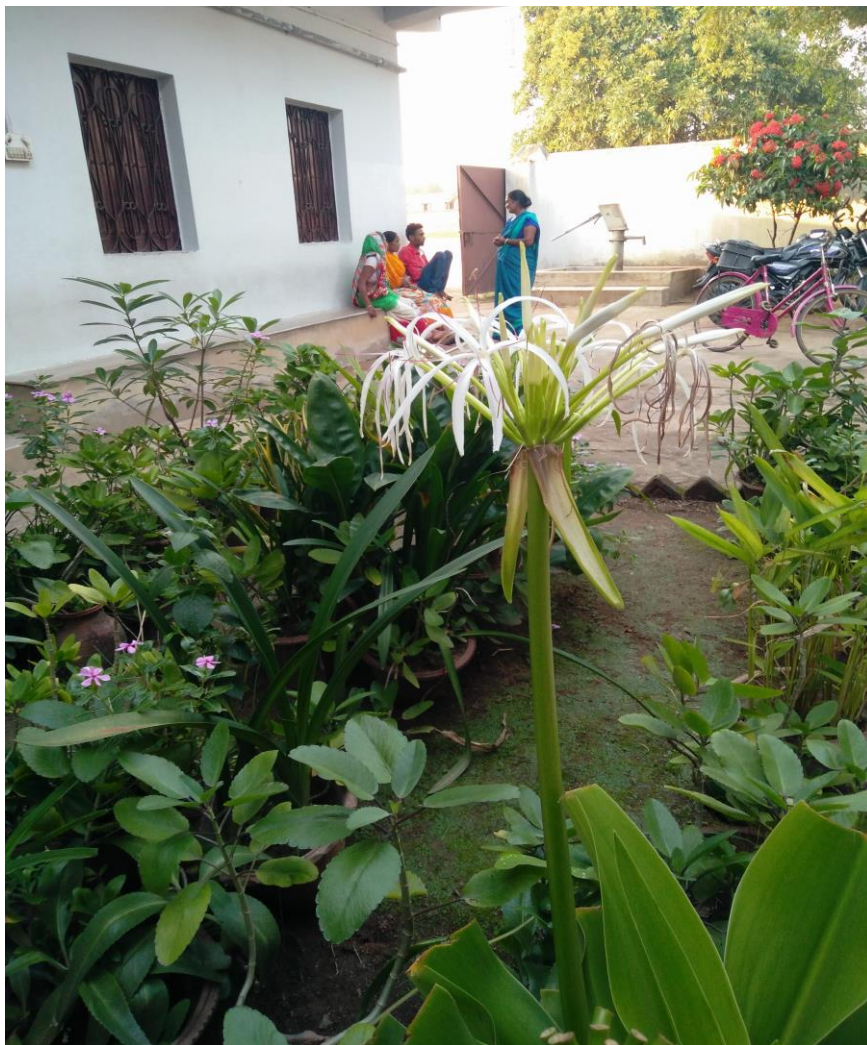


JAN CHETNA MANCH BOKARO

Annual Report 2018 – 2019



**Chamrabad, Chandra, Chandankiari, Bokaro, Jharkhand, India,
828134**

**Registered under Societies Registration Act, 21/1860
Registration No.918, 2006-07, Jharkhand**

JAN CHETNA MANCH, BOKARO (Forum for People's Awareness)

'Jan Chetna Manch, Bokaro' is a community-based organisation working in the villages of the Chandankiari and Chas blocks of the Bokaro district, in the state of Jharkhand. Its mission is to help improve the lives of the poorest and weakest section of society, particularly women. It believes that as long as women are weak – socially, economically, and physically – society and the community they are a part of, will also remain weak.

We have been registered as a society under the Societies Registration Act, 21/1860 since 1994, and re-registered in Jharkhand in 2006. Over the years we have addressed several issues which concern the poor and marginalised here, such as indebtedness, ill-health, gender discrimination, corruption and livelihoods.

