

Activity Report

April 2005 To March 2006



**Centre for Enquiry into Health and Allied Themes
Mumbai**

Published in September, 2006

By

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Printed at

Satam Udyog

Parel, Mumbai-400 012.

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PREFACE

This year CEHAT has seen the culmination of another phase in its life cycle. With the restructuring process completed last year, it was time for change of guard at the helm. I had completed six years as the Coordinator and in keeping with the policy and principles by which institutions of Anusandhan Trust are governed, a new leadership was to be constituted. The Trust appointed a selection committee with the mandate to first look within CEHAT because as part of the restructuring process it was also felt that we need to look at leadership beyond the Trustees.

Thus the selection committee reviewed the staff profile of CEHAT and shortlisted candidates as potential Coordinators. The process also generated a changed model of leadership wherein a team of two persons were given the responsibility, one as the Coordinator and the other as the Joint Coordinator, with structured and defined spheres of responsibilities. I extend a warm welcome to the new team of Padma Deosthali as the Coordinator and Amita Pitre as the Joint Coordinator.

As CEHAT enters a new phase, the rapidly changing world in this new era of globalisation also offers new challenges in public health and health system's research, training and advocacy. CEHAT has to gear up to these challenges and utilise opportunities to consolidate its strengths.

The year gone by has indeed shown the resilience CEHAT has and how it used this to extend its sphere of influence both at the regional and national levels and more importantly in gaining confidence of a wide range of institutions and actors with whom CEHAT collaborates to achieve its goals and vision.

This has been possible only because of the dedicated and innovative team that CEHAT has and the unstinting support and backing of its donors and Trustees.

My best wishes to the entire team of CEHAT and the new leadership. I am confident that you will bravely stand up to the new challenges and take CEHAT closer towards its vision.

Ravi Duggal
September 2006

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1. INTRODUCTION

Twelve-year-old CEHAT, re-affirmed itself as a research centre of the Anusandhan Trust, following a restructuring in 2005.

From the two-year-long restructuring process, emerged three separate entities, namely, CEHAT as a research centre, focusing on social and public health research and policy advocacy; Support for Advocacy and Training to Health Initiatives (SATHI), focusing on health action and campaigns for health rights and Centre for Studies in Ethics and Rights (CSER) which promotes research and training in bio-ethics and ethics in social science research.

CEHAT witnessed a change in leadership in December 2005. For the first time in the history of Anusandhan Trust, the organisation has a Co-ordinator and Joint Co-ordinator who are both staff members. The earlier Coordinators were Trustees of the Anusandhan Trust.

CEHAT has been moving towards its goal of establishing itself as a research centre while working on strengthening education and training in public health in the country. It has established linkages within the academic world, with social science institutions and university departments to promote and undertake health research and training. This is in addition to promoting service provision through interventionist models like Dilaasa, in a bid to strengthen public health systems.

CEHAT has continued to work on its four thematic areas – Health Services and Financing; Health Legislation, Ethics and Patients' Rights; Women and Health

and Investigations and Treatment of Psychosocial Trauma. CEHAT continues to work through research, action and intervention, advocacy and campaigns, training and education and establishing models for provision of services. While these are broad themes within which much of CEHAT's projects and programmes are located, the activities cannot be segregated into watertight compartments. They often supplement each other. The last year has witnessed the initiation of new projects such as Pehel which is CEHAT's research and training initiative on violence against women. Through another of its joint initiatives, the Public Health Report, CEHAT has been participating in the compilation of a national level report on the status of public health in the country. CEHAT is also a facilitator in the formulation of Rules under the Bombay Nursing Home Registration (Amendment) Act, 2005 through a consultative process involving various stakeholders. Seeing the expansion of Dilaasa's work, has led the BMC to set up another crisis intervention department in a central suburb of Mumbai.

The last year has also witnessed the continuation of projects like Towards Establishing Health as a Human Right. From this project emerged the release and dissemination of reports such as Health and Healthcare in Maharashtra and Review of Healthcare in India, in addition to a policy brief, Moving Towards Right to Health Care.

CEHAT has also conducted Human Rights Training and Educational awareness through its courses conducted by the

Mumbai University and Tata Institute of Social Science.

The Campaign against Sex Selection attained new heights, with CEHAT conducting a workshop on the Preconception and Prenatal Diagnostic Techniques (PCPNDT) Act for the Appropriate Authority, in collaboration with the Government of Maharashtra. A National Consultation on the implementation and monitoring of the PCPNDT Act for representatives of NGOs in India was also organised by CEHAT, to consolidate its stand against sex selective abortions.

CEHAT continued to be active in the Right to Health campaign at both, national and international levels. The organisation has been selected by IFHHRO as its Asian regional focal point, to document and monitor violations of health and human rights in SAARC countries. CEHAT has also organised and participated in International Conferences like Engendering Health and Human Rights, jointly Organised by CEHAT and International Federation of Health and Human Rights Organisation (IFHHRO); Health Rights, Women's Life, Challenges and Strategies for Movement Building, the 10th International Women and Health Conference (IWHM) and the First National Bioethics Conference. The conferences were a phenomenal success and a great learning experience for CEHAT'S staff, who participated actively.

CEHAT was also involved in drafting an amendment to the Bombay Nursing Home Registration Act (1949). This draft was submitted to the Maharashtra government in 2001. In December 2005, the Maharashtra government announced the amendment to the above Act, and invited CEHAT along with other stakeholders to facilitate the process of formulating Rules for the Bombay Nursing Home Registration (Amendment) Act 2005 and to draft a framework for the accreditation of private Nursing Homes in Maharashtra.

Social relevance, ethical concerns, democratic functioning and social accountability, continue to be the four foundation principles governing the institutions of the Anusandhan Trust. In this spirit, the Trust has appointed the Institutional Ethics Committee (IEC), which would now review all research projects of all the centres of the Trust.

