

JAN CHETNA MANCH BOKARO

Annual Report 2017 – 2018



Chamrabad, Chandra, Chandankiari, Bokaro, Jharkhand, 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 registered under the Societies Registration Act, with its activities based in 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 women's empowerment, in particular, is the key to improve the lives of the most impoverished.

No new activity or project was initiated this year; however most of the programmes that JCMB is involved in have grown.

In our endeavour we have been helped by many organisation and 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 the 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.

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. In particular we would like to thank Ravi and Sandhya Srinivasan, Sarmishtha and Ritwij, and Drs. Jyothi Unni, Ashok and Mary Shroff.

Bipin Mahato

Secretary

July 2018

The picture on cover is the 'jaba dali' (sprouts of horsegram growing in a basket, a symbol of fertility) used during the karma festival of Jharkhand.

The picture on the right is the girls dancing round the basket in Chamrabad, where the activities of JCMB were planted over two decades ago. The 'karma' festival takes place every year in all the villages of Jharkhand to celebrate fertility, prosperity and the health of women and children.



Women's Empowerment



The backbone of most of the community activities and the health programmes of JCMB are the women's self help groups.

Pic: A women's SHG in Notundi meeting underway.

'Jan Chetna Manch, Bokaro' believes that women's empowerment is the key to progress. Without this the health of women will not improve; without the health of women, the well being of the family will suffer; and without a robust family the community will remain weak. This conviction has determined the focus of JCMB over the years. The facilitation of women's self help groups and their federation into a strong, community-based women's cooperative is a product of this strategy. Although the SHGs and their cooperative the 'Chetna SHG Mahila Swabalambi Sahkari Samiti Ltd.' is now an autonomous organisation, JCMB's team still plays an important role in mentoring, hand holding and supporting the groups and their members. Since the women are organised the members also take up activities other than savings and credit, an indication that bringing women together brings about a degree of empowerment.

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

Encouraging women's leadership: Sunila Devi of Durga Mahila Mandal, Bhandro, Chas



Sunila Devi in her 'mukhiya's' chair

Sunila Devi, was a poor widow from the village Bhandro. She and her two grown up sons lived in a mud hut with thatched roof. When her husband died her sons were studying in schools. In spite of severe economic constraint she did allow their education to get disrupted even though she herself was not very highly educated. She was the main organiser and the honorary clerk of the women's self help group, the 'Durga Mahila Mandal'. The group members insisted that she contest for the post of 'mukhiya' during the local elections in 2012. She did and won. Her public service as a 'mukhiya' was successful and she was elected again in 2017.

The village had no proper road, and in times of emergency, ambulances could not reach the village. As a 'mukhiya' she managed to get some funds sanctioned by the government for the construction of a road, but the plan hit an obstacle. There was no public land available for the road. Though she was only a marginal farmer herself, Sunila volunteered to donate part of her land for the road. Her example motivated many others and enough land was made available for a proper road. This incident got wide publicity in the local newspaper. In spite of all her responsibilities as a public servant she continues to act as a clerk of her SHG.



Sunila Devi in the local newspapers

Cooperative members come to the rescue of a member in dire need of medical help



Somola, Rakhohari and their daughters

Somola Devi is a member of her 'Mahila Mandal', and also an 'anganwari sewika' (government creche worker). Her story is a tragic one. Two of her three daughters suffer from thalassemia and need frequent blood transfusions. Her husband, Rakhohari Modi lost his government job in the Border Security Force due to a knee injury. They received no help from the government for their treatment. She had taken a loan from the SHG Federation for the treatment of her daughters, but defaulted on the payment of interest and loan. When the Federation's board members came to know of her problems, they decided to wave her interest indefinitely, and the principal if and whenever she can. JCMB is now trying to arrange subsidised treatment for her daughters.