During the last year we have been helped by a few organisation and many individuals. In the sphere of women's health the Sir Jamshetji Tata Trust has continued to support us for the critical health services for women in the Women's Health Centre, the community health programme and nutrition support for mothers-to-be and their children. The mental health programme has been made possible due to the partnership with the Central Institute of Psychiatry in Ranchi. In addition we have received financial support from SAVE-UK, a UK based charity, for providing mental health care to poor villagers.

Partnerships with the Department of Health and Family Welfare of the Government of Jharkhand, through the local health administration, continue. Through these we are enabling women to access financial support under the 'Janani Suraksha Yojana' programme, and also to provide quality sterilisation operations for poor women.

We wish to thank all these organisations, as well as countless individuals, friends and well wishers, for their continued support.

This year we have made a more concerted effort to reach out to friends and well-wishers. The donations we received this year have helped us with the building of the new centre in Koromtanr, and purchase important medical equipment for the health centre. We wish to thank everyone for helping us in various ways during the last year:

Drs. Jyothi Unni, Ashok and Mary Shroff, Murali Sivarajan, Jyotsna and Jayanta Basu, Jaishree and Kaushalya Gajaraj, Sudip Basu, Sanjoy Sen. Sandhya Srinivasan, Sushila Rao, Atul Sharma, Rajat Boobna, Pranay Boobna, Neha Sheth, Shyam Narayan Bhalotia, Vandana Kakarania, Amit Kakarania, Sushmita Basu, Neelam Lal, Ranjan Nandy, Ranu Singh, Ameeta Kamath, Dhananjay Ravat, Kiran Grover, Aparna Sabherwal.

It is the combination of support from organisations and individuals, as well as from the community we are a part of, that we look forward to continuing our work in the years to come.

Bipin Mahato

Secretary

July 2019

Women's Empowerment



Thousands of women keenly listen to speeches, songs, watch the dancing and sports. They are particularly attentive when the budget is placed before them.



This year the group of girls dancing in a traditional fashion captured the crowds.



Another item was included in the sports events this year – running with a pot full of water on the head! A 'sport' that women have always proved themselves adept at.

JCMB has always put women's empowerment at the top of their agenda. Without this, no progress can take place in the community or society at large.

This year on the occasion of International Women's Day, on 8th March, the members of the women's groups organised their annual get together – 'sammellan'. It was held in the village of Bhandro, due to the well organised pressure of the members from that area. The village is difficult to reach, and is close to Chas, and a good 50 kms away from many women's groups in Chandankiari.

In spite of the distance, the crowd was as big as usual! Over four thousand women attended this year.

Election of the new board members of the 'Chetna SHG Mahila Swabalambi Sahkari Samiti Ltd.'



Members registering for voting



Secret ballots and locked boxes



...and the newly elected board members

Every 3 years the board members of the CSMSS are elected by the general membership of the women's groups. In April 2018 over 40% of the members trudged many kilometres in the burning sun to vote in the event. This year the members elected Mala Devi as President, and the six other board members are Rekha Devi, Shisubala Rajwar, Purnima Devi, Anita Devi, Saraswati Devi, and Sumitra Devi.

Some of the stories of the impact of the women's groups are given below:

Women's Livelihoods and Women's Health: Bina Devi

Bina Devi lives in the village of Bhuiya Dwarika. Fifteen years ago she came to know about the women's SHGs, the *mahila mandal*. She and her husband were small farmers. The income from the land was barely sufficient to meet the expenditure of her family. For any big expenses like weddings or medical treatment they had to take a loan from the village money lenders at high interest after pawning part of land. Their only cash income was through selling vegetables or by working in somebody else's farm. There was no opportunity to save these small amounts – her bank was far away and they would not allow small deposits. So when she heard about the women's savings groups, she joined in. Meanwhile her family was growing – her daughter and sons needed to be married and grandsons were born. Her family desperately needed extra income. So Bina took a loan from the SHG cooperative and started growing fish in the pond. She got a good return and could pay back the loan and the interest easily. She became confident and took another loan – this time for setting up a poultry business. Now she has 1800 chicks weighing nearly 1 kg each. She plans to sell them soon and is hoping for a good profit after paying back the loan and interest. She encourages many other women in her village to join the SHG cooperative. She also takes part in other activities which are organized by JCMB, like women's health. She was elected as a *swasthya sakhi* (health guide) by the members of her group. She takes care of all the pregnant women in her village.



