



Jan Chetna Manch, Bokaro

Newsletter No: 10

June 2020

Special Issue: Jan Chetna Manch, Bokaro's response to the corona virus pandemic



Our village pond bereft of people soon after lockdown was announced

Greetings from **Jan Chetna Manch, Bokaro!**

This newsletter has been put together earlier this year, not because we had insufficient work to do, but because of the incredible amount of work our organisation has had to do in order to respond to the corona virus pandemic. Many of our friends and supporters worryingly ask us how we are coping. We are sharing with you some of our experiences, actions, stories – some sad and many are inspiring. We are a small organisation but having to deal with a huge tragedy which is still unfolding before us, and has pushed us to the brink of our capacity. Others are dealing with the situation in their own ways. Here is the way we responded.

Since we were providing an 'essential service' we could not 'stay at home' to save lives, but we had to leave homes to save lives. It has not been an easy three months since we have been struggling to do this, and we are still a long way off overcoming the threat of the virus overwhelming our communities, hospitals, health centres and our organisation. At the time of writing this – the first day of June 2020 – our state of Jharkhand has had only 5 corona virus deaths, and has confirmed only 600 positive cases.

More drastically has been the impact of the lockdown in our community – the full impact of which we are yet to see. Since May 1st the state has seen an unprecedented inflow of migrants from all over the country – and beyond. Nearly one million Jharkhandis worked in other states of India, and around half of them have returned. Many are still on their way. Few of them want to go back to where they have come from. More than twenty thousand returned to our district of Bokaro in the month of May. In every village in Chandankiari and Chas there are migrants who have returned home. Many have come from ‘red zones’ such as Mumbai and Surat. Almost all of the covid +ve cases found in May are such migrants. So a spike in cases is still expected.

So, in a way this is the calm before the storm. Though we sincerely hope the storm doesn’t arrive!

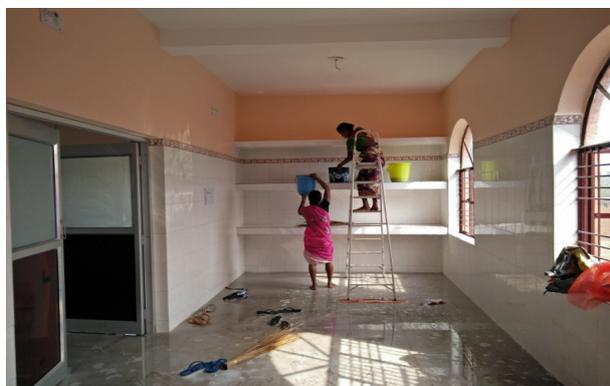
The Covid-19 story for JCMB really starts from February 2020



In February 2020 Lindsay attended the Annual Meeting of the Medico Friends Circle in Sewagram, Maharashtra. Though she has been a member for years, and personally knows many of the members, this was the first time she actually attended the annual event. Interestingly the corona virus issue was not discussed. There were many other issues of importance at the time. Many people from this meeting later on helped JCMB’s covid-19 response – so the story starts here.

First week of March – All raring to go, getting ready to shift to Koromtarn

Returning from Maharashtra no one gave much thought to the corona virus, it seemed very far away. Besides we had more important things to do, like getting our new health centre ready for the big move. The front verandah, to be used as a waiting area, was constructed, with the help of the **Aasha Charity**. We planned to inaugurate the building on Women’s Day – 8th March, alongwith our annual meeting.



Scrubbing the Operation Theatre complex



Equipping the Labour room

Our whole team spent two days cleaning, washing, scrubbing. By 6th March it was shining and almost ready to shift into.



All the walls were rendered with lime and brick dust, the outside waiting freshly built.



The ramp was in place and covered with a matching roof.

Then came the lockdown!

With little warning all our plans came tumbling down.

