



MAHILA JAGAT LIHAAZ SAMITI

74, Krishnodayanagar, Khandwa Naka, Indore - 452001

0731-2877047

WORK WELL BEGUN – ANNUAL REPORT 2016-17

The Mahila Jagat Lihaaz Samiti or Society for Respect for Women and Earth, also known by its acronym Majlis which in turn means a collective, was formed by Dalit and Adivasi women of western Madhya Pradesh in 2016 to advance the two most neglected causes of women's empowerment and conservation of the environment. The organisation hit the ground running and has implemented a few important projects in accordance with its charter.

1. Gynaecological Health Programme for Urban Poor Women in Indore

The programme consists of a preliminary baseline survey to assess the felt needs of the women regarding their reproductive and gynaecological health and the various barriers they face to achieving a healthy status. While this survey is conducted, discussions are also held about these barriers to health and the offer is made from Majlis of holding a health camp which is to include clinical checkups by gynaecologists, laboratory tests and provision of medicine, all done free of cost to the women. After this a first health camp is held and then a follow up one fifteen days later. This whole process takes a month in one slum.

Even though all girls and women who are menstruating and those who have had menopause are provided diagnosis and treatment, for the purposes of research, only married women who are still in the menstrual age group are considered. The preliminary results of the intervention for the first 150 women to benefit from the programme are described here in brief. They show the devastating status of women's health in the slums in Indore and the cost effective way in which a well designed programme can bring about substantial improvement in the situation.



The initial five tables below present a comparison between the National Family Health Survey IV 2015-16 (International Institute of Population Sciences, Mumbai, 2016) data for urban areas of Madhya Pradesh and that from the Majlis sample to situate the latter in the

larger context of the state. Table 1 below provides a comparison of the demographic indicators that are common to both the surveys .

Table 1: Demographic Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Majlis
1.	Sex Ratio	933	976
2.	Women 15-49 years who are literate	77.5	55.4
3.	Women with 10+ years of schooling	43.6	6.8
4.	Women 20-24 married before 18 years	24.6	53.8

While the sex ratio is better in the Majlis sample than in the NFHS IV sample, the literacy and education levels are much poorer for the Majlis sample and the proportion of women in the 20-24 year age group who have been married before reaching the legal age of 18 years is more than double and this affects the reproductive health of women adversely. Thus, overall the Majlis sample has a worse demographic profile than the NFHS IV.

The comparison between the Drinking water, sanitation and Cooking Fuel situation is given in Table 2 below.



Table 2: Drinking water, Sanitation and Cooking Fuel Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Majlis
1.	Good Drinking Water Source (Piped Treated Water Supply)	96.8	33.6
2.	Good Sanitation (Toilets)	66.6	67.2
3.	Clean Cooking Fuel (LPG or Electric)	74.8	53.2

The NFHS IV sample has a higher proportion of households with a Good Drinking water source and clean fuel while the proportion of households with good sanitation is almost the same for both samples and so in the case of these indicators also the Majlis sample overall has a worse situation than the NFHS IV sample. Especially noteworthy is the very poor situation in the slums in Indore with regard to water supply which is a major cause of ill health.

The comparison of the indicators related to pregnancy and childbirth are given in Table 3 below.

Table 3: Pregnancy and Childbirth Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Majlis
1.	Contraceptive use among 15-49 years	51.6	33.8
2.	Mothers with full Antenatal Care	19.5	5.6
3.	Institutional births	93.8	44.7
4.	Total Fertility Rate (children per woman)	2	2.32
5.	Mothers who received Janani Suraksha Yojana (JSY) cash	49.3	1.6
6.	Average Out of Pocket expense for delivery (Rs)	1746	2400

The Majlis sample has much poorer values for all the indicators with the economic values of out of pocket delivery expense and cash support under JSY being particularly disadvantageous.

The comparison of the reproductive health indicators is given in Table 4 below.

Table 4: Reproductive Health Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Majlis
1.	Women who are anaemic	49.7	76.4
2.	Women of 15-49 years who have undergone examination of cervix	29.1	4.1

Anaemia due to factors like overwork and malnutrition are the bane of women in India and there is an epidemic of Vitamin B12 deficiency which directly contributes to anaemia. The Majlis sample has an alarming proportion of 76.4 % women who are anaemic much more than the NFHS IV sample. While many women suffer from gynaecological problems and especially erosion of the cervix, very few ever get themselves checked up by gynaecologists. The Majlis sample had only 4.1 % women who had had their cervix examined and these were all those who had had hysterectomies.