The process of setting up an alternative to the Peer Review Committee (appointed last year) has culminated into the setting up of the Programme Development Committee, comprising external and internal members. The Programme Development Committee is responsible for academic research and content of all activities, including peer review. It has, on board, external experts from the Anusandhan Trust, members of the staff and other institutions.

2. HEALTH SERVICES AND FINANCING

This is a core thematic area of CEHAT in which the focus is the state's failure to protect the right to basic health care, unabated growth of the private sector and the commercialisation and profit in health care leading to the deterioration of the public health sector. The focus area highlights the state's apathy towards providing universal access to health for all. The issues dealt with through the projects are determinants of health, people's health problems and health seeking behaviour, the structure and functioning of health care services, health expenditure and financing.

The thematic area emphasises the fact that effective contribution to health care is not possible without the active participation of the state. The role of the state is crucial in ensuring easy availability, affordability and accessibility of health care for all. However in India, the public health sector has been grossly neglected, resulting in inadequate public health expenditure. CEHAT, through its various research studies highlighting the gross neglect of the public health sector, has also recommended to policy makers, corrective steps to be taken in this direction. A database of public health expenditures for all states from 1951 onwards has also been developed.

The work undertaken in this thematic area for the past one year is a continuation of projects like Towards Establishing Health as a Human Right, together with newer projects such as the Public Health Report, which primarily focus on the analysis of availability and accessibility of health care and health services in the country. This is with the aim of recommending a minimum

package of services, structures and facilities, regulatory mechanisms involving civil society, local communities, administrative structures and professional bodies. The project aims to define rules for assessing policy options.

The upcoming work in this area is on the Formulation and Advocacy for Minimum Standards in the Private Health Sector, Promoting Self-Regulation and a Situational Study of Quality of Care in Private Sector.

Towards Establishing Health as a Human Right

Towards Establishing Health as a Human Right is a project which has research, advocacy, training, campaigning and educational component. The overall aim of the project is to set in motion, within the civil society, a process that seeks to establish the Right to Health Care, through research and documentation, advocacy, lobbying, campaigns and awareness and education activities.

The main objectives of the project are to review the legal, constitutional provisions, international covenants and aspects of the health care situation in India with the perspective of the Right to Health Care. It also aims to prepare a policy framework, a draft bill and an operational strategy to move towards the goal of Right to Health Care in India. The project also seeks to facilitate and participate in an advocacy campaign, including possible legislative action, to bring the Right to Health Care issue onto the political agenda in India. It also looks at facilitating public understanding on

issues involving health and human rights violations, vis-à-vis the role of health professionals and patients rights.

Through the project, a health information database, on the Right to Health Care in India, will be compiled. This will be supported by advocacy through hosting conferences, workshops, seminars, orientation and training programmes on the issue.

Research on Status of Health

The research intends to generate comprehensive state-wise information on the health status, across India. This is in an attempt to draw a co-relation between the performance of health care facilities and public health, across the rural-urban divide.

The two reports, titled, Review of Healthcare in India and Health and Healthcare in Maharashtra – A Status Report are the outcomes of such research. The Review of Healthcare in India has sought to analyse and reinterpret the health situation and health statistics from the public perspective. This, again, is aimed at boosting the movement for a comprehensive health policy for India.

Health and Healthcare in Maharashtra – A Status Report consists of detailed analytical information on the critical aspects of health care issues in Maharashtra. Though Maharashtra is one of the affluent states in India with the highest per capita income, it continues to witness sharp socio-economic imbalances that ultimately translate into poor health outcomes. This report also focuses on a declining sex ratio and public health expenditure, disparities in rural-urban public health expenditure and rural-urban infant

mortality. The report also carries a review of the state run health care facilities, together with some indicators of health status such as infant mortality, child mortality, life expectancy, morbidity and hospitalisation, nutritional status, water supply and sanitation in Maharashtra. The report has been published and disseminated widely.

CEHAT has initiated the process of drafting similar reports, on the public health scenario in other states. Meetings to disseminate the Country Health Report, titled Review of Healthcare have been held in some states like Maharashtra, Delhi, Rajasthan, Assam and West Bengal. Policy Briefs titled Save Public Health – Ensure Health for All Now! and Moving Towards Right to Health Care have been published and widely disseminated among health professionals, politicians, researchers, and members of the general public.

Through the on-going research, which is part of the project, information related to morbidity, mortality, access and discrimination of disability indicators of vulnerable groups, has been compiled. The research also reveals disparities and human rights violations within groups, namely discrimination. The research has culminated into a series of background papers on women, the disabled, migrants and aged. A working paper on the history of the right to health has also been written. The other perspective papers in the pipeline focus on *dalits*, sexual minorities and mental health services.

These well-researched papers, provide evidence based recommendations for improving access to health care facilities. They also address the issue of discrimination. Based on the background

papers, a booklet that looks at the various vulnerabilities will be published.

As part of the Universal Financing Strategy paper that is being drafted, a primary study on Unit- Cost analysis has been undertaken, as part of the project. The overall aim of the study is to assess the cost involved in delivering some selected health care services. The study would also make it possible to assess the costs of providing health care services ranging from primary to tertiary levels and determine unit costs of these selected services at the different levels of delivery. It would help generate cost estimates that would feed into resource allocations for different services at different levels. Very importantly, the research would provide evidence to alter utilisation patterns at each level so that patient needs are matched with the services provided, in turn, strengthening the process of the financial strategising. The study is being conducted in Pune and some districts of Maharashtra.

Budget Training and Analysis

CEHAT has undertaken budget analysis and training, in an attempt to create public awareness and empower people with knowledge required to scrutinise budgets, to bring about accountability in governance. The underlying aim is to build a momentum towards rights based governance and to consolidate the agenda of civil society for equity and justice.

