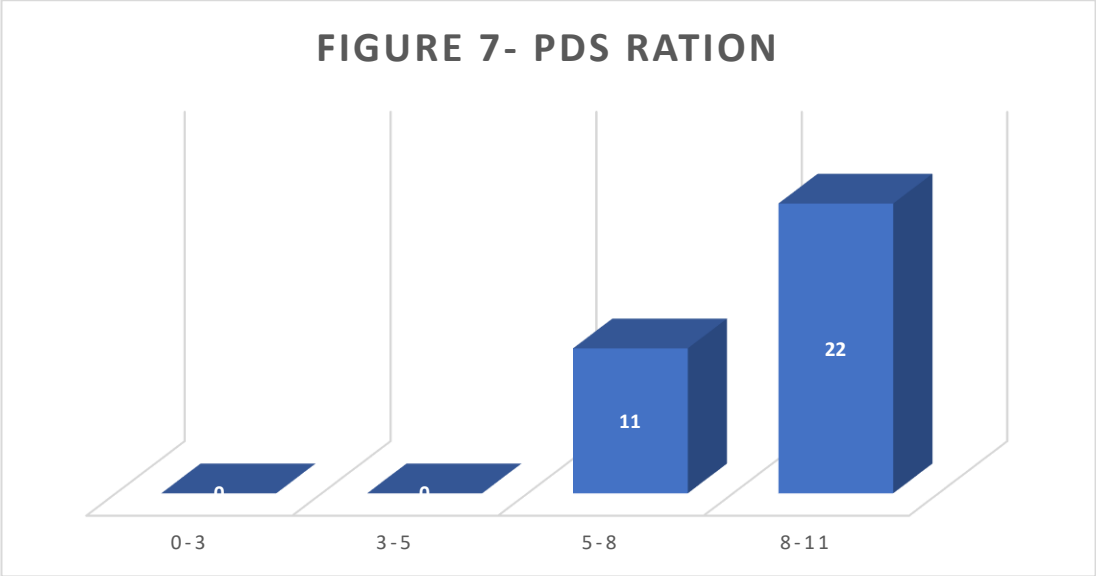
In case of Janani Suraksha Yojana (JSY) 4 times out of 19 times it scored less than 3 and the reasons discussed by the people during the activities are lack of information regarding the service as in what are the benefits they can receive through it, negligence by the ASHA worker in dispersing the information. These reasons have created a gap in the availability of the services by the community.



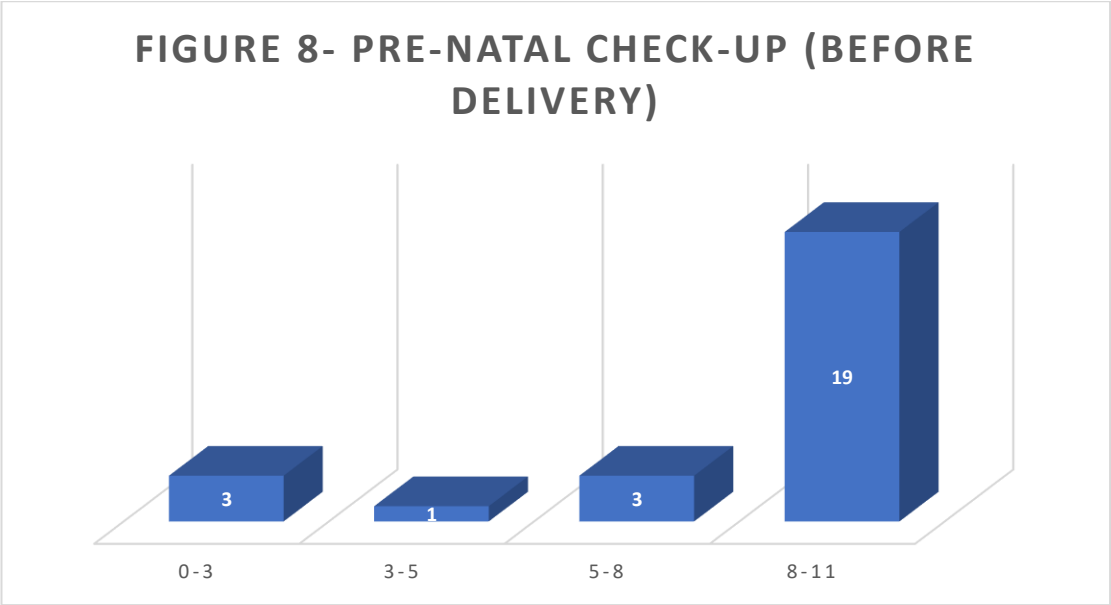
In case of M.C.P card, only 4 times out of 21 times it has received score of 3 or less. The reason discussed during the activity is that M.C.P card has not been made for some of them and thus they are not able to avail the services provided through it.



