
**ANNUAL REPORT
OF
CEHAT**

2015-2016

Annual Report of CEHAT

2015-16

I. Research

1. Research on implementation of targeted health insurance (RGJAY) in Maharashtra

The draft report of the study was submitted to the Programme Development Committee (PDC) which was held on 27th May, 2015. The study findings were shared with the PDC. The suggestions given by the PDC members about analysis and discussion were noted. Both the meetings were useful, and gave additional perspective for analyzing the data. Further feedback sought from external reviewers and Institutional Ethics Committee (IEC) was incorporated in the study. The report is in its last stages of content editing revisions.

For the study, a detailed review was conducted based on various insurance schemes in India with a special focus on state level insurance schemes. Journals were searched for papers that critically analyzed the insurance scheme and commented from a policy level context. Data collection for qualitative research was done in one empanelled public hospital study and one empanelled private hospital and the Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) staff, doctors, patients were interviewed. This study revealed the private sector's role in the scheme, problems with private sector empanelment etc. Secondary data from the RGJAY society was obtained on which data cleaning and data analysis was done. Also, the staff shared some latest files which were not shared earlier were cleaned and used for analysis.

Major Findings:

- Scheme has empanelled 473 hospitals, of which 84% (396/473) are in private sector. There is a disparity in terms of the service availability across districts. In our data analysis, we found that several districts did not meet the criterion for minimum required empanelled hospitals as specified in the MOU.
- The patients' journey in the RGJAY scheme was not as effortless as laid down in the MOUs. The hurdle starts with the identification of the empanelled hospital. The qualitative data documented the lack of awareness amongst the beneficiary population about various aspects including the scheme's presence across the state, validity of the health card in all districts, the benefits of the scheme as well as the procedures to be undertaken.
- The study revealed that systemic issues including medical documentation, personal documentation requirements act as initial barriers while raising the preauthorization request, which is the basic requisite for availing the treatment under the scheme.
- In the context of RGJAY, private sector involvement is not only in the form of commercial [TPA](#) companies but also in the form of health care provisioning where more than 80% of the empanelled hospitals belong to the private sector, and more than 50% of them are in the urban centers.

- Total beneficiary families across Maharashtra as per the Public Distribution System (PDS) data were 20,794,294 of which only 509,971 families were enrolled constituting merely 2.45% of the families.
- Rashtriya Swastya Bima Yojna (RSBY) covered a wider range of services including secondary and primary level health care like normal deliveries. These are not covered under RGJAY, a tertiary healthcare oriented scheme.

This study was able to point out the gaps in the process of implementation of the scheme vis-à-vis the MOUs. The study formulates important empirical evidence documenting the performance of the RGJAY scheme in Maharashtra. The findings are significant in the current political economy of health, where government plays a significant role in promoting these partnerships. Despite spending huge amount of money, the scheme in reality is not able to reach out to economically weaker section. As critiqued in other state level schemes, such humongous spending by the state directed towards the 'for profit' sector can have serious implications in propagating the already dominant private health sector. Such insurance schemes rely on purchasing health services as the delivery mechanism, but can simply end-up being inefficient and expensive. Instead, there has to be strategic purchasing which is based on feedback from its data systems. While there is a need for strengthening the primary and secondary public health structures, the state is spending its resources on such schemes which have a limited focus. Indeed, in a system where Universal health coverage is yet to be achieved, giving preference to tertiary services against primary and secondary healthcare is not only a step backwards but also unfair to those who have limited access to these services.

2. To assess the effectiveness of a counselling intervention for women facing abuse in Antenatal Care (ANC) setting

The research proposal underwent an independent examination of research proposal for academic rigour and content by scientific review committee followed by ethical review by the IEC. After this a pilot study was also carried out in order to test the methodology and procedures finalised during review processes. Based on these, the study design and methodology were strengthened. This was followed by the initiation of ongoing training of healthcare providers in the two selected hospitals and counsellor of the Sexually Transmitted Infections (STI) department of second hospital. The data collection involving screening and giving counselling session to women was initiated.

Data collection: Since the data collection began in February till 25th March, 496 women in hospital A and 334 women in hospital B i.e. a total of 830 women came in contact with researchers during their ANC visit across two hospitals.

Important outcomes of the study

Participation of HCPs: There has been increased sensitization among staff in both the hospitals regarding violence as a public health issue. They no longer feel the process of screening as a deviation from the normal ANC procedure. Perhaps, there have been instances where HCPs themselves have accompanied pregnant woman to counsellors based on her signs and symptoms.

