

JAN CHETNA MANCH BOKARO



Annual Report 2020 – 2021



Chamrabad, Chandra, Chandankiari, Bokaro, Jharkhand, 828134
Registered under Societies Registration Act, 21/1860
Registration No.918, 2006-07, Jharkhand

Jan Chetna Manch, Bokaro: Annual Report 2020 – 2021

This whole year has been a challenge for us on an unprecedented scale. The obvious one was the COVID-19 pandemic and lockdown; the drying up of significant donors and the urgent need to shift the Women's Health Centre from the village of Chamrabad to Koromtanj.

Impact of the COVID-19 pandemic and lockdown in Bokaro

This year saw us having to deal with both the first and second waves of the COVID-19 pandemic. The first wave here was mild and mostly urban based. Corona virus cases slowly increased up to August-September 2020 and then decreased to almost zero by January – February 2021. We almost fooled ourselves into thinking that the pandemic was over! By the end of March, however, we realised the end was nowhere near over and the much deadlier second wave was about to hit us.

Our area sees much out migration to cities far and near. Mostly they are young men, some married with young children. Few women migrate from our villages. Men earn and send money to support their families at home. Both the local employment scenario and the agricultural land here are poor, driving many young men to more distant places. Families were heavily dependent on their financial contributions. The lockdown announced in March 2020 hit these families badly. Some were stuck in far flung cities, without employment or support; some managed to avail help to travel back home where they crept into their homes at night – and were reported to the police who carted them off into quarantine centres; and a few died en route. In May an accident in a truck carrying migrant workers back to Jharkhand crashed and 10 young men from Bokaro, from the villages around us, tragically died. Many were understandably reluctant to return to the cities even after the lifting of the lockdown.

In the sphere of health care, the impact of the lockdown and the fear of the corona virus resulted in many closures. A few private clinics and some nursing homes closed down. The government-run *Anganwadi* (crèches) centres closed, along with all the services they provide to poor village women and children. Borders were closed, so our neighbouring district of Purulia – in the state of West Bengal – was inaccessible, even for our ambulances. Villagers even erected bamboo barriers at the entry of their village in an attempt to keep out the virus. It did not prevent the virus, but it did cause hardship to villagers. These restrictions impacted villagers more than the virus, and some, sadly, died as a result of their inability to access health care.

JCMB's activities during the pandemic

JCMB soon realised that the activities that we had been undertaking over the last couple of decades were even more necessary during the pandemic. We could not restrict our work, close our doors or 'work from home'. Women still needed care during pregnancy and childbirth, villagers needed accurate information about the virus, children of vulnerable families needed support – all more than ever before. Our team rose to the occasion. None of JCMB's workers refused to work; indeed, they sought creative ways to address the problems caused by the lockdown. Whether it was making face shields out of plastic files or cycling along the village lanes instead of the main roads to avoid roadblocks erected by villagers.

The following pages of this year's Annual Report gives you a glimpse of what we managed in spite of the hardships, and the challenge of the pandemic. We managed this much thanks to the support of many friends and well-wishers, organisations, and the community around us.

Help from well wishers in COVID times

Until June 2020 we had the financial support of the **Jamsetji Tata Trusts**, our solid and significant supporter from the previous 13 years. Mid pandemic the grant ended. Fortunately, we received the support from the **Azim Premji Philanthropic Initiatives** to continue some of our health-related activities which the pandemic was adversely affecting such as safe childbirth, nutrition for vulnerable children, and helped equip ourselves with PPEs to enable us to face the pandemic. Sourcing PPEs and other essential materials was enormously helped by a group of medicos who got together to help centres like ours, the **Yumetta Foundation**. **SAVE-UK** continued to support us, which enabled us to provide free or subsidised treatment for mental health patients. The **East West Foundation (USA)** and the **Healthy Hands Initiative** (also based in the USA) have also helped support our activities this year. The generous help of these organisations has been crucial during this year.

