JAN CHETNA MANCH BOKARO

ANNUAL REPORT 2025 – 26

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MESSAGE FROM THE SECRETARY

Greetings from **Jan Chetna Manch, Bokaro**!

Another year has passed for us here in JCMB, and our activities continue to strengthen and grow. In spite of financial difficulties most of our programmes have continued, and the new initiatives we launched in the last few years have grown.

Upholding JCMB's principle of promoting self-reliance and encouraging individuals to take an active role in transforming their own lives, we continue our core activities in the sphere of strengthening women's groups in the community and its flagship women's health programmes. The new initiatives that were introduced last year, such as the 'Celebrating Second Daughter' package, the 'Childbirth Classes for Parents-to-be' and the sponsorship of higher studies for meritorious girl students under the 'Ram Pyari Gupta Memorial Scholarship' programme, due to their popularity and efficacy, have continued and grown this year.

The expansion and strengthening of our women's self-help groups (SHGs) have been undertaken as a strategy to empower rural women. These groups are also our stepping stone to the community, and most of JCMB's programmes involve their members. The events organised this year – Women's Sports Day, 'Jawa Naach' (a local folk dance) competition, commemoration of 'Hul Diwas' (the Santhal Rebellion) and the celebration of 'Mahila Diwas' (International Women's Day), were managed and substantially funded by the group members, supported by JCMB's team.

The demand and need to provide quality health care for women and children, and villagers with mental health problems, continues to grow. Locally available health care services do not satisfy the demands of poor families. In the private sector services are often financially out-of-reach for the poor, or, in the public health sector, provide poor quality care. This is on top of problems of poverty, unemployment, migration, gender discrimination and intra-family contradictions.

JCMB does not receive significant institutional financial support, and relies heavily on community contributions and individual friends and well-wishers. Fortunately, we continue to be helped by visiting medical professionals who volunteer with us, doctors who give their time for online consultations, and a team of psychiatrists from the Central Institute of Psychiatry in Ranchi.

We remain indebted to those who continue to support us. Without this we could not continue to undertake our activities and programmes. We thank you all!

With best wishes,

Dipak Kumar Majhi

Secretary
Jan Chetna Manch Bokaro

CURRENT ACTIVITIES OF JCMB

Women's Empowerment

Most of the activities of Jan Chetna Manch Bokaro, JCMB, are guided by the principal that the empowerment of the poorest or weakest in our society is essential for the improvement of their lives. We promote 'Self Help' not only in the sphere of savings and credit, but in all its programmes: health, culture, sports and so on.

Facilitation of Savings and Credit Groups

Women's group meeting in progress

JCMB's stepping stone to the community are the women's self-help groups. Though they are now a part of the autonomous women's co-operative, the 'Chetna SHG Mahila Swalambi Sahkari Samiti Limited' (CSMSSSL), there are many overlapping activities with JCMB. At the village level the members have health cards to avail of the services of the Women's Health Centre at a subsidised rate; they have selected their health friend, the 'Swasthya Sakhi', who is also a group member; and cultural and sports events – in partnership with JCMB – are managed mostly by group members. This year the team of field coordinators of the co-operative helped set up thirty more such groups and increased membership by around five hundred. Interestingly some of these groups were set up with the specific demand to access the health care facilities of JCMB. The table below gives you a glimpse of the expansion of these groups and their savings.

Data about the Women's Self-Help Groups (SHGs)			
Sl. No.	Item	As on 31.03.2025	As on 31.03.2026
1	Number of SHGs	668	697
2	Amount of savings (INR)	1,83,71,275	2,18,59,904
3	Amount of loans (INR)	2,03,40,766	2,45,61,610
4	Number of SHG Members	10,263	10,759
5	Number of shareholders	8,165	8,538

Promotion of Sports, Games and Indigenous Culture

This year JCMB helped to organise five major events which aimed to promote local, indigenous culture; women's and girl's involvement in games and sports; and the celebration of significant movements: the Santal Rebellion of 1855 and International Women's Day.

First in the year was the 'Hul Diwas' (uprising day): Commemorated on the 30th June every year, JCMB helped organise a gathering in Chamrabad this year. Attended by around two thousand villagers and celebrated by a significant number of the Santal community, after whom the rebellion was named.

