TRIGGERING PROCESS FOR CREATING A WOMAN FRIENDLY COMMUNITY

WHY FOOD NUTRITION HEALTH AND WASH (FNHW)

Community Federation Model

Poverty 01
Multi-dimensional issue

Out of pocket Expenses 02
SHG members took significant proportion of the loans to meet medical emergencies

Federation mandate 03
Village Organization (VO) has mandate to strengthen the social intermediation at SHG and village

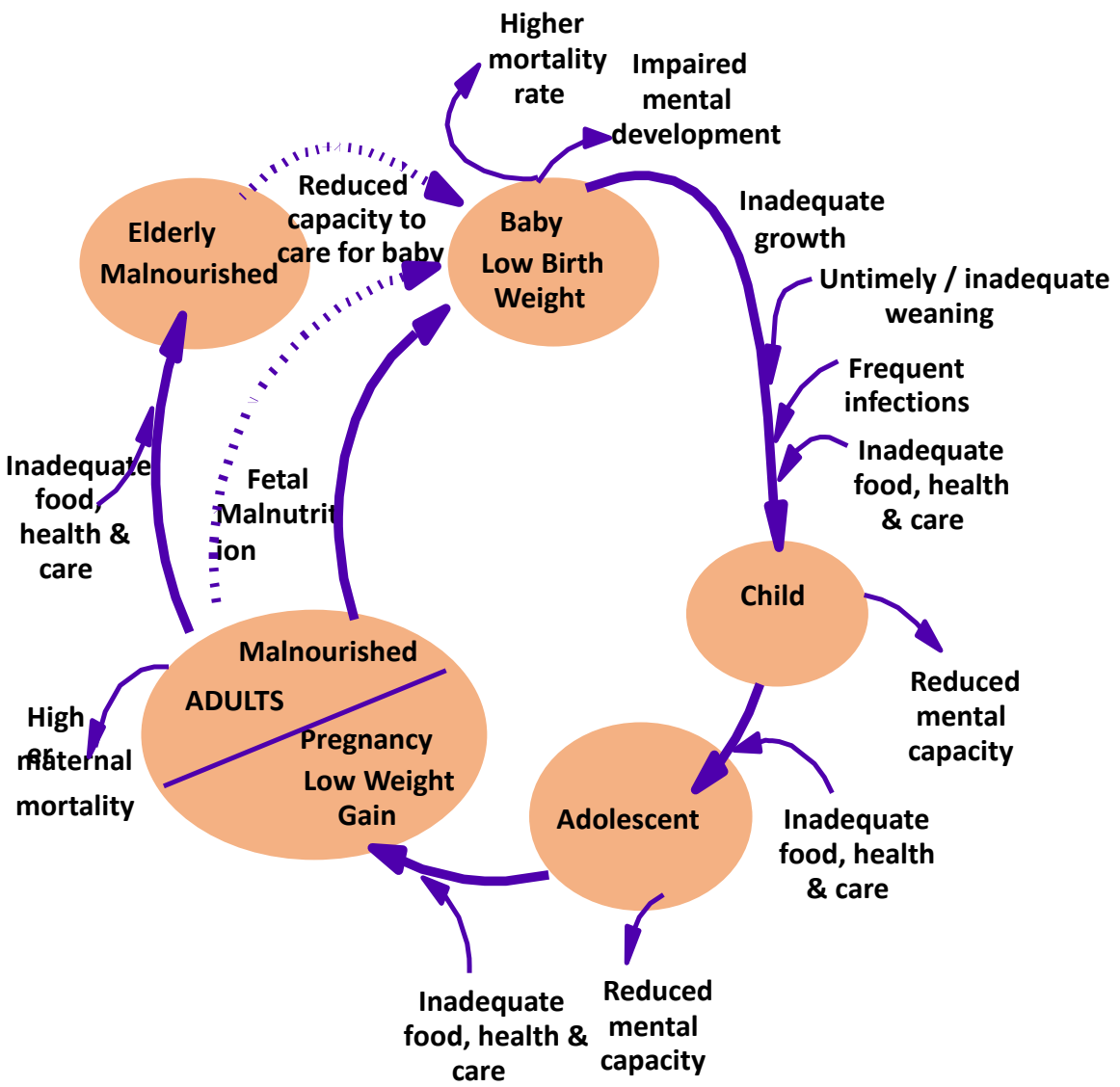
Collective process 04
Participatory planning, implementation, review and quality assurance

Inclusion of excluded 05
Through Community Participation, social mobilization and advocacy

Transparency and accountability 06
Set a mechanism for transparency and accountability in the service delivery and governance at local levels.

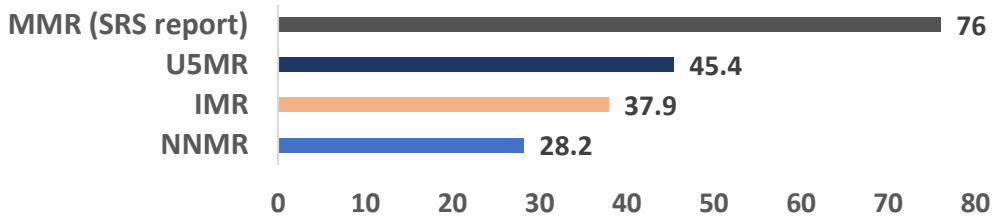
Life cycle approach and Health and Nutrition status of Jharkhand