A Budget Praxis programme with grass root groups in Maharashtra has been initiated by CEHAT. Over the last two years, capacity-building exercises have been conducted in the states of Maharashtra through four regional workshops. In each of these regions a core group has been formed, to make

budget discourse, assessment and advocacy, key tools in the process of public action for change and justice. The network has over 40 partner organisations from across the state.

CEHAT is in the process of developing a budget manual in Marathi and English, in order to simplify budget-related issues and disseminate the experience of the Budget Praxis Initiative. To put it broadly, this manual focuses on the nature and content of budgets, various revenue sources and details regarding expenditures. The contents of the manual are: budget analyses, decisions regarding priorities, budget allocations to different sectors and the mechanism for monitoring expenditures. It also throws light on budgeting done at the central, union and state levels. The manual also serves as a ready reckoner for grass root level organisations/ health activists who wish to use budget as an effective advocacy tool. The manual, which is presently in its draft form, will be published after being reviewed.

A day-long seminar, “Social Sector Budget: It’s Impact and Assessment” was organised on March 6th, 2006 at ICSSR, University of Mumbai- Kalina, to spearhead a discussion on the role of the country’s successive boosting in the growth of the private health care sector, thus worsening the situation of vulnerable groups like the poor, women, tribals and scheduled castes, through an inappropriate allocation of resources. A presentation was made on the budget manual prepared by CEHAT during the latter half of the seminar.

Dr. Jayant Lele –Director, Queen’s University Canada spoke on ‘Budget and Regional Imbalance’, Dr. Ajit Karnik - Professor, Department of Economics,

University of Mumbai spoke on Social Sector and Economic Reforms and Dr. Vibhuti Patel- Director, P.G.S.R. Professor and Head of Department, University Department of Economics, SNDT Women's University made a presentation on Gender Audit of Budget. The budget manual was presented during the post lunch session conducted by Prashant Raymus and Prof Manoj Pandkar.

Team Members: Ravi Duggal, Dr. Chandrima B.Chatterjee, Kamayani Bali Mahabal, Prashant Raymus, Gunjan Mehta, Rashmi Divekar and Sushma Gamre.

Supported by: The Ford Foundation, Oxfam-Novib and Rangoonwala Trust

Public Report on Health

Public Report on Health is a research and advocacy project funded by the International Development Research Centre, Canada. The project is based in the Council for Social Development, New Delhi. The state-based study is co-ordinated by six states, namely, Himachal Pradesh, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu and Uttar Pradesh. CEHAT has been co-ordinating the study for Maharashtra.

The overall objective of the Public Report on Health is to present a perspective on People's Right to Health within a holistic framework. It does so by looking at people's perceptions of health as a means of wellbeing. The report will identify the manner in which, health, as defined through community perceptions, health services provider perceptions, epidemiological rationality, can be achieved at a macro level, through public policy.

The second issue is of access to quality care across a combination of systems viz. - home remedies, various folk, indigenous and allopathic systems- based on a continuum from home, to community, to primary to secondary and tertiary levels of care. This would include ensuring the availability and access to medical services, promoting rational medical management practices and their utilisation, besides an epidemiologically rational health service sector policy approach with a holistic framework, to provide the philosophical moorings. Since there is extensive literature on the subject, the study will place great emphasis on literature survey and draw lessons from other evidence-based approaches in the sector.

Concrete outcomes of the study will include suggesting:-

- A minimum package of services, structures and facilities.
- Regulatory mechanisms involving civil society, local communities, administrative structures and professional bodies.

The work of CEHAT in this project comprises analysis and field study elements. It can be divided into literature review, situation study, intensive village study and quantitative survey of households cum service providers.

The first phase of the study consisted of a situational analysis, in four villages of Jalna and Pune districts of Maharashtra. The following areas were considered:

- Public and private healthcare infrastructure and the applicable user fees.

- Assessment of health infrastructure through a study of the utilisation of these facilities and focus group discussions with NGOs.
- Understanding of health needs/ health service utilisation patterns/health related perceptions in a study focussing on the sample village.

The situational analysis has been documented in the form of village, district and state level reports.

Team Members: Leni Chaudhuri and Prashant Raymus

Supported by: International Development Research Centre, Canada

Fostering Reforms in Private Health Sector

Health care for all, reforms in both, the public and private health care sector and regulation of the private health sector has been an interest area of CEHAT for a decade. Fostering Reforms in Private Health Sector is a project with a research and action component. It is being jointly undertaken with SATHI (Action Centre of Anusandhan Trust evolved from CEHAT) of Pune. The aim is to study the access to health care with an equity lens, quality of health care in both public and private health sectors and policy level advocacy to improve access to health care.

SATHI is primarily involved in a household based research to study how equitable is the quality and access to the public health care system. Alongside, CEHAT will analyse the quality of health care in the private health sector and advocate for better physical and clinical

standards in this sector. This is a three year activity and is in the first stage.

The objectives of research component include developing standards and protocols for the assessment of physical and clinical care, in order to facilitate the process of self-regulation and accreditation of private medical sector; and to assess the physical and clinical standards of care in the private sector in Maharashtra.

The first round of development of standards took place for purpose of the Rules for the Bombay Nursing Home Registration (Amendment) Act 2005. Minimum standards for 10 bedded General, Surgical and Maternity Homes were incorporated as an annexure to the rules document. The other standards are being worked out. The research proposal to look at quality of care in the private sector is being developed.