The second event was the 'Jawa Naach' – a dance competition organised in August during the time of the Karam Festival. Each year groups of young girls in every village gather around a basket of sprouting pulses to invoke 'fertility' in the widest sense: for the land which has recently been planted with rice saplings, and for themselves in the future! This year 26 teams of girls and women participated in the competition in the village of Bundiatanr.

Women & girls' sports day: Race about to start

In January 2026 our 3rd event was held. Women's and girls' sports day was held in the village of Ramdih at the 'Binode Bihari Stadium', Chas. Multiple events were organised for women and girls of all ages, with around 200 participants.

On March 8th we helped organise the International Women's Day celebration – the biggest event of the year. This is held every year. Nearly four thousand women gathered in the village of Galgaltanr to celebrate the event.

Most of the women were members of the SHGs and they hired – and paid – for vehicles of all descriptions to attend.

Participants in the annual women's day celebration

Finally on 28th March JCMB helped organise a women's games programme. An activity to provide women – especially elderly women – with an opportunity to have fun! On 28th March the event was held in the village of Huchuktanr, with almost a hundred women involved.

Providing Fellowship for Girl Students

This year six girls of poor families were provided with a scholarship under the 'Ram Pyari Gupta Memorial Scholarship' programme.

Three of these girls were pursuing their intermediate courses (a two-year course following their matriculation); two were enrolled in graduation courses; and one girl was undergoing a nurses' training programme.

Celebrating the Second Daughter

Going home with her 2nd daughter from the CMSK

The programme to celebrate the birth of second (or even third) daughters has become a popular event in the 'Chetna Mahila Swasthya Kendra' (CMSK – the women's health centre in Koromtanr).

This year 67 such gift packages were given. All these women had a daughter already, and chose not to access a sex determination scan during their pregnancy. Having an ultrasound to determine the gender of the foetus is common here in the Bokaro district.

It's hard to assess the impact of this in gender imbalance, or the discrimination against girl babies, but our data shows some positive developments.

- Of the births that took place in the CMSK during the last 3 years there has been an increase in the percentage of 2nd daughters: from 5.5% in 2023-24; to 6.9% in 2024-25; to 8% in 2025-26.
- The percentage of male babies born in the CMSK has reduced from a worryingly high of 54.4% in 2024-25 to 52.6% in 2025-26.
- At the village level, from the reports of our Community Health Workers, of the 1653 births that took place (irrespective of place of birth) the sex ratio was found to be almost equal: 50.1% male and 49.9% female babies. During the last two years this was significantly skewed in favour of male babies: with 54% boys and 46% girls being born in our villages. A sign of 'progress' it seems.

Health Initiatives

The Chetna Mahila Swasthya Kendra (Women's Health Centre): Koromtanr

JCMB's team of health workers

The 'Chetna Mahila Swasthya Kendra' (CMSK – Women's Health Centre) in the village of Koromtanr was inaugurated in 2021, but emerged from the women's health centre established in Chamrabad over two decades earlier. It is a twenty-bedded health centre, mainly catering to women during pregnancy and childbirth, but also hosts a mental health programme, and provides care to women and babies for other health problems.

The CMSK has outdoor clinics 4 times a week, a small laboratory, pharmacy and canteen. It also has an operation theatre, which is much under-utilised: mostly used for elective cesarean sections – around 3 to 4 times a month. A dedicated small baby room has been established to care for – mostly – preterm, small babies who need a longer stay. Two ambulances ensure that women in times of need can be brought to the centre, and, if needed, can be taken to a higher centre. Once a month it also hosts a mental health clinic, in partnership with the Central Institute of Psychiatry, Ranchi.

This year nearly twelve thousand consultations took place in the CMSK (1,683) mostly for women's health issues (pregnancy-related, infertility, gynecological), neonates and children, and for mental health issues.