LIFE CYCLE APPROACH



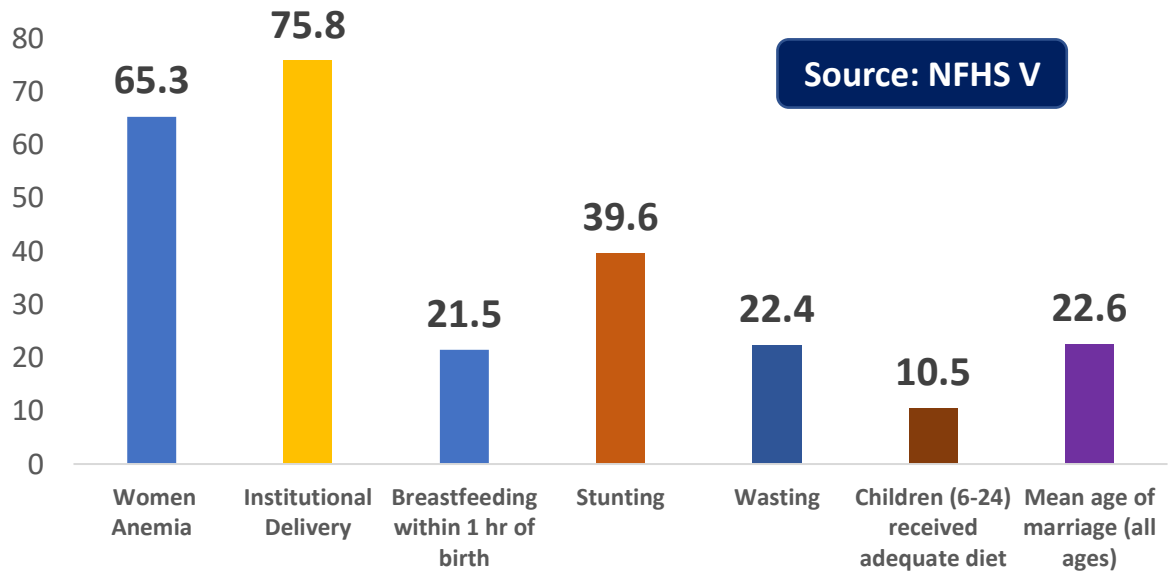
Health and Nutrition status of Jharkhand

Status of Mortality Rate/Ratio



	NNMR	IMR	U5MR	MMR (SRS report)
Series1	28.2	37.9	45.4	76

Maternal and Child Health Status



Women Friendly Community –FNHW & SS

Claim and fulfill their rights

Economically empowered and Choice to Freedom

Access to services and entitlement

Gender Equality and equity

Ability to take informed decision

Secure environment at HH, community, and service level

Women Friendly Community –FNHW & SS

HOUSEHOLD LEVEL

- Peer Group Counseling
- Diet Diversity
- Nutri-garden
- Gender Equity and Equality
- Referral
- HNE to member
- Support in decision making
- Adoption of appropriate behavior
- Economic Access- Decision

COMMUNITY LEVEL

- Participatory Planning Action
- Capacity building of CI
- Gram Sabha, GPDP
- Community events like Poshan Abhiyaan, another drives
- SBCC
- Gender Equity & Equality

SERVICE LEVEL

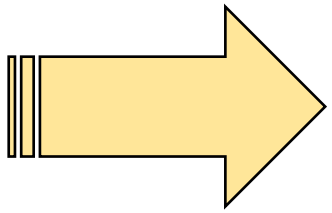
- VHSND – Women Friendly
- Mobilization of the beneficiary
- Demand-Driven service
- Supportive environment

Why Health?

