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

Shounak Chakraborty

IIHMR University, Jaipur

HEM- 25

Roll number- 1200

Dr. Alok Kumar Mathur

Introduction

Context

- Participatory Planning and Action (PPA) is a new activity started by JSLPS under the umbrella of NRLM.
- The purpose of this activity is to aware people about the different services they are entitled to receive related to Food, Health, Nutrition and WASH.

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?

Aim

The aim behind choosing this topic is to assess the impact of Participatory Planning and Action (PPA) to help people in matters related to Food, Nutrition, Health, and WASH (FNHW).

Objectives

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

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.

Research objectives

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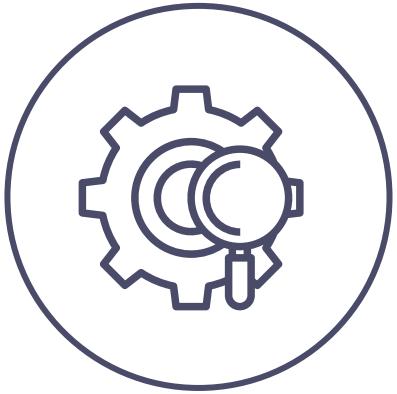
Methodology



The study is qualitative in nature.

- The study uses exploratory research method.
- Exploratory research method is used in this study due to the newness of this topic.

- 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.
- First purposive sampling has been used on block level and then simple random sampling on village level.

- 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.

Type of study

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

Study setting-

The data have been collected by visiting different villages from different blocks of Jharkhand and asking the facilitators and the community questions regarding Participatory Planning and Action (PPA).

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.

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.

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Results for the first objective

After conducting Focused Group Discussion with the community-

1.Have PPA been done in your village?

Most of the people in the village around 80% are aware about PPA.

2. Were all of you present during PPA, if not, why didn't you came?

80% of the people who were notified was present during PPA and out of 20%, 50% of them did not came because they had to attend a weeding ceremony whereas 30% people has some chores to do.

3. Who all others attended the activity apart from the members of VO?

Apart from the members of the VO, 40% of the time sebikas were present, whereas 20% of the time ward didi and sahiya (ASHA) didi were present.

4. What made the activity easy to understand?

According the people the activity was easy to understand because 60% of the times the facilitator was able to explain the process effectively, whereas during 10% of the time they did not find the process easy to understand.

5. How do you believe conducting PPA helped you?

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.

Results for the first objective

After conducting interviews with the facilitators-

1. How many PPA have you conducted so far and if not why?

50% of the facilitators have done PPA in a range from 1 to 5 out of 8 to 12 activities, whereas 30% of the facilitators haven't conducted any PPA. Out of the 30% facilitators, 60% of them did not receive any training whereas 30% recently joined their post.

2. Did you find it easy to be able to conduct the activity effectively if not why?

70% of the times the facilitators find it easy to be able to conduct the activity effectively and out of 30% people, 60% of them lack in training and 30% and 30% lack in experience.

3. Did you receive any kind of training for the PPA activity and if not why?

80% of the facilitators received training related to PPA and out of 20% who did not receive training, 40% of the facilitators did not receive any training from their superiors, and 30% of them were unavailable.

4. How do you think PPA benefitted the community?

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.

Discussion of the first objective

For the interviews and FGDs done with the facilitators and the community respectively.

Discussion #1

From the data it has been found that most of the people in village level know about PPA and were present during the activity.

Discussion #2

Around 20 to 30 people were present during most of the activities with sebika, sahiya and ward didis participating in them as well.

Discussion #3

According to the people 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.

Discussion #4

After talking with both the groups it can be said that PPA has been able to impact the lives of the community during the short time from its implementation.

Results for the second objective

- A total of 36 indicators were mentioned during the activities in the 52 villages.
- Tally marks have been used to find out the frequency of each indicator appearing in each village.
- 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 have appeared 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.
- There were 9 indicators in both the groups between 20 to 35 and more than 35.

Indicators more than 35

- For abdomen exam 36 times and for blood exam 28 times it has recorded score from 0 to 3.The 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.
- In case of calcium and IFA tablets 4 times they scored between 0 to 5. Some of the reasons that came up during the activity are that they lack of awareness regarding availability of tablets, stock was not available in anganwadi centers, negligence from the side of the ANM to prove the services etc.
- In case of immunization and mid-day meal there are no indicators below 5.
- In case of nutrition only 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.
- 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.
- For toilet facility 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.

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

Indicators between 20 to 35

- For anganwadi centers out of 26 times 7 times they received score of 3 or less. The reasons that came up during the activities for this poor condition of service are that lack of awareness among the people regarding the services that are available in anganwadis, in some places there is no anganwadi to receive service from.
- For B.P check-up 9 times of the 23 times during the activities they received score less than 3. The reasons that were discussed during the activities are that B.P machines are not available in the villages; most people do not know that they can receive this service during pregnancy in anganwadi centers or health centers.
- For institutional delivery 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 can get financial help from the government during their 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.
- 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.

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

Discussion for the second objective

Discussion for the data collected from the wave diagram and plan of action of the 52 villages and putting them in groups to find the gap among the availability of the services.

Discussion #1

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.

Discussion #2

There are other indicators like Anganwadi centers, drinking water, B.P. checkup which have scores of 7 to 9, the reasons behind the gap in services are lack of awareness, lack of facilities, not enough tube wells or hand pumps for the entire village and so on.

Limitations of the study

Limitation 1

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.

Limitation 2

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.

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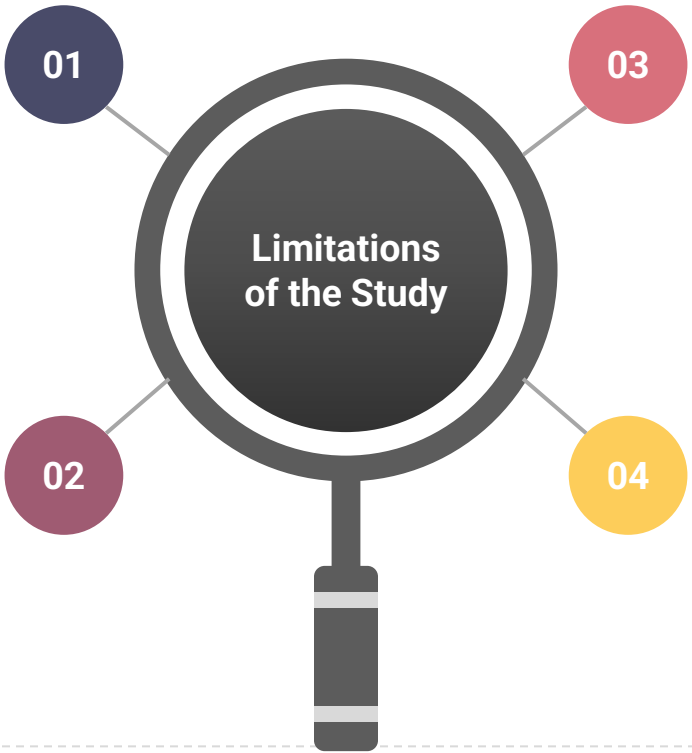

Limitation 3

In some of the places the respondents were hesitant in answering the questions and thus suitable answers were not received from them.

Limitation 4

Some of the data received from the plan of action was inaccurately done and thus they were not considered when selecting the samples.

Conclusions / Findings

- 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 resolve these issues.

Recommendations

Recommendation 1

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.

Recommendation 2

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.

Recommendation 3

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.

THANK YOU !