Greetings again from Jan Chetna Manch! (Forum for Peoples’ Awareness) It’s after around two years that we are getting this newsletter together, sorry for the gap.

We are based in the small village of Chamrabad in Jharkhand, India. In spite of the scenic rural and rustic surroundings and vibrant cultural diversity the area is still plagued by the problems of poverty, malnutrition, inadequate healthcare, illiteracy and corruption. JCM and its hardworking team continue to work for the betterment of the people of the area in the field of health, sanitation, education, micro-finance, environment etc. Today, through its various activities, JCM serves a population of over a 100,000 rural and needy people.

JCM’s team has been involved in the establishment of over 500 women’s self help groups. Although they are now a separate and autonomous entity – and have registered as a cooperative – the groups are still the stepping stone to the community. Almost all JCM’s activities are channelled through these groups, which can be found in over a hundred villages in the Chas and Chandankiari blocks of the Bokaro district.

These groups also take up other activities that necessitate mobilising large numbers of women, such as protesting against corruption, sexual harassment and even the protection of their land and water.

In Beldih village the women organised, and successfully opposed the destruction of the pond by a local erstwhile landowner. When bulldozers came to fill up the pond, the women lay down in front of it and stopped the work, which was illegal and environmentally harmful.
A pre term baby boom

From July to September there was a boom in the number of pre term babies born in the health centre. This coincides with the busiest time of the agricultural year. Women spend long hours in the paddy fields, standing in knee high water, bent over transplanting the rice saplings. For women in all stages of pregnancy this is back breaking work, from which few are excused. Many women have their babies born before time, some even lose them. During the month of August we had eight such babies admitted in our special small baby care unit at one time. It is normally equipped to look after 2, or at most 3, small babies. So we converted one of the wards (and we only have two!) into a baby room, kept one health centre worker full time to look after these wee babies, along with all the mums. All these babies survived. At the time there was a big hue and cry in the media here about the huge spate of children’s deaths in big, tertiary level medical colleges: there were 103 children’s deaths in August in Ranchi’s medical college and 60 babies in 5 days in a medical college in Gorakhpur in Uttar Pradesh. These deaths in these big hospitals were due to a combination of inadequate staff, overcrowding, unhygienic conditions, and lack of infrastructure, negligence and corruption. We decided that if the small babies could accept feeding in any way – breast, spoon or tube – we would not insist on referring them to a ‘higher centre’. We kept all mums with the babies, who were crucial in looking after their babies – better than any medical professional!!

Mums and babes getting some fresh air
Shivani Kumari with the mums and babes in the converted baby room

The lengthy treatment for most of these babies was due to the subsidy provided by a grant from the Jamsetji Tata Trust

Twin preemies with woollies made by volunteers helped by Sandhya Srinivasan
Careful planning, teaching and monitoring by our paediatrician, Dr Shila Narain
Altogether 919 women came to the health centre for delivery from April 2016 to March 2017, out of which 893 women delivered there. 26 women were referred for various reasons – mostly due to obstructed labour which resulted in 17 of them having caesarean sections elsewhere. Of the 893 women who did deliver in the health centre 796 (89%) had normal deliveries; 49 (5.5%) had normal, but instrumental (vacuum) deliveries; and 48 (5.4%) women had caesarean sections.

Complications that were encountered during the deliveries were usually dealt with by the health centre nurses: 30 women had post partum haemorrhage, out of which only one was referred to a higher centre, and received blood transfusion; 7 had retained placenta which was manually removed; 35 women had symptoms of pre-eclampsia, out of which 32 were managed at the health centre (one woman experienced eclampsia, and a total 3 women referred).

Neonatal outcomes included 9 set of twins, a total of 902 babies born. 17 of these were intra uterine deaths, diagnosed before or at the time of admission and 2 were intra partum deaths. 883 live babies were born, out of which 10 died within the first week of life. These neonates died due to: birth asphyxia (7); severe congenital anomalies (2); extremely pre-term (1). 98% of all live neonates had an APGAR score of 7 or more at 5 minutes. Of the 10 neonatal deaths, 4 neonates were resuscitated in the health centre, but the family refused to take them to a higher centre. Altogether 30 babies were referred to a higher centre, out of which 3 died and 27 survived.