Better Livelihood Opportunity

Less medical expenses

PARTICIPATORY PLANNING AND ACTION



7 Building Blocks

Reviewing the progress over time and taking follow up

Endorsing the health issues and reviewing periodically

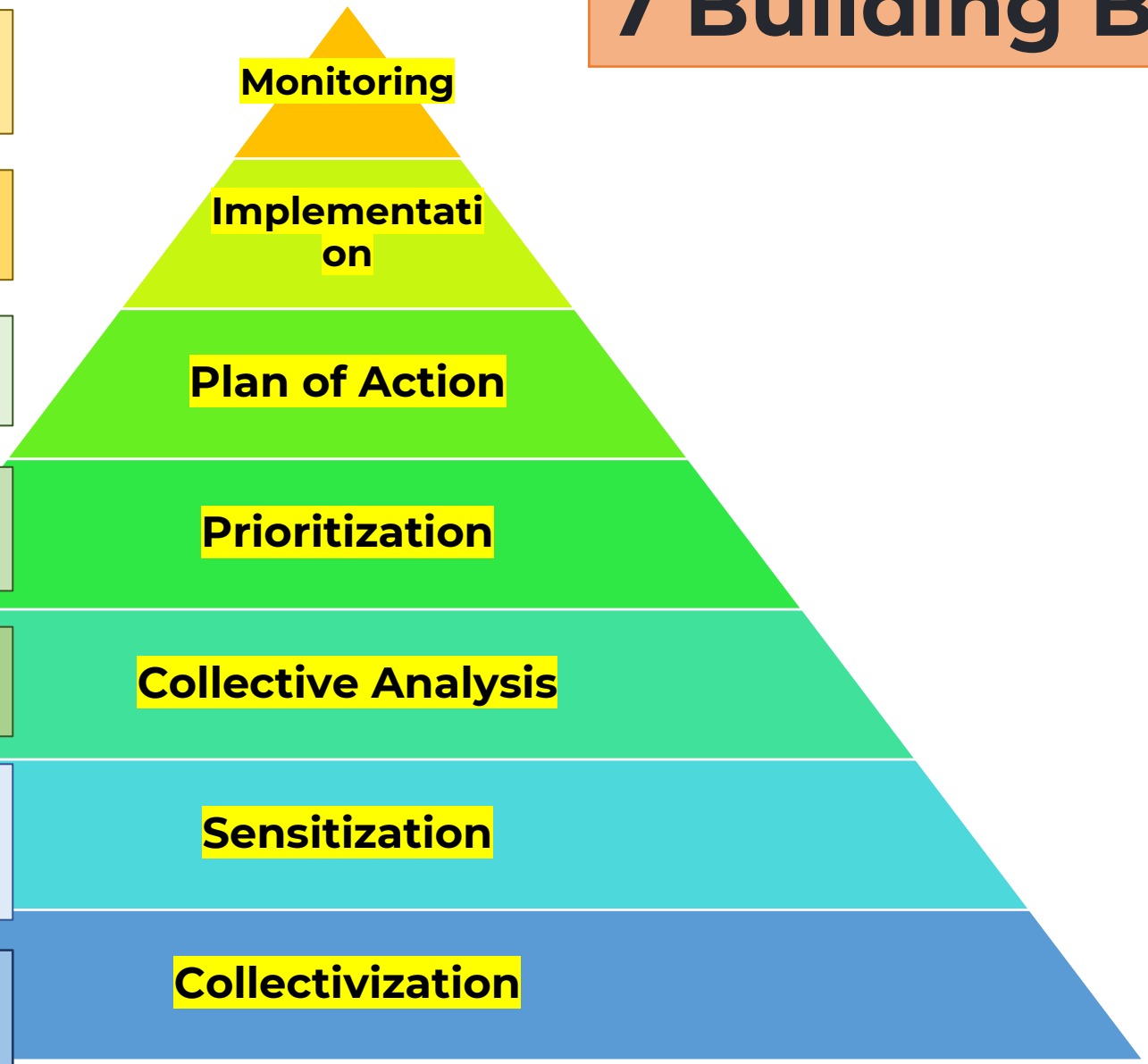
Preparation of accountability matrix depending on gaps identified

Highlighting the issues which lack in performance

Situational Analysis of FNHW services and actual service status of the services

Triggering community about the importance of FNHW and Social Security interventions

Assembling at one common place and initiating the triggering process.



PARTICIPATORY PLANNING AND ACTION IN COMMUNITIES OF JHARKHAND

INTRODUCTION

- This study assesses the importance and understanding of the indicators related to food, health, nutrition and WASH through a community participatory method within a community of SHGs of the two intensive blocks of Jharkhand – Ranchi and Hazaribagh as these two areas have the maximum number of TPCI activities performed in their respective villages.

RESEARCH QUESTION

- What are the indicators related to FNHW that are being taken into action through TPCI?
- What are the comparisons between TPCI indicators observed in different villages?

OBJECTIVE OF STUDY

- To assess the indicators of FNHW during the participatory planning and action process within the villages of the state of Jharkhand.
- To assess the compared indicators to develop an understanding on issues related to health, nutrition and WASH at community level.

REVIEW OF LITERATURE

Sr. No	Literature
1	(Higgins and Toness, 2010)
2	Participatory gender training for community groups. (2020, November 20). Water, Land and Ecosystems
3	Kalia M, Sharma S, Thakur N, Pathania R. Impact of Anganwadi Programme Regarding Health and Nutrition Education on ICDS Beneficiaries in Kangra District of Himachal Pradesh. The Anthropologist. 1999;1(3):199-204
4	Borah A. Women empowerment through Self Help Groups-A case study of Barhampur Development Block in Nagaon District of Assam. IOSR Journal of Economics and Finance. 2014;4(3):56-62.
5	TOPPO S. A comparative study on nutritional status of Bharno block and Gumla block adult tribal women in rural areas of Gumla district (Jharkhand). FOOD SCIENCE RESEARCH JOURNAL. 2016;7(2):176-183
6	Kumari S, Prasad D. A Study on Personal Hygiene and Sanitation Practices in a Village of Ranchi District of Jharkhand. International Journal of Science and Research (IJSR). 2020;9(8).

Participatory processes are used in many types of communities and organizations like a whole village, an urban neighborhood, a school, a parent’s group, a women’s group, national park management team, water management committee, or any other group. It helps to understand and enable the community people to transform their communities for the future. Talking about the process of participatory planning and action in Jharkhand, a new initiative – Triggering process with community institutions formed initiative aims to reach the innermost villages to understand the knowledge and awareness related to the FNHW issues within the community.

