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Identification and Organizing of Yazd Eskan Neighborhood -2019

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ABSTRACT

Introduction: Implementing any intervention in the community requires identifying and organizing the community as well as actively involving members of the community. This study was conducted to identify and organize one of the suburbs of Yazd in 2019.

Method: This research was a community-based participatory research (CBPR), which was handled in the Yazd Eskan neighborhood. Considering the potentials of this neighborhood, including high social cohesion and the existence of a dynamic and popular non-governmental organization, since 1396, this place has been a candidate for the implementation of empowerment and optimal development of neighborhood health (Tabassum project). The steps of this project involved five steps of area identification, organizing, empowerment, requirement assessment, and intervention, and action. In this paper, the identification and organizing steps are explained. Frequency and percentage were used for descriptive statistics.

Results: The executive steps in the identification phase were stakeholder justification and census, in which most of the study population were women (51.5%), age group 59.9-30 years (40.1%), diploma (27%), with an income of 1-2 million (49.1%). %) Formed. Selected neighborhoods included 61.4% women, 37.08% aged 30-50 years, 28.13% bachelors and 53.13% housewives. According to the results of this study, most of the people in this community who were more willing and free to participate in this project were young housewives with a bachelor's degree. In the phase of organizing the neighborhood clustering steps , the selection of Sarkhosheh, The Forming a Neighborhood Health Club (NHC), The Foundation Of Thought & Credit Fund (TCF) was done.

Conclusion: Identifying and organizing the community, especially in the suburbs, provides a transparent and logical process for the community to participate purposefully in identifying the problems of their neighborhood. Paying attention to the basic needs of neighborhoods can lead to better participation in neighborhood development.

Keywords: Identification, Organizing , Neighborhood , Community participation

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Introduction

In any society, the best source of information to determine the problems and needs of society are the people of that society (1).

Community engagement is an administrative strategy commonly used by governments and research organizations to learn about the views, opinions, and ideas of local residents of a neighborhood (2).

There are many types of participation, such as councilors on boards or committees, policymakers in neighborhood councils who influence municipal policies, and role of residents in local community organizing, who develop neighborhood activities(3, 4). In addition, citizen participation has had a major impact on societal policies in the field of social movements (for example, the women's movement and the civil rights movement). Citizens' participation in various social aspects has a wide variety of benefits at the national, social, interpersonal and individual levels (5). Within neighborhood Citizens' integration into public administration strengthens the effectiveness of public service delivery, as the adoption and implementation of new decisions is better adjusted to the local problem situation (6, 7). Citizen participation is not just the political participation of ordinary citizens in the policy-making process, but also involves a diverse set of collective actions (8). It is true that community participants must be representative and accountable to their communities, but their culture is that the main responsibility for delivering and presenting the community lies with the representatives. (9). Traditionally, community development refers to voluntary cooperation, self-help efforts, and mutual assistance among the residents of a particular area with the aim of improving the physical, social, and economic conditions of the community. (10). Community development is an approach that, in addition to facilitating individual and community capabilities, simultaneously attacks more than one problem and strengthens citizens 'efforts and citizens' influence in decision-making. Practitioners involved in citizen participation and especially community development offer community psychologists an excellent opportunity to develop new collaborative relationships to build practitioner capacities and develop researcher-citizen relationships (11).

The good thing about community assessment studies is that it looks at all problems except health problems. However, other studies have been conducted in different countries of the world. In Iran, too, attention to community evaluation has been increasing for several years (12).

However, research can facilitate or undermine empowerment, depending upon how the research is conducted and disseminated.

The Eskan area is located over 16000 people in the western margins of Yazd city. By implementing health development programs in the eleventh Government, the Comprehensive Health Services center of this area was initiated in 2016. To offer a variety of health services to residents of this region, according to the potential of this region, including one of the most dynamic and popular NGOs, this area is a candidate for the implementation of empowerment programs and optimal development of the neighborhood health. The purpose of the optimal development of community health, organizing society, empowering the Community people, and supporting people to utilize their capabilities and potentials to identify and solve the problems of the community, encouraging the morale of self-reliance in society members to control their health and their families, they can control their environmental health. By participating in identifying and resolving problems, they can have a better environment. The objective of this plan is to provide a model for organizing and empowering the community to identify their requirements and prioritize them for the development of the Eskan neighborhood in Yazd province.