Women protest against illegal liquor and domestic violence



Laxmi Devi (in the pink sari) with members of the Mahalaxmi Mahila Mandal

In Beratand a member of the 'Mahalaxmi Mahila Mandal' was regularly getting beaten by her drunkard husband. One day she informed the group and the group leader, Laxmi Devi. Laxmi then mobilised seven other women's groups in the nearby villages. They organised a meeting and held a demonstration against the selling of liquor in the village. They made placards with the slogans such as 'Stop drinking and selling liquor' and 'Stop violence against women'. The rally started from the victim's house and went around all the nearby villages. They also decided to inform the district authorities about the sale of illegal liquor. They reserved two jeeps and nearly 30 women went to the office of the Deputy Commissioner. Four women were selected to meet the D.C. Then D.C. listened to them sympathetically and assured them he would help them stop the illegal sale of liquor. Till date the sale of liquor has not been stopped, but violence against women has been much controlled. Men are being threatened that if they beat any women they will inform women's group, and this has acted as a great deterrent.

Loans for businesses – and for empowerment



Pushpa and her husband in their shop

Pushpa Devi is a member of her 'Mahila Mandal' in Notundi. Pushpa along with her husband set up a shop with a loan from the group. Now they earn over Rs.300 per day, and regularly. This has pulled them over the poverty line. Although most of the manual work involved in the shop is undertaken by Pushpa's husband, since the loan was negotiated and taken by her, she has an enhanced position in her family, and is a key decision maker. She is also an active member of her group.

Women's Health

Care of women during pregnancy

Women's health continues to be a major activity and major challenge of JCMB. The most popular and much needed healthcare service that JCMB is involved in is in the sphere of pregnancy and childbirth. The health status of women in the area remains poor, and by the time they come for registration in pregnancy, their growth is already stunted.

Of the 1400 women who registered for ante natal care in JCMB's Women's Health Centre during the year, just over a third – 504 – were in the first trimester of pregnancy. By taking their height and weight we calculated their BMI – Body Mass Index. A healthy weight for height is 18.5 to 25 kg/m². Nearly 56% of the women were found to be underweight. This is much higher than found in a government survey of 2015-16 which found 35% rural women less than 18.5 kg/m² *. This showed that women are at their physical weakest at the time they become pregnant. This is the first time JCMB has evaluated BMI systematically and will act a baseline for future years. (* National Family Health Survey – 4; Jharkhand 2015-16)

Health status of women during pregnancy: BMI of pregnant women in 1st trimester in JCMB's Women's Health Centre		
BMI	Number	Percent
Below 15	21	4.2
Between 15 to 16	38	7.5
Between 16 to 18.5	223	44.2
18.5 & above	222	44.0
Total	504	100.0

Similarly we also measured weight and anaemia levels at the time of delivery for the last 2 years. In these two categories there has been some improvement. In 2016-17 the average weight of women on admission for delivery was 47.2 kgs, and by 2017-18 it had increased to 48.7 kgs. The percentage of women whose weight was less than 45 kgs on admission also decreased from 42% to 28%. Women suffering from anaemia at the time of admission for delivery also decreased from 55.5% to 41.6% during the last 2 years. Although these are still very poor indicators, the improvements are significant, and our programmes for addressing malnutrition and anaemia, from the community to the health centre, seem to be helping.

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

Activities to address the problems of malnutrition and anaemia during pregnancy involve the provision of nutritional supplements ('channa sattu' – roasted gram flour), low cost calcium and iron and folic acid tablets, timely treatment of illnesses during pregnancy, administering iron sucrose injections to severely anaemic women in late pregnancy, counseling for better nutrition during the antenatal visit to the health centre as well as during the home visits by the Community Health Workers.



Individual counseling during antenatal visits to JCMB's Women's Health Centre emphasises the need for improved nutrition.



Iron, calcium and roasted gram flour, staple treatment for all pregnant women. Helped by the 'swasthya sakhi' of course.



A team of 8 Community Health Workers visit the households of all pregnant women in the villages, covering a population of around 80,000. They visit them along with the 'Swasthya Sakhis' (health guides) who resides in the village. Three home visits are undertaken for every woman during her pregnancy, regardless of her source of ante natal care. Indeed the women who access ANC from JCMB's Women's Health Centre are usually healthier than those who access care from elsewhere. Apart from counselling the women are asked about any problems they face, and are checked to rule out severe anaemia or hypertension – the two major causes of maternal mortality and morbidity in Jharkhand.