We received a circular issued by the labour department on 7th March. It warned organisations who might be planning to celebrate Women's Day, to avoid huge gatherings. Our meeting was definitely going to be a 'huge gathering' of well over five thousand women – and it was cancelled just one day before. The huge *pandal* – tent – was sadly pulled down. Around five hundred women's groups were frantically informed overnight that the meeting was cancelled. Most of them had booked jeeps, tempos, cars, and even mini buses – all at their own expense – to come to the greatly anticipated and thoroughly enjoyed annual event. Whatever rumblings of discontent from members that had started to bubble up, was quickly doused by the complete lockdown announced on 24th March.

So.....no International Women's Day celebration and no inauguration of the new health centre. There was no bustling activity around, a worrying, eery, quietness set in.



Our local tea shop was closed.



In peak season, local brick making stopped.

Our district was busy making preparations for the pandemic



Bokaro General Hospital

The first covid-19 death in Jharkhand took place in Bokaro General Hospital – BGH – on 9th April. There were only 13 Covid-19 +ve cases in Jharkhand at the time, 5 of which were in Bokaro. Five cases seemed like a lot at the time! A hot spot indeed!



The deserted main road of Chas township during lockdown

The administration had arranged for patients of the corona virus at BGH and also engaged a private hospital in Chas to become a designated nodal hospital for covid-19. Most designated beds were – and still are – empty and asymptomatic Covid +ve people are admitted in BGH.

Continuing services at the Women's Health Centre

Meanwhile in our Women's Health Centre the impact was more due to the lockdown than the corona virus. Misinformation was rampant in the villages. Lindsay was put into quarantine in April since she had attended the MFC meeting in Maharashtra in early February – and the rumours were that she had covid-19, or that she had died, and even that the health centre was closed. Phone connections were breaking down and couldn't be repaired, people were restricted to their villages by energetic young men who erected bamboo barriers everywhere, and our field staff couldn't reach there. There was no transport to enable women to come for checkups, but fortunately the births we had were largely non problematic. Most had been checked up the previous month.

In the first month of the lockdown we did have less women coming for childbirth – and much less women coming for antenatal care. During the last 3 months of the lockdown we had 183 women having babies in the centre during March to May, whereas 231 women gave birth here during the months December to February. Antenatal checkups also fell from 1600 to 1001 during the same period. Interestingly the number of new registrations for antenatal care shot up to nearly 150 during the month of May. Fortunately we had the financial support of the **Jamsetji Tata Trust** so that our services could continue.

Our mental health services were also hit. Around a hundred patients receive care from our health centre each month with the help of the **Central Institute of Psychiatry, Ranchi**. However, only 58 patients came for their medicines in April, which had increased to 70 in May. Initially many found it difficult to reach us, and tragedies happened: one 19 year old young man with epilepsy died due to discontinuation of his medication. The free medication we are providing due to a partnership with **SAVE-UK** has ensured more such tragedies didn't happen.

After the first phase of the lockdown, however, the situation seemed to have changed for pregnant women. Childbirth complications increased. Women were coming for delivery after a gap of 2 to 3 months. Women who had not been able to have scans, had not taken medication for gestational diabetes, hypertension, or treated for anaemia. So by the 2nd and 3rd week of May we had more stillbirths and neonatal / intra partum deaths than we usually have in a whole year. Many were 'high risk' pregnancies – but they could not come for ante natal care, or come to the health centre in time, due to the lock down. In May 4 babies have died directly or indirectly due to the lockdown.



Even our flowers in the health centre look like the corona virus!

Preparation for covid-19 in the Women's Health Centre

When the lockdown was announced, we were ill prepared, a little numbed by the crisis and shell shocked by its severity. Though it was essential that we needed to stay open for 'emergencies' such as a childbirth, we needed to continue antenatal care too. We also needed to reach out to pregnant women in the villages. We had many challenges to address, to name but a few:

- The absence of protective equipment in the local market – the shelves of our local surgical supplier were empty – no masks, no gloves, no surgical spirit, no bleaching powder.... yet all types of health care workers needed more and adequate protection.
- Closure of all shops that supplied us with linen, rubber sheets, stationery.... yet we needed more of everything to provide better care.
- Support staff was harassed by the police and passes couldn't be arranged... yet all hands on board were needed.
- Pregnancy and childbirth are considered a family event – and many would accompany women for checkups and delivery – and now we needed to reduce the 'crowd'.
- Misconceptions were aplenty – about the source of the corona virus, its spread and its outcome.
- Quality and safe care would increase costs dramatically, which a badly hit community would find difficult to pay for.

