

# **JAN CHETNA MANCH BOKARO**

## **Annual Report 2005-2006**

**Chamrabad, Chandra, Chandankiari, Bokaro, Jharkhand, 828134.  
Registered under Societies Registration Act, 21/1860  
Registration No. 899/1994-95, Bihar.**

## *Introduction*

**Jan Chetna Manch, Bokaro** has continued to work to improve the lives of the poorest and weakest section of society, particularly women, throughout the year. It believes that women's empowerment is the key to improve the lives of the most impoverished.

JCMB has worked to encourage women to take up income generating activities. Agro-based activities, as well as training programmes for food processing, herbal medicines, sewing and soap making were initiated. These activities were helped by a grant from **Rajiv Gandhi Foundation** (New Delhi).

The network of women's self help groups continues to grow, and they are still in great demand. A grant from **NABARD** has helped JCMB expand the groups in some of the more far flung villages of the Chas and Chandankiari blocks. **The National Foundation of India** (New Delhi) has also provided support to JCMB for enhancing the capacity of group leaders and its staff.

Women's health related activities continues to expand. The health centre in Chamrabad continues to increase its activities and services for poor, rural women. JCMB has increased its involvement in women's health-related research. **The Population Council** (New Delhi) has supported a research project on maternal health care, which will facilitate JCMB's advocacy efforts on this issue in the future.

JCMB is grateful for the continued support it receives for its activities, and we look forward to improving and strengthening our efforts in the years to come.

**Pancham Prasad**  
Secretary

July 2006.

## ***The Villages of Chas and Chandankiari: Poverty amongst Plenty***

The Chas and Chandankiari blocks in the Bokaro district are part of the Chota Nagpur plateau, in the state of Jharkhand. The Bokaro steel plant is found in the same district, and the huge Jharia coalfield lies in the adjacent, heavily industrialised district of Dhanbad. The sort of 'development' that has taken place, however, has not benefited poor villagers. As the lights burn in the cities, most of the villages of Chas and Chandankiari remain in darkness.

The land is not agriculturally fertile, and irrigation facilities are not available. Villagers are totally dependent upon the monsoon for their rice crop, once a year. The land remains barren for most of the year. Most are marginal farmers, and many seek work in the nearby towns, and there is much out-migration to other parts of India.

The villages in these two blocks are dominated by poor, lower caste, tribal and Muslim households. The richer villagers usually opt to reside in nearby towns, where electricity, schools and hospital are available. Good quality health and medical facilities are not accessible to most villagers. Poor villagers still have to access government health services in the adjacent Purulia district, in the state of West Bengal, for medical emergencies. Those who are forced to access costly private health care in Bokaro and Chas often have to sell their land in order to pay for treatment. Medical treatment continues to be a major cause of rural indebtedness. Most villagers access primary health care from the abundant unqualified medical practitioners.

Government schools have failed to meet the expectations of the people. With the growing demand for education, there has been a proliferation of private schools. The standard of education of most of these schools, however, is low, due to the limited capacity of poor villagers to pay adequate fees for salaries and infrastructure.

The socio-economic and health status of the rural poor, especially women, is abysmal. Poverty, the absence of government services, the failure of poverty alleviation programmes and gender discrimination have all contributed to this situation.

## ***Jan Chetna Manch Bokaro***

‘Jan Chetna Manch Bokaro’ (JCMB), a small community-based organisation, has been working in these two backward, rural blocks of Jharkhand – Chas and Chandankiari – for nearly two decades. A group of local youths came together to take up activities to break the cycle of poverty, powerlessness and ill health in the mid eighties. It became registered as a society in 1994.

Initially JCMB took up activities such as agro-forestry, adult education and health awareness. However it soon realised that unless the economic and social condition of women improved, the whole community would remain backward.

Its activities are a response to the felt needs of the poorest and weakest. As a result it currently focuses mainly on micro credit, income generating and health activities amongst women of lower caste, tribal and Muslim households, who are the weakest and poorest in society, the most unhealthy, and the least literate.

### ***Activities of ‘Jan Chetna Manch Bokaro’: 2005-2006***

#### **❖ Strengthening of the ‘Mahila Mandals’**

- Expansion of women’s self help groups

This year JCMB has both consolidated and strengthened the existing SHGs and promoted new groups. The total number by March 2006 was around 360. Most of these new groups are in new areas, in the more far-flung villages of the Chas and Chandankiari blocks.

- Restructuring of the ‘Mahila Mandal Samiti’

The federation of all the ‘mahila mandals’ (women’s groups) facilitated by JCMB is called the ‘Mahila Mandal Samiti’, which was formed in 1998. Earlier each SHG contributed 10% of their respective annual profits to the MMS core fund. From this core fund, loans were provided to member groups who had credit need. Last year the central committee of the MMS decided to restructure the financial system. The annual contribution of the member groups was abolished. Instead, it was decided to collect a one-time share capital of Rs.100 from each SHG member. The amount to be collected in this way would be utilised to provide loans to the member groups as was done before. This would simplify the process of annual dividend calculation.

It was also decided to levy a 'service charge' from the SHG members. Each member now pays Rs.15 to the MMS. This service charge is now being utilised to pay for SHG coordinators who collect the monthly reports and calculate the annual dividends. In addition each member continues to pay Rs.2 per month to the group's own 'accountant'.