Partnerships with the **Central Institute of Psychiatry**, Ranchi and the **Department of Health and Family Welfare, Government of Jharkhand**, has also helped JCMB to continue provide mental and maternal health care to poor families in the area.

This year we received much more than usual and generous support from friends and well-wishers. People we did not know, and had never met, contributed enormously during this year. Older friends rallied and supported us more than ever. With all of this support our work continued, indeed expanded during the year.

The following individuals (listed here without honorifics, apologies to all, in alphabetical order) helped financially and in other ways. We would like to thank everyone for their continued support.

Alan Barnes	Kanwarjit Singh & Janet Chawla	Rashmi Paliwal
Ameeta Kamath	Lilly May	Reba Thomas
Arun Bidani	Mike Galvin	Sangeetha Ashok
Ashok Kumar Sen	Murali Sivarajan	Susan Chatlos-Susor
Anand Bharathan	Nagesh Seth	Sushila Rao
Cyril Mani	Namita Guha Roy	Swarnam Unni
Ellinor Grimes	Kumar Satya	Shila Narain
George Joy	Manoj Kumar	Sandhya Srinivasan
Gyananand	Mira Sadgopal	Smita Narain
Indira Chowdhury	Neelam Lal	Stuart Nelmes
Ishan Jeetendra Bhatt	Pravin Singarayar	Sundari Ravindran
Jatinder Ravindranath	Ram Pyari Gupta	Suresh Anthony Joseph
Jyothi Unni	Rajeev C Hemdev	Usha Sriram
Jyotsna Basu	Ramgopal Koneripalli	Upreet Dhaliwal
		Vir Abhimanyu

Bipin Mahato

Secretary

August 2021

Community outreach activities

Women's Self Help Groups

JCMB continues to facilitate women's groups through the autonomous cooperative, the 'Chetna SHG Mahila Swabalambi Sahkari Samiti Ltd.'. However, during the first weeks of the lockdown our contact with the community was severely curtailed and the savings and credit activities of the women's self-help groups completely stopped.

During the months of April and May 2020 there were no savings and credit activities, no loans were taken, interest and loan repayment was capped. Even when financial transactions were restarted in June, there was less money in circulation. From June to August 2020 only 1.7 million INR (Indian rupees) was given as loans, whereas the same months for the previous year loans were 2.7 INR. Marriages have been one of the main reasons for taking loans, but due to the lockdown restrictions, no loans were taken for marriages until October 2020. However, from September loans for all reasons picked up, indicating that the economic situation was limping back to normal.

The impact of the pandemic on the SHGs has been drastic: this financial year there has been a small increase in the amount of loans for business-related activities, from 2.1 to 2.5 million INR (50 to 53 loanees) and 4.1 to 4.5 million INR for house construction (109 to 120 INR), loans for all other purposes decreased drastically. For marriages from 3.1 to 1.6 million INR (71 to 34 loanees) and for agriculture, education, medical treatment loans disbursed decreased from the previous year.

(* One million Indian Rupees (INR) = USD 13,700)

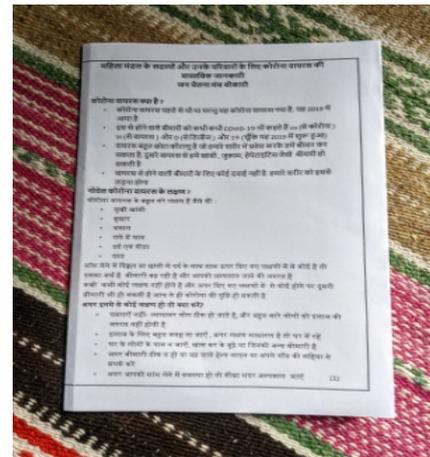
Community Health

Although physical contact with the members of the SHGs was restricted, there was a huge need to reach out to members. This was mainly undertaken by our Community Health Workers. Initially the CHWs were stopped from visiting the villages, but it soon became apparent that they needed to reach out to the community. The challenges were many: some villages had erected barriers; initially we did not have any PPE apparel for the CHWs; previous practices – such as visits inside families' homes – were no longer safe. By the time we received our first batch of PPE equipment at the end of April, the CHWs were trained and ready to face the challenge.