Data for number of people accessing services from the CMSK can be seen in the table below:

CMSK's Health Activities at a Glance: 2021-2026						
Health Service	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**	**Total 5 years**
Consultations in outdoor clinics						
Total number of consultations	**7396**	**9137**	**10404**	**10137**	**11683**	**48757**
New registrations for antenatal care	1292	1239	1151	1286	1271	**6239**
Children and immunisation	532	831	840	890	963	**4056**
Ultrasonography	1046	1101	1209	543	75	**3974**
Mental health	584	842	1075	873	1030	**4404**
Nutrition programme						
Pregnant women given 'chana sattu' during pregnancy (new enrolments)	574	422	94	0	0	**1090**
Babies / children given nutritional supplements (new enrolments)	150	100	59	0	0	**309**
Pregnant women given iron sucrose injections for severe anaemia	23	25	28	14	13	**103**
Indoor Admissions in the CMSK						
Total indoor admissions	**1249**	**1378**	**1406**	**1311**	**1407**	**6751**
Deliveries total	771	748	884	837	940	**4180**
• *Normal*	*734*	*709*	*840*	*805*	*896*	***3984***
• *Caesarean section*	*37*	*39*	*44*	*32*	*44*	***196***
Deliveries referred to higher centre	25	19	25	12	24	**105**
Gynaecological Surgeries (other than Caesarean sections)	4	6	2	0	0	**12**
Sterilisation operations for women	21	38	32	9	10	**110**
Minor operations	27	67	78	80	66	**318**
Pre-term/small babies kept in baby care unit	57	48	50	48	43	**246**
Other illnesses (typhoid, dysentery, malaria, UTIs, preterm labour, anaemia, etc)	344	452	335	325	335	**1791**
Investigations undertaken in laboratory						
Total number of investigations	**16491**	**18443**	**23371**	**23210**	**26465**	**107980**

Women's Health

The table above gives you a glance of the health activities we are undertaking in the 'Chetna Mahila Swasthya Kendra'. Most of the services being provided are long standing. However there has been a significant shift in some of our activities.

Registration counter: CMSK

Some of the services we provided in the past have been discontinued, for various reasons. The nutrition programme, whereby JCMB provided free nutritional supplements, has been withdrawn. The main reason behind this is that the need is less, since the government's nutrition programme is functional. Then secondly, we no longer receive a grant for this activity.

Major surgeries and sterilisation operations are no longer undertaken. Most women in need of such treatment can avail of them in the government hospitals or in the private sector under various insurance schemes launched by the government. The only sterilisation operations now undertaken in the CMSK are for women who are undergoing caesarean sections.

Sadly, we have not been able to continue ultrasonography due to the government's rule that a doctor cannot work in more than two centres. This rule has meant that no doctor is willing to come to the CMSK – some 25 kms away from Bokaro Steel City – once or twice a week. This is causing considerable inconvenience to poor women, and we hope we can solve the problem during this year.

However, in spite of these hurdles, many of our services have expanded. The total number of consultations has increased considerably. Whilst most women come for pregnancy related care, a growing number of women and their partners come for infertility issues. The CMSK has developed a separate card for such couples last year. During 2024-25 only 22 couples were registered as seeking care for infertility, last year this has increased to 54. This is an enormous challenge for JCMB, but is a reflection of the felt needs of the community around us, the growing distrust of the private sector, and the decrease in faith in traditional practices. Since such treatment is not available at all in the public health sector, and is financially out of reach for poor couples in the private sector, we will continue to develop and improve this service.

Another major increase in services has been the growing number of laboratory investigations: over twenty-six thousand tests were undertaken in our lab this year. This is partly due to growing demands and needs in the community, an increase in problems during pregnancy such as gestational diabetes and intrahepatic cholestasis (a liver-related problem during pregnancy) and couples experiencing infertility.

Maternal Health

The CMSK is well known for encouraging natural childbirth, and the prenatal classes we organise every Sunday for parents-to-be have become popular.

During the last year 605 pregnant women, accompanied mostly by their husbands (due to the large number of men who work away from home, there are always some women who are accompanied by another companion of their choice) participated in these sessions. We do not invite women who are considered 'high risk', and many of them are pregnant for the first time. 84% of these women came to the CMSK for childbirth, and of these only 2% needed a cesarean section. Interestingly, of those women (only 5%) who were taken to private sector hospitals, only 26% had normal deliveries; and 72% of those (7%) who birthed in a government hospital had a normal birth.

Childbirth class underway in the CMSK

It is a combination of the birthing sessions (where we discuss birth readiness, teach exercises and breathing techniques, encourage the involvement of a companion of the woman's own choice, etc.) within a space which encourages women's mobility and movement, that has led to this very high percentage of normal births.