Development of a validated screening tool: Screening tool used in this study has been adopted from internationally known oldest tool Abuse Assessment Screen (AAS) developed by the Nursing Research Consortium. The modified version of this tool which is being used in this study has shown a considerable sensitivity covering all the forms of violence in Indian context. The tested tool that will result at the end of this project will be first of its kind in India for domestic violence and will be definitely useful for HCPs during screening.

Also, the prevalence of violence using figures for number of women registered for ANC and those screened. The estimates show that on some days, more number of registered women are newly married for less than 45 months. So on these days, fewer women are found to be suffering from violence. As a result, the prevalence of violence varies from as low as 1% to as high as 24%.

Informed changes were made by researcher based on the feedback received by scientific and ethical review processes. During the screening, it is really important to help woman to understand the association between violence and adverse health outcomes for her and the unborn child. It has been observed that the women who are able to establish this association are more likely to disclose violence faced by them. It is essential to give positive messages to the woman that she is not alone and we are there to help her during the screening. This is especially important for all women who even didn't disclose violence during screening. This is because we received 34 cases in which women, who denied violence during screening, came to us later for help.

The proposed study attempts to generate an evidence based model consisting of both screening and counselling intervention for pregnant women in healthcare setting. This model will emphasize on inclusion of screening of pregnant women by HCP's into their routine clinical practice which must include documentation, psychological first aid, referral and counselling intervention by a social care provider. Training of HCPs to screen women and refer them to counsellor is an important component of this study. Researcher believes that this study will encourage and enhance the skills of HCP's to routinely screen pregnant women for violence. This capacity building of HCPs will ensure the sustainability of this model.

3. Haryana Rapid Assessment

A rapid assessment was carried out at Haryana to understand the functioning of the crisis centres for women run by the Haryana State Health Resource Centre and the Women and Child Development. The findings will be presented as case studies bringing out the processes and challenges of the centres making it instrumental in understanding the sustainability of the crisis centres. It will help key officials in both departments to replicate these efforts in the future. Such an exercise to understand different approaches to responding to survivors of violence would also help in the process of engaging with the health sector.

4. Violence Against Women in conflict-affected areas

The data analysis for the study on understanding impact of conflict on health systems from the perspective of health professionals has begun. The draft is ready and will be circulated for peer review.

5. Documentation of existing practice in India working on violence and health system

CEHAT has committed to developing a volume on different practices related to engagement of civil society organizations with the issue of violence against women. Organisations include – Sama , NEN, Anweshi, Vimochana , Masum, Sneha, Tathapi, Bhoomika , Swati. Towards that end, a national seminar was organized in collaboration with WHO. Delegates from the Ministry of Health and Family Welfare were present along with civil society organizations to facilitate mutual sharing of current practices in India on violence and health system.

6. Study on health and healthcare in Goa

A study focusing on situation of health and healthcare in the state of Goa has been carried out to give a comprehensive understanding of the health system. The study is based on mainly secondary data from survey reports, government reports and statistical documents, research studies and primary data from key informant interviews with various stakeholders like government officials, public providers and civil society. The study report has received feedback from PDC and IEC and an external reviewer, based on which revisions are ongoing.

7. Publication: Challenging case study from intervention services that raises ethical concerns

While carrying out interventions, Dilaasa team conducts case presentations, as such a forum is important for the counsellors to share their difficulties, challenges and also leads to learning from each other's experiences. While counselling, they have often subscribed to the discourse on counselling ethics and how to ensure that they utilize feminist and ethical counselling. Counsellors are also expected to reflect on their experiences and carry out academic writing, or writing for popular media to present the learning's and challenges. One such a case study was developed, reviewed and published by the Indian Journal of Medical Ethics.

The case study brought up certain points of discussion with respect to the rights of the individual while navigating through various systems in receiving healthcare. The Indian legal system criminalises even consensual sexual activity among adolescents. Under the POCSO Act, 2012, a sexual act with any individual below 18 years of age is rape. The POCSO Act is regressive insofar as it criminalises all sexual activity among children, not acknowledging consensual sexual activity among adolescents. An unwanted pregnancy resulting from consensual sexual activity involving an adolescent also ends up being viewed as an outcome of sexual violence by the law. A survivor of sexual violence has the right to grant informed consent to or refuse the components of medico-legal care. The MOHFW's Guidelines and protocols for the medico-legal care of survivors/ victims of sexual violence state that, the consent form must be signed by him/ her if he/she is above 12 years of age. But the Medical Termination of Pregnancy (MTP) Act of 1971 does not allow a woman below the age of 18 years to terminate a pregnancy without the written consent of her legal guardian. The individual, therefore, has to depend on the legal guardian to provide consent for the MTP. In such a case, the healthcare provider is caught between upholding the survivor's right to not register a complaint against her partner and provide her an abortion for an unwanted pregnancy on the one hand, and the guardian's refusal to provide consent for MTP unless the POC is collected, on the other. As a healthcare provider acting in the best interests of the child, there is a limit to how far one can negotiate, hence the recommendation to present the matter to the Child

Welfare Committee. The way forward is to operate from an ethical framework, maintaining the rights of the individual at the core. When there is a dilemma between ethics and law, ethics must be prioritised in keeping with the international covenants and treaties that the country has ratified.