Initially we did not understand the extent of the problems being faced by the villagers, though we had a good idea that things were dire: all our CHWs are community based anyway so we had plenty of feedback. Still, we decided to go empty handed to assess the situation, and the needs of the villagers. We also needed to know whether the visits of the CHWs would be welcomed, or would villagers be scared of their potential to spread the virus? The CHWs met with village women, mainly SHG members in small groups of 5 to 8, outside in the lanes, under trees, in the fields – along with the *swasthyasakhis* – our community based health guides. In 15 days, they held over 200 meetings and came back with the feedback that they were indeed overwhelmingly needed! The questions they faced were overwhelming, with many misconceptions and rumours being spread about the virus, its

cause, and its cure. They were needed for accurate information about the virus, availability of health care facilities, for visiting pregnant and recently delivered women. They were requested to provide the much needed iron and calcium tablets which were no longer available in the *Anganwadis* – the government’s village health centres, and were now difficult to access in the Women’s Health Centre in Chamrabad due to transportation restrictions. Poorer families without access to a motorcycle found it particularly difficult to reach our health centre, so these monthly visits by the CHWs was an important lifeline.

So JCMB set to work. We produced leaflets for villagers about the covid virus, and another for women during pregnancy. We had to print them on our office printer, in black and white, since the printing presses were closed due to the lockdown. We developed protocols for safe antenatal care at the community level: our CHWs avoided home visits inside rooms, avoided sitting down anywhere except their cycle seats, took blood pressure using digital machines from a distance – stethoscopes became obsolete for a while, and assessed women for anaemia.



COVID-19 awareness leaflet

The CHWs had to shift from a primarily counseling role to one of organising meetings to spread awareness and providing basic care to women during pregnancy. We equipped them with N-95 masks, face shields, overalls, digital blood pressure machines and a smart phone. They carried tablets of Iron and Folic Acid (IFA) and Calcium. During this year of lockdown, they distributed over 30,000 IFA and 50,000 calcium tablets to pregnant women. Without this intervention many women would have succumbed to severe anaemia, or eclampsia – both life threatening problems during pregnancy. Additionally, from May to September they conducted nearly 500 meetings in the community, reaching out to nearly 4000 women.



Meetings with the group members at the community level



Community Health Workers continuing counselling & providing care and mineral supplements

Addressing childhood malnutrition during pandemic times

As a result of our previous inputs in the sphere of nutrition, by March 2020 the incidence of severe malnutrition in our area had greatly reduced. So much so that even though the support for our nutritional support programme from the **Jamsetji Tata Trust** was ending in June, we felt that it was no longer needed. We were already winding down the programme when the lockdown was announced. We had less than a hundred children in the programme in April 2020.

However, with feedback from our team we soon realised that the impact of the lockdown on children of poor families was horrendous: incomes of poor daily wage earners and marginal farmers were drastically reduced, migrant labourers from faraway cities were reaching home penniless and exhausted, and the government's village based nutrition centres were closed. This was no time to withdraw from our nutrition programme that we had been involved in for nearly 2 decades! Reports from our Community Health Workers (CHWs) and *swasthya sakhis* clarified that children of these vulnerable families were in dire need of support. By May 2020 nearly 400 children were being supported by JCMB, thankfully helped by a grant from the **Azim Premji Philanthropic Initiatives**.

By October the lockdown situation had eased off, and the economic situation had improved somewhat. JCMB reviewed the programme and decided that a complete withdrawal was still unwise:

the government's nutrition programme was still defunct. We have continued to support 120 children who we considered to be at risk and were severely malnourished.