The indicators of women's empowerment are given in Table 5 below.

Table 5: Women's Empowerment Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Majlis
1.	Married women who have experienced spousal violence	27.3	33.1
2.	Women who own house	41	40.5
3.	Women with Bank A/c	50.1	56.1
4.	Women who use Sanitary Napkins	65.4	26.1

While with regard to owning of house and having bank accounts the Majlis sample is more or less on par with the NFHS IV sample, the situation with regard to suffering spousal violence and the use of sanitary napkins is much worse for the Majlis sample.

Thus, overall the women who have been chosen for the gynaecological health programme by Majlis are in a very disadvantageous situation as compared to the NFHS IV survey results, which themselves paint a very sorry picture of the status of women's health in urban areas of Madhya Pradesh. Therefore the implementation of the current programme by Majlis is eminently justified.

During the preliminary survey the women were asked whether they were suffering from any of twenty specific women's health problems that most commonly afflict women. 92.6 per cent of the women reported reproductive health problems with an average of three different complaints per woman, with some having as many as ten complaints. 96.3 percent of the

women said that this was the first time they were revealing their gynaecological problems to anyone as they did not feel that they could speak about them to anyone.

Table 6 below gives the summary of the results with the proportion of women suffering from the most prevalent complaints as reported by the women themselves.

Table 6: Proportion of Women Complaining of Various Health Problems

Health Problem	Dizziness	Waist Pain	Vaginal Problems (Discharges, itching, swelling etc)	Urinary Tract Problems	Menstrual Problems
Proportion of Women with complaint (%)	64.9	71.6	44.7	20.9	49.9

Proportion of women who complained of dizziness is very high at 64.9 percent which correlates well with the proportion of women who were tested and found to be anaemic which is 76.4 percent. A very high proportion of 71.6 percent of women complained of waist pains which generally arise from a combination of anaemia, overwork and problems of the reproductive tract. The proportion of women reporting vaginal problems which mostly arise from lack of menstrual hygiene was 44.7 percent which correlates well with the proportion of women who use cloth washed and dried in the shade during periods which is 59.5 percent. A very high proportion of 49.9 percent of the women reported having menstrual problems which too arise mostly from a combination of anaemia, overwork and lack of menstrual hygiene.

The summarised results of the clinical examination and laboratory tests are given in Table 7 below.

Table 7: Proportion of Women Diagnosed with Major Gynaecological Problems

Gynaecological Problems	Cervical Problems (erosion, cysts, hypertrophy etc)	Vaginal Problems (discharges, itching, eruptions etc)	Urinary Tract Problems	Menstrual Problems
Proportion of Women Affected (%)	67.6	49.1	5.5	11.5

A very high proportion of 67.6 percent of the women suffered from cervical problems like erosions and cysts and as much as 30 percent had serious problems requiring cauterisation and repeated medication. This is something that the women did not know about at all as they had never had their cervix examined by a gynaecologist. Many of these women also had vaginal problems and on the whole 49.1 percent of women were suffering from these. The proportion of women with urinary tract and menstrual problems was less than what they had reported in the survey because at the time of clinical examination they were not suffering from these problems which they do from time to time only.



Clinical diagnosis and laboratory testing of blood and urine samples are quite costly if done individually but since these were done in bulk, the costs came down by as much as 60 percent. Similarly medication for cervical and vaginal problems is quite costly if branded medicines are used. However, generic medicines were used in the camps and sourced at wholesale rates through bulk purchase and so the medicine costs were only about 15 percent of the retail value of branded drugs. All the women were cured of their problems over the month's time in which they were diagnosed and treated. Some required hospital procedures such as cauterisation. There was one woman who had stitches in her vagina which had not been removed after delivery a few years ago. She was repeatedly complaining of pain in her vagina but had never visited a gynaecologist afterwards. Some women had to be given intravenous iron drips as they were highly anaemic.

Clearly, the women had poor gynaecological health mainly due to inability to articulate their problems and get access to good reproductive and sexual health services and prevalence of malnutrition and overwork, which are all due to a combination of poverty and patriarchal oppression.

