

Providing Obstetric Care during the Pandemic in Jharkhand: Experience Sharing

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‘Disaster Resilience: Community-Based Systems to Save Lives and Preserve Health.’

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About the area: Chandankiari, Bokaro, Jharkhand

- Jharkhand state is one of the poorest in India.
- Bokaro district has steel factories, but villagers still live in poverty.
- Poor agricultural land with no irrigation
- Much outward migration
- Public health system weak, no hospital in the district with 24/7 emergency obstetric care – **even before the pandemic!**
- Many small private hospitals
- Health care costs major cause of indebtedness



Jan Chetna Manch Bokaro's response: Empowering women for better health care

- Since 1994 JCMB has helped organise poor women into 600 groups.
- Women demanded better health care for themselves.
- In 1995 95% women gave birth at home; by 2020 92% women gave birth in a health centre.



Women's Health Centre

In 2020 the WHC was a 12 bedded centre for 24/7 childbirth care.

Reproductive health clinics 4 times a week, & a laboratory, pharmacy, ultrasound, operation theatre.

Providing 1500 women antenatal care & helping over 800 women during childbirth every year

Staffed mainly by local women trained here, helped by part time trained medical professionals



Enter COVID-19

- On 24th March we were given 4 hours notice for the first lockdown.
- Sudden lockdown had greater impact than the virus.
- Initially no transport was allowed on the roads, so -
 - - Community Health Workers could not visit the villages
 - Women were stopped from accessing health care
 - Hospital supplies stopped, including medicines
 - Referral services restricted
 - Consultant doctors stopped coming to the Women's Health Centre
- Government's community health services stopped for more than 3 months – no nutritional supplements, iron or calcium tablets, antenatal care, immunisation.
- Many private clinics and nursing homes closed their doors.
- Government hospitals were getting geared up for COVID health problems.
- Home births increased.
- Maternal and neonatal deaths, miscarriages increased.
- Malnutrition increased.
- Rumours, wrong information and conspiracy theories spread easily.
- No PPE available in Bokaro.
- Income stopped, so did savings and ability to spend on health care



No transportation



All economic activity stopped... For months



Hospitals taken over for COVID care



Coping with the pandemic: New strategies to keep childbirth care open and safe

- Our activities had to be overhauled in order to respond to the needs of the people.
- We could not 'stay home, save lives', but had to leave home to save lives.
- Childbirth could not be locked down



Coping with the pandemic: Masks for all

- In absence of PPE we had to protect our health workers, pregnant women, mothers and babies.
- Surgical masks could only be provided to midwives at the time of birth
- Everyone else was provided with triple layered cloth masks made by our local tailor.



Coping with the pandemic: Arranging PPE and other supplies

- Arranging PPE was a major challenge.
- Nothing available locally
- Helped by a group of health activists who sourced items and sent to us from Delhi and Pune.
- Took 3 days to manage to arrange transport permission to pick up the consignment from railway station 150 kms away.
- Cost of items had increased 3 fold due to demand
- Finally PPE arrived 27th April
- 2nd lot arrived 6th June after getting stuck in cyclone hit Kolkota.



Coping with COVID: Coping with the crowd and keeping a safe distance

- We had to keep safe distances for women coming for care and those coming for birth
- Our normal clinic day used to have over 40 women, accompanied by family members and children.
- We allowed only the woman herself inside for check ups
- Only one attendant was allowed during childbirth
- Chairs were provided for everyone to ensure distancing
- We reduced the number of beds in the wards and only admitted women who had come to our clinic for prenatal care.