Bina amongst her chicks

In her own words Bina says, "I am a *swasthya sakhi* of my village and take women in need to our hospital – which was set up in the beginning with our savings. I work for both the cooperative and Jan Chetna Manch. Both these organisations are ours."

Loans for business – and improving women's lives



Tara Devi in her shop

Tara Devi lives in the village of Darda, Lalpur. With a family of 4 members she had a small shop and nothing much else as a source of income. She became a member of the 'Bhawani Mahila Mandal' in 2008. After becoming a member of the SHG cooperative she took a loan of thirty thousand rupees in order to expand her shop. After successful repayment she borrowed Rs.30,000 again. Now her shop is much bigger, and the cost of hiring a jeep to bring goods from the city became too much. In order to cut the cost she decided to buy a motor cycle so her husband can carry the goods, saving the cost of hired vehicle. She borrowed again from cooperative – this time Rs.50,000. She is regular in paying her loan instalments and has a comfortable monthly income. With this she is managing the education of her two teenaged sons.

Women's Health

Women's health continues to be a major activity and major challenge of JCMB. Most of the health care that JCMB provides is related to pregnancy and childbirth. In spite of the improvements that the government has implemented, poor women continue to access care from the Women's Health Centre at this most important time of her life. The number of women registering with us during pregnancy has been increasing steadily, and last year over 1500 women came for antenatal care. Similarly the number of women coming for delivery care has crossed a thousand during the last year.

In spite of the poor status of women's health, their health during pregnancy has improved during the last few years. Particularly to note is the reduction of anaemia, which has decreased from 55.5% to 36.7% in the last 3 years. These improvements are due to combination of factors: providing nutritional supplements ('channa sattu' – roasted gram flour), low cost calcium and iron and folic acid tablets (generic drugs from LOCOST, Baroda), administering iron sucrose injections to severely anaemic women in late pregnancy (51 women last year), counseling for better nutrition during the antenatal visit to the health centre as well as during the home visits by the Community Health Workers.

Community Health: The Community Health Workers and the 'swasthya sakhis'

The positive outcomes of the births taking place in the Women's Health Centre would not be possible without the involvement of village women in the area: the Community Health Workers and the *swasthya sakhis* – 'health friends'. JCMB has 8 CHWs who reach out to over eighty thousand people in nearly a hundred villages. Each CHW spends around 15 days per month cycling over 20 kms a day to visit woman during pregnancy at least 3 times, and at least once after the birth. There are currently 70 *swasthya sakhis* in JCMB's targeted villages. The table below indicates the impact of the CHWs, the *swasthya sakhis* and JCMB's activities in the sphere of childbirth in the community. The salient features are:

- 38% of women in the target villages come to JCMB's WHC for childbirth
- Only 13% of women now have their babies at home.
- The lowest percentage – 4% - of women undergoing caesarean sections in the community was those who gave birth at the WHC (JCMB)
- The highest percentage of neonates to survive (98.4%) was among babies who were born at the WHC of JCMB

Upgrading the skills of the Community Health Workers



Training of Community Health Workers underway in Ekjut in Chakradharpur

Due to the important role CHWs play in the health of the community, especially women and children, JCMB arranged for them to visit the organisation 'Ekjut' in Chakradharpur, West Singhbhum, Jharkhand, for training in the techniques of PLA – Participatory Learning and Action. The CHWs are adept at one-to-one counselling, but organising group meetings was a bit of a challenge for them. In September the team underwent training which they began to implement on their return.

CHWs conducting meetings in the villages



Baha – one of JCMB's CHWs conducts PLA meeting in Simulia, Chandankiari. She is being observed by Dr Pratibha from the Tata Trusts.