Methods

This research is community-based participatory research (CBPR) that was handled to develop the Yazd Eskan neighborhood. The steps of implementation of the Optimal Health

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development plan (Tabasaom) involves five phases steps. Steps of implementation of the optimal health development plan (Tabasaom) consisted of five main steps: 1-area identification, 2-organizing, 3-empowerment, 4-requirement assessment and prioritization, intervention and action, and 14 steps. In this paper, the identification and organizing phases is explained.

The executive steps in the zone identification phase involve

In general, one of the goals is census population collection of households, introducing the Optimal Health Development project (Tabasaom) to households, preparing the list of volunteers, and announcing the readiness of cooperation with the Tabasaom Project.

Step one: Justifying stakeholders

The first step was to establish a briefing during sessions of individual and collective officials. People involved in the project justified the issue for the influential people. Even those outside the neighborhood, involving the municipality, the government, the congregation's imams, and those who could be effective, positive, or supportive, or even security or obstacle issues were necessary. All organizations, institutions, social-security officials, and all the more important people, donors of NGOs, the private sector, and all those that could somehow be involved in advancing the project or stopping it, were justified in writing, posters, conferences, and meeting. This step usually lasted 2 to 3 months.

Step Two: Neighborhood Census

The next step was the region's census through the Comprehensive Health Center in the community, and utilizing the potential of healthy volunteers, we gained the population statistics. The census did not enter the details of household information. We collected only the number of households, age, occupation, literacy, and name of households and approximately demographic (economic, social, cultural) information. The census was the opportunity to introduce the project to the families, and after the explanations, the people who were interested and volunteered to participate in the project. Volunteers could be women, seniors, and young people.

The census of the population was covered by the Comprehensive Health Center in order to collect demographic information such as age, gender, literacy, employment, and population division to clusters 50 to 100 households concerning population density and geographical status. Finally, identifying the design to households and encourage them to participate actively in decision making and decision making as a cluster. The census was carried out by the head of the houses to the house by visiting the doors of houses. The census of the standard questionnaire with coordination with the municipality, provincial government, urban planning has been classified as essential information in four parts of demographic, social, economic, and cultural information and then completed by households ' heads. In this stage, the potentials and capacities of human, financial, and equipment were also identified. In the next stages, the design of talented individuals with no skills or skills and lack of financial support were identified.

The executive steps in the neighborhood organizing phase involve :

Step One: Clustering

Organized the censuses and based on the neighborhood map, the population was divided into clusters to make it easier to assess, act and intervene. There were at least 50 households and a maximum of 100 households in the clusters. The settlement, which had a population of approximately 16,000 and the average number of households was 4, was divided into 4,000 households, with between 50 and 100 households in each cluster, and approximately 50 clusters were selected; That is, in organizing the population in terms of size and number divided into clusters was determined.

Step two: Choosing a head-cluster

In these clusters, among the people who volunteered, with more dialogue and justification and with consideration, literate enough people who understood the material more easily and

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transmitted the information to the population covered in the cluster more successfully,Were designated as head cluster. head clusters, according to the region, was literate at least in the first year of high school and was of both sexes. That is, in each cluster, approximately 9 to 10 volunteers were on the list that was completed and identified in the identification phase, and these individuals themselves assigned a female and a male if there were volunteers of both sexes or both of the same sex. They chose the title head clusters.

The duties of head clusters:

- The head cluster must pass the courses of qualitative studies.
- He or she should be present in his\her local health center and be one of the members of it
- Organized the group discussion in his\her locality and recognizing neighborhoods problems
- Recognizing and prioritizing the local problems and determining ten priorities in each cluster
- Referring to the local priority problems with some suggestion and solutions to the board of directors
- Identifying the vulnerable people and introducing them to the board of directors of thought and credit entrepreneurship fund
- Identifying the people who are the job seekers with talent but without skills or have special skills but without financial protection
- He\she should be present in the job group of solving priorities problems.
- Pursuing the covenants of treaties to obtain the optimum results
- Informing the covenants to his\her cluster and representing the participation field of his\her local people

Third step: Forming a Neighborhood Health Club (NHC)

Once the population, volunteers, and euphemisms were identified, these euphemisms were collected and the neighborhood health Club was formed, that is, the same euphoria, which numbered 95 people, plus trusted and influential people in the neighborhood, who were also added (maximum 4-5 people) And it was named Neighborhood Health Club (NHC)**.**