So we set to work.....



Staff meeting maintaining physical distance

It wasn't possible to meet all the challenges in one go.
Some things took more time than others and some things were more urgently needed.
We addressed the low hanging fruit first!
Though this fruit wasn't really very low, we realised, as we embarked on our activities.....

Getting out important messages about covid-19

Getting certain important messages out into the community was considered an urgent need, and we quickly designed some posters to be used at the Women's Health Centre, followed by a leaflet specifically for pregnant women. They would have looked much more impressive if they were coloured and laminated..... but with the lockdown stationery, printing, photocopying, computer cartridges were no longer available. We had to make do with whatever A4 size paper we had, and managed with our office printer. We kept sticking them on the walls and gates every time they got damaged by the wind and rain – which was often.



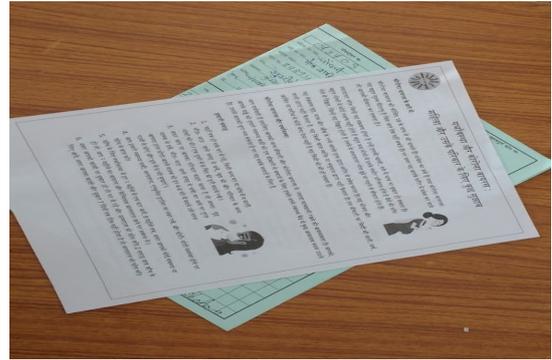
We emphasised the need to keep people six feet apart



And the necessity of keeping 'sick' people out of the place where healthy mums and babies were.



Or getting people to cough and sneeze into their elbows rather than their hands.



A special leaflet was made for worried mums-to-be about the corona virus as a take home. This also explained the changes in the health centre.

Masks and protective clothing for everyone.....

Still printing awareness material was easier than arranging for protective clothing for our health workers and village health guides. We needed more cloth for nurses' uniforms, masks, linen, gowns.... But, of course, the cloth shops were closed! Somehow we managed to persuade the shop owner to open up for us and we managed a largish stash of cloth. Only to be stopped by the over-zealous police, who accused our ambulance driver of misusing our ambulance to run a clothing business during the lockdown!

JCMB's signature cloth masks are not boring hospital green, but are colourful, pretty prints! All our *swasthya sakhis* were given two each. And all women coming for childbirth are also given two each.



Uma – one of our swasthya sakhis

Inside the Women's Health Centre the crowds were greatly restricted, controlled – and quiet! Not at all the usual bustling, noisy, enjoyable gathering of old. Most people were so scared of the corona virus they usually accepted – even appreciated – the strict discipline which we tried to enforce. Fights with unruly families who all insisted on coming into the wards, or drunken men who were missing their wives – was all a thing of the past! But with only 6 to 7 women allowed inside the clinic at a time, and with one person accompanying them to the clinic – a huge crowd was gathering outside. In March and early April the weather was tolerable, and many sat around at a safe distance basking in the mild sun – helped by the misconception that the sun would kill off the virus! By mid April the sun was stronger, the crowds bigger, and the benefits of sunlight on covid-19 sadly denounced. We constructed a tent for shade, and arranged chairs to sit on. Usually we would not have been able to get any decorators to lend us these items, but with all marriages and functions cancelled, we had no problem getting them to agree.



Waiting time for women and their attendants increased. With all the tea shops closed we set up a stall outside to provide sherbat and snacks. It was much more lively outside the clinic than inside.....



Where women were sitting quietly, unusually disciplined – mostly by fear of Covid-19. Each woman brings her chair with her from outside, which she brings to the examination room, the laboratory, so that she sits on the same chair throughout.....



And when she goes out the chair is sanitised and washed, dried in the sun ready for the next person.



And – nothing new for the health centre – cleaning and cleaning and more cleaning!