Six sets of twins were born this year in the CMSK

Altogether only 44 out of 940 women who gave birth in the CMSK had caesarean sections, a 4.7% c-section rate. If we include those women who were referred – 24 such cases – out of which 16 had caesareans, the c-section rate increases to 6.2%.

Of these 44 women 20 were first time mothers (primigravida) and 24 were having their caesarean after experiencing at least one before. Unfortunately, for logistical reasons, the CMSK does not admit pregnant women with previous c-sections who wish to have a normal vaginal delivery.

Although the c section rates are low, birth complications for the mother and her baby are also less, as seen from the data presented in the tables below:

Birth complications for the mother						
	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Number of women giving birth	771	748	884	837	940	4180
PPH (500-1000ml)	6	14	14	8	11	53
Pre-eclampsia	4	15	12	8	3	42
Eclampsia	1	2	1	0	0	4
Birth details for the newborn						
Number of women giving birth	771	748	884	837	940	4180
Number of twin births	3	6	9	5	6	29
Number of babies	774	754	893	842	946	4209
Live Births	754	741	882	834	936	4147
Intra uterine foetal deaths	16	10	11	8	9	54
Intra partum deaths	4	3	0	0	1	8
Early neonatal death and neonatal death						
Early neonatal deaths (<7days)	10	7	4	3	4	28
Neonatal deaths (<1 month)	1	2	2	2	1	8

Neonatal Health

This year another 44 babies were admitted in our small baby room in the CMSK. Thirty of these babies were admitted due to problems related to prematurity at birth. Six of them stayed with us for more than a month.

Fortunately, we have been helped by a neonatologist Dr Saudamini, from St John's Bangalore, for her technical support. And from 'The Ekam Foundation', Mumbai, who have provided significant financial support to nine babies this year, which enabled them to stay for such an extended period of time.

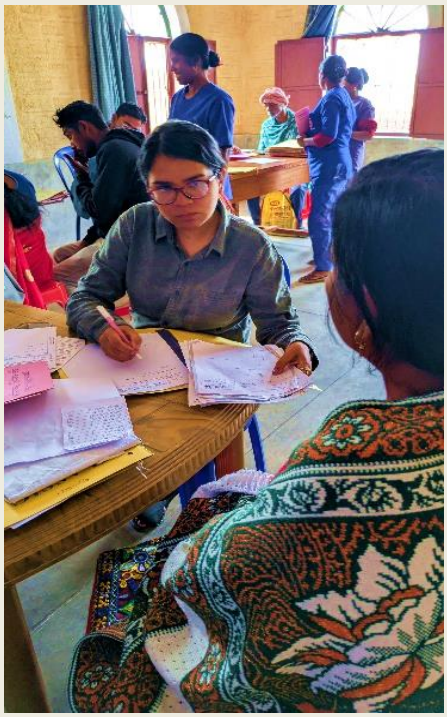
Mother & baby in the small baby room

Mental Health

The number of villagers coming for help with mental health problems continues to increase. This long-standing programme, resulting from our partnership with the Central Institute of Psychiatry, Ranchi, provides a much-needed service for poor people in this area.

