

JAN CHETNA MANCH BOKARO

Annual Report 2004-2005

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

Introduction

‘Jan Chetna Manch, Bokaro’ continues to work to improve the lives of the poorest and weakest section of society, particularly women. It believes that in order to improve the lives of the most impoverished, women’s empowerment is the key.

JCMB has taken up several new activities this year. We decided to focus more on encouraging women to take up income generating activities. Agro-based activities, as well as training programmes for food processing, sewing, soap making were initiated. These activities were helped by grants from Rajiv Gandhi Foundation (New Delhi) and IDEX (California, USA).

In order to prepare the women’s self help groups for withdrawal of support from donor agencies, the National Foundation of India (New Delhi) provided support to JCMB throughout the year for enhancing the capacity of group leaders. Women’s health related activities continued.

JCMB increased its involvement in women’s health-related research and dissemination activities this year. These projects were funded by Anusandhan Trust (Mumbai) and Population Council (New Delhi).

JCMB looks forward to continuing and enhancing these activities in the years to come.

Pancham Prasad
Secretary

June 2005.

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. 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. Most of the permanent, well-paid jobs in these industries have been taken by non-local people.

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 doctors can be availed. Good quality health and medical facilities are not accessible to most villagers. Poor villagers still have to access health services in the adjacent Purulia district, in the state of West Bengal, for medical emergencies. Those who are forced to access costly 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 are forced to access 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 status of poor village 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) is a small community-based organisation working in two backward, rural blocks of Jharkhand - Chas and Chandankiari. It was set up by local youths in the mid eighties to take up activities to break the cycle of poverty, powerlessness and ill health. It became registered as a society in 1994.

Initially JCMB took up activities such as agro-forestry, adult education and health awareness were taken up. 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 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’: 2004-2005

- **Promotion and Development of Women’s Self Help Groups**

~ Expansion of women’s self help groups

This year JCMB has put more energy in consolidating and strengthening the existing SHGs rather than promoting new groups. However increasing demand has forced JCMB activists to promote a few more groups. The total number by March 2005 was around 300.

~ Leadership development

It was realised that the viability and sustenance of SHGs cannot be ensured unless a core of strong leaders is developed. Hence a series of training programmes was organised in which batches of 20-30 active SHG members (3 from each group) were invited. In a participatory method of training the needs of leadership and the necessary skills and qualities of a good leader was discussed. Gender issues were also an integral part of this discussion.

- **Restructuring of the ‘Mahila Mandal Samiti’**

The federation of all the ‘mahila mandals’ facilitated by JCMB is called the ‘Mahila Mandal Samiti’, which was formed in 1998. Every year each SHG contributed 10% of their respective annual profits to the MMS fund. From this fund, loans were provided to member groups who had credit need. An interest rate of 12% was charged by MMS on these loans. However, this year the central committee of the MMS decided to restructure the financial system. The annual contribution of the member groups was abolished. The total amount contributed by each group, along with the dividend earned on their respective deposits, was returned to them. 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.

- **Income generation activities**

JCMB has focussed on income generation activities which 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 activities such as mushroom cultivation, vermi-culture, food processing, herbal medicines, sewing, 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, herbal medicines. A grinding machine has been installed for this purpose and the enterprise has become an economically viable business.

Initially only Rs.5000 was spent to introduce vermi-culture in 5 different locations. Trainers were brought to train the village women about the technique of making vermin-compost. People were initially reluctant to take up this activity but once some of them experienced the positive impact on their vegetable production many villagers are now interested in this activity. By the end of 2005 nearly 30 different women had started making vermin-compost.

Low cost soap production has been successfully initiated. JCMB has provided the training and has arranged the purchase of raw materials and marketing the product through the SHG groups. It is hoped that the produces themselves, members of the SHGs, will be able to run this business independently.

Training in mushroom cultivation was initiated, however, the production was not as successful as anticipated due to marketing problems.

- **Annual Meeting of the ‘Mahila Mandal Samiti’: The ‘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 attracts more local attention and 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.

The ‘sammellan’ was held in March, and was attended by over 4000 women. This year the participants from distant villages arranged their own vehicles to attend.

- **Women’s health activities**

JCMB considers the health problems of women to be a reflection of their status in society. They suffer from both poverty and gender discrimination. In keeping with these objectives women’s health activities were taken up by JCMB during the last year.

The MSSK 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. The MSSK was a long-standing demand of the ‘mahila mandal’ members to access better health care for themselves. Essential drugs for the MSSK are made available to members on a no-profit, no-loss basis. Members pay for the services provided in the MSSK, with the rates being fixed by the central committee.

Reproductive and child health clinics have been held in the MSSK since its inception, with the help of a qualified gynaecologist and paediatrician. The frequency of these clinics has increased with growing demand. These clinics are not merely to provide much-needed services, but to help in the training of village women to become ‘barefoot gynaecologists’. This ‘on-the-job’ training is an ongoing activity.

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 MSSK provides all temporary methods of birth spacing, and the health staffs continue to help women access sterilisation operations from Bokaro General Hospital.

Field clinics have been organised in two distant villages, Simulia, and Chotitanr, mainly to provide antenatal care to women, immunisation for children as well as to provide on the job training to the ‘barefoot gynaecologists’ in these areas.

Immunisation camps are held six times a month, four times in Chamrabad, once in Simulia and Chotitanr. Around 200 children are immunised each month. Once a month a qualified paediatrician has volunteered to visit the MSSK, 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.

The MSSK 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 MSSK. '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. During the last six years no case of maternal mortality was reported from any of the 'mahila mandals'.

- **Awareness generation**

JCMB has brought out monthly newsletters which have addressed issues such as gender discrimination, corruption and health. A women's drama team has also been formed which has addressed the issue of lack of male involvement in reproductive health matters.

- **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 the dissemination of research regarding abortion services in India. It has also conducted research on the quality of reproductive health facilities and women's experience of childbirth in Jharkhand.