Reaching food to children during lockdown: Shishupal Mahato

Each month our only male Community Health Worker – aptly named Shishupal (which means ‘protector of children’) – would visit the houses of these 400 children, motorcycle loaded with packets of ready-to-eat powders of grains and pulses. Due to social distancing protocols none of children were weighed or monitored initially: our main criterion for eligibility was the economic status of the family – if the family was vulnerable, and the child likely to become or already was, malnourished – then they were enrolled in the programme. Out of the children enrolled – as expected – more were girls: 56% were girls and 44% were boys.



Shishupal with his food packets

Mothers and growing children in covid times

The nutrition programme has been a life saver for some children, and a much appreciated intervention by their families. Mothers in particular welcomed the monthly visits by Shishupal, who provided not only food packets, but a smiling face, a sympathetic ear and some sound advice.

Sahil Bouri – On his way to a healthier future



Sanjyoti, Sahil and his elder sister

Sahil was a small baby, weighing only 2 kgs at birth on 10/09/19. His mother, Sanjyoti, was malnourished herself – from childhood. He lives with his parents and two sisters in Sabra, a village in Chandankiari. His father, Tarun Bauri, was from another village in Chas, but his house there had collapsed, and he could not afford to rebuild it, so the family shifted back to his wife's village. The family have little land, and Tarun is a daily labourer, and does not get work every day, especially during lockdown. Sahil was enrolled in this programme in May 2020 at the age of 9 months and his weight was only 4.5 kg at that time. Along with nutritional support he was given mineral supplements, regular counselling of the parents regarding feeding practices, especially avoiding junk foods. His weight increased to 8.1 kg by March 2021



All smiles – mums and babies in the nutrition programme

JCMB and women's health services

The lockdown from March 2020 and COVID-19 had a huge impact on the women's health services being provided by JCMB.

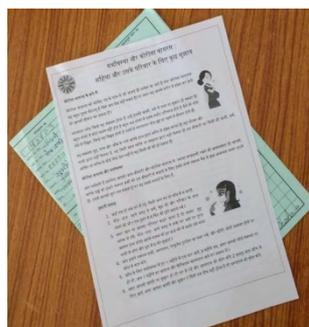


Clinic in the WHC during COVID times

Almost all services in the Women's Health Centre (WHC) saw a reduction in numbers: all types of consultations, indoor admissions, immunization of children, ultrasonography, mental health patients. This was expected and unavoidable. All our consultants stopped visiting our clinic from March 2020. Women were advised to come for antenatal checkup only every 2 months until the last trimester, unless they had a problem. To reduce the crowd and the risk of exposure to the virus, an appointment system was initiated.

The clinic had a much different atmosphere than in the years gone by: no more bustling, shouting, or laughing. It became a much more serious place.

Since many women and their families were scared of the virus, they accepted the new protocols. JCMB also produced leaflets and designed posters for the public. None could be made in colour or laminated since the printing presses were closed!



Leaflet on COVID-19 & pregnancy



Posters on the WHC's gate

Indoor admissions decreased. This was also deliberately planned. In order to reduce the numbers in the wards – to increase physical distance between women and their babies – we had to actually refuse admission to some women. This was the first time the Women’s Health Centre has ever refused admission to women in childbirth, and it was with a heavy heart that we did so. Only women that had come for antenatal care, and coming directly from their home, were admitted.

Surgeries of all types were much less than previous years. Non-emergency surgeries were avoided as far as possible.

Covid-19 immunisation of WHC Health workers

By the end of March 2021, the team of health workers of JCMB had become fully immunised. All health workers and JCMB staff had received two doses of the covid-19 vaccine. No one refused. We ran a shuttle service taking batches of staff by ambulance. All on the same day. Three of our nurses – lactating mothers who were not eligible for immunisation at the time – ensured health services in the WHC were not disturbed.