Menoka – another CHW conducts a PLA meeting in Muktapur village in Chandankiari.

From CHW reports 2018-19

	Number of women visited after childbirth	Number of women who delivered in WHC (JCMB)		Number of women who delivered in government hospitals		Number of women who delivered in private hospitals		Number of women who delivered at home	
Number	1565	607		448		299		211	
Percent	100	38		28		19		13	
		Normal	C Section	Normal	C Section	Normal	C Section	Normal	
Number	1565	582	25	423	25	214	85	211	
Percent	100	96%	4%	94%	6%	72%	28%	100%	
Maternal Outcomes									
Outcomes for mother		Live	Died	Live	Died	Live	Died	Live	Died
		607	0	448	0	298	1	211	0
Neonatal Outcomes									
Place of birth			WHC (JCMB)	Government Hospitals		Private hospitals		Home	
Outcomes for baby									
No. of live babies			597	439		287		202	
Percent			98.4	98		96		95.7	
No. of Intra Uterine Fetal Deaths (IUFD)			3	5		7		7	
Percent IUFD			0.5%	1.1%		2.3%		3.3%	
Died < 7 days			7	4		5		4	
Died 7 days to 1 month			1	0		1		0	
Percent died < 1 month			1.15%	0.9%		2%		1.9%	

CHWs counseling in the community



Shivani, one of the CHWs, talking with a pregnant woman in her own home, along with the swasthya sakhi, Anita Devi.



CHW, Meera explains the need and benefits of birth preparedness to another woman – who happily loves the attention she is getting!

JCMB's team of Community Health Workers reach out to nearly all women during pregnancy in the targeted villages. They visit them in their homes, along with the *swasthya sakhis*, to talk to the women and their families. Three modules for each trimester of pregnancy have been developed as aids for the CHWs, which includes information about problems and complications during pregnancy; nutrition; antenatal care; birth readiness, etc.

Following their deliveries, the CHWs visit all women in their home at least once. This is regardless of the place of birth – in JCMB's Women's Health Centre, the government's health centres, private nursing homes or hospitals or at home.

Apart from the CHWs the *swasthya sakhis* are an important and integral part of JCMB's health programmes. They are selected by the women's Self Help Groups. During the last year five more *swasthya sakhis* were selected. These women are currently undergoing training in body literacy, primary health care, normal pregnancy and childbirth, basic skills – such as taking pulse and temperature. They are also trained to help the health centre team in times of need.

There are now 70 'swasthya sakhis' looking after the health needs of nearly 90,000 villagers.



Mala Devi is the 'swasthya sakhi' elected by her women's group in her village. She has also been elected as the President of the Chetna Cooperative. (Mala is in the blue sari looking at the camera!)



All 'swasthya sakhis' are trained in basic neonatal resuscitation. The all know how to use the ambu bag to help newborn babies breathe at birth.



Accompanying women for antenatal care as well as childbirth is one of the main tasks of the 'swasthya sakhis'.

The Women's Health Centre

The health services that are being provided by JCMB in the Women's Health Centre and in the community have been steadily increasing over the years. The table below outlines some of the services being provided and the number of people being benefitted over the last 6 years.