On the advocacy front, workshops, campaigns and focused inputs to support the Maharashtra Government's initiative for implementing the Bombay Nursing Home Registration (Amendment) Act 2005, will be held. Another objective of advocacy would be to use assessment obtained from research, in order to develop a framework for the regulation of the health care system. Also to be organised, would be training workshops and advocacy initiatives on the need for minimum standards for quality care, self-regulation and accreditation in Maharashtra for medical professionals, their associations and consumer groups. There would be documentation of the training and advocacy initiative as modules, to be used in other states to help replicate this process. The final objective is consolidation of the Health Care Accreditation Council in Maharashtra.

Active collaboration with the government has started with the process of rule making for the Bombay Nursing Home Registration (Amendment) Act 2005. The Health Care Accreditation Council (HCAC) is an independent Accreditation Council formed through the participation of various stakeholders, of which CEHAT is a part. Recently, the HCAC received the state government's permission to be registered as a not-for-profit company. CEHAT proposes to take the concept of self-regulation, through voluntary accreditation to all districts of Maharashtra and facilitate compliance with minimum and progressively better standards.

Team: Amita Pitre, Aparna Joshi and Pankaja Dhande

Supported by: International Development Research Centre, Canada

Human Rights Education and Awareness

The objective of the Human Rights Education and Awareness programme is to facilitate public understanding on issues involving health and human rights violations, specifically related to the role of health professionals. The activities undertaken are as follows:

- **Health and Human Rights Para Legal Training**

In collaboration with the India Centre for Human Rights and Law (ICHRL), CEHAT introduced a two-day training module on health and human rights for three batches (of 30 each) of health and human rights activists, mainly from grass root organisations, between April 2005 and March 2006. A fallout of the

overwhelmingly positive feedback from the participants, the module has been translated in the local language, Marathi.

- **Course on Health and Human Rights at Mumbai University**

In the Human Rights Course conducted by the Mumbai University CEHAT organised lectures on Women's Health and CEDAW, Medical Negligence and Informed Consent, Sex Selection, Violence: A Public Health Issue - With Special Reference to Domestic Violence, Consumer Protection Act, Patient Rights and Linkages between Health and Human Rights. The 2005-2006 batch had 99 students. One student was guided on his thesis on the Right to Health Care in India by a member of CEHAT.

- **Course on Health and Human Rights at Tata Institute of Social Sciences (TISS), MUMBAI**

CEHAT conducted a 12-day intensive international course on Health and Human Rights, in July 2005. The main objective of the course was to dwell upon the linkages between health and human rights.

The course, offered in collaboration with TISS, covered areas like Human Rights for Public Health Theory and Practice, Health Policies and Programmes, Human Rights Violations, Promoting and Protecting Health and Human Rights, and Monitoring Health and Human Rights. Sessions were conducted on the Introduction to Human Rights and

Health, Inter-Linkages between Health and Human Rights. Violations of health rights of vulnerable groups included women, sexual minorities, sex workers, internally displaced people, prisoners, dalits, people with psychological disabilities, and HIV infected persons.

A training session on Monitoring the Right to Health Care was conducted by Ms. Aleid Bos, member of International Federation of Health and Human Rights Organisations from the Netherlands. The course included two field visits, to a prison and public hospital, respectively. The course faculty comprised eminent academics from Mumbai University, TISS and CEHAT.

In the second batch of December 2005, of the 50 applications received for the course, 20 were selected, from India, Indonesia, Bangladesh, Pakistan, United Kingdom, Bangladesh and USA.

The second batch of the health and human rights course was extended to two weeks, to accommodate suggestions from the first batch of participants, to include issues of communal violence and ethics, into the course curriculum. Based on feedback and evaluation of the first batch of the course, screening of films on various themes, together with discussions, formed an integral part of

the course. These additional elements of the course received positive feedback from the course participants.

A major outcome of the two batches of the course was:

- Formation of an e-group of the batches, to plan follow up actions related to health and human rights, once they return to their organisations.
- A participant from the North-East India has translated the modules into the regional language, through which he conducts training programmes for grass root activists.
- The partner institution, TISS, is planning a formal accreditation of the course.

Mumbai Initiative for Human Rights Education

CEHAT, by being a part of the core group of the Mumbai Initiative for Human Rights Education (MIHRE) network, has been instrumental in changing the syllabus of human rights education in the colleges. A course in human rights is also being introduced at the school level, by the network.

Team Members: Kamayani Bali Mahabal, Rashmi Divekar and Sushma Gamre

Supported by: The Ford Foundation, Oxfam-Novib and Rangoonwala Trust

3. HEALTH LEGISLATION, ETHICS AND PATIENTS' RIGHTS

This thematic area relates to legal and policy related aspects of health care. Health legislations are necessary for reinforcing regulatory mechanisms in the health care systems especially for regulating the private sector. The legislations should aim at improving access to health care and the quality of its services, and thereby reduce inequity.

CEHAT's commitment to social aspects of health legislation is reiterated by its focus on the implementation of Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act). In the last year CEHAT has also been involved in facilitating the process of formulating Rules for the Bombay Nursing Home Registration (Amendment) Act 2005 and the framework for the accreditation of private nursing homes, for the Maharashtra Government. Compilation of case laws has been undertaken in collaboration with the India Centre for Human Rights and Law with the aim of using it as a tool to advocate the Right to Health Care.

CEHAT has intervened through several Public Interest Litigations, in its attempt to advocate the Right to Health Care. The last year has seen progressive judgements in this regard.

Campaign against sex-selection has also been one of the important activities to create awareness on the implementation of the PCPNDT Act, in reducing discrimination against the girl child.

Ethics has always been an interest area of CEHAT. A separate centre, called the Centre for Studies in Ethics and Rights (CSER), was established in January 2005.

Its focus area is bio-ethics and social science ethics in research and medical practice. Major research projects on this theme will be undertaken by CSER.

