

JAN CHETNA MANCH, BOKARO

Newsletter No. 9

January 2020

Greetings again from Jan Chetna Manch Bokaro (JCMB)

We are based in the Chandankiari & Chas blocks of the Bokaro district of Jharkhand, India. The villages here continue to be plagued by the problems of poverty, under employment, gender inequality, malnutrition, inadequate and inaccessible healthcare, poor quality education and corruption. Due to this there is much out migration from our villages to cities far and near. JCMB works for the betterment of the people in the spheres of health and nutrition, women's empowerment and better governance. Today, through its various activities, JCMB serves a population of over 100,000 rural and needy people.

Over the last 6 months JCMB has been involved in many activities. We bring some glimpses of these activities together for you to see in this newsletter. We welcome your inputs and suggestions.

Women's Groups: For economic and physical wellbeing



Women's group meeting underway in Rangagara, Mala Devi is sitting on the left in blue sari

The women's groups – *mahila mandals* – are the backbone of our organisation. Though separately registered as a cooperative, most of our JCMB's activities are routed through the groups. In the village of Rangagara one of the members was selected as a health guide – *swasthya sakhi* – Mala Devi. She was also selected as the secretary of the cooperative. One foot in both organisations.

Women's groups – more than savings and credit



Members present their grievances to the 'mukhiya'

The members of the Self Help Groups in Brahman Lagla, in Chandankiari, were fed up and angry with the large number of liquor brewing outlets in their village. They organized a petition and sent it to the powers-that-be in the district. Till now they have not managed to get the authorities to curtail this illegal activity, but they are determined not to give up so easily. They organised a meeting and called the *mukhiya* – the elected village head – to listen to their problems and presented their demands.

New looks for the future & the proud JCMB team



After months of negotiations, in a uniform of their own choice! Smarter than the non-nursing staff, who jealously remark that they look like petrol pump assistants! What do you think?

It was a decision that took months and months to implement. For people not familiar with this area, the changes in our nursing team's uniforms may not appear revolutionary – but they are breaking many taboos and barriers! Almost all women here wear saris after marriage. Even the Community Health Workers would be cycling around wearing saris – which often got caught in the spokes of the wheels. Working in the health centre, helping women during birth, nurses would hitch up their saris, and pin it here and there. Complaints were common. Once a few married women started wearing salwar-kurtas, the team complained about the colour – pink and white, and the need of wearing a jacket in the summer heat. So they all decided that they wanted a uniform on the lines of our Operation Theatre scrubs. With pockets, without need of extra layers, but with room enough if needed, and dark enough to survive the rigours of heavy duty work! The net result can be seen!

The new uniforms for the village health guides – the 'swasthya sakhis' was no less of a challenge. They also wanted saris exactly the same. There is no shop in the whole of Bokaro that will stock 70 saris of the same colour & design! We had to order them from a manufacturer in Gujarat. Though we were apprehensive that they might not be as pictured, all the 'swasthya sakhis' are happy with them. When they come with women to the health centre they proudly wear them, making it obvious that they are women of stature!



Some of the 'Swasthya sakhis' proudly wearing their new uniforms and identity cards

At last the new ambulance arrives



Our happy and proud drivers, Jeevan and Sanjit

Finally we managed to purchase a new ambulance for our health programme. With several generous donations from friends and supporters this year, we decided to splurge.

Of course an ambulance is not really a luxury, but an essential part of our health programme. Our ambulances are used several times a day, on poor quality dirt tracks in the villages, and potholed roads in the towns. They mainly bring women about to give birth (and sometimes they deliver en route!) or to take them to other hospitals or return home. We needed to replace the older one – now more than 15 years old and well past its time. It was costing more to maintain it than it was earning.

One of the main activities of JCMB is running the Women's Health Centre in Chamrabad. It continues to provide much needed health care services, especially for women and children. We have been fortunate to have the support of the **Jamsetji Tata Trust** in providing quality health care at an affordable cost to poor people. This year we have also received a generous donation from the **Infosys Foundation** for some of the running costs of our health centre. The table below gives an idea of the number of people benefitted by the care we manage to provide.

At a glance: Health activities in the Women's Health Centre	
Number of Consultations in WHC and Outreach Clinics	July to December 2019
Antenatal Check Ups	3378
Gynaecological problems	456
Infertility	64
Children	122
Immunisation	750
Acupuncture	367
Mental health	551
Other	195
Total	5883
Tests and investigations	
Ultrasonography	667
Laboratory investigations: Number of patients	4363
Number of tests	10605
Number of women admitted in the WHC	
Normal deliveries	519
Cesarean section deliveries	26
Other surgery (Sterilisation / hysterectomy)	53
Treatment for severe anaemia	26
Preterm/small babies	28
Other illnesses	207
Total	859

Preparation for birth leaflet

With increasing literacy, women who come for ante natal care are more likely to ask questions about the birth to be. A couple of decades ago, women left decisions to the elders in the family, and planning for birth unheard of. Birth happened, and the outcomes were not in your hands. Of late women and their husbands – who increasingly come to the health centre – want to know many things about the birth to be. Educated couples read the 'expected date of delivery' on their card, and expect birth ought to take place on that particular day! Some think that an ultrasound can tell them whether a birth will be normal! Since most women who access the services in our clinic during pregnancy are keen to have a 'normal' birth, we felt we needed to help them towards this.