Health Activities at a Glance: 2013-14 to 2018-19

Health Service	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Total 6 years
Consultations in Outdoor Clinics							
Total number of consultations	11584	12771	12705	13918	14076	14165	79219
• <i>New registrations for antenatal care</i>	1149	1443	1332	1435	1441	1529	8329
• <i>Children and immunisation</i>	1687	1949	2181	1462	1665	2216	11160
• <i>Acupuncture</i>	1106	1245	913	825	780	925	5794
• <i>Ultrasonography</i>	588	889	1120	1088	1282	1272	6239
• <i>Mental health</i>	178	581	915	1259	1287	1000	5220
Nutrition programme							
Pregnant women given 'chana sattu' during pregnancy (new enrolments)	149	191	362	588	621	749	2660
Babies / children given nutritional supplements (new enrolments)	170	50	136	263	378	283	1280
Pregnant women treated for severe anaemia	19	51	90	47	58	51	316
Indoor Admissions at WHC							
Total indoor admissions	909	1355	1534	1542	1599	1767	8706
Total number of deliveries	604	850	961	893	978	1076	5362
• <i>Normal</i>	569	795	895	845	922	1030	5056
• <i>Cesarean section</i>	35	55	66	48	56	46	306
Women referred to higher centre during childbirth	26	35	23	19	14	26	143
Gynaecological Surgeries (other than Caesarean sections)	6	5	10	12	9	9	51
Female sterilisation operations	44	95	151	130	108	86	614
Minor operations (D & C, etc)	63	79	83	105	89	71	490
Pre-term/small babies kept in baby care unit	8	28	28	28	37	35	164
Other illnesses (typhoid, UTIs, dysentery, malaria, etc)	158	263	278	348	507	464	2018
Investigations undertaken in laboratory							
Total number of investigations	7111	10910	11853	16771	22843	22769	92257

The **Women's Health Centre** continues to provide quality health care to villagers, particularly women and children. It is well known for the care it provides to women during pregnancy and childbirth, and for newborn babies. Last year 1529 women were registered here during pregnancy, and 1076 had their babies in the health centre. Though the number of women who come for childbirth has increased, the number of women who had cesarean sections has decreased. With a c section rate of less than 5%, (or less than 7% if we include women who are referred) the WHC has become known as a place for 'normal deliveries'.



A busy clinic day in the Women's Health Centre

Information about women who delivered in the Women's Health Centre			
Health indicator	2016 -17	2017-18	2018-19
Average weight of women at time of delivery	47.2 kg	48.7 kg	48.94
Percentage of Women who weigh less than 45 kgs at time of delivery	42%	35%	31.52%
Percentage of women who are anaemic (Hemaglobin less than 11.0 gms/dl) at time of delivery	55.5%	41.6%	36.7%

The complication and cesarean section rates continue to be low. The WHC is now well established as a centre where normal deliveries are the norm, and outcomes are good. Last year only 4.2% women who delivered in the WHC had cesarean sections. Since we do not have 24/7 emergency obstetric care facilities available, we have to refer some women with severe complications to another hospital for treatment or surgery. Last year 26 women were referred prior to delivery, for various reasons, and of these 17 had cesarean sections. If we include all the women who came for childbirth at the WHC, including all those referred to another hospital, then our c section rate increases to 5.7%.

Complications during childbirth have been reduced, and much better managed this year, due to the rigorous training and strict adherence to evidence-based protocols. The following tables indicate improvements in the spheres of postpartum haemorrhage and the incidence of preterm births. Last year only 1.5% women experienced postpartum haemorrhage – heavy bleeding after childbirth – which is a major problem, and cause of death, for women in India. This is much less than many other studies in India, which have mentioned rates from 6 to 28%. The low PPH rates in the WHC could be due to a combination of factors: quality antenatal care and less number of women with anaemia; low interference rates during childbirth – we do not interfere in the normal process of childbirth unless there is a good medical reason for it; strict adherence to evidence-based protocols regarding childbirth procedures.

Women who experienced Post Partum Haemorrhage (PPH) within 24 hours of delivery

	2016-17		2017-18		2018-19	
	Number	Percent	Number	Percent	Number	Percent
No PPH	863	96.6	952	97.3	1060	98.5
Blood loss of 500 -1000ml	30	3.4	26	2.7	16	1.5
Blood loss > 1000 ml	0	0	0	0.0	0	0.0
Total	893	100	978	100.0	1076	100.0

Another significant improvement has been the reduction of women giving birth to very small and preterm babies. The following table shows that the percentage of preterm babies has reduced from 15.3% to 10.9% over the last 3 years.