All the members of the Neighborhood Health Club, as representatives of the people, and with the process that took place, were from all walks of life and all places in a neighborhood, it was not that everyone was from a specific neighborhood, and this comprehensiveness and that from all groups Were included in the Neighborhood Health Club. In Neighborhood Health Club, by voting by the members of the Neighborhood Health Club, one person was elected as chairman, one person as vice president, and one person as secretary to hold and manage the meetings. The duty of the secretary of the association was to invite people to participate in the meetings, to cooperate in holding the meetings and to prepare the minutes of the meetings. The chairman and vice-chairman conducted the meetings, and if the chairman was not present, the vice-chairman would do so, and in short, the Neighborhood Health Club was actually the first point where people participated.

Fourth step: Foundation Of Thought & Credit Fund (TCF)

The purpose of establishing and launching the Thought and Credit Fund was poverty reduction and entrepreneurship. (in other words, its purpose was making entrepreneurship and reducing poverty).

To achieve this purpose, vulnerable people were categorized into the three groups below:

1. People who didn't have the ability to do work, people who had rare disease, etc. (Referring to related supporting organizations (Imam Khomeini Relief Committee, State Welfare Organization, etc).
2. Talented, unskilled job seekers who didn't have financial support (Referring to Educational-Skills Organizations for completing skill courses and then joining the third group).
3. Talented, skilled job seekers who didn't have financial support (Attending the empowerment and project proposal drafting courses, performing

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entrepreneurship steps, and receiving bank facilities)

Results

The neighborhood of Eskan is among the marginal regions of Yazd province and had 4357 households and a population of 15948 people with 5.51% male and 5.48% female. In terms of social services, there are two sports halls, six mosques, two elementary schools, six public centers and three private factories, 2 Iran Khodro agencies, and 120 food and 16 Bakery centers. There is also a community health center in terms of health and treatment. Socio-economic and social characteristics, ethnicity-racial-religious in this region are presented in Tables 1 and 2. The demographic information of the Eskan neighborhood Eskan cluster indicated in Table 3. According to this table, most of which were women (61.46), ages 30-30 (37.08), with a bachelor's degree (28.13), and housework (53.13).

Table 1. Demographic-economic and social characteristics of the studying population

Variable	Levels	N	%
Gender	Female	7739	48.5
	Male	8207	51.5
	<4.9	2262	14.9
	5-17.9	3495	23
	18-29.9	3171	20.9
	30-59.9	6094	40.1
	60 and higher	168	1.1
Socio-economic status (education)	illiterate	548	4.4
	Elementary	4287	35
	middle School degree	2941	24
	Diploma	3372	27
	Associate degree	447	4
	BA	680	5
	MA	72	0.58
	PhD	3	0.02
Socio-economic status	Under ۱۰ million Rials	1988	45.6
	10-20 million Rials	2140	49.1
	20 million Rials and higher	165	3.8
	unknown	64	1.5

Table 2. Ethnic-racial-religious features

Variable name	type	N	%
Nationality	Iranian households	4172	95.8
Indigenous (provincial(	Native household	3407	78.2
Ethnicity	Persian household	3979	91.3
Religion	Muslim household	4309	99.8
faith	Shia households	4205	96.5
Education (according to 37% of persons under 18)	Elementary to Diploma	10600	86
Family Supervisor Job	Freelancer and Labor	3027	69.5
Mothers Family Jobs	Housewife	3579	82.1
Family Children's jobs	Working to study	1514	34.6
Vehicle	Personal vehicle	2985	68.5

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Table 3. Demographic information of neighborhood Eskan cluster

Variable	Levels	N	%
Gender	Female	59	61.46
	male	37	38.54
Age	18-29.9	19	25.95
	30.50	77	37.08
Education level	Elementary	7	7.29
	middle School degree	15	15.63
	Diploma	23	23.96
	Associate degree	20	20.83
	Bachelor	27	28.13
	Master	3	3.13
	PhD	1	1.04
Job	Free	14	14.58
	Retired	3	3.13
	Personnel	13	13.54
	Student	8	8.33
	Worker	7	7.29
	Housewife	51	53.13