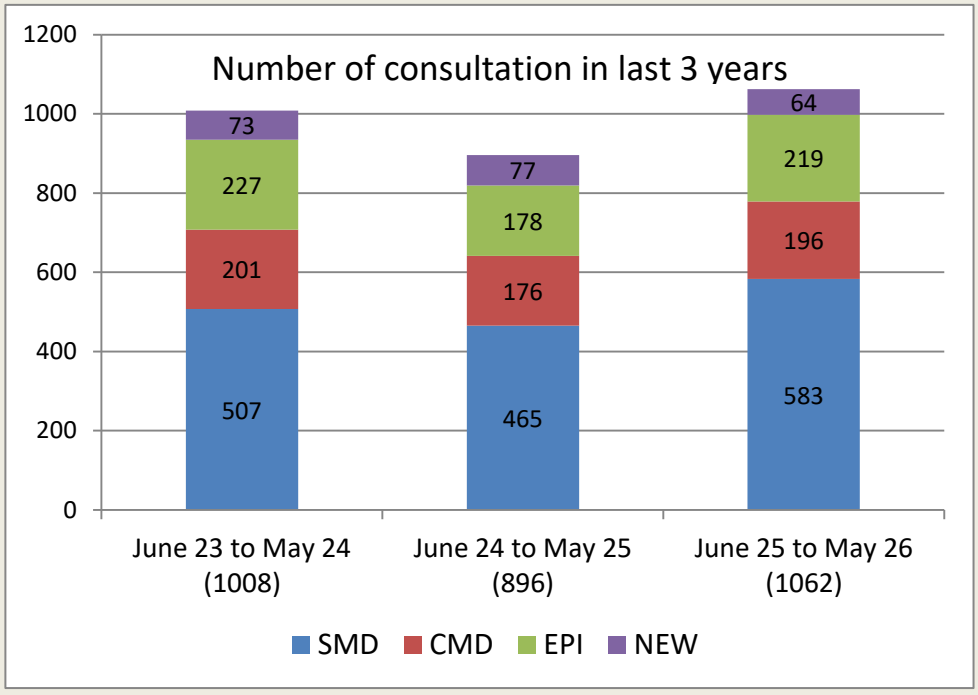
A unique feature of JCMB's mental health programme is the large numbers of serious patients – nearly 50% of the patients are classified as having 'Serious Mental Health Disorders (SMD in the charts below). Last year 55% were classified as SMD; 21% had epilepsy (EPI) and 18% with less serious 'Common Mental Health Disorders' (CMD). Also to note is that most patients are receiving long term treatment. Around a hundred patients attend the monthly clinics, many receiving medication for 2 to 4 months. Nearly four hundred patients (390) are currently receiving mental health treatment from the CMSK: 208 having SMD; and 91 each for CMD and epilepsy.

Most of these patients reside in the villages visited by JCMB's Community Health Workers. The CHWs visited 482 people with mental health issues in their own homes this year. Around 75% of these villagers are receiving treatment from the CMSK.



Mental health clinic underway

The table below gives some details of the types of patients over the last 3 years:



Community Health Outreach Activities

Community based postnatal visit by CHW, Swasthya Sakhi & observed by intern, Soybati

Most of JCMB's health-related activities are through the network of women's groups. The group members have selected a health friend – Swasthya Sakhi – to help them. There are over 70 such Sakhis, who are all village women based in the community. Each month one of JCMB's Community Health Workers reaches out to around 70 villages, with a population of nearly one lakh. They team up with the Swasthya Sakhis and visit all households where pregnant women, and those that have recently given birth. Many of these women access care from the CMSK. The number of women visited during pregnancy has increased, from 1718 in 2024-25 to 1923 this year. Each woman is visited around 3 times during her pregnancy at home (a total of 6586 home visits were undertaken).

JCMB also has an outreach clinic in the village of Baramasia once a month. This village is over 20 kms away from the CMSK. Around 40 women – almost all pregnant women – come to this long-standing clinic. This serves villages which are far away from health care facilities, and with poor transportation it would be difficult for women of poor families to access quality antenatal care.

The table below gives us some important and interesting data regarding the state of childbirth care in our area. To note:

- Over 51% of births in all the villages visited by the CHWs took place in the CMSK.
- Nearly 34% gave birth in the government's health centres and hospitals.
- Almost 11% took place in private centres.
- Only 4% of women had their babies at home.
- The c-section rates varied drastically: from 3.6% (CMSK), 12.7% (government) to 49.2% (private facilities)
- Birth outcomes also varied: babies born in private facilities were most likely to die within the first month of life (6.5%), closely followed by births at home (5.9%). Of the babies born in the CMSK, 2.6% had died, whilst it was only 1.2% of those born in government centres.
- On a positive note, the sex ratio at birth is almost equal: 49.9% female babies, and 50.1% males.

Community Health Workers Post Natal Report 2025-2026										
	CMSK (JCMB)	%	Govt. Health Centre	%	Private Health Centre	%	Home	%	Total	%
Place of Birth	**844**	**51.1**	**560**	**33.9**	**181**	**10.9**	**68**	**4.1**	**1653**	**100**
Mode of Birth										
Normal	814	96.4	489	87.3	92	50.8	68	100.0	1463	88.5
Caesarean	30	3.6	71	12.7	89	49.2	0	0.0	190	11.5
Newborn Outcomes										
Babies born (including twins)	846	51.0	562	33.9	184	11.1	68	4.1	1660	100
Gender of babies: Male	452	53.4	269	47.9	88	47.8	22	32.4	831	50.1
Gender of babies: Female	394	46.6	293	52.1	96	52.2	46	67.6	829	49.9
Birth outcomes: newborn babies: Live	824	97.4	555	98.8	172	93.5	64	94.1	1615	97.3
Birth outcomes: newborn babies: Dead	22	2.6	7	1.2	12	6.5	4	5.9	45	2.7

Trainings, Meetings, Fellow Travelers and Interns

Every year JCMB hosts, and welcomes, an array of people who are involved in health care: from our own area: the Swasthya Sakhis and our own team of nurses; for health workers from other organisations; doctors seeking exposure to the reality of health care in rural India; and interns from public health courses wishing for practical orientation.