Formulating Rules for the Bombay Nursing Home Registration (Amendment) Act 2005

Together with other stakeholders, CEHAT was involved in preparing the draft for amendment to the Bombay Nursing Home Registration Act (1949). The draft was submitted in 2001 to Maharashtra Government.

After a gap of four years the Maharashtra Government announced the amendment to the Bombay Nursing Home Registration Act (1949) in December 2005, with only peripheral changes. CEHAT was also invited along with other stakeholders for facilitating the process of formulating Rules for Bombay Nursing Home Registration (Amendment) Act 2005 and a framework for the accreditation for private nursing homes for the Maharashtra Government.

The Maharashtra Government amended the Bombay Nursing Home Registration Act (1949) in the Legislative Assembly's winter session in December 2005. The Act was meant for the registration of Nursing Homes/ Hospitals in a few cities in Maharashtra such as Mumbai, Pune, Sholapur and Nagpur. The Act was recently introduced to the entire state of Maharashtra, through a government notification. Although the government has made only cosmetic amendments to the Act, and in fact lost an opportunity to make path-breaking changes, CEHAT was presented with an opportunity to

formulate rules for the Act. For the first time, comprehensive rules to the Act are being framed which is crucial for its implementation.

Multi-stakeholder process

In February 2006, CEHAT took up the responsibility of facilitating the process of rules formulation in consultation with the stakeholders. The project duration is six months. CEHAT is committed to facilitating a participatory process involving all the stakeholders. Representatives from the Indian Medical Association, Hospital and Nursing Home Owners' Association, FOGSI, Association of Medical Consultants, Association of Rural Surgeons, consumer and health rights coalitions and groups, human rights lawyers, nurses associations and the government are a part of the process. The aim is to safeguard the interests of patients as well as to discourage any harassment of doctors at the time of registration.

A small Working Group of all the stakeholders was formed. The rules document has now been submitted to the Maharashtra Government for its final approval. The focus of the document is as follows:

- Procedures for effective implementation of the Act- Various procedures and formation of bodies such as the District Nursing Home Registration Board and State Nursing Home Registration Boards, with representation from multiple stakeholders have been recommended to be set up to guide the Local Supervisory Authority in implementing the Act. They will also serve as appellate bodies.

- Minimum Physical Standards for Hospitals and Standards for Human Resources have also been formulated.
- Various clauses to safeguard patients' rights such as right to information, right to informed decision making, right to informed consent, participation in decision making, autonomy, confidentiality, privacy, dignity and non-discrimination have also been included in the draft.
- The patients and the nursing home owner's right to grievance redressal have also been addressed.

In order to make the process participatory three working group meetings, a meeting with rural surgeons at Dhule to identify concerns of the rural private health care providers, a special meeting with health rights and consumer groups were conducted where the rules were discussed and deliberated on. A transparent process of rules formulation has been the biggest strength of this activity.

The framework for accreditation is in the draft stage.

Team Members: Amita Pitre, Aparna Joshi and Pankaja Dhande

Supported by: Government of Maharashtra

Case Laws on Right to Health

Case laws, which have used constitutional provisions to mandate the Right to Health and Health Care, have been compiled- to be used as an advocacy tool. The document, 'Health Care Case Laws', includes seven crucial issues

relating to health and human rights: Right to Health and Public, Emergency Health Care, Drugs and Public Health, Medical Negligence, Medical Practice, Occupational Diseases and Right to Workers Health, AIDS and Public Health, Environment and Public Health.

Suggestions arising out of a peer review of these chapters, have been incorporated in the document.

This compilation has been undertaken in collaboration with India Centre for Human Rights and Law.

Public Interest Litigations

Judicial activism has been one of CEHAT's activities. Public Interest Litigations (PILs) have been filed in several cases. For instance, a PIL was filed in an attempt to prevent sex-selective abortions and for implementation of Pre-conception and Prenatal Diagnostic Techniques (PCPNDT) Act, 2003; and against the discriminatory practices involved in the diet of prisoners, in Maharashtra. Intervening applications have been filed in cases dealing with charitable hospitals, that did not provide benefits to its poor patients.

- **Discriminatory Practices in Prisoners' Diet in Maharashtra**
CEHAT filed a PIL in the Bombay High Court against the discriminatory practice involved in the diet of prisoners in Maharashtra's prisons. The issue was whether prisoners of foreign origin needed a different kind of diet based on their physical and health needs and on the amount of spice in their food. The petition

pointed out that The Maharashtra Prisons (Diet for Prisoners) Rules, 1970 provide for different scales of diets as may be required by particular physical and health requirements. Rule 16 provides that a foreigner, not accustomed to the diet scales, may be given a modified diet as recommended by the Medical Officer.

CEHAT's plea urged for the restructuring of prisoners' diet scales, based on their physique, health status and special needs that would include conditions like diabetes and allergies. CEHAT also requested the court that based on these revised diet scales, a balanced diet be served to all prisoners.

In their order on the petition Justices A.P. Shah and Abhay Oka, ordered an assessment of prisoners' diet, from Mr. Kinninge -D.I.G. (Prisons), Dr. Bharati R.M. - J.J. Hospital and Dr. Veena Vardi -Coordinator of P.G. Diploma in Dietetics and Applied Nutrition, Nirmala Niketan College of Home Science to submit their report by May 30, 2005.

After a review of the diet of both, Indian and foreign prisoners, this team recommended a nutritious and wholesome diet to be provided to both these groups of prisoners.

The court, on the basis of this report stated that this discrimination in prisoners diet could not be tolerated, ordering that prisoners across the board, be provided a similar diet.

The judgement, which has been circulated to all the prisons in Maharashtra, could impact the situation of prisoners in the state. It will also be used as a reference, in case of any other discriminatory practice in any of the country's prisons.