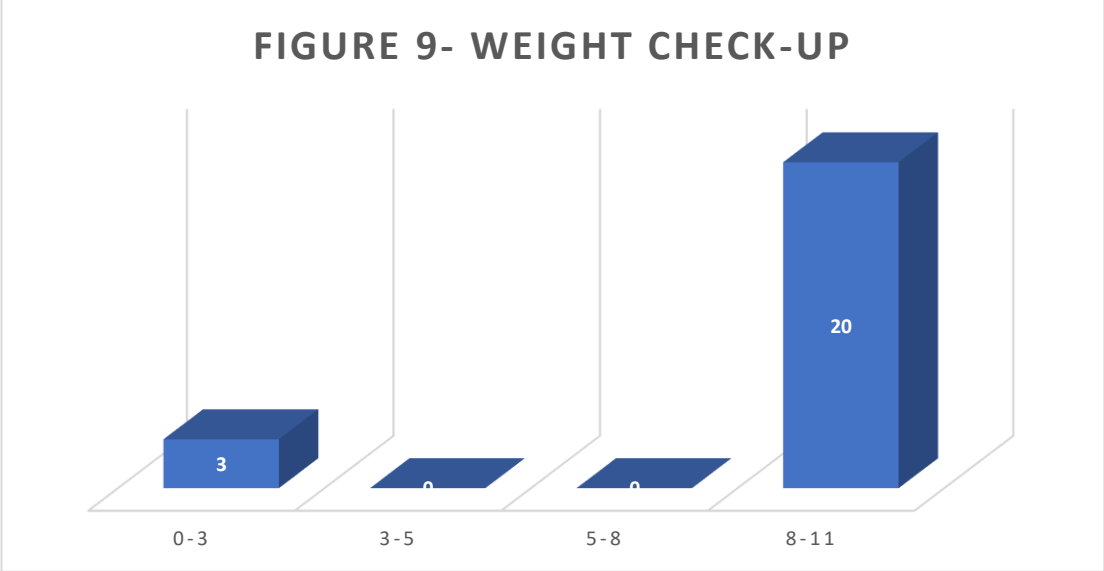
For mamta ambulance service, only 1 time out of 25 times it has received score below 3 the reason being that the ambulance when called does not come and sometimes when it comes it comes late.



For PDS ration, all 33 times it has scored more than 5 during the activities but still some reasons like not receiving the rations on time and when received they are not up to the mark in quality and quantity is hampering the service to reach its optimum condition.



For pre-natal check-up, 4 times out of 26 times the activity was conducted it has scored below 5, the reasons that were discussed during the activity are lack of awareness regarding pre-natal checkups, unavailability of abdomen and blood test during pre-natal check-up.



For weight check-up, 3 times out of 23 times the indicator scored less than 3 the reasons being unavailability of machine, lack of initiative by ANMs. If these problems can be solved this indicator can also overcome the gap between the desirable and current situation of the service.