- Annual 'Sammellan'

The holding of the annual general meeting of all the women's groups, known as the 'sammellan', has become an important local event. Each year it is attended by ever-increasing numbers of women. Women come from different villages, carrying banners indicating the names of their 'mahila mandal', shouting slogans and singing songs. This year it was decided to hold the 'sammellan' in the grounds of the 'Women's Community Centre' that is being built in Simulia, 12 kms away from Chamrabad. It was also decided to organise a 'fair' and to restrict the speeches. Stalls selling the products of the various 'mahila mandals' were set up, and other NGOs were also invited to organise displays. Drama programmes were performed by JCMB's women's drama team, as well as a team from IPTA, highlighting the issue of gender discrimination.

The 'sammellan' was held on March 8<sup>th</sup>, International Women's Day, and was attended by over 4000 women. This year the participants from distant villages arranged their own vehicles to attend.

### ❖ Income generation activities

JCMB has focussed on income generation activities that are socially useful and will improve the health and well being of poor villagers. Village health food stores, known as 'Grihasti Dukans' were set up in more than 20 villages. Most of the 'shopkeepers' were village health workers, trained by JCMB in the past.

Training in food processing, herbal medicines, sewing and soap making was undertaken during the year. A women's co-operative has been formed, which produces roasted gram-flour ('sattu'), low cost baby food using locally available materials, ground spices, wheat flour and herbal medicines. A grinding machine has been installed for this purpose and the enterprise has become an economically viable business. The cooperative sells many of their products through the women's health centre.

Training in low cost soap production and sewing has been successfully initiated. JCMB provided the training and has arranged the purchase of raw materials and marketing the product through the SHG groups.

## ❖ Women's health activities

A community-run women's health centre was set up by the MMS in 1999. Initially it was housed in rented rooms, but since 2001 it has been shifted to the 'Women's Community Centre' in Chamrabad, a large roomy building constructed by JCMB with government financial assistance. Basic, essential drugs for the health centre are made available to members on a no-profit, no-loss basis. Most are generic drugs purchased by the MMS from LOCOST (Gujarat) and CMSI (Chennai).

Reproductive and child health clinics have been organised for the last 7 years, with the help of a qualified gynaecologist and paediatrician. The frequency of these clinics has increased with growing demand, and are now held twice a week. The centre provides much-needed services, as well as providing on-the-job training to village women.

Around 500 women access health care from the centre each month. Of these more than one hundred and fifty of these women come for antenatal care, and another hundred for gynaecological problems. The centre provides all temporary methods of birth spacing, and the health workers continue to help women access sterilisation operations from Bokaro General Hospital. The centre is also registered to provide early abortion services. Around 150 children are immunised each month. Twice a month a qualified paediatrician has volunteered to visit the centre, to oversee the immunisation programmes, and to help in the diagnosis and treatment of children with serious health problems, and to train the health workers of JCMB.

A field clinic is organised in Simulia, mainly to provide antenatal care to women, and immunisation for children as well as to provide on the job training to the 'barefoot gynaecologists' in the villages of Alokdi, Bhaski as well as Simulia.

The health centre has become better equipped to provide help to women during childbirth if needed. Trained birth attendants are available round-the-clock. Sometimes they help the woman at home, or bring her to the health centre. 60 women successfully delivered in the centre during the last year. 'Safe Delivery Kits' (containing soap, blade, cord ties, cotton, and gauze) are produced on a regular basis and given to mothers-to-be during the last month of pregnancy. None of the women accessing antenatal care from the health centre in the last 6 years (more than 2000) have died in childbirth.

Last year the Jharkhand government provided JCMB with an ambulance, this has greatly helped its health related activities, and has saved many poor patients by reaching them to hospitals in the nearby cities.

JCMB has been increasingly requested to provide health training to other organisations working with village women in Jharkhand. During the past year JCMB provided training to 40 women from Hazaribagh in safe childbirth practices. Five women from Singhbhum also spent a month at the health centre to learn how to conduct safe deliveries.

## ❖ Awareness generation

The women's drama team that had been formed last year was given training in drama and puppetry during the year from a Delhi-based NGO. The team developed dramas that focussed upon maternal health. It highlighted the lack of male involvement during childbirth. The team has performed in several villages during the year, and is in much demand.

## ❖ Research and advocacy

Research and advocacy is a new activity for JCMB. JCMB has realised that in order to improve women's health and well being, advocacy at both the district and state level is needed. However, quality, community-based research regarding women's reproductive health is lacking in Jharkhand. JCMB has endeavoured to fill this gap, by engaging in research, dissemination and advocacy. During the past year JCMB has been involved in conducting research on women's experience of childbirth in Jharkhand. The material gathered will be utilised in future advocacy programmes of JCMB, to improve services and care for women at the time of childbirth.

### *Jan Chetna Manch, Bokaro's team: 2005 - 06*

Dr. Ranjan Ghosh	Director
Dr. Lindsay Barnes	Director (Health)
Dr. Nivedita Dutta	Consultant Gynecologist
Dr. Chandreya Bannerjee	Consultant Paediatrician
Kajola Devi	Health Supervisor
Shikha Mahato	Health Supervisor
Shivani Mahato	Health worker
Bonolata Devi	Health worker
Mussoora Devi	Health worker
Meenu Beng	Research assistant
Jhalubala Devi	Research assistant
Phulchand Mahato	SHG Supervisor
Ali Hussain Ansari	SHG Supervisor
Sahdev Mahato	SHG Supervisor
Satul Mahato	SHG Supervisor
K.N. Das	Accountant
Santosh Pandey	Office clerk