A brief outline of some these programmes is given below:

‘Swasthya Sakhi’ Training

Due to JCMB’s financial situation only one training programme was undertaken this year for the Swasthya Sakhis, in February 2026.

Fortunately, this coincided with a request from a spine surgeon from Ranchi, Dr Nishant Kumar, to reach out to the rural poor. For two days he interacted with around sixty Swasthya Sakhis – and fifteen CMSK workers – to explain the whys and hows of back problems. We hope that this leads to a partnership with JCMB in the future.

Dr Nishant interacts with the Swasthya Sakhis

Training of CMSK Health Workers

JCMB’s own health workers were benefitted by the inputs provided by several doctors this year: Dr Jyothi Unni, interacted with all of our team over several days in May; Dr Poonam Dixit engaged with our team to seek ways to prevent uterine prolapse on the occasion of her mother’s death anniversary in March; and Dr Vibha Singh, a psychologist from Bokaro, participated in a session to help identify mental health issues among women who are pregnant or who have recently given birth.

Dr Jyothi Unni interacting with all JCMB’s health workers – and visiting doctors Philrose and Pratiksha

Training & exposure visits for health workers from elsewhere

In September a group of women from Bihar, facilitated by the NGO CEHAT, spent 3 days with us here in JCMB. The women who came were all health activists, and were involved in demanding their health rights in the public health facilities in Bihar. During the 3-day programme JCMB stressed the importance of 'care' rather than medication alone.

During the months of October and November ten health care workers from another health centre in Jharkhand came to our CMSK for exposure and training.

This organisation, SANMAT, is planning to initiate childbirth care in their area and sought ways to facilitate this. Each group of five health workers spent 3 weeks here with us to enhance their childbirth care.

Nurses learning how to conduct vaginal examinations

Rural Sensitisation Initiative

From 27th to 29th March JCMB organised its 4th RSI. Over 20 medicos and non-medicos gathered over 3 days in Chamrabad to discuss, brain-storm, experience the reality of life in rural Jharkhand, and have fun! Thanks to our resource team – and friends – Vania, Prabir and Praveen the event went smoothly. This year the programme was also supported by the Rural Hospital Network, represented by Arunima Iyer.

Participants RSI 2026

Travel Fellows and Social Obstetrics Fellowship

Dr Sona interacting with the SANMAT team in the CMSK

JCMB hosted two Social Obstetrics Fellows this year: Dr Pratiksha Santosh Bhansali and Dr Sona Shafi M. Both these doctors have contributed significantly to JCMB, in very different ways. They also took from here skills, and a perspective that will stay with them, hopefully, for life. Our team of health workers were very much saddened by their departure and JCMB wishes them well for their future careers.

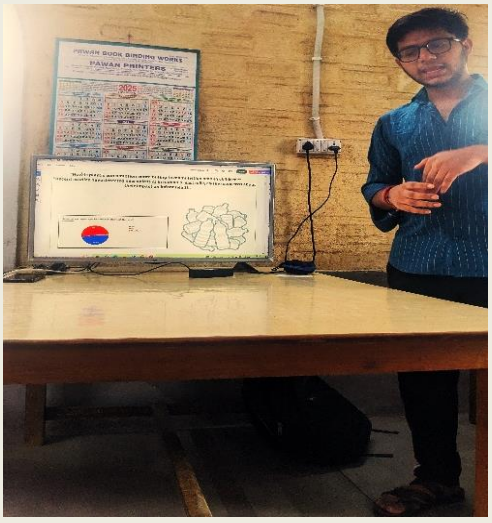
This year doctors who were a part of the Travel Fellowship programme hosted by the 'Tribal Health Initiative' in Sittilingi, Tamil Nadu, continued to visit JCMB. This year Dr Philrose Johny, Dr Aneeta Rose Mathew and Dr Keerthana G Krishna joined us as a part of this initiative.