Getting PPE for our team was the most challenging of the lot

As soon as we found out that nothing was locally available, we made desperate attempts to acquire protective clothing and equipment for our team.

It was at this point that we came to know, through the MFC network, of the **Yumetta Foundation**. They were helping small non-government rural hospitals to acquire the PPE that they needed. We contacted them immediately, and they agreed to help us immediately. At the time trucks and trains were greatly limited. Somehow this group managed to reach the consignment of PPE to Jamshedpur – a station only 150 kms away. But to reach there from our district meant passing through West Bengal – impossible. Or through 3 districts of Jharkhand (doubling the distance, via Ranchi) – which was almost impossible. For 3 days we spent sleepless nights (and innumerable e-mailing and phone calls) trying to get the required permits to cross the length and breadth of Jharkhand. Ultimately we managed to get the passes. So early morning our jeep set out to bring back our sorely needed equipment.



Our driver, Sanjit, bringing back our much needed consignment of PPEs.



And to our great surprise everything was intact!



Champa – one of our nurse midwives



Dr Varuna and Yogesh – well protected and non recognisable in the OT

From March our nurses had been wearing masks and hand washing even more vigourously than usual, but by the end of April our nurse midwives had better quality masks, visors, gowns and gloves. To our surprise the women who were giving birth didn't run away in fear, nor did our nurses reject wearing such uncomfortable, hot, restrictive apparell.

In the Operation Theatre even more protective clothing was introduced. Since testing rates for Covid-19 are so low, we could not risk cross infection for anyone during surgery – from doctor and assistant to patient & vice versa.



We also acquired a thermal device for screening for raised temperatures at the entrance to the clinic. Many villagers have seen this device being used, and assume that this can detect the corona virus!



So much so that we have now made another leaflet to explain that this is NOT a test for corona virus!

Birthing in the time of the corona virus



Three mums & three babies maintaining physical distance!

Maintaining physical distance between mothers has been a challenge. One of the wards with 6 beds now has 4; one with 5 now has 3. Our 'staff room' is no more – it is now converted into a special baby room – for one mum and baby. Our actual baby room can now only accommodate one at a time. Our room downstairs that we used to use for immunisation, meetings, acupuncture (which have all been stopped) is now another ward with 3

beds. In order to manage with these fewer beds we discharge women earlier than we used to – which has its pros and cons – especially for mums that have had babies before. We follow up on all these births by phone and through our village health guides – the *swasthya sakhis*.

An even bigger challenge is the massive impoverishment caused by the lockdown. Many of the women who normally come to the Women's Health Centre for childbirth are from poor families. The lockdown has hit them hard. We realised that many would revert to home deliveries in the absence of financial support. The government hospitals were also reluctant to admit women, many private nursing homes had closed down. In this situation we received a most timely grant from the **Azim Premji Philanthropic Initiatives**, which has allowed us to provide free childbirth care to women of poor families. Until the end of May over 60 women have been benefitted by this. Some of these women's stories are narrated below.

Guriya had a tragic childbirth history. Her first two pregnancies ended with both babies dying at the time of birth. Her third attempt was in a government hospital where they tried again for a 'normal' delivery, then decided – probably too late – to do a cesarean section. The baby is severely mentally challenged, and Guriya continued to carry him on her hip throughout pregnancy – which did not help. Her elective c section was planned for the middle of lockdown phase 2. We were apprehensive that we wouldn't be able to help Guriya. We hadn't received our consignment of PPEs. Her family was too poor to pay private nursing home charges – most of which had closed down in Bokaro, and access to the government hospital in Purulia was not an option since the border with West Bengal was sealed. Fortunately we acquired PPE kits just in time, so we called our consultant gyn/obs Dr Varuna, who came happily. Guriya had a healthy girl in tragic times – the happiest she's been since she married over 15 years ago!



Just when we were getting despondent and depressed about the increasing numbers of neonatal problems and deaths, and the impending tsunami of the corona virus, we had the biggest baby ever to be delivered in our health centre. Arati had been regularly attending our clinic, throughout the lockdown. We knew that she would have a big baby – her first one was 4 kgs – a record at the time. This time she out did her record, and had a whopping 4.3 kg baby – normally and with no problems at all.