The MIS developed by JCM was helped by many friends. From 2016 Pragya Bajpai helped put into place some order to make sense out of the huge amount of data we generate in the health centre. Deepak Padhi of the AGF put us in touch with the right software company and also gave many inputs. From Early 2017 two Masters in Public Health students from SRM University (Chennai) – Mumta Ansari and Kamlesh Mandriya – developed the system further. This has made a huge difference to JCM, enables us to evaluate our activities, and see where we need to improve ourselves.

From prenatal care to burns treatment to delivery: Tapu Devi

In late November, as we were enjoying the start of winter on a quiet Sunday afternoon, Tapu Devi limped into our health centre. Tears rolling down her face she struggled to tell us that she’d been burnt badly on her buttocks and legs whilst carrying a coal stove. Had she been wearing a synthetic sari she would have been dead. We have never dealt with such extensive burns before, and asked her husband to take her to a bigger hospital. Both Tapu and her husband didn’t even want to think of this option. She was also already 7 months pregnant, had come regularly for prenatal care, and had delivered her last baby here. All in all she felt she was in the right place for her! Under pressure we admitted her.

For over a month she stayed with us, in her own special room (converted from our staff room this time!), and slowly, slowly, her burns healed. Every day she howled during the dressing, and then thanked us profusely for treating her! Fortunately she did not develop infection, which is the main complication from such extensive burns in hospitals here. She delivered a healthy baby boy just a couple of week later.
Training women near & far
Training of community health workers, from the local villages and from other villages in Jharkhand – and even from Bihar and other states in northern India, has always been a part of JCM’s activities.

A group of women from another community based organisation in Singhbhum (Jharkhand) came in August to learn more about childbirth, both prenatal and delivery care. These women work in an even more inaccessible and difficult part of the state. The training session in the picture above was about neonatal resuscitation. If a newborn is born not breathing, these women need to know what to do immediately. There is no time to refer then.

All JCM’s community health workers are trained to identify complications during pregnancy and childbirth. Many live 30 or more kilometres away from the health centre, and need to know if the woman is likely to deliver soon. They are taught to diagnose, and decide what course of action to take. All these women are provided with sterilised gloves to conduct examinations, which are exchanged for another pair in the health centre when they come.

Community awareness programme about nutrition
Malnutrition in Jharkhand is rampant. 50% of children suffer from ‘stunted growth’ by the age of five; and only 7% of children between 6 and 24 months gets enough food to grow. The problem is due to many reasons: mums being overworked and not having time to feed their children & themselves; ignorance and lack of awareness; aggressive marketing of ready made ‘junk food’ and expensive nutritional supplements; and lastly, of course, poverty. JCM has been trying to address this issue at the community level by organising street plays and holding meetings with mums and children to propagate healthy eating habits.

Beans, carrots and pumpkin – more vitamins than in a packet or bottle
Promotion of vegetables rather than tonics through street plays
The building in Koromtanr

The new building is slowly – sometimes very slowly – growing. We decided to build the second floor before moving into the ground floor. Since the local masons and builders had acquired new skills, we thought it best to complete the whole building as far as possible: the rat trap bond, the arches, the lime rendering...it has been an experiment and a demonstration that there are other ways of doing – some new, some traditional.

The verandah on the ground floor: brick coloured lime rendering

The dining room: yellow mud coloured rendering

Well digging: completed during the year with manpower (sic)

A website for JCM – At last

JCM has a website that is still a work in progress. Do have a look and give us your feedback and suggestions.

janchetnamanch.org

Do Contact Us

We’d love to hear from you! Get in touch via email (janchetnamanch@rediffmail.com) or phone (+919431128882). We’re always on the lookout for motivated, good hearted people to help us! We need all sorts of people to help us in the various activities we are involved with. In cash, kind or spirit!

Please get in touch via email- the phones here rarely work!

A BIG Thanks!

Thanks to all our friends and well wishers in supporting our endeavours. This includes: The Jamsetji Tata Trust; Paul Hamlin Foundation; the Central Institute of Psychiatry, Ranchi; the Department of Health and Family Welfare, Government of Jharkhand; friends of Lane End and Cadmore End Churches, and many more friends and well wishers. Without such support our activities here in Bokaro would not be possible to continue.