Pre term babies born in the Women's Health Centre

	2016 to 2017		2017 to 2018		2018 to 2019	
	Number	Percent	Number	Percent	Number	Percent
Very preterm (<32 weeks)	29	3.2	18	1.8	11	1.0
Pre term (33-36)	108	12.1	123	12.6	106	9.9
Full term (37-42)	749	83.9	829	84.8	956	88.8
Postdated (43 +)	7	0.8	8	0.8	3	0.3
Total	893	100.0	978	100.0	1076	100.0

Caring for the small newborns



The new radiant warmer



Mothers are involved in caring for the small newborns

Surgeries in the WHC 2018-19



Drs Jyothi, Ashok and Mary came again this year to provide much needed surgical services to women.

But more importantly to provide training to our team of health workers to improve the quality of care during surgery at JCMB.

During the last year there has been a total of 141 gynaecological and obstetric surgeries, this includes sterilisation operations, caesarean sections and other major operations.

Improvements in the Women's Health Centre



Phototherapy unit for the new born baby unit



New equipment in the laboratory



New patient monitor for the operation theatre

With the generous donations we received last year, JCMB has purchased several pieces of medical equipment to improve the services provided in the Women's Health Centre.

This year the WHC acquired a new phototherapy unit, radiant warmer, semi auto analyser, patient monitor, neonatal pulse oximeter. This is in addition to the donation of hospital equipment we received from Dr. Sanjay Sen.



Every year we receive batches of warm woolly clothes for our neonates, knitted or crocheted by innumerable friends and supporters. Most of them have been motivated by Sandhya Srinivasan, who in spite of relocating to Bengaluru from Kolkata, continues to organise the supply babies of small and poor mothers with warm bootees, sweaters and caps. This is a life saver in the winter months.

Mental health

Mental health continues to be an activity that JCMB is involved in. Although the project which it started six years ago is over from the last 2 years, the problem of lack of quality care for mental health patients is not. Most patients seek treatment intermittently and irregularly, if at all. Since the last five years we have had the support of the Central Institute of Psychiatry, Ranchi, for this programme. Every second Wednesday of the month the team comes from Ranchi and sees around 80 to 90 patients.

With the end of the mental health project, although patients continued to access care from the team of psychiatrists from CIP, some of the very poor patients dropped out since the cost of medicines proved to be difficult for their families. We have been fortunate to find a timely and much valued support for subsidising the cost of medication for poor villagers with mental health problems from a charity based in Scotland, UK, called SAVE-UK. This started from September 2018, and until March 2019 41 poor patients are benefitting from subsidised care and medication. The screening of the mental health patients is done primarily by the team of Community Health Workers who identify and conduct follow up visits in the villages.



Meera Karmakar, one of JCMB's Community Health Workers visits the home of one of the mentally ill patients along with Anita Devi, the *swasthya sakhi* – health guide – of her village.

Mental Health Programme

	Number of new registrations	Number of new registrations with subsidy	Number of new registrations without subsidy	Number of old patients	Number of old patients with subsidy	Number of old patients without subsidy	Total number of patients
April	2	0	2	81	0	81	83
May	5	0	5	75	0	75	80
June	6	0	6	72	0	72	78
July	3	0	3	67	0	67	70
August	8	0	8	70	0	70	78
September	17	1	16	71	10	61	88
October	9	0	9	74	8	66	83
November	10	3	7	68	3	65	78
December	13	0	13	86	4	82	99
January	10	0	10	72	4	68	82
February	17	4	13	84	1	83	101
March	7	1	6	73	2	71	90
Total	107	9	98		32		

Addressing Malnutrition: From Birth and Beyond

Malnutrition remains one of the most enduring and difficult problems that JCMB has been trying to address over the years. Malnutrition starts early – at birth – or before. Malnourished mothers give birth to low weight babies. Although we have managed to improve the weight of mothers, especially during the last couple of years, the birth weight of babies has remained stubbornly constant.

Some of the salient points during the last year's reports include:

- Although 50% women who register for ANC in 1st trimester are below 18.5,
- Women who are more than 45 kgs when they come for delivery in the WHC has increased to 68% from 59% 2 years ago.