Pre pandemic times: Crowds everywhere



Coping with COVID: In the absence of easily available testing

- Almost none of the women who came for birth had been tested for COVID
- Testing rates were low & difficult to get
- Reports took days to come back
- Some hospitals refused women without a negative covid test
- We based our care on the assumption that any woman could be positive.
- We decided to admit all women for childbirth & kept one isolation room for any woman with symptoms of cough or fever.
- We started testing after purchasing our own kits by early 2021



Our COVID labour room





Coping with COVID: Making more space: Waiting outside, hiring tents



Coping with COVID: Screening, getting in and out

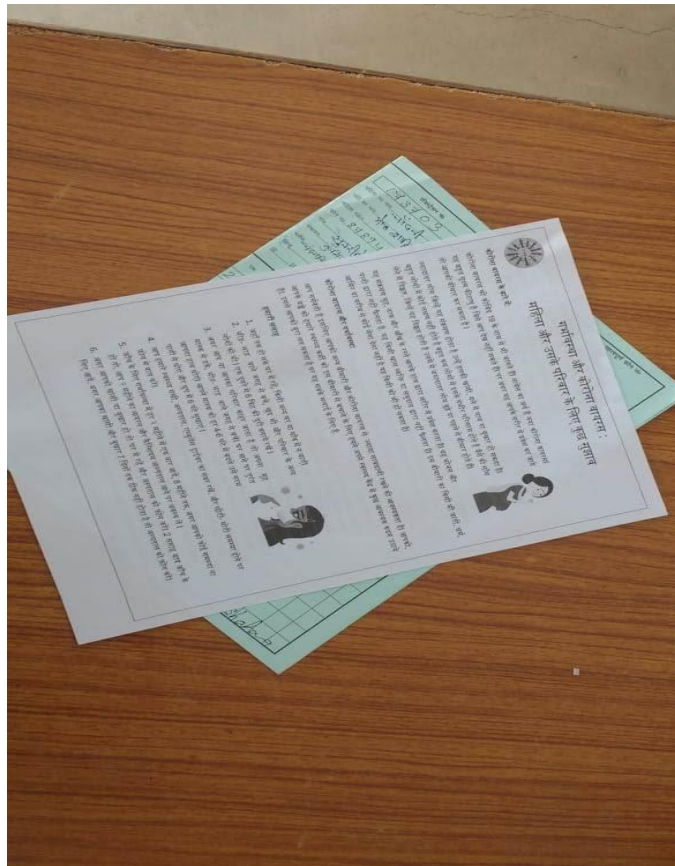


Coping with COVID: Sitting on chairs



Coping with COVID:

Developing awareness materials – Printing without printers



Coping with COVID:

Motivated team: No one opted to leave



Coping with COVID:

Multiple layers of PPE in summer heat



Coping with COVID:

Reaching out to the community

- Our health activities are not restricted to the health centre alone, but through a robust outreach programme.
- With lockdown it was difficult to continue, but more important than ever that we did.
- Our Community Health Workers were involved in providing both services and information throughout the lockdown.
- None of these women declined to work throughout the lockdown, though they were given the option.



A strong community team



Coping with COVID: Home based ANC to prevent severe anaemia and hypertension



Strengthening Community Health Team and Saving Lives

Savitri was pregnant with her first child. Her husband, a poor labourer, was not able to find work during the lockdown.

She lived in a village where Sumitra was selected as a 'Swasthya Sakhi' by the women's groups.

Sabita, a Community Health Worker visited the village each month. All three women are Adivasis, and communication was never a problem.

At 8 months of pregnancy Savitri was found to be **severely anemic and hypertensive** during a home visit. Sumitra accompanied her to the health centre for treatment for both these problems. And stayed with her for over a week.

After she was stabilized, Savitri was induced and delivered a healthy baby. Both mother & baby are well.



Meetings in the community

Disseminating information safely

- The CHWs visited nearly a hundred villages, held over 1000 meetings with groups of no more than 8 women in the first 4 months of lockdown



Strengthening and subsidising neonatal care: saving lives during the pandemic

Putul 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. With the lockdown her husband had no income, and were planning to take the baby home. With the cost of care heavily subsidised mum and baby stayed with us for 3 weeks, until her baby was 2 kgs. Another happy mother in tragic times!



Lessons for the future

- Get the all the team on board and involved in the planning. Strengthen local people for service provision. Ensuring sustainability.
- Community outreach activities are as important at institutions. Myths can undermine all your efforts.
- Don't wait for help from outside, or from the government before acting.
- Stay connected with zoom meetings, social media, and learn as much as possible.



THANK YOU

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