8. Integrating Gender in Medical Education (GME)

Draft outlines for gender-integrated curriculum in five subjects (Obstetrics and Gynecology (ObG), Preventive and Social Medicine (PSM), Forensic Medicine and Toxicology (FMT), Medicine and Psychiatry, were prepared by participants during Training of Trainers, 2015. These outlines were presented to the mentors and faculty member in a meeting in April, 2015. The outlines were reviewed in order to finalize content to be prepared for the final subject modules, highlight topics that need to be reiterated across semesters and underscore topics to be reiterated across disciplines for a multi disciplinary perspective.

Modules:

Individual meetings were held with the subject mentors for organizing content around the MUHS curriculum and to gather resources. Dr. Rishikesh Wadke of Mahatma Gandhi Mission of Kamothe, was requested to be a resource person for the module building process. Based on the content outlines and suggested resources, the first drafts of each of the five modules were prepared. A meeting was in June 2015 with mentors, faculty member and participants who are to be a part of the assessment intervention. In the meeting, the drafts of all the modules were reviewed, the impact assessment plan was discussed, topics in the GME modules to be taught during the assessment period were finalized in all three participating colleges at that time. Based on feedback from this meeting and correspondence with the mentors, resources were collated and the content for modules was added by the GME team as required. The finalisation of module contents is in process.

Impact Assessment Research:

The draft research design for the impact assessment was reviewed and feedback suggested construction of an appropriate scale for assessing impact and possible ways to supplement quantitative scales. The proposal for impact-assessment of gender-integrated modules in the MBBS curriculum was drafted. This study would be carried out in three out of seven participating colleges, viz. Aurangabad, Miraj and Ambejogai. These colleges were chosen based on their student-strength and participation of teachers in the Training of Trainers (TOT) programme. It is a quasi-experimental design and seeks to assess shift in attitudes towards gender, gender-based violence, abortion and sex selection with the help of attitude scales. The proposal was reviewed by CEHAT's Programme Development Committee on 27th May 2015. The intervention is planned to be implemented with students in the 6th semester in February, 2016.

Prof. Mrinmoyi Kulkarni, Social Psychology, IIT-Bombay was invited as a consultant for tool development. Extensive literature review was done and weekly meetings held with Dr. Kulkarni to create the assessment tool. The draft tool was reviewed by new members of the GME team. Some existing validated tools were identified and content from these were used to develop the GME self-administered questionnaire and scale in consultation with Dr. Kulkarni. The reworked action research

proposal and tool for data collection based on review of literature were shared with the Programme Development Committee (PDC) for review and feedback.

Pilot testing of GME Action Research Tool was done among medical students of MGM Medical College. The tool was modified based on the results of the pilot test. Action Research proposal was completed and approved by the IEC after discussion. The GME team met Director, Directorate of Medical Education and Research (DMER) and Officer on Special Duty for seeking permission for activities planned in the next phase for research, meeting with deans, conference in Aurangabad and process documentation.

A workshop with GME educators took place on 18-19 January, 2015 which all seven educators from the three participating colleges, GMC – Miraj, Ambejogai and Aurangabad attended at DMER, Mumbai. The workshop agenda included sharing the draft modules to be used during the intervention period and getting their inputs on the modules. As part of the project, a detailed documentation and monitoring plan to be carried out by the GME research team and the trained educators was developed and shared with the mentors. Pre-test and orientation was conducted at Government Medical College (GMC) in Miraj, Aurangabad, Ambejogai of both Semester 6 and 8 students. Selected lectures with GME content in all the three medical colleges were documented.

Review of medical textbooks

In December, the latest editions of the medical textbooks of Obstetrics and Gynaecology, Preventive Social Medicine and Forensic Medicine and Toxicology were reviewed from a gender perspective by GME mentors of the respective disciplines. Economic and Political Weekly (EPW) had carried out a similar gender review in 2005. The 2015 review found that there was little or no change in the textbooks as compared to the review conducted in 2005. Gender biases in textbooks identified in 2005 continued till 2015.