- **Mr. Vinod Soni - Violation of PCPNDT Act**

A petition to quash and set aside the provisions of the Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994, under Article 226 of the Indian Constitution, was filed in the Bombay High Court, in May 2005. The petitioner, Vinod Soni argued that sex selection allowed parents to choose the sex of their offspring and hence 'plan' their families, which could even work in favour of the girl child.

Following an intervention of CEHAT, Women's Centre, Citizens for Justice and Peace and Dalit Mahila Vikas Mandal the petition was dismissed at the first hearing, itself, on the ground that it could not be made applicable to the Indian context as the concept of having son was deep-rooted in Indian society. This was a landmark judgement in the context of conflicts of individual rights versus collective rights, within a social context.

- **Charitable Hospitals - Violation of the Bombay Public Trust Act, 1950**

CEHAT intervened in a PIL, questioning the functioning of various charitable hospitals that were not providing benefits to poor

patients, as mandated in the Public Trust Act under which they were registered. Sanjiv G Punalekar, a Mumbai based lawyer filed an application in the Bombay High Court in December 2004, based on the refusal of charity for the treatment of his father in the State Aided Charitable Hospitals, which get several concessions under the Bombay Public Trust Act, 1950. Not taking into account, the hospitals' argument that the Punalekars came nowhere near the categories of 'poor' or 'weaker section', the High Court converted the application into a PIL.

CEHAT's invitation to intervene in the PIL, came from its standing as an organisation working on research and policy matters related to public health. It was also requested to offer inputs regarding the functioning of the Charitable Hospitals.

A positive fallout of this intervention was that a committee was formed to look into and investigate the matter, and consider practices of inclusion and exclusion.

The case is pending in the High Court. The Association of Hospitals (AoH), an umbrella organisation for over 45 private charitable hospitals in the city, were the defendants in the case. The AoH also manages Trust Hospitals.

- **Implementation of the Organ Transplantation Act**

CEHAT will be filing a PIL

regarding the non-implementation of the Organ Transplantation Act. Consultations and networking have been undertaken as preparation for this. The petition aimed at will underline the need to introduce post-death counselling of relatives; granting permission to hospitals across Maharashtra, equipped with the infrastructure and facilities to perform organ retrieval operations; and to make transparent and accessible, the decisions of the Authorisation Committee on organ transplantation.

The petition will be filed along with two petitioners who have been involved in the organ donation movement for over a decade.

Team Members: Kamayani Bali Mahabal and Rashmi Divekar

Supported by: The Ford Foundation, Oxfam-Novib and Rangoonwala Trust

Right to Health Campaign and Health Advocacy

Health care for all has been the principle objective of the activities pursued by CEHAT. Through advocacy attempts, CEHAT has worked towards putting the Right to Health Care on the country's political agenda.

The advocacy tools used to promote this issue, have been conferences, workshops, seminars, orientation and training courses.

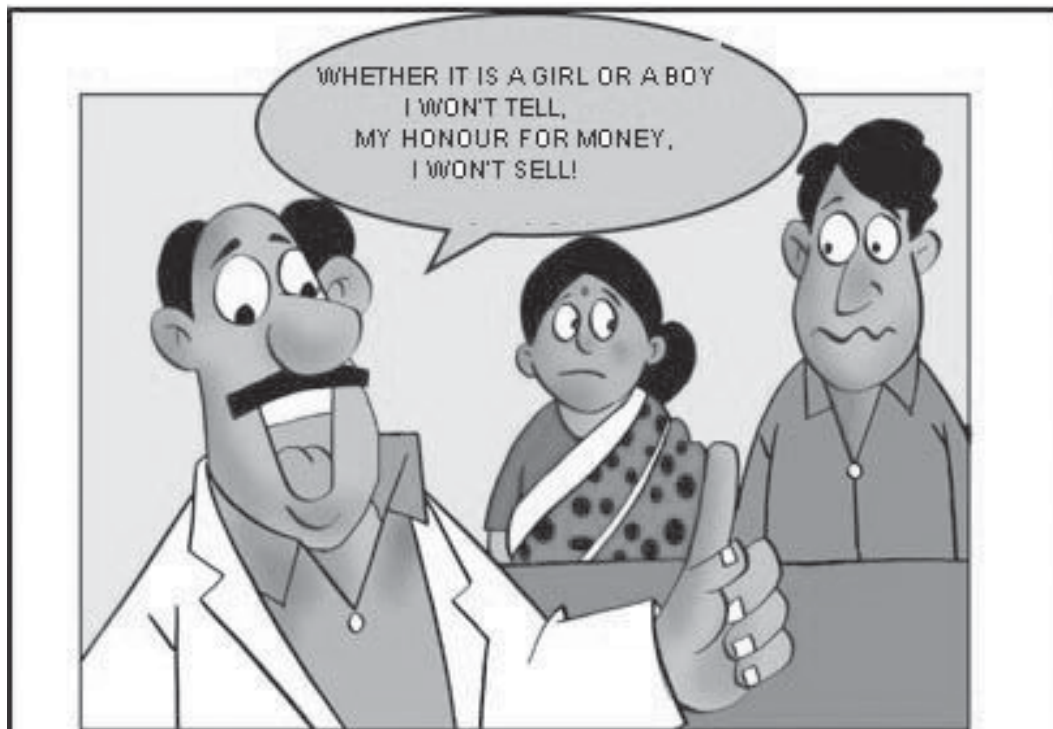
CEHAT is also a part of Jan Swasthya Abhiyan – The Indian Chapter of People's Health Movement, which has been campaigning for the Right to Health.