JCMB staff queuing up for immunisation

Testing of pregnant women for the corona virus was not undertaken for most women this year. Though testing was being undertaken in the district hospital, it was impractical and hazardous to send women for testing. In a few cases where elective cesarean sections were planned, and the doctors advised the test to be done, we did send women to get tested. In no case did the report come back within one week. Since the test reports always took more than 7 days and required women in advanced stages of pregnancy to stand in a line for several hours in a crowded high risk environment, we stopped sending or insisting on a negative report. We decided to assume that all women were COVID positive! So we continued with distancing, PPEs, etc.



Our stock of protective gear arrives at last



Fully protected & scary looking health workers

JCMB was lucky to get the support of the **Yumetta Foundation** for sourcing PPE materials in the early days of the lockdown. Later on, we also got the support of the **Azim Premji Philanthropic Initiatives** to buy this much needed – and often over-priced – equipment. This allowed us to continue to provide care safely throughout the pandemic.

From the table below the impact of COVID-19 can be seen.

Health Activities at a Glance:2013-14 to 2020-21									
Health Service	Numbers 2013-14	Numbers 2014 - 15	Numbers 2015-16	Numbers 2016-17	Numbers 2017-18	Numbers 2018-19	Numbers 2019-20	Numbers 2020-21	Total 8 years
Consultations in outdoor clinics									
Total number of consultations	11584	12771	12705	13918	14076	14165	12572	6544	98335
<i>New registrations for antenatal care</i>	1149	1443	1332	1435	1441	1529	1474	1338	11141
<i>Children and immunization</i>	1687	1949	2181	1462	1665	2216	1459	1058	13677
<i>Acupuncture</i>	1106	1245	913	825	780	925	784	0	6578
<i>Ultrasonography</i>	588	889	1120	1088	1282	1272	1232	894	8365
<i>Mental health</i>	178	581	915	1259	1287	1000	1130	639	6989
Nutrition programme									
Pregnant women given 'chana sattu'	149	191	362	588	621	749	575	0	3235
Babies / children given nutrition supplements	170	50	136	263	378	283	96	493	1869
Severely anaemic pregnant women treated	19	51	90	47	58	58	61	30	414
Indoor Admissions									
Total indoor admissions	909	1355	1534	1542	1599	1767	1510	1092	11308
Deliveries (total)	604	850	961	893	978	1076	961	754	7077
• Normal	569	795	895	845	922	1030	921	738	6715
• Cesarean section	35	55	66	48	56	46	40	16	362
Deliveries referred	26	35	23	19	14	26	32	16	191
Gynaecological Surgeries	6	5	10	12	9	9	3	2	56
Female sterilisations	44	95	151	130	108	86	59	26	699
Minor operations (D & C, etc)	63	79	83	105	89	71	82	48	620
Pre-term/small babies admitted to SMR	8	28	28	28	37	35	40	39	243
Other illnesses	158	263	278	348	507	464	431	316	2765
Lab Investigations									
Total number of investigations	7111	10910	11853	16771	22843	22563	20123	15374	127548

Maternal health care

Feedback from the Community Health Workers during the early days of the lockdown painted a grim picture. Stories of maternal and neonatal deaths, and other difficulties were common. In our own targeted villages, three mothers died in childbirth, whereas such deaths had been almost zero in the previous years. In order to mitigate the adverse impact of the lockdown for pregnant women, JCMB subsidised cost of care with help from the **Azim Premji Philanthropic Initiatives**. This COVID relief measure helped 319 women and their families between May to September 2020.

Despite travel restrictions, intermittent antenatal care, and impoverishment, most women in the WHC had a safe and successful birth. Families were more reluctant than ever to go to other hospitals. Only 16 women were referred to bigger hospitals, where 11 of them had cesarean sections. Of these, most women went to private hospitals and nursing homes in Bokaro. Until November no woman was referred to West Bengal's Purulia District Hospital, which was previously our referral centre for poor villagers, due to travel restrictions. Only one woman was referred for post-partum bleeding this year, and, fortunately, no woman experienced eclampsia – a life threatening complication of childbirth. The percentage of women who experienced symptoms of pre-eclampsia was only 1.9% (down from 2.9% during 2019-20); and those who had post-partum haemorrhage was 1.1% (down from 1.9% the year before).