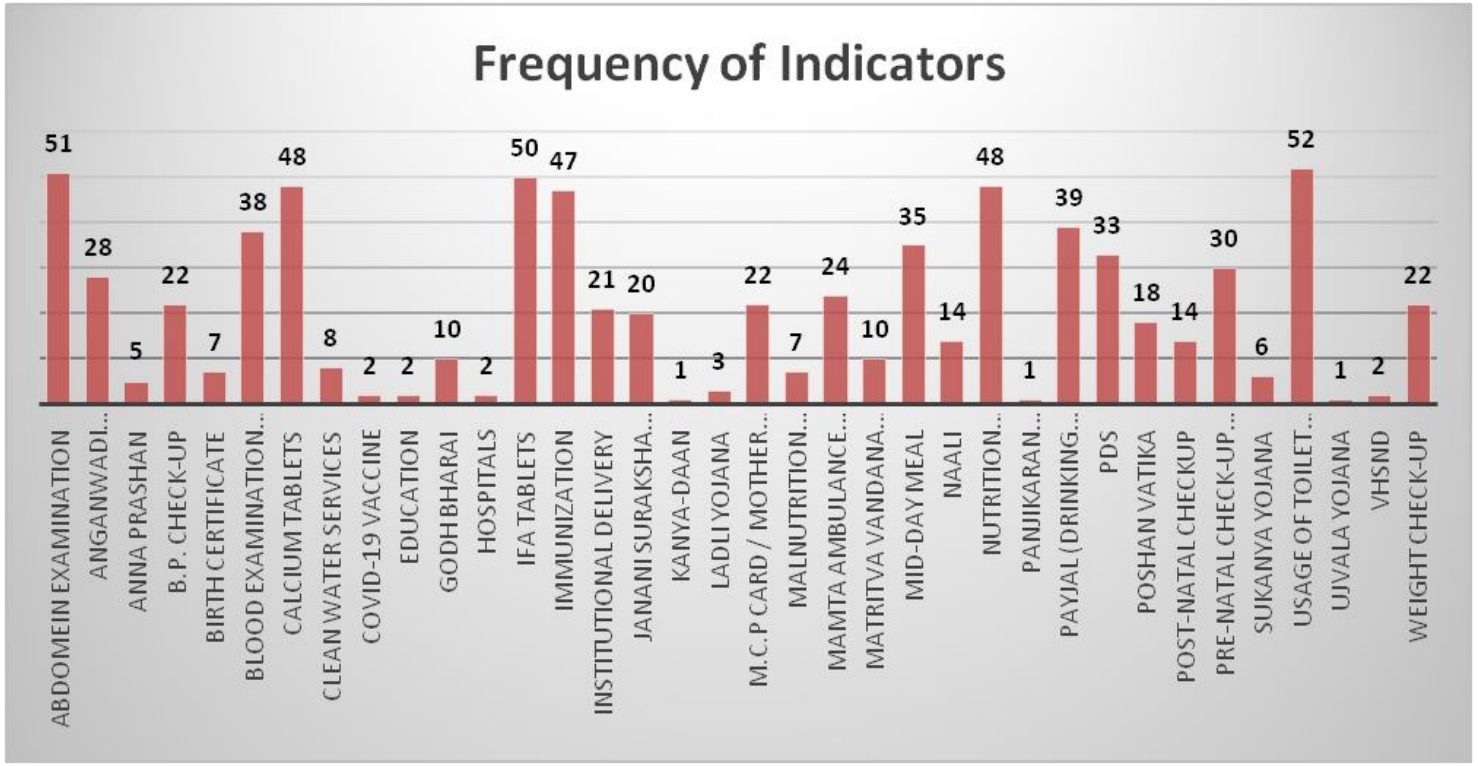
RESEARCH METHODOLOGY

PARAMETER	DESCRIPTION
Study design	Descriptive-comparative study design
Study Variables	Dependant variable: Indicator related health, nutrition, food and sanitation
Study setting	The study was conducted at village level
Study Population	SHG members, Setu Didi, ANM, ASHA workers
Sampling technique	Purposive-random sampling

SAMPLING

The study is based on primary data type. The primary data was collected with the help of sample survey of 60 SHG members and 6 Senior SetuDidi. The activity of triggering process and community action has been intensively carried out in 24 districts of the state of Jharkhand. From which for the research, 3 districts were selected – Ranchi, Hazaribagh and Giridih, 8 blocks and 52 villages in total. The data was collected with the help of the wave diagram charts and the plan of action chart.

RESULTS

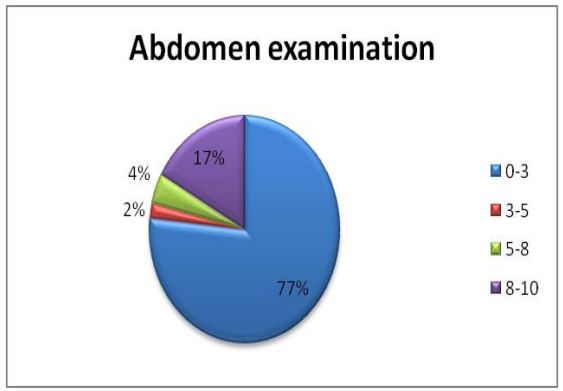


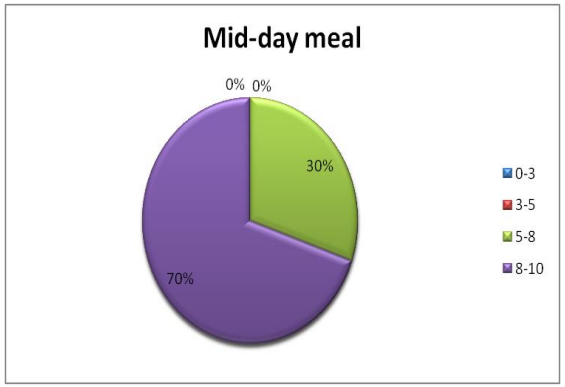
The graph of frequency of indicators shows the occurrence of 36 prominent indicators related to health, nutrition, food and wash in a total of 52 villages. From the graph we can infer that the indicator of Usage of toilet facility has been ranked in all 52 villages. Then indicators as – Abdomen examination, Calcium tablets availability and consumption, Blood examination (Hemoglobin test), IFA tablets availability and consumption, Immunization, Nutrition, Drinking water, Mid-day meals have been ranked as the key indicators with the occurrence of frequency being above and equal to 35.