Putul's experience of childbirth might have been radically different were it not for the Women's Health Centre and the highly subsidised care she received. She was married for nearly 20 years, malnourished from childhood, and extremely poor. She was pregnant for the second time – the first one was a preterm home birth, and the baby died. This time too she went into preterm labour, and delivered a small 1.6 kg baby at our centre. With the lockdown her husband had no income, and they were planning to take the baby home. Assured that they would not need to pay anything, mum and baby stayed with us for 3 weeks, until her baby was 2 kgs. Another happy mother in tragic times!



Community Health Workers response to Covid-19

With the lockdown announced on 24th March, the activities of our team of Community Health Workers abruptly stopped. Though they were not much keen to simply 'stay at home', they had little option: they were stopped by the police, they had no protective equipment. Even the local health department deemed their activities to be 'non-essential'.

JCMB had to quickly respond to this. The CHWs' work – we felt – was more, not less, essential during the lockdown. Village women – especially the poor – could not easily get to our health centre for checkups, outreach clinics were stopped altogether, and families had little money even for the minimal expense of pre and post natal care.

By the end of April with the protective equipment and clothing arranged for the CHWs, they then resumed their work – but with huge differences. Earlier their focus was on counselling, not on providing medical care, or giving medicines like iron and calcium. Now with women not being able to get to the health centre, they had to do much more than counsel. We decided that the two major complications of women during pregnancy and childbirth – severe anaemia and hypertension – could be addressed by the CHWs. They don't do blood tests, but can make out severe or mild anaemia by looking at the women's eyes, tongue and fingers. They can check the blood pressure with newly given digital machines – so that a stethoscope isn't required.

But even before visiting women door to door, we felt that more than a month had passed and we didn't really know exactly what was happening in the villages: indeed would they even be 'allowed' in the villages and houses? So for two weeks they visited all the villages and held small meetings with women, maintaining a safe distance, and gathered much feedback. There was also much disinformation that needed to be addressed: popular stories in the beginning were – eating poultry chicken causes corona virus; drinking alcohol kills the virus; and the worst one was the finger pointing to a particular community as 'super spreaders' of the virus. Now all these misconceptions have been overcome and dismissed – and a few new ones are created. But the lockdown – with its fear and isolation – greatly enhanced them.



The CHWs held meeting under the trees,



..or in places where there was some shade,



..or in the lanes of the village.

The CHWs were each given a Smartphone to help document their activities and to submit reports without using any paper. No village stopped them from entering – although this was a time when villagers were erecting barriers at the entrance and preventing ‘outsiders’ from entering. In a couple of villages women asked that their photo not be taken since they weren’t wearing masks! In 15 days they visited 83 villages and had 223 meetings.

Gathering all the feedback from these meetings it was clear that the CHWs’ visits were clearly missed. They are not only seen as health care providers, but are a window to the outside world. Along with the village health friends – the *swasthya sakhis* – plans were made to return to each village. They were requested to bring along iron, calcium, and *sattu* – roasted gram flour. Many pregnant women had seen no health worker for 2 to 3 months. Some had never seen one – ever – and they were well into their second trimester of pregnancy.



The CHWs ready for action!



In spite of the scary appearance of the CHWs village women are more than happy to be checked up by them. It’s not the cosy, close visit of old – Menoka, like all the other CHWs, do not even sit down in any of the houses they visit.



The digital BP machine means that the CHW can stay further away whilst checking her, and is sanitised after each use. Uttara watches from a safe distance.



Almost all women take the iron and calcium tablets from the CHW, and almost all of them pay the minimal charges for them. In a few cases where the family is poor, these charges are waived.



Women also receive one kilo of roasted gram flour – *sattu* – during pregnancy and after childbirth, as they would have got in the Women’s Health Centre. The CHWs cannot carry kilos of it, so they inform the only male CHW who reaches it to them when he visits the same village to distribute nutrition packets to children.