We have already seen that there is a high level of gender based violence. The survey also revealed that other indicators of women's disempowered status were equally bad -

1. The gender division of labour is highly skewed for this sample with 81.8 percent of women doing all domestic work.
2. The proportion of women who said that their men decided when to have sex and they had no say in the matter was very high at 90.4 percent.
3. The proportion of women who had some knowledge of government schemes favouring women was only 31.8 percent.
4. The proportion of women with knowledge of the Prevention of Domestic Violence Act was only 33.8 percent.

Meetings were held with the men also as without their cooperation, the women would fall back into ill health. In many cases the bacteria, fungi and viruses that cause vaginal infections in women are there in the penises of men also but do not affect them. Thus, it is necessary for the men also to take the medicines so that both are disinfected. These meetings with the men revealed that they too were unaware of the complexities of the reproductive tract problems of

the women. In some cases the men were themselves suffering from infections of the penis but were too shy to go to a doctor for treatment. Thus, these meetings served the purpose of raising the awareness levels of the men.

The total cost of the month long intervention in one slum including the preliminary survey, the clinical diagnosis, laboratory tests, medication and documentation and analysis is Rs 50,000 catering to about 60 women. Thus, for an average cost of about Rs 800 per woman, complete diagnosis, testing and curative treatment is provided which would have cost the women at least Rs 3000 if they had tried to do it individually. Moreover, in most cases, the women do not have access to gynaecologists for their own problems even if they have the money due to lack of awareness. This programme of Majlis is consequently not only very essential but also a high impact one. The programme is financed by individual donors through crowd funding on the internet and thus provides for flexibility and innovation in its implementation.

The question naturally arises as to why the Government, which can get the clinical diagnosis, laboratory tests and the medicine at even cheaper rates than an NGO like Majlis, isn't providing this important service to the women. The survey revealed that let alone provide these gynaecological services, it is not even providing properly the safe motherhood services which are such an integral part of its family welfare agenda. Gynaecological health problems lead to both economic loss through inability to work and mental stress due to illness. An adverse gender division of labour, lack of sexual rights and domestic violence further queer the pitch for most women. Under the circumstances a more effective Government programme of reproductive health and women's empowerment would reap huge benefits in terms of economic and social progress for the society.

2. Solar Electricity in Kakrana and Indore

This month of October 2016 was an extremely satisfying one a decentralised solar electricity system was installed in the Rani Kajal Jeevan Shala school in Kakrana and another along with a solar hot water system in the office in Indore.

Ever since Germany began investing in solar energy in a big way about a decade ago the efficiency and longevity of solar photovoltaic panels has increased greatly with a corresponding decrease in their cost. Moreover, the charge controller device too has evolved. Earlier charge controllers would just direct the solar direct current to the storage batteries and then an inverter would convert the direct current from the batteries into alternating current to be delivered to the load leading to a 20 per cent loss of power in the storage process. However, now there are prioritiser devices which during the day send the direct current from the panels directly to the inverter and through it to the load and only store the excess charge in the batteries for the night. Thus, there is an increase in efficiency due to these prioritisers also as even during the day solar power can be used to reduce grid power consumption without the use of batteries. 1000 watts of electricity from the panels can typically produce 5 kilowatthours (units) of electricity per day. The cost of installation for this inclusive of panels, batteries, power controlling units, electricals and set up is about Rs 100,000. Currently the going rate for retail low tension electricity supply is Rs 7 per unit inclusive of taxes and duties. Thus assuming that the inflation rate of the cost of grid power is equal to the commercial interest rate on the investment and so cancel each other out and that there is a replacement cost of batteries every five years for about Rs 35,000, it will take roughly ten years to recover the initial cost of installation of the solar system and the battery replacement. Thereafter, for the next fifteen years or so, assuming the life of the solar panels to be twentyfive years, the cost will be only that of replacing the batteries every five years.



The economics of solar power are therefore not very encouraging even now and it requires huge subsidisation to popularise it and this is what Germany has done in a big way, given the benefits in terms of climate change mitigation. In India there is talk of subsidies but it is very difficult to actually get them. The subsidies are not given to the consumer directly but to the suppliers and given the culture of corruption in this country this leads to siphoning off of the subsidy and the supply of substandard solar systems to the retail consumer. There is not much support from the government to grow the market for decentralised solar systems either and so it is difficult to find reliable suppliers. The big corporate players in solar energy are not really interested in customising systems to the needs of small users. Especially ones like the Rani Kajal School which have special needs due to their location and the abysmal quality of grid power. After several fruitless interactions with the big corporate players, we finally ferreted out a small supplier in Indore, Dynamique Electronics, being run by a young electronics engineer named Ankit Verma. He has just started out about an year ago and is very hands on and innovative. Unlike the large corporate players who only want to sell their standard systems, Ankit was open to customising for our special needs. So together we designed a custom system and ordered its components from different suppliers so as to get the best quality and efficiency suited to our needs.