A set of modules was developed by JCMB to help counsel mothers-to-be and their families during pregnancy. There is a set of three modules, for the first, second and third trimesters. It contains information about the changes in women's bodies during pregnancy; the need for rest and a nutritious diet; examinations and investigations during pregnancy are explained; minor problems that can occur and how to treat them; recognition of complications and the necessity of timely medical help; and finally how to be prepared for birth. These modules are used in the Women's Health Centre as well as by the Community Health Workers when they visit women in their homes, along with their family.

Delivery Care for Mothers and Babies

JCMB continues to strive for better care for women during childbirth, and for the care of the newborn babies. Due to the robust documentation system that was finalized during the year, JCMB is much better able to evaluate the birth outcomes in the WHC than previously. Here are some of the salient points that have emerged in the last one year:

During the year April 2017 to March 2018 978 women delivered in the Women's Health Centre. 992 women came to the centre for birth, but 14 of them were referred before delivery could take place due to some complication or another. Of these 14, 11 had caesarean section operations elsewhere. In the WHC 922 women had a normal delivery (94.2%) and 56 women had a caesarean section (5.8%).

Complications during childbirth have been reduced, and much better managed this year, due to the rigorous training and strict adherence to evidence-based protocols.

Women having Post Partum Haemorrhage*: This is a major complication of childbirth, and cause of maternal mortality in India. Amongst the women who delivered in the WHC it was experienced by 21 women (2.1%). Of these 6 were referred and only one woman needed to be given a blood transfusion.

(*Defined as having blood loss of more than 500ml. 2 – 4% of women will have PPH according to one estimate: <https://www.nhp.gov.in/disease/gynaecology-and-obstetrics/postpartum-haemorrhage>)

Women having eclampsia:** This is another major cause of maternal deaths, and is diagnosed mainly by high blood pressure. If a woman has eclampsia she usually has convulsions, and it is dangerous for both her and her baby. In the WHC only 20 women had severe hypertension during childbirth (109 had mild hypertension) during the year. This was less than the year before. Only one woman had eclampsia during childbirth this year, and she was managed at the WHC due to the presence of medical expertise at the time. At the WHC the pre-eclampsia rate was 2% and eclampsia rate 0.1%. The low incidence of pre-eclampsia and eclampsia may be due to the prenatal it provides to women; the provision of protein supplements and calcium at low cost; and the preventive measures taken if women have symptoms of pre-eclampsia.

(** In India the incidence of pre-eclampsia is reported to be 8 – 10%, and eclampsia around 1.5%)

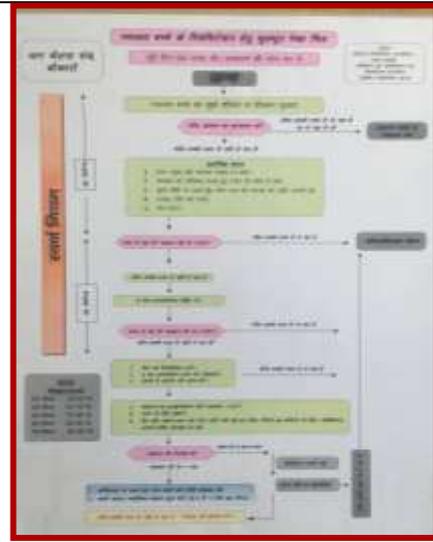
Early Neonatal Care: This remains an area of concern. Each live baby is examined and given an APGAR at birth, after 5 minutes, and if needed at 10 minutes. This is a scoring system to measure how well the baby has coped with childbirth, and how well they are coping with life outside. A score of less than 7 indicates they are still having some problem. In the WHC more than 95% of live neonates had an APGAR score of 7 or more.

Still, 12 babies died within 7 days of life and one Intra partum death took place. The Early Neonatal Death Rate in India is 22 per 1000 live births. In the WHC the rate is 13/1000. The main causes for these deaths are preterm delivery, congenital anomalies and birth asphyxia. The 'non-medical' causes include: refusal for referral or cesarean sections; lack of free neonatal health care facilities and emergency obstetric care in the public health sector; poverty; and gender discrimination.