JCMB's data from the WHC shows a positive impact of our health initiatives on women's anaemia during pregnancy:

- Women with Hb more than 11 at the time of birth has increased from 43.8% to 63.3%.
- Most of the remaining women having anaemia fall in the category of 'mild anaemia' (10 – 10.9 Hb), which has decreased from 40.5% to 28%.
- Those women with 'moderate anaemia' (7.0 – 9.9 Hb) has also decreased from 12.5% to 7.1%
- The WHC's protocol is to refer women with severe anaemia to a higher centre. Less than 8 Hb are not admitted. Those that were admitted 3 years ago came about to give birth, and an immediate Hb test was not possible.
- Now all women are tested on admission if they have not accessed ANC from the WHC. However less than 10 women over 3 years have been refused admission due to severe anaemia.

Around a third of the babies born are less than 2.5 kgs, in spite of all our interventions with mothers during pregnancy. However the years of a child's life from 6 months to 36 months is when malnutrition really kicks in, and from then on is irreversible. JCMB has been trying to address this issue at several levels from the family, community and health centre.

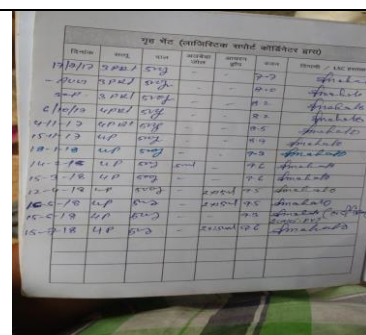
Last year, with the help of the grant from the Tata Trusts, the incidence of severe malnutrition has been almost eradicated from the targeted villages. During the year 283 children were enrolled in the programme who were mostly in the 'yellow zone' – mildly malnourished. Since this was the last year of the project, we did not enroll any new child in the last 6 months of the programme.



Awareness materials developed by JCMB

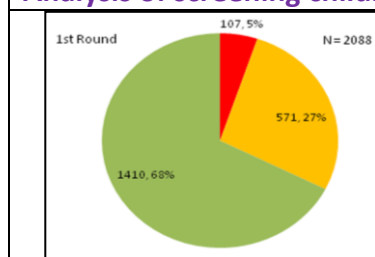


Identifying malnourished children

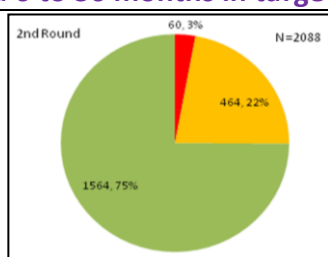


Growth monitoring

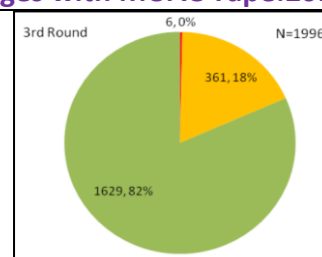
Analysis of screening children aged 6 to 36 months in targeted villages with MUAC Tape:2018-19



From May 2018



From September 2018



From December 2018

Progress in the new health centre in Koromtanr

With renewed energy and some generous donations we have managed to get the new health centre into a position where we can see the light at the end of the tunnel! All going well we should be shifting there – lock stock and barrel – by 2020. JCMB decided that it would be extremely difficult to run two centres providing health care, so the new centre will provide all the existing services that are currently being provided in the women's health centre in Chamrabad – and more!



During the visit by Drs Jyothi, Mary and Ashok, the final suggestions and planning of the operation theatre complex was put in place.



Then, after much delay, the roof of the operation theatre is finally on. In our villages here the laying of the roof is a major event, and invites many onlookers, as well as the board members of JCMB to ensure the non-stop work!



At last the rooms of the indoor wards of the health centre are taking shape. The picture above is of the almost completed special baby care unit where preterm and low weight newborns will be housed.



The first floor verandah has huge sitting and resting spaces for the companions and attendants. No longer will we need to step over bodies on the floor in the wards!