Birthing in COVID times: Some of the mums who gave birth in our Women's Health Centre

Neonatal care

The only activity that did not decrease this year was taking care of newborns in our small baby care unit. These preterm babies were in need of lengthy stays of 4 to 6 weeks in our baby room. This year 39 babies were admitted, out of which 36 survived. The three babies that unfortunately died were very small, preterm babies weighing less than 1 kg. Many of these babies would not have survived without this intervention.

Since shifting to the new health centre in Koromtandr the small baby care unit is much bigger, better equipped and more comfortable for the mothers and babies. There are now beds for 4 mothers and babies. We usually keep mothers with the babies, and they are very much involved in the care of their babies. Much of the equipment was provided with the generous support of **Mr Ashok Sen**, in memory of his brother, (Late) **Dr Sanjoy Sen**.

Keeping preterm babies snug and warm



A preterm babies in their 'nest'



This year we have continued to receive consignments of beautifully hand knitted sweaters, caps and socks from our well-wishers. This has helped keep our very small babies keep snug and warm throughout the winter months. Thanks to **Sandhya Srinivasan** and **Nool Koota**, and **Namita Guha Roy**.

Other services in the Women's Health Centre: Limping back to 'normal'

Ultrasonography



Ultrasonography in the WHC came to an abrupt halt with the lockdown. It was difficult for the doctor to reach our clinic, and even more difficult for the village women to come for sonography. With the onset of summer, it was impossible to do scans in a non-air-conditioned room. For all other services – from examination of women in the clinic, laboratory tests, and even deliveries – we kept windows and doors open. After 3 months of lockdown, we restarted sonography with the help of Dr Mahua. The AC was kept running, one door was kept open, physical spacing was arranged and PPE kits were provided....and scans were done once again.

Immunisation

The immunisation of children has been adversely affected by the lockdown and the COVID-19 pandemic. All the village health centres – the anganwadis – were closed at the beginning of the lockdown and continued throughout this year. The government appointed nurses who used to come to the Women's Health Centre each week for administering vaccines, stopped coming after the lockdown was announced. In July we persuaded the government health workers – ANMs – to start to provide immunisation services again. JCMB provided a safe space, necessary PPE for the government nurses, to conduct the immunisation programme.



Mental health care

The worst time for patients with mental health problems in our area were the weeks following the strict lockdown – April and May 2020. The team of psychiatrists from the **Central Institute of Psychiatry, Ranchi**, was unable to come from April. Though travel for health care was allowed, and the WHC remained open, many mental health patients stayed at home and did not venture out to avail treatment. Tragedies happened. Fortunately, the CIP responded to our request, and telemedicine for mental health care was initiated from July 2020. Medication for mental health patients has continued to be provided free of cost, or heavily subsidised with the support of **SAVE-UK**. Over 60 patients each month have been provided this help.



Follow up visits of mental health patients at home



Mental health clinic day in COVID times

Throughout the year of the lockdown our team of Community Health Workers continued to visit mental health patients at home, and ensured that their treatment continued.

Upgrading the skills and knowledge of the WHC team



Nurses attending the online training classes of the MANYATA programme



The WHC team listening attentively to Dr Pravin and Dr Sangeetha

In spite of the lockdown – or maybe due to all the restrictions that it led to – the team of health workers were keen to participate in programmes to enhance their knowledge and skills. One such programme was the MANYATA-FOGSI initiative that JCMB had enrolled in earlier, just before the pandemic. The nursing team attended classes and workshops online, and were successful in receiving the certificate from them, recognising JCMB as an institution where mothers and newborns receive safe, respectful, and quality care.