We prepared a FAQs booklet to help answer questions like 'Where should I give birth?', 'What should I pack in my bag before birth?', 'When should I come to the WHC?' 'What facilities are available in the WHC?' 'Will I have a normal or caesarean birth?' 'What can I do to help me have a normal birth?' 'How much will it cost?' and 'Who will help me during my birth?' Women are given this booklet and asked to read it and discuss it with their husbands.



Getting ready for birth: FAQs



Giving booklet to mum-to-be

Timely visit for Reena's baby: Low cost technology saving lives

In November we were lucky to host two young doctors from southern India – Pravin and Sangeetha. It was a pleasure to host them & it's good to know that there are such motivated and dedicated young medicos.

Within the first couple of days Pravin taught our team how to make a low cost CPAP – Continuous Positive Airway Pressure – piece of equipment. It's for babies that cannot breathe well.



Sangeetha, Lindsay and Pravin



Reena's baby on the CPAP



Mum checking on her baby

Reena's baby was born with severe asphyxia, and had difficulty breathing. The family were keen to save the baby, but didn't have enough money to afford neonatal care in a tertiary level hospital. After one week in our baby room, and the CPAP for 5 of these days, the baby was fit for going home.

A week of operations and good company!



Drs Jyothi, Kalyani and Ashok review the equipment in the new labour room in Koromtanr



Time for a quick selfie in between operations – Drs Mary, Jyothi and Kalyani



One of the emergency c sections with a successful outcome: proud mum and dad

Every year for the past many years, Drs Jyothi, Ashok and Mary have been visiting our health centre to undertake surgeries, and help build the capacity of our nursing team. In December they came, bringing along another doctor keen to see our work – Dr Kalyani. This year they conducted over 40 sterilisations for women, 3 emergency and planned cesarean sections, and one hysterectomy.

Glimpses of warm and (usually) happy babies !



Every year we have been fortunate to be able to provide small babies of poor families with a warm and welcome start to their journey through life. This initiative, started several years ago by Sandhya Srinivasan, has now formed a group called 'Nool Koota' in Bangalore. Other individuals such as Ishika & Srila in Kolkota, Rupa in Ranchi and Shelley in the US have helped welcome our weenies into the world.

Refused admission by tertiary level hospital – saved by Women's Health Centre



Baby soon after birth in the baby room



Mum & baby about to go home: 6 weeks old



Chaina's baby at two months



Chaina, baby and Bhawani

Chaina Devi had been coming for antenatal care in the Women's Health Centre along with her mother, Bhawani – one of our 'swasthya sakhis'. This was her first pregnancy. Unfortunately she started having contractions way too early and she gave birth when she was only 29 weeks pregnant. The baby was only one kilo so we advised the family to take the baby to the best tertiary level hospital in the district with neonatal care facilities: Bokaro General Hospital.

However, after all the paper work and admission details were completed in BGH, the person at the counter to receive the cash refused. 'The computer has crashed, I can't admit anyone now. Come back in the morning', he told the forlorn Bhawani and our ambulance driver. It was midnight by then, and the wee baby needed warmth, oxygen, and care. Since none of these were readily available, they decided to bring the baby back to us.

Next day the family bluntly refused to return to BGH. With the help of neonatologists' advice and suggestions – by phone and emails – we initiated the care of the baby. It took nearly 3 weeks before the baby could manage without oxygen, and nearly a month of tube feeding. We thought we'd lost the baby once when, unknown to us, the mother attempted to feed the baby more milk in an attempt to get the baby to grow faster! But the baby – being a girl and a fighter – survived all the odds.

Another hurdle was her in-laws. By the second week they were getting frustrated – the baby was still on oxygen, and at ten days she was still less than a kilo. It was going to take a long time – at least another month.

Our nursing team carefully fed the baby by tube, administered oxygen, monitoring carefully and adhering to protocols. It is hard work and time consuming: every hour one of our nursing team would scrub and change and enter the baby room. We also trained Bhawani and her daughter in basic neonatal care – hand washing, clothes changing, observing the monitors attached to the baby, and breathing patterns. They also learnt how to observe the oxygen saturation levels of the baby whilst we were trying to wean the baby off oxygen! They learnt to spoon feed the baby once the tube was removed.

Finally – after 6 weeks – the baby weighed two kilos. The baby survived due to motivation of our 'swasthya sakhi', Bhawani; the love of her mother, Chaina; the dedication and commitment of our nursing team; the advice of neonatologists in Kolkata, Pune and Bangalore; and the financial support of our donors. A "Big Thanks" to all!

Small genset – big gain

Maybe not as attractive looking as our new uniforms, but our new genset is a great new asset for us. Though we have a big, fuel-guzzling generator – needed for the multiple and long periods without electricity when we need fans, air conditioners, and other equipment. There are times when we only need minimal energy – like a baby needs phototherapy or the labour room needs a heater, but we still had to start the big generator. With the help of **‘Sakhya Projects’** in UK we now have a small genset to take care of small energy requirements: saving both fuel and money.