- CEHAT continues to be active in the Right to Health campaign, at the international level, through IFHHRO. CEHAT supported the UN Rapporteur on Right to Health to develop his mandate and agenda for his second term. This was after organising IFHHRO's international conference, in September 2005.
 - IFHHRO has selected CEHAT as the Asian regional focal point of IFHHRO, to document and monitor violations of health and human rights, in SAARC countries. The office will conduct training on monitoring activities related to the Right to Health and would engage directly with health professionals on the issue of health and human rights.
 - A thousand copies of the policy brief on health budget were disseminated among organisations, parliamentarians and members of the general public. The brief highlighted the importance of budgets and the trend in public health spending, with a critique of the national budget 2005-2006 and suggestions to the government.
- Campaign against Sex Selection**
- CEHAT, conducted a workshop on the PCPNDT Act for the Appropriate Authority, in Pune, in March 2006. The workshop conducted in collaboration with the state government, was attended by 55 participants. The workshop has attracted national attention, for the highlighting the Appropriate Authority's lack of orientation of their role and the law.

- In March 2006, a National Consultation on the implementation and monitoring of the PCPNDT Act (as a follow up of the meeting in 2004 to chalk out future strategies) was attended by 30 representatives of NGOs from all over the country. The groups decided to involve more organisations in the campaign to have far reaching effects. The consultation also emphasised its stand on abortion as a woman's right, as against sex selective abortions, which have been banned in India, for causing a skewed child sex ratio.
- A two-day consultation on sex selection and implementation of the related law, was conducted in collaboration with MASUM, in March 2006, in Pune. Attended by members of 40 grass root organisations, the workshop inspired a number of them, working on gender issues, to address the workshop theme provided they were given support in training and advocacy on the issue. They expressed interest to being a part of advisory committees, for a more effective implementation of the law. The organisations also agreed to collect and document complaints of violations under the PCPNDT Act.
- CEHAT has been invited to address the issue of sex selection, on various fora of medical associations and television channels, like the Spanish TV18, that visited the CEHAT office in March 2006.

Team Members: Kamayani Bali Mahabal, Sushma Gamre and Rashmi Divekar

Supported by: The Ford Foundation, Oxfam-Novib and Rangoonwala Trust



SAY NO TO SEX SELECTION AND SEX DETERMINATION

Sex Selection and Sex Determination is a crime under
Pre-Natal Diagnostic Techniques (PNDT) Act 1994.



Centre for Inquiry into Health and Allied Themes

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issued in the interest of the girl child

4. WOMEN AND HEALTH

Women and Health has been a core thematic area of CEHAT ever since its inception. Since women's health is intricately linked with her social environment, it becomes imperative to study, not just her biological problems, but also the social processes that cause these problems.

The prolonged discrimination against women, despite modernisation necessitated enquiry to focus on their problems and issues like abortion in the larger context of women's rights.

The research projects undertaken focussed on issues such as abortion to bring out the shortfalls in the health care systems and suggest measures for improving the health care services related to abortion. Research has also been undertaken on the effects of urban poverty on the women's health and their means of coping with poverty itself.

Issues such as declining sex ratio, age at marriage, gender equity and violence against woman, which have adversely affected women's reproductive health, are also an interest area for CEHAT. Over the last year, CEHAT has undertaken research as well as advocacy on these issues. Research on women's experiences of the public health system has commenced. The research is a part of Pehel project. Training programmes have been organised for *anganwadi* workers to empower them with information on health issues.

A Study of Women's Experiences within the Public Health System

CEHAT's work on domestic violence led

to the realisation that there was a lack of sensitivity towards the health needs of the poor and women. Thus a research has been undertaken by Pehel on women's experiences within the public health system.

As public health interventions remain preoccupied with family planning and maternal health services for women, very little attention has been paid to other health needs of women and their health status, which is inherently linked to their status in society.

A Study of Women's Experiences within the Public Health System aims to understand from women, their experiences in the different departments of the public health care system, at different levels of health care. This is with an understanding that a system sensitive to the needs of the most vulnerable i.e. women disadvantaged by class, caste, religion, region, disability and any other vulnerability will be sensitive to all patients accessing care at the public health system.

The study would also delve into the delivery of health care vis-à-vis women at three levels – provider-patient, hospital management and lastly, the processes, norms, protocols and policies followed by the hospital.

The study would also explore the perceptions and attitudes of health care providers regarding women's health. There have been some efforts in the recent past to review medical education from a gender perspective. This study would explore attitudes, perceptions and the behaviour of health care providers

(hospital staff) across all levels and departments - in relation to women accessing care in the hospital.

The study will also review, through a gender lens, the overall management of the hospital as well as existing policies, protocols, norms and procedures followed by the hospital. It proposes to understand through observation, actual situations, environments and interactions within the hospital. The study will recommend changes at different levels – structural, attitudinal and administrative in order to make the public health system women centred.

A review of existing literature for the study has been done and the methodology is being developed. Women accessing all departments and specialisations will be interviewed. Key informant interviews with a representative sample of hospital staff would be conducted.

Team Members: Padma Deosthali, Qudsiya Contractor, Pramila Naik and Leena Gangolli (Consultant).

Supported by: The Ford Foundation

Advocacy on Sex Selection, Age at Marriage, Gender Equity and Related Issues Impinging on Reproductive Health

The UNFPA assisted, Integrated Population and Development Project of the government of Maharashtra has identified some key issues that closely impinge on reproductive health in the state. These issues are declining sex ratio, age at marriage, gender equity and violence against woman. For this project CEHAT was designated as the nodal agency to develop advocacy strategies.

A team from CEHAT visited Sangli, Kolhapur, Aurangabad, Ahmednagar, Chandrapur, Nandurbar, Bhiwandi districts, which were part of the project's target area. Meetings were held with the government officials, people's representatives, medical professionals and civil society groups.

The meetings were organised to orient the stakeholders about the three issues and explore possibilities of future collaboration with them, with the aim of sharing with the groups, the gravity of the sex-selection scenario and to motivate concerted efforts, on an urgent basis.