II. ADVOCACY

1. Building Evidence on the Health Sector Response to Violence Against Women: LEGAL ADVOCACY

The Government of Maharashtra passed a government resolution for all hospitals to use the protocols and guidelines issued by the Ministry of Health and Family Welfare. This acceptance has come after a seven year long struggle with the Department of Health, Maharashtra. The Public Interest Litigation (PIL) is pending in the Supreme Court of India based on other prayers. Following developments were shared in the Supreme Court of India by Ms. Indira Jaising in the capacity of Amicus Curiae:

- Ministry of Women and Child Department (MWCD) decided to launch a toll free national help line 181 across all the states of India. The purpose of the help line was to reach out to women and girls facing any form of violence and / or distress.

- Further the MWCD also launched the OSCC, one stop crisis centre program for each state recently and funds for it have been allocated by the Union government Finance ministry to MWCD.
- Nirbhaya funds which were to the tune of 1000 crores in 2013 received fresh allocation of 1000 crores in 2014. The ministry of finance has transferred the amount of the Nirbhaya funds to the MWCD.
- Legal services authority decided to place a lawyer in every police station across the country, which was a demand from the petition of the Delhi Domestic Working Women's Forum Vs Union of India (1994).
- Ministry of Health and Family Welfare (MOHFW) drafted comprehensive and gender sensitive medico-legal guidelines to respond to survivors reporting sexual violence.

Ms Jaising submitted before the court that most ministries have been responsive and have provided an update of steps taken by them. Despite progress made on different fronts, some contentious issues require attention of the honorable judges.

- The concern related to marital rape and lack of registration of such an offence was raised. Evidence related to survivors reporting to hospitals and wanting to seek legal redress was presented. But due to lack of provision in the CLA 2013 for registering such an offence police file it under Sec 377, which is dangerous. It was suggested that the exception in the Rape law needs to be struck down for married and separated women to file marital rape under Sec 376.
- The issue of age of consent was also raised. Adolescents in the ages between 16 to 18 years may be involved in relationships which are consensual, however under POCSO 2012 any sexual activity under 18 years is forbidden. This poses a grave danger to adolescents in consensual relationships.
- One stop crisis centres are being established 1 per state, but these are not adequate and such centres should be set in each hospital of the country. There is a need to upscale these efforts.
- The need for reparation for survivors of sexual violence was mentioned. Even in situations where the perpetrator of the act is not found, once an FIR is in place such compensation must be offered.
- MOHFW has a comprehensive protocol in place and it has been issued to all the states for enabling health professionals to respond to sexual violence. But many states have not adopted it. The Federal system has specific portfolios under the state, health has also been considered a state subject, which has allowed for different protocols for medico legal work in rape across states. But the direction of the Honorable Supreme court can ensure that all states follow a gender sensitive medico-legal protocol across the states of India. This can be done under Article 141/ 142 of the Constitution of India in the context that a direction from the Court in that regard will help with uniform implementation of the guidelines.

Lastly, the Honorable Judges were provided with the Amicus brief and also the same was shared with all the petitioners as well as with Additional Solicitor General (ASG) for states. Ms. Jaising requested the

court to develop a road map for uptake of these contentious issues and resolve them systematically. A two-month period was granted to the ASG to respond to the brief and recommendations therein.

2. Responding to Violence Against Women through Engaging the Health Sector: Replication of a Hospital Based Crisis Centre for Women Facing Violence

Meeting of the Advisory Committee

The second meeting of the Advisory Committee was convened 12th June 2015 at Asilo North District Hospital, Goa to update on the progress related to the functions of the centre and provide expert guidance. As per the decision taken at the previous meeting, a protection officer was invited on the advisory committee. The work of the centre was presented in terms of services offered to survivors of violence. The committee was updated about a letter sent to the Directorate of Public Health to create a permanent post of counsellor and seek salary support for the same. It was suggested that the periphery have small groups to respond to survivors of domestic violence and simple burns which must be documented and referred to the counselor at the crisis centre.

A decision was taken to disseminate guidelines for healthcare providers on responding to violence against women to health officers to generate awareness on their role in relation to VAW, record basic information of survivors and ensure appropriate referral. The possibility of training PHC staff by organizing monthly sessions facilitated by a trained doctor and the counsellor at the DHS meetings was explored. It was also suggested that the nurses and Prevention of Parent to Child Transmission (PPTCT) counselors can reach out to anganwadi workers. The committee suggested that survivors of domestic violence be referred to the Block Development Officer for further procedures of registering the case under the Protection of Women from Domestic Violence Act 2005.

Efforts made with the Department of Women and Child Development to notify the crisis centre:

Over the past year, several efforts have been made to engage with the Department of Women and Child Development (DWCD) to notify the crisis centre under its wing. The Coordinator of CEHAT met with the Secretary, Department of Health & the then Director of DWCD for discussing the future of Asilo Hospital, Goa and replication of the crisis centre on 3rd September 2015. Following this meeting, CEHAT received a letter of notification from DHS, Goa on 24th September 2015. However, the DWCD saw a change in leadership in the meanwhile and CEHAT continued to follow up consistently with the office. The Coordinator of CEHAT visited the Director, DWCD office 11th January 2016 but was unable to seek an appointment with the new Director.

