

Initiating of TRIGGERING PROCESS for creating women friendly community through participative approach



Initiating Triggering Process with Community Institution (TPCI) for creating women friendly community through a participatory approach.

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 of time, 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 suggest that , that until a person realizes something him/herself, they cannot think seriously changing it for the better . To 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 in the minds of the citizens , especially in the rural space..

This extensive and inclusive process is called TPCI. Triggering process with community process (TPCI) is the very first entry step in any new village. The PRA tools 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 behavior in respect to FNHW of the rural masses. The triggering process also orient 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. To 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 PRI members would be actively involved. These service providers need to play important 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.



Collectivization -

Collectivization is the first activity at the village level, where all the adult members including PRI members, school teachers, and other communities leaders gather at one place. As virtually in every village village, more than 90 % HH are in the SHGs fold and are a part of the village organization, therefore it is important to have their participation in the process of collectivization. The process starts from the VOs meeting where the trained Setu Didi informs all the members of VO ,the purpose of triggering process in a brief manner. This is done with the ideation to mobilize all the community members at one particular place. The role of key stakeholders at the community level is also important. Thus the Setu Didi proposes the Vos and PRI members to ensure their presence, along with FLWs in the community meeting. The general precept of collectivization are:

1. Discussion in the VO's meeting about TPCI in brief
2. Information to all SHGs by Vos
3. Meeting with PRI members
4. Decision on date and venue
5. Invitation to FLWs, local school teachers and other key stakeholders

Sensitization

The issues of FNHW is not a priority of the community in general, and occupies a prime space during medical emergency and during periods of crisis. Therefore sensitizing the community about the importance of FNHW and SS is essential, and important. Bringing these issues into their priority is both crucial and challenging. The triggering process makes them realize, comprehend and with passage of time understand it.

The process of Sensitisation starts with some frequently asked questions & answers

Some indicative questions are as;

1. The purpose of SHGs and Vos formation?
2. What are the principal causes of poverty?
3. What are things important for life?
4. How many people, in your near vicinity are presently or in the past suffered from illness leading to depletion of their meagre savings ?

service delivery . This exercise is facilitated by one of members of VO preferably president of Vos.

The entire process of the causes of debilitating poverty, the co-relationships between poverty and lack of nutrition and access to health care, is discussed and based on the access, availability, accessibility and approachability (4As) of health, nutrition and health care services, the process of empowering and people for taking decisions for ameliorating the health, nutrition and sanitation of the states.

WAVE: If you can measure it you can improve it, thus through the WAVE diagram the local comprehension, cognition and knowledge is harnessed for local solution for FNHW issues

The Wave Diagram method is community planned, community implemented and community monitored.



The Key Steps

1. Discussion on the services and schemes.
2. Identifying one person from the community who can facilitate the discussion.
3. The key areas are identified through discussion and deliberations and using of tools.
4. Putting score after a detailed discussion on each issue on a 10(maximum) point scale.
5. The gaps in terms of access to health / nutrition and WASH services are identified.
6. The identified gaps and priorities are noted.

Prioritization

In the collective analysis process, many issues related to FNWH and SS would come out in the discussion. - but the priority would be different for different issues for the community. The community members will/ may take some key issues, which they want to immediate/intermediate redressal. The issues have to be taken or prioritized after detailed discussion and overwhelming consent of the community

1. Listing of all issues with their score. (on a score of max scale of 10)
2. Taking 5 to 6 key activities after thorough discussion and common granular consent
3. Making the detailed list of issues and their concerned departments.

Plan of Action

Planning is the cornerstone for more efficacious intervention and meaningful impacts. Identifying the problems, identifying the unmet needs and surveying the resources to meet them.

The purpose of planning in the villages for FNHW (Food, Nutrition, Health and Water, Sanitation and Handwashing) is to make the accountability of all stakeholders to improve the status of identified indicators

1. To match the limited resources with myriad problems and challenges.
2. To eliminate wasteful expenditure /resources and duplication of efforts.
3. To develop the best course of action to accomplish a defined objective in Health, Nutrition and WASH.
4. To meet the felt needs of the people.
5. To prepare the **accountability Matrix**

Indicative template for planning

SL No	Issues	Reason of issues	How – step to address	Who(key person)	When (time line)

Implementation

After making the plan, it is presented in the gram sabha and where all the members of GS acknowledge and **endorse the issues**. The Plans is prepared in the chart papers, and pasted on the wall of VO's office. In every meeting of the VO, the President and Secretary of the VO, review the periodic progress. The Vos also make the micro plan on each issues and fix the accountability among the VO's members and the service providers.

VO members decide in their monthly meeting to meet with AWW/ANM to improve the facilities provided in Aganwadi centers, sometimes they call ANM in their monthly meeting and talk to her for providing full range of services related women and child in Aganwadi centers. Seeing this co-ordination in village people ANM agree to provide complete services in Aganwadi centers.

The PRI members also review the progress and talk with concerned front line service providers and block level functionaries to bridge the gaps.

After sharing the plan in gram sabha, some of the issues may be taken in the GPDP As Setu didi conduct the monthly orientation of VO's members through Samuh Varta and provide the FHNW and SS related information.

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 participate in the VHSND and monitor the services, being provided by the department of health and ICDS through the duty bearers (ANM, AWW).