As with most other technical projects over the past year or so in the Rani Kajal Jeevanshala, like buying a second hand SUV, constructing a water supply and sanitation system and setting up the internet, the solar power installation too was beset with problems which required out of the box thinking for their solution and provided a good learning experience for all concerned. The critical thing is to connect the panels properly to the batteries and the power controlling unit. Initially Ankit had not come down to do the installation as we decided to do it ourselves so that the staff and children could understand the whole set up as shown below.

However, even though everything was connected properly and electricity was being generated by the panels and sent to the power controlling unit, it was not recognising this power. The problem turned out to be the batteries. Such is the low offtake of decentralised solar systems that solar batteries are difficult to find. Solar batteries are different from the standard inverter batteries because they have to accommodate the frequent charging and

discharging that takes place in a solar power system. The batteries that we got from one of the standard companies were low on water and charge. So they needed to be charged properly and so the system did not work initially. So Ankit had to come down to Kakrana and then this was diagnosed and the batteries charged and the system is now working. This just shows how difficult it is to get decentralised solar energy going in the current context.

In the office in Indore there already was an inverter backup. So 500 watts of solar panels were installed and a prioritiser added to this system to generate 2 units of solar electricity per day. However, to utilise this properly some load management is required. The heavy loads like the refrigerator and water pump can be run only during the day when there is good solar power as otherwise they drain the battery very fast. So timers have been installed to allow the running of these loads only during the day when there is solar power supply. A solar water heating system has also been installed in Indore. The technology for this too has improved considerably and it provides water at 70 degrees centigrade in just three hours and then stores it in an insulated tank for use at anytime. In this way this Diwali is going to be a climate conscious one for us in Kakrana and Indore!!

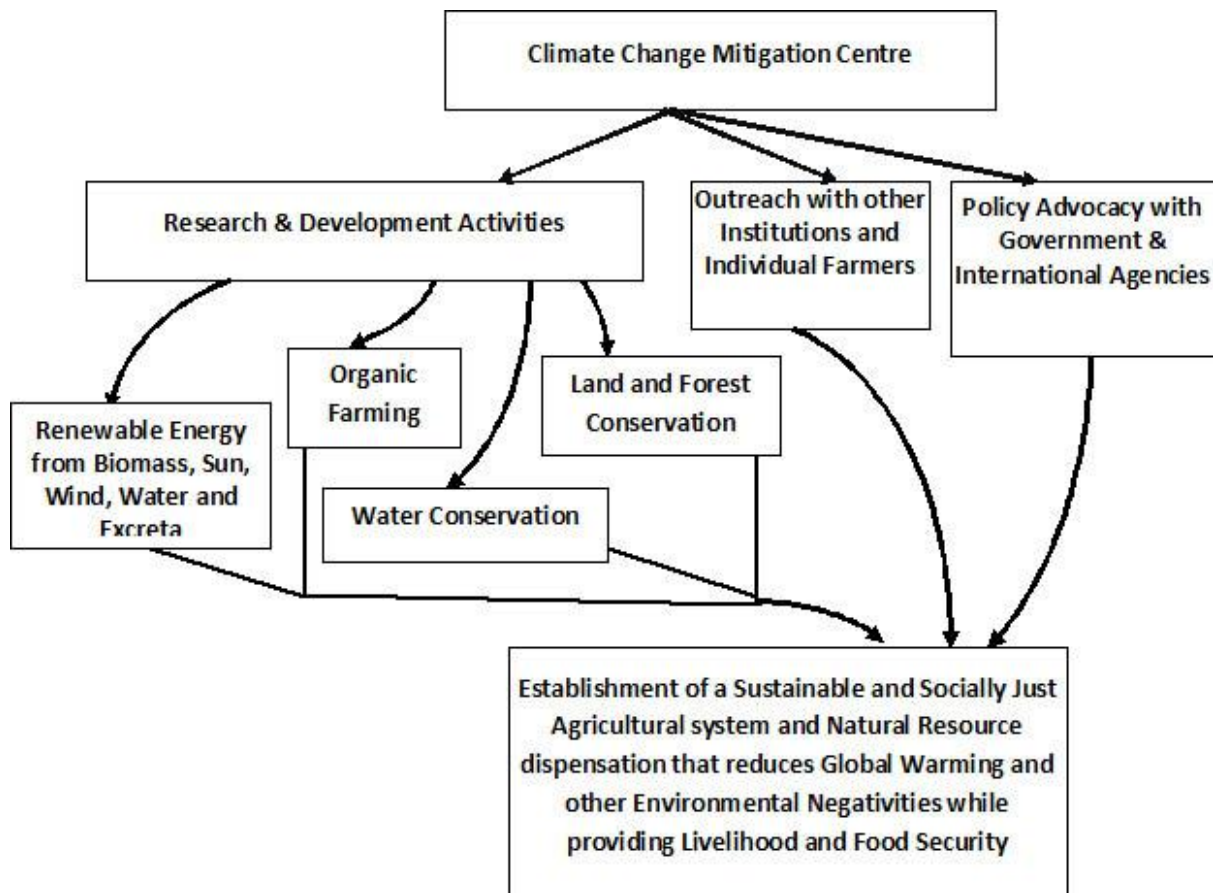
3. Sustainable Agriculture in Pandutalav