In order to improve birth outcomes JCMB has initiated the following activities this year:



Posters in the health centre



Resuscitation protocol flow chart

Some people who come to the WHC for childbirth have been led to believe that medication is needed for delivery. They put pressure on the nurses to intervene, to give injections and such like, when interventions are not needed, and in fact can be harmful. At the same time most of the public coming to access delivery care at JCMB are keen for a 'normal' delivery. In order to help them understand the contradiction that unnecessary medical interventions can lead to cesarean sections, health education material has been developed and is displayed in the WHC.

There are always two attendants for every delivery – one for the mother and one for the baby. All the WHC team has been trained in neonatal resuscitation. The flow chart shown above has been developed by JCMB. It has combined the protocols from the Government of India's NRHM guidelines and the Neonatal Resuscitation Algorithm of the American Heart Association and Resuscitation Council (2015 update, and translated into Hindi. Dr Shila Narain, our consultant paediatrician helped us finalise our neonatal resuscitation protocols, and helped us to implement it too.



Improving small neonatal care



Care for women with Hepatitis B in pregnancy

The WHC had to increase and improve the care of small and pre term babies. With the cost of neonatal care escalating in private hospitals in Bokaro, JCMB decided to look after these small babies in the WHC. 37 babies were admitted this year. Only one died (a baby returned from another hospital). In August such was the demand for care of these wee babies that we converted one of our (only 2) wards into a neonatal care unit. Most of these babies and mums stayed between 3 to 6 weeks, whilst the babies' weights increased.

There has been an increase of women testing positive for Hepatitis B – maybe because we test all women now. No private nursing home in Bokaro is willing to take these women, and no precautions are taken in the government health centres to prevent cross infection. With the help and training by Drs Jyothi Unni and Ashok Shroff during their visit in January, our team has been trained to care for these women. This training was in addition to the usual major surgeries for serious gynecological ailments.

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

Health Activities at a Glance:2013-14 to 2017-18

Health Service	Numbers 2013-14	Numbers 2014 - 15	Numbers 2015-16	Numbers 2016-17	Numbers 2017-18	Total 5 years
Outdoor patients at Women's Health Centre & Outreach Programmes						
Total number of consultations	11584	12771	12705	13918	14076	65054
<ul style="list-style-type: none"> • New registrations for antenatal care 	1149	1443	1332	1435	1441	6800
<ul style="list-style-type: none"> • Children and immunisation 	1687	1949	2181	1462	1665	8891
<ul style="list-style-type: none"> • Acupuncture 	1106	1245	913	825	780	4869
<ul style="list-style-type: none"> • Ultrasonography 	588	889	1120	1088	1282	4967
<ul style="list-style-type: none"> • Mental health 	178	581	915	1259	1287	4220
Nutrition programme						
Pregnant women given 'chana sattu' during pregnancy (new enrolments)	149	191	362	588	621	1911
Babies / children given nutritional supplements (new enrolments)	170	50	136	263	378	997
Pregnant women given iron sucrose injections for severe anaemia	19	51	90	47	58	265
Indoor Admissions at WHC						
Total indoor admissions	909	1355	1534	1542	1599	6939
Deliveries total	604	850	961	893	978	4286
<ul style="list-style-type: none"> • Normal 	569	795	895	845	922	4026
<ul style="list-style-type: none"> • Cesarean section 	35	55	66	48	56	260
Deliveries referred to higher centre	26	35	23	19	14	117
Gynaecological Surgeries (other than Caesarean sections)	6	5	10	12	9	42
Sterilisation operations for women	44	95	151	130	108	528
Minor operations (D & C, etc)	63	79	83	105	89	419
Pre-term/small babies kept in baby care unit	8	28	28	28	37	129
Other illnesses (typhoid, dysentery, malaria, UTIs, preterm labour, anaemia, etc)	158	263	278	348	507	1554
Investigations undertaken in laboratory						
Total number of investigations	7111	10910	11853	16771	22843	69488

Nutrition programmes

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. 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.