JCMB continues to benefit from these visits, with each person bringing with them new perspectives, skills and thoughts. This has helped enrich our own programmes.

Internship Programmes

This was the first time JCMB hosted students being supported by the NGO 'The Karta Initiative'. Akshay Bansal and Raj Kumar, students enrolled in the 'Integrated Masters in Life Sciences' course in Ahmedabad University (Gujarat) spent one month here in May-June 2025 as part of their internship requirement.

They conducted a survey of all our staff and field workers regarding their attitudes towards the use of plastics, food, nutrition and causes of malnutrition. This eye-opening survey was considered essential for JCMB before launching campaigns on these issues.



Akshay presenting his findings

This is the 3rd year that Azim Premji University have sent students from the Masters in Public Health course to JCMB for internship. This year Sheetal Chirala and Soybati Mahato joined us for a month in November. These women analysed our data regarding the impact of our birth classes, which was much appreciated.

Research Activities

This year saw the completion of our research programme: “A study of the impact of initiatives to improve positive male involvement in maternal health care in rural Jharkhand”, supported by Azim Premji University.

Many initiatives were introduced during the last two years, and some of them were found to be useful, and helped change the way men supported – or didn’t – their partners during pregnancy and childbirth.

Happy mother, healthy baby & supportive father!

The activities introduced included birth classes for both partners, counselling sessions, information booklets, home visits and follow up phone calls. All of these were found to be important and contributed to changing the mindset of some men, and have now become a part of our regular protocol for care during pregnancy.

We hope to publish the study and its implications in the near future.

JCMB’s Plans for the Future

Maternal mental health: JCMB plans to initiate a more systematic programme for the screening of all pregnant women who access care in the CMSK, and those visited in the community by the CHWs to assess their mental health and well-being. On the basis of this we will develop protocols for addressing these issues. We will also include women who come to the CMSK for infertility care, since many of these women (and men) experience significant mental health problems.

Increasing birth classes: The success of the birth classes has revealed that men often feel left out of pregnancy-related care, and that their involvement needs to be initiated much earlier in the pregnancy. We plan to initiate classes for couples during the 2nd trimester of pregnancy.

Campaigns against fast food snacks, plastic packaging and bottle: With the growing number of people accessing care in the CMSK three shops have opened around us, selling snacks and tea – and especially plastic-packed, nutrition-deficient, salt-dense snacks. Plastic bottles of ‘mineral water’ and cold drinks tempt people with the false narrative that they are better than water from deep tube wells or home-made sharbat. This has led to an increase in plastic waste inside the CMSK and a decrease in the nutritional status of women and children. This year JCMB plans to address this issue by providing safe drinking water and healthier snacks for visitors to the CMSK.

Garnering support for our 'Celebration of the 2nd daughters' initiative: The initiative for celebrating the 2nd daughters born in the CMSK has proved to be popular – and possibly influential. We will more actively seek support for this programme this year.

Training more health workers for the CMSK: If JCMB wishes to improve the quality of care it provides, more health care workers will be required. Such health care workers are not ready-made, and JCMB needs to initiate training of potential candidates this year.

Increasing sports and games for girls and women: Given the dearth of entertainment for girls and women, and the enthusiasm with which they embraced the programmes initiated for them this year, we are planning to expand them next year.

Research initiatives: JCMB has always included research activities in the past. We plan to include such activities this year, with the involvement of our visiting medicos and interns.

Fund raising: JCMB plans to increase our efforts to raise financial support for many of the above-mentioned activities this year. We will reach out to individual friends and well-wishers, CSR and other institutional donors.

Donations to JCMB during 2025 – 26

JCMB thanks again all our friends & well-wishers for supporting us during the last one year. Without this support – in cash and in kind – we could not have continued many of our activities. We are still in urgent need of support, we request everyone who might be interested, to spread the word and contact us via the details given at the end of this report.