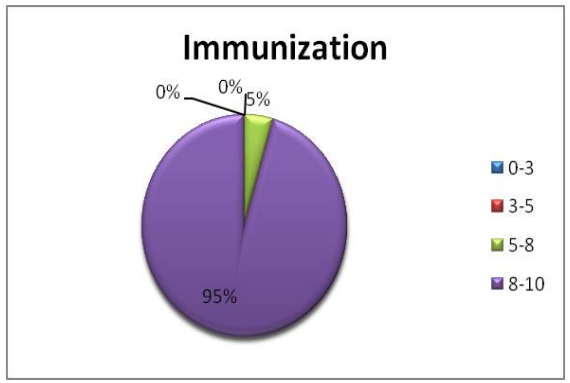
Followed by indicators with the occurrence frequency within 20 – 35 were observed as – Anaganwadi centers, BP check, Institutional deliveries, Janani Suraksha yojana, MCP cards, Mamta Ambulance services, Pre-natal check up, Weight check.

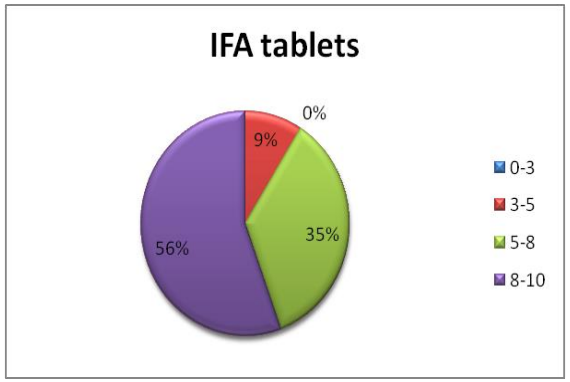
Others indicators with the score less than 20 were observed as – Anna prashan, Birth certificate, Clean water services, Covid-19 vaccines, Education, Godh Bharai, Hospitals, Drainage, Registration of pregnant women, Poshan vatika, Post-natal check up and other government schemes.

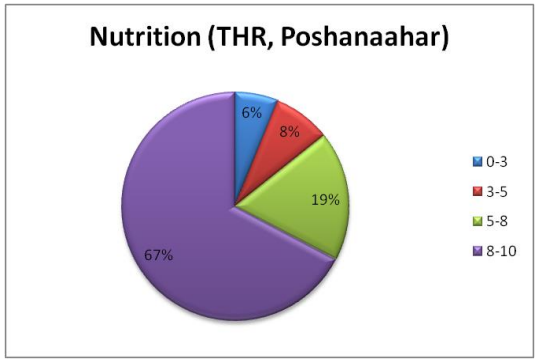
Graphs for Indicators with frequency of occurrence above 35