A meeting was convened with the Director, WCD, Panaji, Goa at the office of the Medical Superintendent, Asilo Hospital, Mapusa on 4th March 2016 along with Deputy Director, Directorate of Health Services, Panaji along with core group member - Senior Psychiatrist, Asilo Hospital, Mapusa and the counsellor of the crisis centre.

At the meeting, Deputy Director, Directorate of Health Services, explained the significance of the counselling centre at Asilo Hospital and recommended setting up another centre at Hospicio Hospital, Margao for South Goa with support from CEHAT. The Director was briefed about the sources of referrals and critical role of healthcare providers in early identification of survivors as well as role of counsellors in identifying survivors through ward rounds.

The centre's efforts at sensitizing all cadres of hospital staff including support staff through training sessions and sessions conducted for the patient population to understand the availability of such services at the hospital were presented. It was decided at the meeting, that the available state human resource fund would be utilized for strengthening the existing crisis centre till the month of April 2016.

Visit to the centre by the Director, WCD and Deputy Director, Directorate of Health Services:

The Director, WCD and Deputy Director, Directorate of Health Services visited the counselling centre. As the assistant of WCD Director asked about how the women contact on phone if they want to talk. Senior Psychiatrist responded that telephone connection was to be provided to the centre but it was not yet provided. WCD Director said that helpline number can be provided and accordingly coordinated with Government Medical College who are willing to set up One Stop Centre for Women in GMC, Bambolim Goa in near future.

The plan was to institutionalize the centre through the WCD Department, Government of Goa. The WCD committed to responding on the matter after perusing through related documents.

3. Patients' Rights Website

CEHAT in collaboration with IKF (Iris Knowledge Foundation) launched a web portal related to Patients' Rights on World Health Day, 7th April, 2015. This portal is an informative and interactive platform for patients and general public seeking information related to patients' rights and wanting to share their experiences with the health care and health insurance providers.

The aim is to empower people with the knowledge of their rights as health seekers vis-a-vis fair access to quality health care with an assurance of their confidentiality and a safe clinical environment along with participation in decisions regarding their treatment. Website contains information related to various Indian laws and regulations which protect their rights as patients and ensure their access to quality health care and seek grievance redressal. Research and reports around patients' rights and latest news and issues are updated periodically on the website.

Patients/Users can participate by contributing their experiences with health care providers and health insurance agencies and help others become aware of the unfair practices in the healthcare system and how they can be tackled by an informed health seeker.

To create more awareness, dissemination material like Patients' Rights Theme Calendar 2016 and Patients rights brochure were developed and distributed. The CEHAT team also participated in National

Human Rights Commission and Jan Swasthya Abhiyan organized western region public hearings on cases of medical negligence in January 2016 where Patients' Rights Theme Calendars were widely distributed.

4. Integrating Gender in Medical Education

The Gender in Medical Education (GME) website developed with eSocial Sciences (eSS) contains teaching material and readings, and is periodically updated with relevant news and research papers. Articles have been posted on the GME blog and on GME's Facebook page on a daily basis. Additionally, the link to the Facebook page was mailed to all the mentors and participants for feedback regarding the relevance and usefulness of content posted.

Meetings are held with members of E-Social Sciences from time to time to strategize possible ways to increase online presence and outreach of the work being done on the GME project. Interview with mentor involved with the GME project was done to document their contribution to work done on making health systems and medical curriculum more gender sensitive and their experiences around the same. This interview has been shared on the website.

III. Training

Several trainings on the comprehensive healthcare response to survivors of sexual violence have been held at our intervention hospitals – two at K.B. Bhabha (Bandra) Hospital for 15 resident doctors at a time, three trainings were held for sisters in charge and staff nurses. At Rajawadi, three trainings were held for residents, mainly from the department of Gynaecology. The training was also conducted at Cooper Hospital with 45 healthcare providers from departments of Gynaecology, Forensics, Paediatrics, Casualty and Psychiatry. The senior doctors also conducted trainings at the hospitals to orient the new residents familiarizing them with the processes and sensitizing them towards the issue of violence against women. Three monitoring committee meetings were held in these hospitals involving review of documentation of the health response to survivors of sexual violence with a discussion of challenging cases and the way forward.