Activities undertaken by JCMB during the year to address this problem can be seen below:



Screening all children with MUAC tapes

Screening village children from 6 to 36 months for malnutrition is an ongoing activity for JCMB’s community health workers. Though many children may appear to look healthy, whilst screening for malnutrition using the MUAC (Mid Upper Arm Circumference) tape we found that almost 1/3 children in our area are not growing well. Around 5% of children in the age group 6 to 36 months who are screened are severely malnourished, in the ‘red zone’. 27% are in the ‘yellow zone’ and only 66% of children are in the ‘green zone’.

Children found to be severely malnourished are enrolled in our nutrition programme. Each month the family is visited by our CHWs, the child is weighed; guardians are counselled for better eating and hygienic practices, and advised to seek medical care during illnesses. They are also provided nutritional supplements – a mixture of wheat, rice, grams, oil and sugar which is manufactured in the canteen of the WHC. Over 600 children are enrolled in this programme. Around 60% are now growing well, 30% are growing, though below targeted growth, and a stubborn 10% failed to grow much at all.



Weighing, helping children with severe malnutrition



Village drama programmes

Drama programmes (‘nukkar nataks’) were conducted in 29 villages of Chandankiari and Chas this year. The drama emphasised the importance of food rather than tonics and expensive nutritional supplement; the need to allow the mother time to feed her child; and especially male involvement in child care.

In an attempt to specifically target the severely malnourished children enrolled in the nutrition programme, Mothers’ Meetings were conducted at the village level. The meetings focused on the need to tweak the family’s diet for small children, avoid unhealthy snacks which are easily available nowadays in every village. The meeting also included the giving of prizes to the best performing mother, and ended by a feast of kicheri.



Mother’s meeting underway

Training of Community Health Workers

JCMB believes that health is a community issue which should build on the strength, involvement and knowledge of the community itself. 'Self help' is not only in the sphere of savings and credit, but in health too. This belief has led JCMB to a continuous training of women from the community – as health workers in the WHC, Community Health Workers who visit the villages of this area, and the 'Swasthya Sakhis' (health guides) who live in the village. In addition to the training of its own team, JCMB extends its help and expertise to other organisations who are involved in community health activities



Training of 'swasthya sakhis' underway

JCMB continues to train 70 '**Swasthya Sakhis**' (health friends) who have been selected by their women's groups to help look after their health needs. Training of these women takes place every 2 months, in two batches. These residential training programmes last for 3 days, and have been held in the new building in Koromtanj. The training addresses issues related to pregnancy and childbirth; minor ailments; first aid; gynaecological and menstrual problems; nutrition and childhood illnesses and so on.

Innovators in Health, an NGO based in Bihar brought a team of ASHAs (government appointed community health workers) for exposure and training to JCMB for a few days in August. They were provided information and training on the issue of care during pregnancy, recognition of complications, and post natal care. A group of JCMB's 'Swasthya Sakhis' were also invited for interaction on one day, and experiences were shared.



Interaction between ASHAs of Bihar and 'Swasthya sakhis' of Jharkhand



Demonstrating neonatal resuscitation

Soon after the ASHAs from Bihar left a group of community health workers from the '**Omon Mahila Sangathan**' came for training. These women live in a very different world than the ASHAs of Bihar. OMS is based in Noamundi in Singhbhum, an overwhelmingly tribal area, and ill served by modern health care institutions. The focus of their training was on prenatal care, particularly the recognition of complications.

Mental health

Mental health continues to be an activity that JCMB is involved in. Although the project which it started five years ago is over, the problem of lack of quality care for mental health patients is not. There are only two psychiatrists in Bokaro General Hospital, and only a couple more doctors practicing in private sector. Most patients seek treatment intermittently and irregularly, if at all. Fortunately we have the support of the Central Institute of Psychiatry, Ranchi, for this programme.



Psychiatrists from CIP attending patients

A team of mental health care professionals visit JCMB every month to provide a much needed service to villagers in the area. This is facilitated with the partnership with the **Central Institute of Psychiatry**, Ranchi.