Chapter 5. Discussion-

PPA is a new activity that has been started by Jharkhand State Livelihood and Promotion Society (JSLPS) to aware the people about the services that that they are entitled to get related to Food, Health, Nutrition and WASH (FNHW). Previously known as Triggering Process with Community Institutions (TPCI) the name has been changed when the work does not stop at triggering but continues beyond that to implementation and monitoring. As PPA is a relatively new activity data has been collected to find out its impact on the community and to find this answer data has been collected from different villages of Jharkhand by the help of the facilitators and community to understand the impact that has been caused by Participatory Planning and Action (PPA) on the community level. Data has been collected by the help of in-depth interviews with the facilitators and focus group discussions with the community and data were also collected from the pictures of PPA and plan of action prepared during the activity. After the data is collected it has been presented in forms of excel sheets and graphs so that it is easy to comprehend the data.

For the first objective data has been collected by way of interviews and focus group discussions to understand the perspective of the facilitators and community regarding PPA. From the data it has been found that most of the people in village level know about PPA and were present during the activity. Around 20 to 30 people were present during most of the activities with sebika, sahiya and ward didis participating in them as well. According to them PPA made them aware about the different services that are available to them, services are more easily available now and services received from the anganwadi centres has improved as well. JSLPS has started conducting PPA just a few months ago and only one round has been conducted so far, still changes can be seen in the people's behaviour such as they are more aware, active, participative in demanding their rights to the appropriate authorities which shows conducting PPA has been beneficial for the community.

For the second objective data was collected from the pictures of the Wave diagram and plan of action of the 52 villages that have been visited. Then key indicators were selected based on the number of times they were mentioned during each activity. Then scoring was done by the community against the services during the preparation of Plan of Action (PoA) to understand the gap that is present in each service and how to solve them all decided by the people itself. It has been decided that if any indicator gets score of less than 5 it will be considered that there exists a gap between the expected and current situation of that service. The expected situation being that the indicator will

receive a score of 10 in every village. So, after analysing each of the key indicator it has been found that abdomen and blood examination both received the highest number of scores below 5 at 37 and 29 respectively the reasons being that there was no proper machinery for the check-up, no specific place for doing the exam, most of them didn't even know that abdomen examination is provided by the government for the pregnant women, negligence from the ANM in providing the information or service to them. The other indicators also record scores less than 5 which shows gaps in availing the services, found out by conducting PPA among the community.

5.1 **Limitations of the study-**

- Data could not be collected from all the 130 blocks of Jharkhand where FNHW domain is working on, so an overall view of all the blocks is missing.
- During the FGDs a lot of people cannot be gathered in a specific place as most of them were either farming at that time or their homes were far away from the meeting place, also key members from the village like mukhiya, ward didis were not able to attend due to panchayat vote.
- In some of the places the respondents were hesitant in answering the questions and thus suitable answers were not received from them.
- Some of the data received from the plan of action was inaccurately done and thus they were not considered when selecting the samples.

5.2 **Strengths of the study-**

- This is the first ever study that has been done on PPA, so it will provide a pathway for future studies on this regard.
- As the interviews and the FGDs were done in seclusion with no interference from the outside, it helped in capturing the true existing scenario of the villages regarding the impact of PPA on their lives.

Chapter 6. Conclusion-

This chapter will conclude the study by summarising all key points related to answering the research question and objective. It will discuss implications of the study for future research. Also, this chapter will discuss how the data collected during the research is useful in answering the research question and objective.

The aim of the research is to find out the impact that can be seen in the block level of Jharkhand after the implementation of Participatory Planning and Action

(PPA). By asking questions to the facilitators and the people in the village results have been found which indicate that most of the people in the village is aware about the existence of PPA and it is helping them claim their rights by knowing what the services are there which they are entitled to receive, when they are entitled to receive and who are all entitled to receive. Further study shows that in most of the services that are available in the village there exists a gap between the expected and current situation of services which is caused due to unavailability of facilities, delay in receiving the services, lack of co-operation from the persons responsible like ANMs, ASHA didis and other significant cadres working improving the status of health in the village level. The research was able to find out the perspective of the facilitator and the community regarding PPA, how is their participation during the activity and how do they think PPA helped the community. Based on the findings, practitioners will be find out the reasons for the gap between the availability of services and the perspective of the facilitators and the community regarding the activity, which will help them to take appropriate actions to solve these issues.