1. Training of trainers (TOT)

The NHM had proposed replication of Dilaasa centres at 9 peripheral hospitals. A training of trainers was held to create a pool of trainers for the purpose towards institutionalization of training. The 9-day training was carried out in three segments involving concept and perspective building and development of modules for training. A total of 33 doctors, nurses and community development officers from the nine hospitals actively participated in the hands-on sessions.

A two day in-depth orientation involving roles and responsibilities and procedures followed at Dilaasa was also organized for the social workers and ANMs of the 9 Dilaasa centres. There were a total of 47 participants.

The intervention team was part of a follow-up workshop by MASUM, Pune, for organizations working with women. It involved presenting and sharing CEHAT's work on exploring religion-based discrimination in health facilities in Maharashtra.

2. CAPACITY BUILDING OF PARTNER ORGANISATIONS

Engagement with civil society organizations on VAW as a public health issue:

Based on the training on establishing a hospital-based crisis centre, several organizations and government health institutions have made the effort to engage with the health system on the issue of violence.

1. Based on earlier interactions and workshops, Jan Sahas, Madhya Pradesh approached CEHAT to conduct a workshop on feminist intervention skills to address VAW for their field workers across the state. The workshop was held over five days for 21 field workers to help them enhance their intervention when working with survivors of violence.
2. Based on demand from organizations in Maharashtra, a feminist counselling course was held in Marathi as well for community based organizations, who interact with survivors of violence, adapting it to their context, sharing experiences and challenges specific to the state and coming up with ways of working around them. These organizations are those that we network with and the rationale behind offering the course to them is to share the feminist ideology and strengthen the response to violence. The course, through its hands-on approach, involves the participants in identifying survivors, facilitating the health response and providing psychosocial support.
3. CEHAT has been providing support to Action-Aid project, "Gauravi" which is a one stop crisis centre based in J.P. Hospital, Bhopal. A formative research at J.P. Hospital, Bhopal was conducted through semi-structured interviews with healthcare providers over a period of four days. Key objectives were to understand the perception of the healthcare providers towards the issue of violence against women and train them to respond sensitively towards women facing violence, thereby strengthening the services of the one stop crisis centre set up at the hospital. Following this, a two day state wide CME was organized at Bhopal, Madhya Pradesh, in collaboration with AIIMS, Bhopal. There were 48 doctors from various districts from departments of Gynaecology and Forensics who actively participated in the training. The findings of the formative study were disseminated at the CME training on comprehensive healthcare response to survivors of sexual violence.

3. Responding to Violence Against Women through Engaging the Health Sector: Replication of a Hospital Based Crisis Centre for Women Facing Violence in Goa

Orientation training at the hospital

Crisis Intervention Centre for Women organized 90-minute training for the hospital staff on 8th May 2015 at Asilo Hospital. There were 26 participants including social worker from local organizations named Sangath and Matruchaya and hospital staff including social workers, pharmacy and registration counter staff. Core group members conducted the session on Violence against women – understanding

the concept, its significance as a health issue and the role of healthcare provider in responding to VAW. Group discussions and role plays were conducted to engage the participants in the session.

A sensitisation and awareness programme on violence against women and children was organised on 21st and 22nd January 2016 by the core group members. There were 60 participants at the session which covered forms of violence and its impact on women and children including health consequences and offered information about the services offered by the centre.

Awareness and outreach programmes conducted outside the hospital

- Sensitization and Awareness Programme on Sexual Violence and Domestic Violence was organised for creating public awareness on 9th February 2016 with approximately 60 participants.
- An outreach and awareness programme on Domestic Violence and Child Sexual Abuse was conducted at El-Shaddai Charitable Trust, Calangute in the context of “Save A Girl Child Day” on 2^{5th} January 2016 with 17 participants.
- Outreach training programme on Domestic Violence was conducted at El-Shaddai Charitable Trust, Calangute on “World Population Day” on 11th July 2015 with 41 participants.
- A training programme conducted at ADEI Office (Assistant District Education Inspectors) for awareness among school administrators on sexual violence and child sexual abuse in particular on 30th June 2015 with 69 participants.

4. Ongoing training and development of the counselor of the crisis centre

The counselor of the crisis centre along with the counselor of PPTCT participated in five days training on Feminist Counselling organized by CEHAT from 22nd to 26th June 2015. The course facilitates an understanding of social and cultural determinants of women’s mental health, the principles and values of feminist counselling and how they can be applied in relation to Violence against women in particular. The intensive course uses case studies and role plays to provide hands-on experience to counselors, reflect on ethical issues in counselling and facilitate decision-making by respecting the autonomy and agency of the survivor of violence using an empowering approach. This was a refresher course for the counselor, recognizing the need for ongoing development.

