

CHAPTER: 19

PARTICIPATORY PLANNING AND ACTION IN COMMUNITIES OF JHARKHAND

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INTRODUCTION

Self Help Groups (SHGs) are created by individuals who share common interests and come together within a community to provide mutual assistance. These groups typically consist of 10-20 members with similar social and economic backgrounds. Formal registration of the group is not mandatory. In terms of gender diversity, it is generally preferable to avoid mixed groups.

Special emphasis is placed on encouraging women or men facing economic challenges to form these groups, aiming to provide them with financial support and employment opportunities. However, a crucial requirement is that only one member per family is allowed to join a specific group, fostering greater connectivity among families and SHGs [1].

Empowerment, associated with personal development, is a key focus. While creating awareness contributes to limited empowerment, practical knowledge enhances empowerment significantly. Women's empowerment is particularly crucial for the overall development of a country. By enabling women to participate actively and make decisions, comprehensive development in various spheres can be achieved. Women's empowerment goes beyond financial independence, emphasizing rights and equality.

In a society where women can make decisions, assert their rights to various benefits and services, and prioritize their health, nutrition, and social security, true empowerment is realized [2].

Essential aspects like food, health, nutrition, Water, Sanitation, and Hygiene (WASH), as well as social security, are vital for every citizen. However, they play a particularly significant role in the lives of the poor and marginalized, especially women.

Limited access to entitlements and services is a challenge for women, stemming from social barriers, traditional family beliefs, and a lack of knowledge and awareness, particularly prevalent in rural areas [3].

RESEARCH QUESTIONS

1. Which indicators pertaining to Food, Nutrition, and Health and Wellness (FNHW) were implemented through the Targeted Public Health Initiatives (TPCI)?
2. How were the TPCI indicators compared across various villages?

RESEARCH OBJECTIVES

1. To evaluate the indicators of Food, Nutrition, and Health and Wellness (FNHW) during the participatory planning and action process in the villages of Jharkhand state.
2. To assess and compare the indicators to gain insights into community-level issues related to health, nutrition, and Water, Sanitation, and Hygiene (WASH).

RESEARCH METHODOLOGY

The research employed a descriptive-comparative study design, focusing on variables related to health, nutrition, food, and sanitation as dependent variables. The study was conducted at the village level, with the study population comprising Self-Help Group (SHG) members, Setu Didi's, Auxiliary Nurse Midwives (ANM), and Accredited Social Health Activists (ASHA) workers. A purposive-random sampling technique was utilized for participant selection in this primary data-based study. The primary data collection involved a sample survey of 60 SHG members and 6 Senior SetuDidi. The triggering process and community action activities were extensively conducted in 24 districts of Jharkhand, with three districts chosen for the research – Ranchi, Hazaribagh, and Giridih. A total of 8 blocks and 52 villages were selected for data collection, facilitated by wave diagram charts and the plan of action chart. Prior consent was obtained from every individual participating in the Targeted Public Health Initiatives (TPCI) process.

RESULTS & DISCUSSION

The frequency indicator graph depicted the occurrence of 36 notable indicators associated with health, nutrition, food, and water,

sanitation, and hygiene (WASH) across a total of 52 villages. It was evident from the graph that the usage of toilet facilities was consistently ranked in all 52 villages. Key indicators, with frequencies equal to or above 35, included Abdomen examination, Calcium tablets availability and consumption, Blood examination (Hemoglobin test), IFA tablets availability and consumption, Immunization, Nutrition, Drinking water, and Mid-day meals.

Following closely were indicators with frequencies ranging from 20 to 35, encompassing Anganwadi centers, BP check, Institutional deliveries, Janani Suraksha Yojana, MCP cards, Mamta Ambulance services, pre-natal checkup, and Weight check. Indicators with frequencies below 20 included Anna Prashan, Birth certificate, clean water services, Covid-19 vaccines, Education, Godh Bharai, Hospitals, Drainage, Registration of pregnant women, Poshan Vatika, Post-natal checkup, and other government schemes. Among these, 19 villages considered other government schemes as a key indicator, with 7 villages scoring between 0 to 3 points on a scale of 0 to 10. For the indicator of Malnourished children checkup, only 7 villages highlighted it, and 4 villages scored between 0 to 3 points. Indicators like Anna Prashan, Clean water services, Covid-19 vaccine, registration of pregnant women, and VHSND did not receive any scores in the range from 0 to 3 from any village. For indicators such as Birth certificates, Education, Godh Bharai, Hospitals, Poshan Vatika, a maximum of 2 villages scored for each indicator.

CONCLUSION

The study undertaken enabled us to grasp the community's perception and awareness regarding food, nutrition, health, and water, sanitation, and hygiene (WASH). It facilitated an evaluation of the community's awareness and knowledge concerning available services and the actual status of service delivery. The community demonstrated sufficient knowledge about health, essential resources for a healthier life, appropriate dietary practices, childcare guidelines, precautions for pregnant and lactating mothers, and awareness of various government services provided to the community. While a majority of communities

exhibited awareness and ample knowledge about FNHW, some villages lagged in performance. The triggering process and community action activities proved instrumental in aiding communities to enhance their shortcomings and contributed to the sustained improvement observed in the villages.

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