6.1 **Recommendations-**

- As this research on PPA is done only on 52 villages, future studies on PPA can take data from all the 130 blocks and then compare the data with this study to find out what new changes can be found out by comparing the results.
- Training should be provided to all the facilitators on a regular basis so that they can conduct the activities more effectively and keep up with any changes made in the activity.
- The villagers should be encouraged to participate in the activity and prior notice should be given to them at least two weeks before the activity so that they can finish all their work and came prepared away from distractions.
- Another study should be done after 6 months when second round of PPA has been conducted in most of the villages, then that data can be compared with this one to find out if any improvement can be detected among the behavior of the community or on the availability of services.

References-

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- [Internet]. 2022 [cited 28 June 2022]. Available from: https://simdega.nic.in/en/jslps/

Annexures-

1. **Study tools-**

Confidentiality: This survey is completely anonymous, and your information will be kept confidential. The analysis of the results of survey will be shared without allowing the identification of individuals.
Participation in this research is voluntary.

By accepting to fill this questionnaire you are voluntarily participating in this study. You can withdraw from the study at any moment also you do not need to give any reason. If you are willing to participate, I would like to ask some questions.

Part A: Questionnaire for Focused Group Discussion with the community-

1. Have PPA been done in your village?
   - Yes
   - No
2. How many days prior to the activity did you get informed about the activity?
   - Within 1 week

- Within 15 days
- More than 1 months

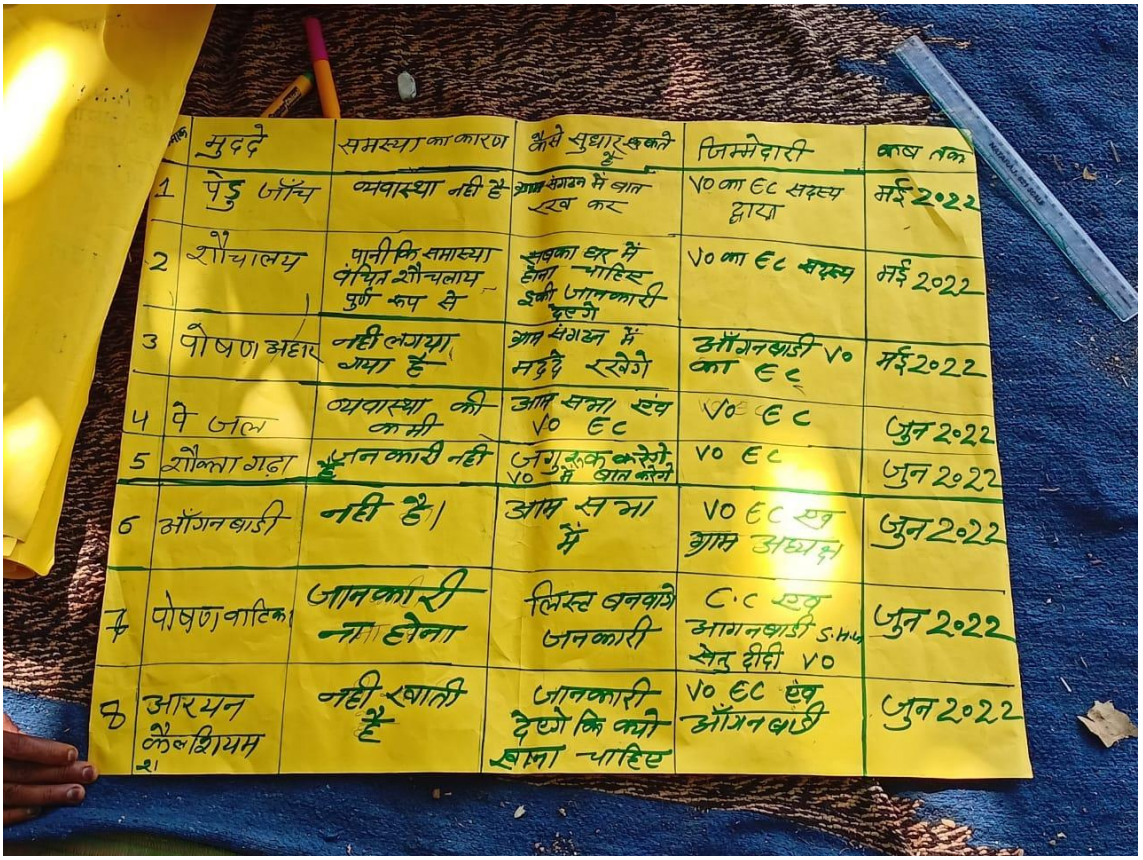
3. Were all of you present during PPA?
    - Yes
    - No
4. If not, why didn't you came?
    - I had some other work during that day
    - I had to attend a wedding ceremony
    - I was ill
5. How many people were present during PPA?
    - Less than 20
    - Between 20 to 30
    - More than 30
6. Who all others attended the activity apart from the members of VO?
        - Mukhiya
        - ANM
        - Sahiya (ASHA worker)
        - Sebika
        - Ward didi
7. What made the activity easy to understand?
    - The structure of the activity was easy to understand
    - Facilitator was able to explain the process effectively
    - They did not find the process easy to understand
8. How do you believe conducting PPA benefitted you?
    - Increased awareness towards different services available to them
    - Availability of vaccines improved
    - Services provided by Anganwadi has improved