Counsellors from Dilaasa and CEHAT visited the crisis centre and spent two days (11th and 12th June 2015) with the counselor, going through the counselling records and offering feedback. The process offers a forum for the counselor to share and seek feedback on challenging cases and ensure quality of counselling offered to survivors accessing the centre. From 29th June to 2nd July 2015, another CEHAT counselor spent time with the counselor at the centre. This exercise also provides an opportunity to demonstrate counselling and come up with strategies in responding to survivors of violence. A follow up visit was done by Dilaasa and CEHAT counselors on 11th and 12th January 2016 with the perspective of monitoring counselling services, identifying training needs of the counselor and providing her with support.

5. Integrating Gender in Medical Education

A one-day state level CME conference on Gender in Medical Education was organised on 20th December, 2015 in Aurangabad to initiate the dialogue on integration of gender in medicine among medical educators teaching in medical colleges across Maharashtra.

IV. Intervention and Services

1. Building Evidence on the Health Sector Response to Violence Against Women: Dilaasa Centre

The intervention includes technical support to Dilaasa crisis centre located at a public hospital in Mumbai and providing round the clock intervention to survivors of sexual violence reporting to three public hospitals in Mumbai. The counsellor at Bhabha Hospital, Kurla, has been deputed to another hospital where she receives cases of Domestic Violence.

Domestic Violence

April 2015 – March 2016

	Bandra Bhabha Hospital
Screening	147
New registrations	266
Follow-up sessions	255
Legal consultation	38

From April 2015 to March 2016, 266 new cases of domestic violence have been registered at Dilaasa, Bandra Bhabha. During this period, 255 follow-up sessions were conducted. Out of the above total of 64 women were screened for domestic violence and offered suicide prevention counselling after having attempted suicide.

During the process of counselling, if the woman expresses interest in seeking legal redress, support is provided through consultations with lawyers from Majlis. Eleven women received legal consultation at Dilaasa. The woman is directly referred to the Protection Officer or to Majlis office depending on the urgency of the case.

The counselors interact with the patients in the ward on a regular basis, informing them about the services of the centre. This encourages them to access the service when required and helps spread the word in their community. There is ongoing engagement with the doctors to ensure identification of women facing violence and their referral to the centre.

Sexual Violence

From April 2015 to March 2016, intervention was carried out in 465 cases of sexual violence reported at the three hospitals. The survivors were given emotional support, informed about medico-legal procedures, treatment and were referred for counselling. The counselors coordinate with the Child Welfare Committee, police and public prosecutors regarding the cases. The cases were followed up in 128 instances. Additionally, legal consultations were also held with survivors on need basis.

There have been several challenging cases of sexual violence such as that of an adolescent who was facing sexual violence by her father and had disclosed this to her teacher in school. The principal got in touch with us. The interventionist spoke to the girl and facilitated disclosure to a trusted family member in the school premises. However, when the family refused to take further action, the interventionist prepared the girl for police action and operationalised mandatory reporting in the interest of her safety. The matter was later presented to the Child Welfare Committee to ensure continued safety and education.

Another challenging case was that of a child who had experienced chronic sexual abuse from her teacher at school. Intervention involved working closely with the child and her family, facilitating the medical examination, following up with the State Child Rights Commission for school admission ensuring admission for the sibling as well, following up on the legal process. The child has successfully completed the academic year and the family has gradually regained routine in their lives. The trial has begun and we continue to work with the family providing legal consultation and psychosocial support.

International Women's Day was celebrated at K.B. Bhabha Hospital, Bandra, reaching out to approximately 300 women. Awareness on the issue of violence against women was spread by showing short video clips at the OPD block. The counselors also engaged in distribution of pamphlets on the issue at various wards of the hospital.

Data analysis of Dilaasa case records

The Dilaasa case records from 2000 to 2011 have been analysed. Analysis of case records is an ongoing process to ensure that intervention feeds into policy change while at the same time, maintaining confidentiality.

Visits to the centre:

Several visitors show interest in understanding the work of Dilaasa and visit the centre. Some of the visitors during this duration were:

- Dr. Eric Suba, Director of Clinical Laboratories, Kaiser Permanente Medical Centre, San Francisco who delivered the 8th K.R. Memorial Lecture on Contemporary Issues in Health and Social Sciences visited the centre.
- Dr. Avni Amin from the Department of Reproductive Health and Research, WHO and Dr. Kiran Sharma, Adolescent Health and Development, WHO and Ms. Priya Nanda, Director, Social and Economic Development, International Centre for Research on Women.

- Twenty three officials from the Government of India and National Health Mission to understand the Dilaasa Model.