The genset in the courtyard of the health centre

Shifting to Koromtanj in 2020, with help from friends and well wishers



The construction of the sitting area in front of the new health centre in Koromtanj

With the never ending expenses piling up in our efforts to complete the new health centre in Koromtanj, the support we received from **‘Aasha Charity’** in the UK was most timely received.

Their donation has helped us to construct the veranda at the front of the building. This area will enable patients and their families to make payments, register, and receive lab reports and medicines more conveniently and with less hassle. We hope to shift into the new centre in 2020.

Recognition and rewards!



Lindsay making presentation at RCOG gathering



.....And receiving donation from RCOG

The achievements of JCMB's Women's Health Centre were presented at the annual meeting of the **Royal College of Gynecologists and Obstetricians** in Kolkata in September 2019. Lindsay is an honorary fellow of the RCOG, and was invited to make a presentation. We also received a generous donation from the Indian branch of the RCOG in recognition of our work in the sphere of women's maternal health.

A rapid assessment of nutrition services in Chas & Chandankiari

Most of JCMB's work in the sphere of health has been related to women – especially during pregnancy and childbirth, and their children. With the expansion of government services we felt it was time to get a more accurate picture of the government's services, so that we do not replicate their activities, and concentrate on filling the gaps.

During the last six months we conducted a rapid assessment of government health facilities and programmes in the sphere of women's and children's health and nutrition. Altogether Focus Group Discussions were held in 111 villages with groups of SHGs members. The consensus of the group was noted. Here are some of the salient results:

Each village is supposed to have a Village Health Sanitation and Nutrition Committees. But 110 groups did not know if such a committee existed in their village.

Monthly health & nutrition days are organised in most villages, but the antenatal care provided is minimal. On the positive side 107 groups agreed that pregnant women were registered, 99 that women were receiving Tetanus Toxoid injections, 81 and 78 said that calcium and iron tablets were given. However, negatively, 40 said that women's weights were not taken, 57 that blood pressure was not taken, and 101 groups agreed that the pregnant women's abdomen is never examined!

105 groups agreed that immunisation of children, is being adequately undertaken.

The nutrition activities in the village centres are patchy: nutrition packets to be provided to 6 to 36 month old children are being distributed according to most groups (106), but 69 complained that the supply was erratic. Growth monitoring was also poorly undertaken: 45 groups said that children's weights are never taken, and 46 that they were taken 'sometimes'. The plotting of the child's weights on the growth charts was even worse – 85 groups agreed that it is never done at all!

On the positive side, though, the Midday Meal Scheme in the schools seems to be operating well. All groups agreed that children were getting the midday meal in the school. However 21 groups complained that the quantity was less and quality was irregular.



Focus Group Discussion underway in Galgaltanr



One of the 'anganwari' centres – government's preschool village crèches



Mother and child protection card of the government

Success in mental health care too: Bonomali Paramanik on the road to recovery



Bonomali, his wife and grandson



Menoka: The family's breadwinner

Bonomali Paramanik was in a sad state when he came to our health centre in November. He suffered from hypertension for years and was being treated by a local doctor for this. His daughter, Menoka, who is one of our Community Health Workers and the bread winner of the family, told us he worries about everything in life, and gets upset easily. Life has been difficult for him. His son does not care for him, whereas his daughter was deserted by her husband when she was pregnant with her son, 18 years ago.

In September he started coughing, having fever and getting weaker. He was diagnosed with tuberculosis, and was getting free treatment from the government health centre.

However Bonomali's anxiety increased, he stopped sleeping at night and began hallucinating. Menoka brought him to our health centre where the doctors from the Central Institute of Psychiatry diagnosed and prescribed medicines. With the cost of medicines for her father's hypertension, arranging his TB drugs from the government, it all proved too much for Menoka. **SAVE-UK** has been providing a subsidy so that he can continue to be treated. He is now well on the road to recovery.

HOW TO GET IN TOUCH?

Get in touch via email

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Or phone

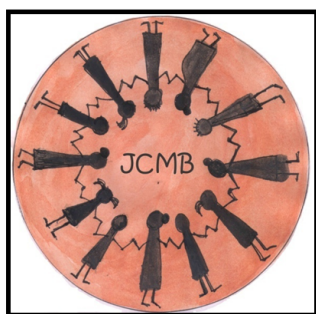
+919431128882

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It's better to send an email though, since the phones do not work too well here!

Details of ways to donate to help us are available on our website

www.janchetnamanch.org



THANKS AGAIN TO ALL OUR SUPPORTERS!

Thanks again to all our friends and well wishers in supporting our endeavors. This includes the following organisations: The Jamsetji Tata Trust; SAVE-UK; Aasha Charitable Trust; Sakhya Cambridge Friends of India; Jan Swasthya Sahyog NHS; Infosys Foundation; RCOG (Eastern Zone Representative Committee, India); Central Institute of Psychiatry, Ranchi; Department of Health and Family Welfare, Government of Jharkhand.

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