Discussion

In order to implement all development plans, it should first establish community organizing at the local level, which is an essential component for community-centered initiatives. Households with a network pattern (cluster) and are organized by selecting delegates (head-clusters). Each cluster in the cover is a reliable number of households. The process of community identification includes behavioral therapy and values associated with common public health risk in specific communities or populations and facilitates the development of effective education and intervention programs in these behaviors and values. Therefore, for the purpose of community participation in these development projects, the census and identification of clusters and head- clusters were one of the necessary steps in the neighborhood development to be able to empower clusters to identify the requirements of the community and prioritize them. In fact, after identifying clusters and head clusters, they can be empowered to perform better and improve the project. The modern literature in the field of environmental management emphasizes that society needs to identify indicators to monitor progress towards sustainable development and environmental management goals(13).

The results of Moayedfar et al. Showed that the most important sub-indicators of viability in the informal context of Bushehr, in order of priority, are the sub-indicators of health and quality of economic components (job satisfaction and income level) and the most important sub-indicators of good governance in the informal context of Bushehr. Priorities include the rule of law and the control of corruption (14). The results of Zali et al.'s research indicate that the neighborhood empowerment plan has not been successful in achieving its goals so far, and the most important reason is the existence of a commanding attitude in the preparation, approval, and implementation of the plan, which violates the most important principles of empowerment and participation. It is institutionalization and awareness (15). Empowerment is a mechanism by which people, organizations, and communities gain mastery over their affairs. Like citizen participation, empowerment is a concept that has been applied to diverse areas such as the family, business management, and the elderly (16). Every development project tends to be sustainable, and communities make the necessary changes with their participation. With the participation of people in the community, they are able to achieve and do things independently. And by understanding the

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local needs and the nature of the project, they can expand the new knowledge and experiences learned in different communities. People's participation in the communities, due to their sense of ownership, will save more resources and easier access to the resources needed for the project. (17). Therefore, suggestions for developing community participation such as creating a social development fund, establishing neighborhood councils and neighborhood mayors, motivating residents to facilitate the empowerment of local communities and giving more power to local groups, facilitating the formation and operation of local community groups and networks , Strengthening institutions, non-governmental organizations, informal organization of institutions and finally educating young people to participate in local affairs. Sustainability citizenship requires that residents have space and means to organize and participate—something that local governments should create(18).

Weaknesses of the project include 1. Excessive shedding of threads (absorption and re-training) at each stage of work, 2. The large volume of work of caregivers and doctors, etc., and salaries equal to the salary of the labor law, 3. 90% of the work was done during non-office hours (evening and night) and holidays (Thursday and Friday), 4. Lack of motivation (not taking into account overtime and benefits for executives, employees and caregivers and even national encouragement), 5. In the early stages of the project, most of the work had to be done by the facilitators and the health team themselves, and more support was provided. Strengths include: The presence of people, officials, and the health team in all stages of the program, including design, implementation, and evaluation, great attention to the identified priorities and efforts to plan to solve them, the presence of people, officials in working groups and rain of thoughts about Cause of the problem and solutions. It is suggested that the plan be based either on the structure of the health deputy and in health centers and health bases or on the structure of councils and neighborhood halls. Due to the inherent duties of municipalities and having budget, credit and space in neighborhoods, as well as the need to guide and encourage agencies to fulfill their role and social responsibility and community health, it is better to implement the plan in municipalities and specialized and technical experts in health education and promotion. Be with them, and the Ministry of Interior should approve the following areas of work for joint and serious cooperation of the Deputy Minister of Health of Municipalities and Universities of Medical Sciences and define operational, transparent, process, and effectiveness indicators for joint cooperation and allocate funds and budgets accordingly.

Conclusion

Identifying the needs of neighborhoods and organizing residents to meet these needs will save time and resources to solve the priority needs with the help of people as soon as possible and according to the available resources.

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Conflict of interest

None declared.

Authors' contribution

ML, HM, PS, and SZ designed research; ML, HM, PS, and SZ conducted research; ML, PS, and SZ analyzed data; PS wrote the paper; SZ collected Data; PS and AZ had primary responsibility for final content. All authors read and approved the final manuscript.

Ethical approval

Ethical approval with ethical code IR.SSU.REC 1396.212 was provided by the Iran Research Ethics Committee of Shahid Sadoughi University of Medical Sciences and Health Services, Yazd, Iran.

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