Every second Wednesday of the month the team comes from Ranchi, and sees around 80 to 90 patients. Around 150 mental health patients are currently being treated at JCMB's health centre.

Many of these patients are identified by JCMB's Community Health Workers and 'Swasthya Sakhis'. Follow up home visits are also undertaken by them.

Every year, during the third week of January the biggest village fair of this area is held in Sabra, Chandankiari, known as the '**Dhara Mela**'. Continuing a popular practice established four years ago, JCMB set up a 'Mental Health Stall' in the fair.

The idea is to reduce the taboo attached to mental health illnesses. Leaflets pertaining to various types of mental health illnesses are distributed, and many lively discussions are held.



Mental health stall in the Dhara Mela



Mental Health Day in JCMB

On the occasion of **Mental Health Day** in October an interactive session was organised between the CIP team of mental health professionals and JCMB's team of health workers and field staff. A fruitful discussion addressing pertinent issues such as the impact of psychotic drugs on infertility; the interaction of contraception and anti-epileptic medication and so on. Dr Vidya of CIP presented a slide show outlining the need for planning for pregnancy, and the impact of drugs on the foetus.

Breaking taboos: Blood donation camp



Paru Devi donating blood

For the first time JCMB helped to organise a blood donation camp in Chandankiari. Getting villagers to donate blood is a big problem here. Only during an emergency do family members volunteer to donate blood – and even then they may refuse. Villagers think that donating blood will lead to weakness, and they will be unable to do heavy manual work. In order to try and break this taboo JCMB, along with the Bokaro branch of the Red Cross, organised a blood donation camp in February. Around 30 people came forward to donate blood, much more than were anticipated. Indeed some had to be refused since the Red Cross ran out of bags and time!

Four women also donated blood. One of them was one of JCMB's 'swasthya sakhis', Paru Devi of Madra. This was also a first here, since village women have rarely been seen donating blood. One of the reasons for this is due to the strict rules regarding the health status of the donor. Most of JCMB's women health workers were refused due to their low weight and poor hemoglobin levels – they need to be above 45kgs and with a Hb of more than 12!

Koromtanr progress



With the construction of the roof of the 2nd floor, the building part of the new health centre is now almost complete.

The road side part of the building has had to be redesigned with the decision of the local government to construct a new, much wider road there. This will necessitate some land being taken away from JCMB. Fortunately the building itself will not be affected, since it is well away from the road.

Advocacy and research



Dr Sundari Ravindran of the 'Achutha Menon Centre for Health Science Studies' presenting the findings



Research team from JCMB listen attentively

In November 2017 JCMB helped to organise the dissemination of the findings of the research it conducted in partnership with the 'Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology', Trivandrum, Kerala. The field work and data collection for the study, 'Factors influencing women's achievement of their postpartum reproductive intentions. A study in Bokaro district, Jharkhand' had taken place two years earlier, in the villages of the Chas and Peterbar blocks of the district. (The villages selected were not those that JCMB is working in) The study followed 500 women from late pregnancy through to 6 months post partum, to see whether their reproductive and contraceptive choices were met. The meeting was held in Ranchi and was attended by many organizations and individuals who are involved in women's health activities in the state.

The study found that less than half (41%) of the women achieved their contraceptive intentions. Very few women were given any contraceptive information or advice during pregnancy and in the immediate postpartum period.

Some of the other important findings include:

- A high incidence of home deliveries - 35% of the women delivered at home.
- 22% of the women experienced complications during childbirth
- The normal delivery rate was 88%, and cesarean section rate was 12%.
- Traditional birth attendants were no longer the main birth attendants in home deliveries, but village 'doctors' and 'nurses'. Indiscriminate use of labour augmenting drugs was noted.

Awards and recognition



On 9th March JCMB was awarded the Express Public Health Award for the 'Most Effective Healthcare NGO'. The award was in recognition of the contribution JCMB's Women's Health Centre has made in the sphere of pregnancy and childbirth in particular. Lindsay went on behalf of the health centre's team to collect the award.