After many months of isolation, hardship and lockdown, in January 2021 Dr Pravin Singarayar and Dr Sangeetha Ashok came to JCMB. They came not only to help provide much needed services, but to help increase the knowledge and skills of our team of health workers.

Safe drinking water: Still a perennial problem

Whether due to lockdown or COVID-19, people still need safe drinking water. This is still not available to many villagers in our area. Nowadays most villagers understand that they should not drink water from ponds, or open wells. Safe drinking water, from deep bore wells, is the preferred – and safest – source of drinking water. However, the installation of such hand pumps has been uneven. In some villages there are many, whilst a few have none. When the ones installed by the government break down, there is often a huge delay before they are repaired. This year with the support of **Healthy Hands Initiative** JCMB managed to solve this problem for many villagers in the village of Lalpur, Chandankiari.



The well maintained and utilised hand pump in Lalpur

Lalpur is a large village in Chandankiari. Unlike many villages there were few handpumps to provide drinking water to villagers. The one installed by the government had become defunct, and despite repeated requests, no one responded. The women's SHG groups requested JCMB to help, since it is the women of the family that bear the brunt of bringing drinking water to the household. With the help of **Healthy Hands Initiative**, a 200 foot deep bore well was installed in January 2021. This now provides safe drinking water to over 50 households in the village – a population of around 400 people.

At long last Shifting the Women's Health Centre from Chamrabad to Koromtanj

Despite the pandemic and the lockdown, the delay in shifting to our new health centre in 2020, throughout this year JCMB has been improving the facilities in the building in Koromtanj. We installed firefighting equipment – which included a large water tank, sprinklers, smoke detectors, alarms – which hopefully we will never require. The operation theatre complex was finalised, and included a separate changing, bathroom and scrub area. The baby room was much upgraded with new neonatal equipment. Outside, a waiting area for family members was constructed, and inside partitions were erected. And, most important, we were lucky to have installed a central oxygen line with 4 jumbo cylinders – a huge boon during these COVID times. At last, by the beginning of March 2021 we were ready – again. The number of COVID-19 cases were minimal, so it seemed an ideal time to shift.



The huge tank for water storage installed on the roof.



The new baby room with warmers, phototherapy units and beds for accommodating 4 mothers and babies.

On 12th March 2021 the Women's Health Centre – newly named as the 'Chetna Mahila Swasthya Kendra' – was inaugurated. Though COVID-19 cases were very few in the district, we decided not to organise a massive gathering. Like last year, we did not hold any meeting of all the women's groups members on International Women's Day. Keeping all this in mind, we organised a small gathering of JCMB staff and the women's cooperative office bearers, self-help group leaders, health workers and *swasthya sakhis*. After the brief inauguration – sans outside invitees or guests – the ribbon was cut by two women – Asha Hembrom, JCMB's President, and Mala Devi, the 'Chetna SHG Mahila Swabalambi Sahkari Samiti Ltd.' President. Following this the women attending the function were invited inside to view the new centre.



JCMB's Secretary Bipin Mahato welcoming the gathering to the inauguration



Mala and Asha cut the ribbon

Five days later we shifted – lock stock and barrel – to the new building from the old centre in Chamrabad. From the morning we shifted truckloads of equipment. In the evening we shifted women in labour and the babies in the small baby room by ambulance. One woman was admitted in early labour in Chamrabad in the morning, delivered in Koromatanr in the night!



Shifting from the old to the new health centre



The first baby born in the new WHC



The clinic on the first day after the shifting into the new WHC



The day following the shift was a clinic day. We expected much fewer women to turn up. But no, the number of women was the same as before! The network of women's groups and the health workers had ensured the message had spread far that the health centre was moving.

We had managed the shift into the new health centre just in time. By the end of March 2021, the number of covid-19 positive cases started to creep up again. This time, though, we were much better prepared and equipped to deal with the upsurge.