The farm of the organisation in Pandutalav village in Dewas district has a limited supply of water from a borewell. So the organisation has customised the Rabi sowing to suit this lesser water availability. Not only have the seeds of wheat, linseed, masoor and gram been sown at one feet distance from each other, watering is also being done through a small pipe only at the roots of the plants in limited quantities. This has resulted in more tillering in the case of wheat and more robust growth in the case of the other crops. Since the plants are at a distance from each other, there is space for a bicycle hoe to be driven between them for turning the soil and killing the weeds as shown in the picture below. In the background are perennial redgram plants around the borewell which are also minimally watered so as to ensure that they produce redgram throughout the year for use as vegetables.



This was followed by weeding around the plants and then a special organic fertiliser called Jeevamrit Ghol was applied. This fertiliser is prepared by fermenting a combination of cow dung, cow urine, gram flour and jaggery and then diluting it and applying it to the roots of the plants.

These processes require more labour but they produce more wholesome food with a lesser amount of water. Unfortunately there is no support from the Government for this kind of agriculture and so farmers in general are not prepared to adopt it. The organisation is implementing this as a pilot to promote sustainable agriculture and tackle the serious problems of water scarcity, malnourishment, illness due to pesticide and chemical fertiliser infested crops, soil, water and air and the looming crisis of climate change. The schematic diagram for this programme of climate change mitigation to be implemented in Pandutalav is given below.



4. Women's Empowerment Centre in Pandutalav

A women's empowerment centre has been set up in Pandutalav village where trainings are to be conducted for women in various aspects of gender theory and action. This centre will also function as a hostel for girl students studying in the Government High School in Pandutalav and provide them with extra coaching to help them with their studies. Girls from distant villages often drop out after their middle school because of the great distance to the nearest high school. To help girls who are good at academics to continue studying in high school despite their villages being far away from a high school this facility will be provided. The centre is a mix of the traditional Bhil Adivasi architecture with some modern elements and has been built by local masons and carpenters.



The roof tiles have been made by a local potter. These days no one opts for these tiles as they prefer corrugated asbestos or iron sheets or machine made tiles. The potter was also reluctant to make the tiles and had to be paid a premium to make them. The wood craftsman sculpted the pillars out of wood for the interior shown below.



5. Future Plans

The aim is to develop replicable models in all the spheres of action of the organisation. The model for reproductive health rights and health has been fairly well tested and honed and will now be tested in rural areas also around the centre at Pandutalav. The climate change mitigation and sustainable agriculture work has just been started and will take some time to develop into a replicable model including a viable renewable energy set up. The work on girl's education has not yet begun and will ensue from the next academic session in June 2017. With the work well begun there is every possibility of the organisation doing robust work in its chosen fields of gender rights and ecological sustainability. The final picture below depicts Aladibai, a board member of Majlis and also a veteran activist of women's struggles and Subhadra, the chairperson of the organisation, testing out a new hand made flour grinding stone housed in its hand made wooden base in the office in Indore.