INDIVIDUAL DONORS		
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SNOWFLAKES

Financial statement JCMB 2025 – 26

BALANCE SHEET

LIABILITIES	2024-25		2025-26	
	Lakhs*	%	Lakhs*	%
Capital/Trust Fund	378.39	92	398.27	94
General Fund	17.00	4	17.00	4
Other Current Liabilities	14.50	4	10.07	2
Liabilities Total	**409.89**	**100**	**425.34**	**100**
ASSETS				
Cash & Bank Balance	75.44	18	92.94	22
Investment	146.03	36	157.52	37
Fixed Assets	165.81	40	160.49	38
Other Current Assets, Loan & Advance	22.61	6	14.39	3
Assets Total	**409.89**	**100**	**425.34**	**100**

RECEIPTS & PAYMENTS

RECEIPTS	2024-25		2025-26	
	Lakhs*	%	Lakhs*	%
Opening Balance: Cash, Bank	73.66	31	75.44	23
Donations: Voluntary Contribution	28.1	12	23.85	7
Grants for Programmes	14.5	6	12.31	4
Self-generated income (Net)	109.86	46	174.83	52
Any other Income	12.36	5	46.31	14
Receipts Total	**238.48**	**100**	**332.74**	**100**
PAYMENTS				
Programmes & Public Engagements	14.32	6	14.58	4
Management & Operational costs	127.39	54	198.93	60
Purchase / construction of major Fixed Assets	19.93	8.5	4.8	1
Investments	0	0	15	5
Advance to Suppliers & Staff	1.4	0.5	6.49	2
Closing Balance: Cash, bank	75.44	31	92.94	28
Assets Total	**238.48**	**100**	**332.74**	**100**

***One Lakh= Rs.100,000.**

INCOME & EXPENDITURE				
Income	**2024-25**		**2025-26**	
	Lakhs*	%	Lakhs*	%
Donations	28.10	16%	23.85	13%
Grants	18.38	11%	12.31	7%
Total Donations & Grants	**46.48**	**27%**	**36.16**	**20%**
Self-generated				
Activities which generate net income	116.34	67%	131.66	73%
Any other Income	10.88	6%	12.82	7%
Total Self-Generated	**127.22**	**73%**	**144.48**	**80%**
Total Income	**173.70**	**100%**	**180.64**	**100%**
Expenditure				
Hospital Services	121.47	70%	125.75	69%
Community Health	15.38	9%	14.16	8%
Community Development	4.19	2%	4.94	3%
Total Programmes	**141.04**	**81%**	**144.85**	**81%**
Management: Operational & misc. costs	16.00	9%	15.91	8%
Total Expenditure	**157.04**	**90%**	**160.76**	**89%**
Fund Available for development of services (Surplus/Deficit)	**16.66**	**10%**	**19.88**	**11%**
	173.70	**100%**	**180.64**	**100%**

LIST OF THE GENERAL BODY MEMBERS	
Bipin Mahato	President
Dipak Kumar Majhi	Secretary
Santosh Kumar Sinha	Treasurer
Asha Hembram	Executive Member
Ajit Kumar Mahato	Executive Member
Taposh Chatterjee	Executive Member
Tanmay Mahato	Executive Member

SALARY BREAKUP – 2025-26			
	Male	**Female**	**Total**
6000-10000	0	11	11
10000-20000	7	8	15
20000-30000	1	2	3
30000-40000	3	1	4
Total	**11**	**22**	**33**
All Staff have benefits of PF, Gratuity and ESIC.			

TEAM JCMB	
Doctors	3
Consultants (Part Time)	3
Nursing Staff	11
Admin Staff	7
Community Health Workers	8
Paramedical Staff	4
Support Staff	3
Trainee Staff	5

Board of Trustees meet twice yearly
Full Staff meeting every month
Health Staff meets every week
Main Auditor: Mr. Santosh Kr. Choudhary
Financial Advisor: Mr. Vivek Ranjan Jaiswal
Detailed audited accounts available on request

REGISTRATION AND CONTACT DETAILS

Jan Chetna Manch Bokaro
Registered under Societies Registration Act, 21,1860
Registration No.918, 2006-07, Jharkhand

Address:
Chamrabad, Chandankiyari,
Bokaro, Jharkhand
828134, India

Contact number: +91-94311-28221

Email: janchetnamanch@rediffmail.com

Website: https://www.janchetnamanch.org

Support us by donating to 'JAN CHETNA MANCH BOKARO'

This will help us continue our efforts in providing healthcare and strengthening communities.

To learn more about how to donate, please visit our website.

CLICK HERE TO DONATE