2. Upscaling of Dilaasa:

The process for finalizing all the various documents- SoP (Standard Operating Procedure), manual, guidelines was thought through. A review of existing processes being followed at Dilaasa was carried out, analysis of case records was also done in order to see whether or not the practices are working with the intended result. These were then reviewed by experts and finalized. The team worked closely with the TISS (Tata Institute of Social Sciences) while finalizing the OSCC (One Stop Crisis Centre) scheme for the MWCD and later for the WCD (Women and Child Development) Department of Uttar Pradesh for setting up of Asha Jyoti Kendras. This has been a very demanding and rigorous exercise as the learnings needed to be based on evidence and we had to think through of its adaptability across various states.

The curricula for the proposed training was finalized but could not be announced due to delay in receiving funds from Ford Foundation. However, one training on feminist counseling was conducted for the staff and volunteers of Jan Sahas, a group working on Dalit rights in Madhya Pradesh.

3. Responding to Violence Against Women through Engaging the Health Sector: Replication of a Hospital Based Crisis Centre for Women Facing Violence

The crisis centre for women set up in December 2014 continues to function at Asilo Hospital, Mapusa, North Goa. Its location within the hospital makes it accessible to survivors of violence. The centre follows a convergence model involving interface with the Departments of Health, Women and Child Development, Panchayats, Forensic department which is located in Goa Medical College and District Legal Services Authorities. The centre has developed working relationships with local NGOs providing services including shelter and vocational services to women and children to build a network for referral and mutual support.

The core group plays an active role in increasing the visibility of the centre and sensitizing the hospital staff towards violence against women and children, equipping them with skills to identify and respond to survivors.

Reaching out to survivors of violence

Since April 2015 to March 2016, the crisis centre at Asilo Hospital, Goa has reached out to 155 women and children. Additionally, the counsellor has also followed up with survivors to enquire after their safety and encourage them to return to the centre for long term support.

Survivors of violence reach the centre through various ways. Healthcare providers are sensitized to identify survivors of violence based on health complaints. Women of all ages have been accessing the centre. Through discussion in the meeting of the Advisory Committee, efforts have been made by the centre and core group to engage with the PHCs and create awareness among them to refer survivors to the centre. IEC material have also been displayed at the hospital and disseminated through meetings and workshops to create awareness on the issue and increase visibility of the centre. While the centre is

located at the hospital, the centre makes all effort to engage with various agencies such as the police, lawyers, protection officers, ensuring a coordinated inter-sectoral response.

V. Documentation and Publication (CEHAT)

Articles:

García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., ... & Watts, C. (2015). Addressing violence against women: a call to action. *The Lancet*, 385(9978), 1685-1695.

Rege, S. (2016). Violence against women & role of health professionals. *Health Action*, 29(1), 10-12.

Publications:

John, P., Bavadekar, A., Hasnain, A. & Karandikar, A. (2015). *Gender in medical education: Perceptions of medical educators*. Mumbai: CEHAT.

Hartmann, Betsy. (2016). *Rethinking population education: Challenging the gender and structural violence of prevailing norms*. Mumbai: CEHAT.

Rege, S. (2016). *Guidelines for counselling women facing violence*. Mumbai: CEHAT (Revised edition)

CEHAT (2015). *Ethical guidelines for counseling women facing domestic violence*. Mumbai: CEHAT (Revised edition)

Press coverage 2015-16:

<http://www.hindustantimes.com/columns/aruna-shanbaug-also-the-face-of-brutal-sexual-assault-in-workplace/story-KwJ9ohbES0ZpkiMB80MCIO.html>

<http://www.dnaindia.com/india/report-what-makes-the-two-finger-test-so-controversial-2093734>

<http://www.livemint.com/Companies/boSuroFjWnoZq4yvly0itO/Can-CSR-funds-make-a-difference-in-healthcare.html>

<http://timesofindia.indiatimes.com/city/nagpur/Nagpur-Focus-on-domestic-violence-as-public-health-issue/articleshow/49435372.cms>

<http://timesofindia.indiatimes.com/city/nagpur/Gender-prejudice-affects-even-medical-books/articleshow/49511225.cms>

<http://www.dnaindia.com/india/report-activists-not-sure-castration-will-deter-child-rape-cases-2138924>

<http://www.thehindu.com/news/cities/mumbai/news/us-doc-faults-studies-on-cervical-cancer/article8191389.ece> (8th KR lecture press coverage)

<http://indianexpress.com/article/cities/mumbai/cervical-cancer-us-expert-raises-doubts-over-clinical-trial-on-2-24-lakh-women/> (8th KR lecture press coverage)

<http://indianexpress.com/article/explained/sex-determination-an-old-law-a-new-debate/>

<http://timesofindia.indiatimes.com/city/bengaluru/Docs-uneasy-about-rape-Pocso-cases/articleshow/51435511.cms>