Part B: Questionnaire for facilitator (setu didi)-

1. How many PPA have you conducted so far?
    - Haven't conducted any PPA
    - Between 1 to 5
    - More than or equal to 5

2. If you haven't done any PPA, why is it so?
    - Joined recently at your post
    - Did not receive any training regarding PPA
    - Not able to gather people for the activity
3. How many people came during the activity?
    - Less than 20
    - Between 20 to 30
    - More than 30
4. Who all others attended the activity apart from the members of VO?
    - Mukhiya
    - ANM
    - Sahiya (ASHA worker)
    - Sebika
    - Ward didi
5. Did you find it easy to be able to conduct the activity effectively?
    - Yes
    - No
6. If not, why were you not able to?
    - Lack of experience
    - Lack of training
    - People gathered were not co-operating
7. Did you receive any kind of training for the PPA activity?
    - Yes
    - No
8. If not, why did you not receive any training?
    - Joined recently at your post
    - Your superior did not provide training
    - You were unavailable during the training period
9. How do you think PPA benefitted the community?
    - Increased awareness towards availability of different services
    - Availability of services has improved
    - Services provided by Anganwadi has improved

Example of Participatory Planning and Action (PPA) and



क्रमांक	मुद्दे	समस्या का कारण	कैसे सुधार सकते हैं	जिम्मेदारी	कब तक
1	पेड़ जाँच	व्यवस्था नहीं है	ग्राम संगठन में बात रख कर	VO का EC सदस्य द्वारा	मई 2022
2	शौचालय	पानी कि समस्या पंचित शौचालय पुर्ण रूप से	सबका घर में होना चाहिए इसकी जानकारी देंगे	VO का EC सदस्य	मई 2022
3	पोषण आहार	नहीं लगया जाता है	ग्राम संगठन में मुद्दे रखेंगे	आँगनवाड़ी VO का EC	मई 2022
4	के जल	व्यवस्था की कमी	आम सभा एवं VO EC	VO EC	जुन 2022
5	शौचा गढ़ा	जानकारी नहीं है	जागरूक करेंगे VO में बात करेंगे	VO EC	जुन 2022
6	आँगनबाड़ी	नहीं है।	आम सभा में	VO EC एवं ग्राम अधिकार	जुन 2022
7	पोषण वाटिका	जानकारी नहीं होना	लिस्ट बनवाके जानकारी	C.C एवं आगनवाड़ी S.H.G सेतु दीदी VO	जुन 2022
8	आरयन कैलशियम	नहीं बताती है	जानकारी देंगे कि क्यो बताना चाहिए	VO EC एवं आँगनवाड़ी	जुन 2022

example of Plan of Action (PoA) .

Plagiarism report

Participatory Planning and action project-Shounak Chakraborty

ORIGINALITY REPORT

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