Post natal visits are also undertaken to check on the mother and her baby. She is also given iron and calcium – and *sattu* as well. Meera has checked on mum and baby, overseen by the worried mother in law.

In spite of all the hurdles – they had to cycle to all the villages since two people on a motor cycle was not allowed, and had to maintain distance and sanitise their equipment between households – these 8 CHWs visited the households of 440 pregnant and 159 recently delivered women within 10 days.

Nutrition support for children too

By the beginning of March JCMB was winding down its nutrition support programme, since the project was to end in June. From providing nearly 900 children packets of roasted mixed grains 2 years ago, we had only a hundred children still being supported. From last year we have enrolled no new children, and many children had achieved their targeted growth – they were well on their way to becoming healthy, well nourished children. Severe malnutrition was also much less in our villages.

Then came the lockdown!

During the village meetings it was clear that though no one was suffering from severe hunger or starvation – at the time – food was a problem. Most adults were managing to fill their stomachs somehow, but we knew that the same diet and proportions for small children would cause malnutrition amongst children of vulnerable families. We had to act quickly to ensure that children didn't fall back into the 'red zone' of malnutrition.

We had only one criterion for new enrolments – if the family's economic condition was hit hard by the lockdown – support the child. We had no time or staff to weigh, or monitor their growth, or ask too many questions! We planned for an extra 200 children – but within one week we had the names of 300. Now over 400 children are receiving packets of *sattu* once a month.



Every day our only male CHW – Shishupal (aptly named 'shishu' meaning child, and 'pal' meaning protector) sets off with a motorcycle loaded with goodies – *sattu* packets for children and pregnant women and lactating mothers. He keeps his visor down and does not remove his helmet the whole day! He too has to ensure that he does not spread any illness or virus from house to house, including his own. He is given the details of each child and village from the CHWs and the *swasthya sakhis*. It's not easy being the only male member of the overwhelmingly female team!

A word about our financial situation

At the beginning of the lockdown JCMB was facing an acute financial crisis – on top of all the other crises. Our activities were largely community supported – including and especially childbirth and pregnancy care. We have been supported by the generous and much needed grants from the **Tata Trusts** for the last 13 years. But this was now about to end in June 2020. With the lockdown we were worried that the community would no longer be able to support our services, which were now much more costly. It has

been the timely donation of financial support from the **Azim Premji Philanthropic Initiatives** that has allowed us to buy protective equipment, provide free childbirth care to women of poor families, and ensure no child goes hungry due to poverty. Both these organisations have contributed significantly to the continuation of our services, and ensured that help reaches those most in need in these difficult times. The support from **SAVE-UK** has ensured that most of the mental health patients continued their medicines even during lockdown.

And last – but not least – friends and well wishers have provided significant support as ever.

However, this crisis is far from over. Corona virus is still an unknown and so is the impact of the lockdown on the economy and the families here in our villages, where large numbers have been dependent on jobs in far flung parts of the country. **We still need financial support to continue.**

We appeal to everyone reading this to forward our plea to anyone who would care to help us to at least ensure poor women experience childbirth safely, children don't become malnourished and fear and hatred does not destroy our communities.

THANKS AGAIN TO ALL OUR SUPPORTERS!

Though this newsletter isn't our regular 6 monthly one, we would like to thank again all our friends and well wishers in supporting our endeavors. Support has been extended to us by way of donations as well as in many other ways.

We have been helped by the following organisations:

- The Jamsetji Tata Trust
- Azim Premji Philanthropic Initiatives
- SAVE-UK
- Aasha Charitable Trust
- Central Institute of Psychiatry, Ranchi
- Department of Health and Family Welfare Government of Jharkhand
- The East West Foundation USA
- Yumetta Foundation.

Individual friends, well wishers and supporters in the last 5 months include:

- Reba Thomas
- George Joy
- Sundari Ravindran
- Mrs Ram Pyari Gupta
- Dr Yogesh Jain
- Dr Suresh Anthony Joseph
- Dr Mike Galvin
- Dr Imroz Salam
- Usha Shriram
- Lilly May
- Sara Jolly
- Rashmi Paliwal
- Dr Anand Bharathan

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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