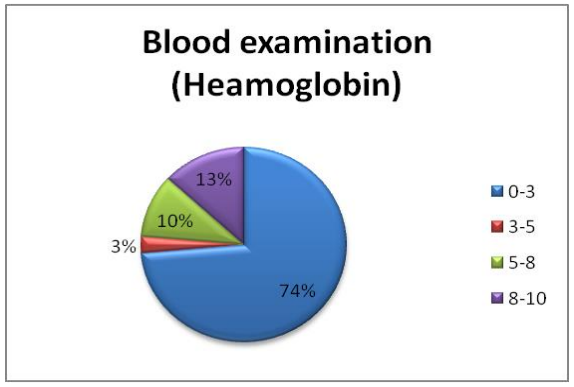


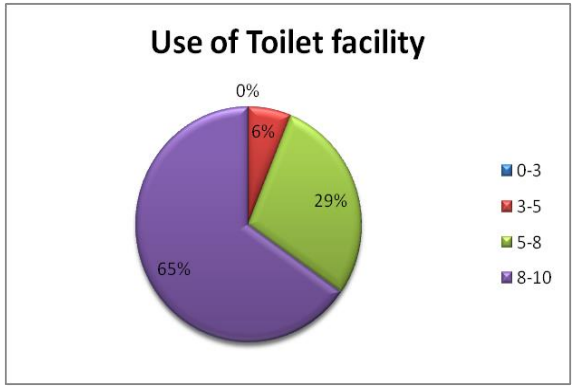


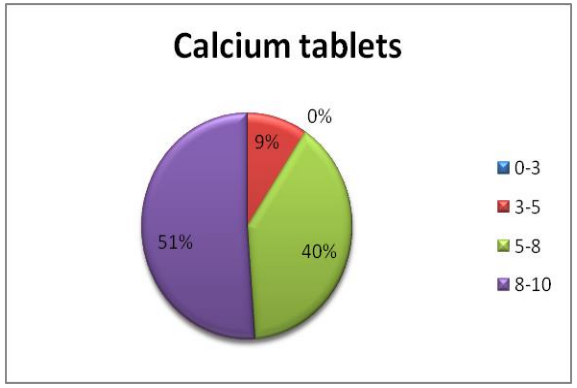


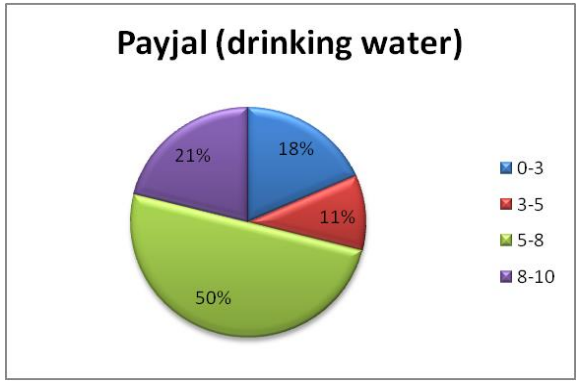




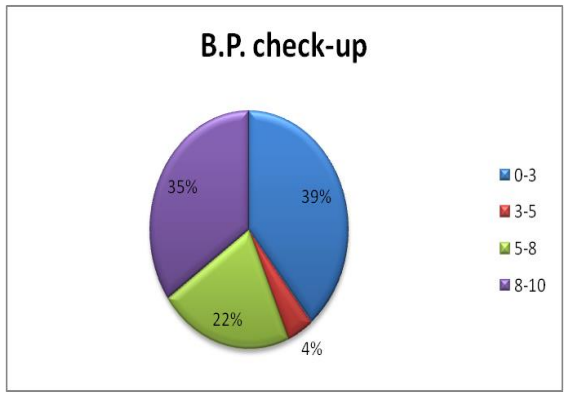


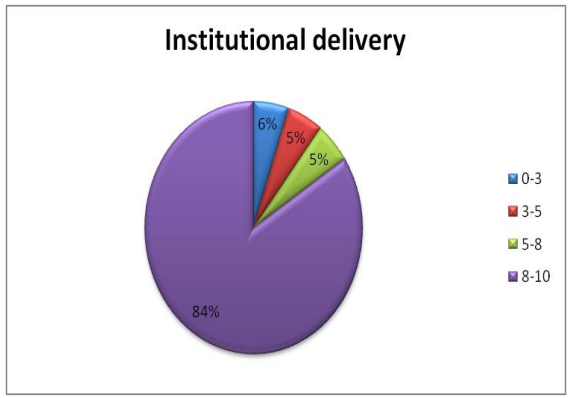


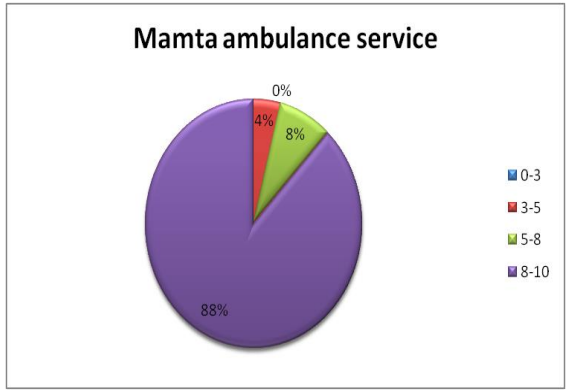


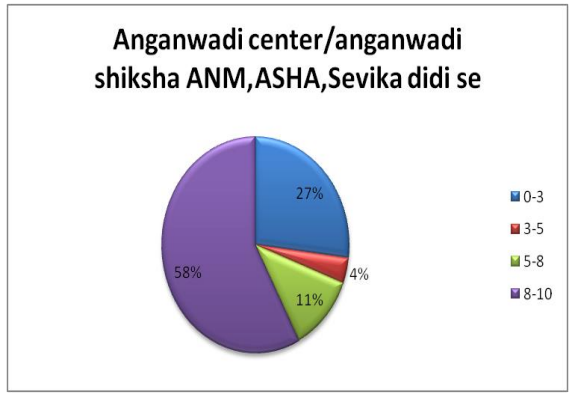


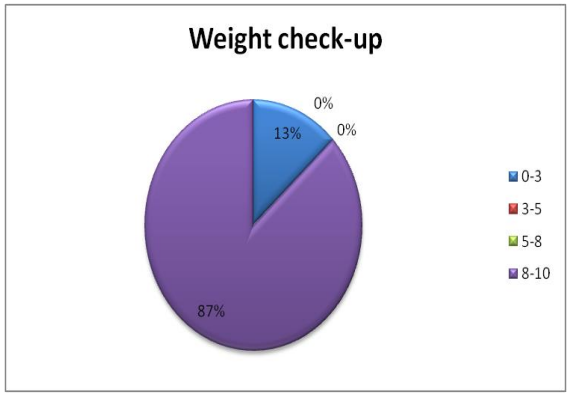
Graphs for Indicators with frequency of occurrence between 20 to 35

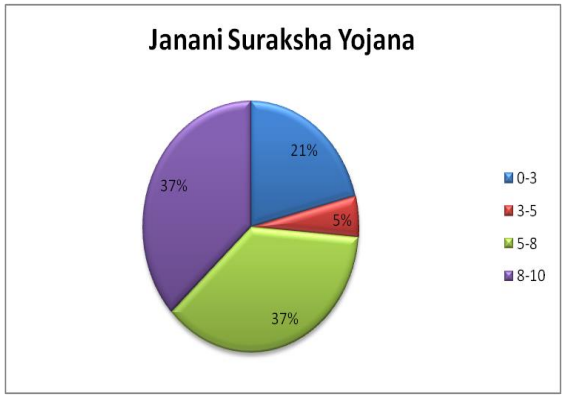


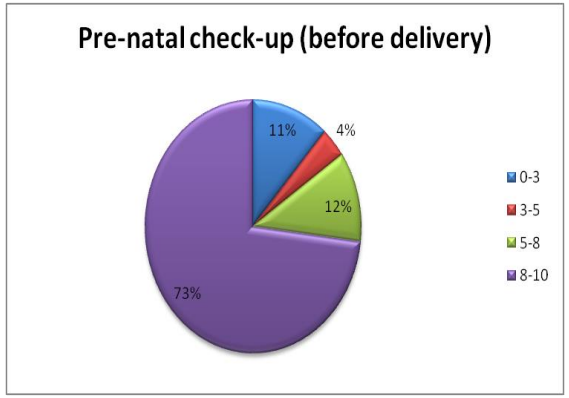


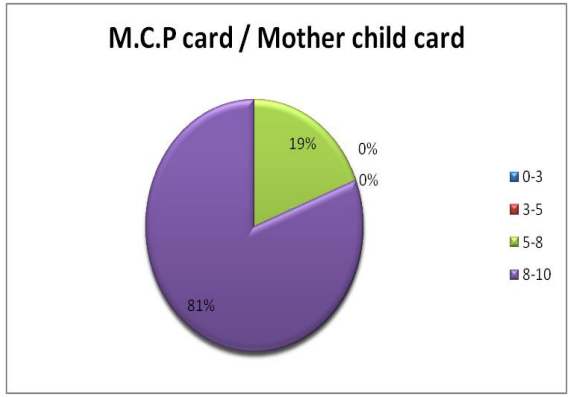


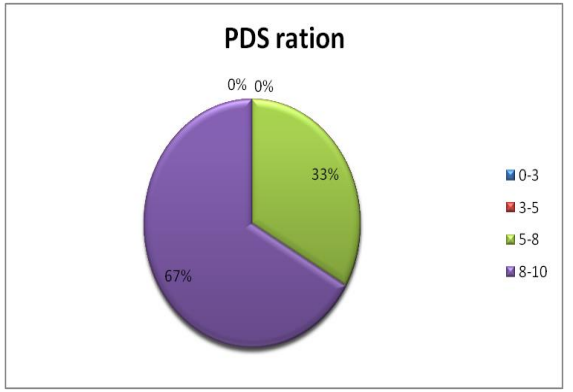


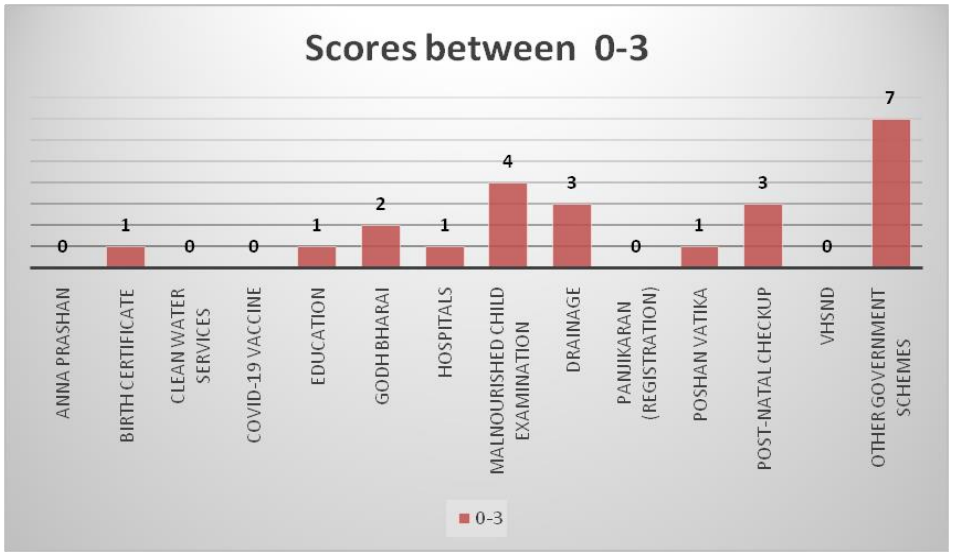


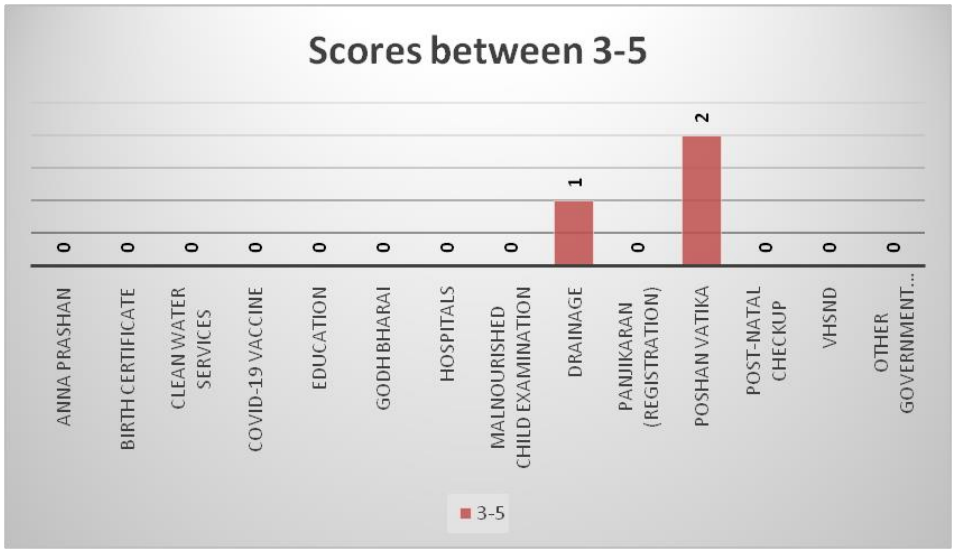




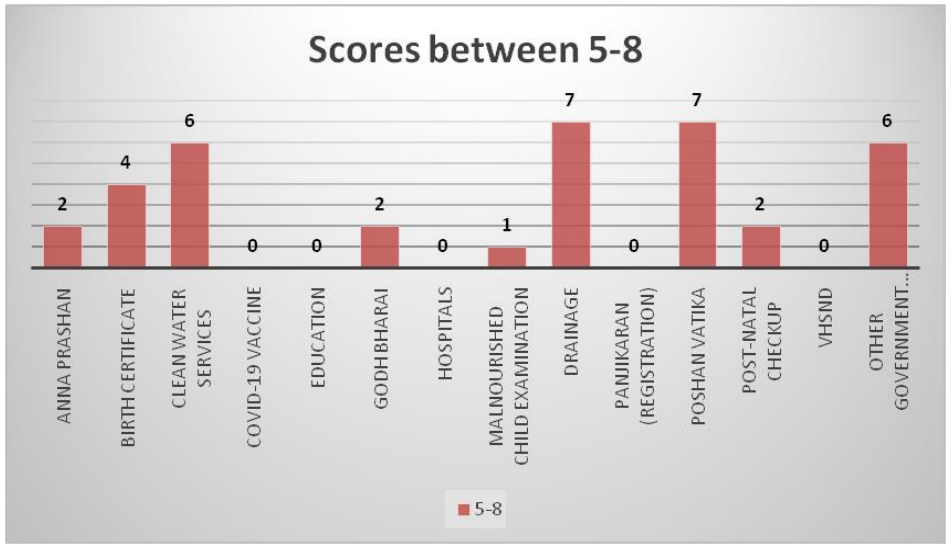


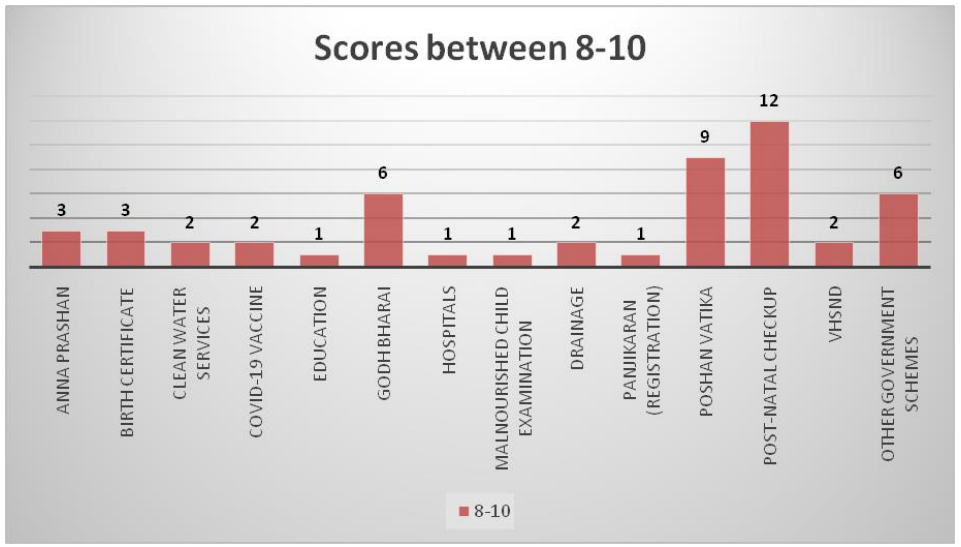






Graphs for Indicators with frequency of occurrence below 20





DISCUSSION

1. Hemoglobin level testing poor graph of performance was because – unavailability of the testing kit and not aware about the service.
2. Abdomen examination poor performance was as the health workers were hesitant to perform the exam, not proper medical-room with proper set up to perform the exam and lastly, mothers were hesitant to visit the health centers.
3. Immunization is a key indicator is 95% of the villages.
4. IFA and Calcium tablets poor consumption was because lack of knowledge, awareness and lack of availability at the AWC.
5. Mid-day meals were provided in majority of the schools and children enjoyed eating the mid-day meal.
6. Villages received proper nutrition, an adequate food diet.
7. Drinking water facility service lacked performance as tap facility was broken.
8. Usage of toilet facility it was seen that most of the families houses.
9. Anganwadi centers were in good condition having a good infrastructure including all the services being available, with good communication with the helpers.
10. BP check up was a prominent indicator.
11. Women community members opted for institutional delivery rather than going for home deliveries.
12. With the help of this study other indicators like a clean water services education a drainage system annaprashan birth certificate then a postnatal check up other government schemes like matritva Vandana Yojana Ladli Yojana Ujjwala Yojana, availability of hospitals in the villages, covid-19 vaccines these indicators were also highlighted during the activity.

CONCLUSION

The study conducted helped me to understand:

- Perception and awareness of the community towards food, nutrition, health and wash
- Services and the actual status of service delivery in the community
- People had adequate knowledge about what is health, what basic resources are required for a better healthy life
- Study helped the communities to get better and improve in the areas where they lack, and also helped to maintain the graph of improvement with respect to food, health, nutrition and wash.
- Helped to overcome the barriers of poor health, inadequate nutrition, in sufficient food supply and the barriers for social security.
- The future goal for the triggering process and community action will be to target more communities in the state to sensitize them and to make them strong and independent to avail facilities to the fullest and take a step to improve not only the health of the community but also their individual health and their family health.

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