As part of this initiative, several state and district levels workshops and capacity building programmes were conducted by CEHAT, for members of civil society organisations and government.

A group of stakeholders comprising different sections of the society was formed. Having accepted the gravity of the three issues, the group expressed keenness to work together.

The documentation of the processes of the entire initiative has been done.

In keeping with one of the core objectives of the project, IEC material was developed. The team has developed the following audio-visual material:

- Posters in Hindi, Marathi and English on the issue of sex selection;
- Posters on the issue of sexual assault;
- A brochure on the rights of young women;

- Poster presentations on the issue of declining sex ratio and age at marriage and
- A film on gender based discrimination.

Posters, print advertisements and a film on sex selection, sexual assault and child marriage were made. The film on sex selection in English and in Hindi would soon be telecast on STAR CARE TV channel in India.

Unfortunately, the government of Maharashtra ended the project, thus ending financial assistance. The project team had identified key areas of intervention, which could not be accomplished. CEHAT is attempting to fulfil the objectives of the project through its other projects.

Team Members : Leni Chaudhury, Pankaja Dhande, Kamayani Bali Mahabal and Rashmi Divekar

Supported by: UNFPA and Government of Maharashtra

Educating Anganwadi Workers in Women's Health

The YWCA, Andheri, invited CEHAT to impart training on issues of Women's Health to four hundred *anganwadi* workers in Mumbai. This was culmination of a gender sensitisation process initiated earlier. The weekly training programmes has drawn tremendous appreciation from the *anganwadi* workers, who have also requested additional inputs, relevant to their work. The 400 *anganwadi* workers are divided into eight batches, for the weekly training sessions.

Till date, 32 sessions have been conducted on issues like anaemia, knowing one's body, menstrual cycle, conception, gestation and delivery and reproductive health in general. Some gynaecologists were also invited by YWCA to answer the myriad questions and problems that were voiced by women after each session. Other issues which are proposed to be taken up are malnutrition, sex education and sexual health, awareness on HIV/AIDS, gender based violence and mental health.

The training seems relevant, not only because of the positive feedback and motivation of the *anganwadi* workers, but also because they could disseminate, through similar sessions, the inputs they get, to the widespread community they interact with.

CEHAT has created a library for the *anganwadi* workers, who can thus draw from the printed and audio-visual resources to conduct sessions in their communities.

Team Members: Sushma Gamre, Rashmi Divekar, Amita Pitre

Creation of Gender Sensitive Health Services

- A workshop on "Creation of Gender Sensitive Health Services" was organised by CEHAT, Mumbai and the Achutha Menon Centre for Health Sciences, the health wing of Shree Chitra Tirunal, Trivandrum, Kerala. The workshop, conducted between January 15th and 18th at YUVA Centre, Kharghar, Navi Mumbai, was

aimed at initiating the process of gender mainstreaming in medical education, among medical educators of western Maharashtra. Thus, a cadre of gender sensitive medical educators, would be created, to serve as change agents, in improving the quality of medical education. Medical educators, practitioners from different departments along with medical social workers from the three major civic hospitals (KEM, Lokmanaya Tilak, and Nair hospitals) attended this residential workshop. The

resource persons of the workshop were experts from various disciplines.

Team: Amita Pitre, Suchira Banerjee

Consultant: Dr. Kamaxi Bhate, Associate Professor, Dept. of Preventive and Social Medicine, KEM Hospital and Seth G.S. Medical College. Dr. Padmaja Sawant, Associate Professor, Dept. of Obstetrics and Gynecology, KEM Hospital and Seth G.S. Medical College.

Supported by: Achutha Menon Center for Health Science Studies, Shree Chitra Tirunal, Trivandrum, Kerala.

5. INVESTIGATIONS AND TREATMENT OF PSYCHOSOCIAL TRAUMA

Investigations and Treatment of Psychosocial Trauma is an interest area of CEHAT. It focuses on issues related to human rights and violence. This thematic area has various dimensions such as research, advocacy and service provision.

CEHAT has done pioneering work on domestic violence by establishing Dilaasa, a public hospital-based crisis centre that provides counselling services to women facing domestic violence. Dilasa, a joint initiative of the CEHAT and the Municipal Corporation of Greater Mumbai (MCGM), was initiated in 2000. The uniqueness of a crisis centre based in a hospital is that it emphasises early detection of women at risk, treatment of injuries in a context of compassion based on understanding victimisation trauma, crisis intervention and effective linkage and referral resources for necessary follow-up care.

The Sexual Assault Evidence Kit or Safe Kit project has been other important initiative undertaken by CEHAT to focus on the system's inadequacy in providing care and to collect forensic evidence in cases of sexual assault. This project aims to change the mindsets of doctors and investigating police officers in their management of victims of sexual assaults. It also emphasises the importance of a sound and fool-proof physical and mental health care system, which allows the systematic collection of forensic evidence, to help bring to book, perpetrators of sexual violence. This initiative is a combination of research, advocacy and service provision.

Pehel – Initiative in Research, Training and Education

Pehel was initiated in 2005. It is aimed at developing a resource centre in CEHAT, through developing curricula, conducting research and training on gender based violence.

Pehel, which means initiative in Hindi, seeks to conduct research studies on inter-linkages between violence against women and the health system, through the development of training and other resource material. The research studies seek to explore areas that are inadequately researched. For instance, women's experiences within the public health services, violence faced by women in the health care system and the impact of violence on women's health. Four research studies and a training programme have been initiated by Pehel.

CEHAT has set up a separate field office for carrying out the research and training activities under Pehel.

- **A Study on the Impact of Domestic Violence on the Health of Women**

Domestic violence has severe implications on women's health. Often, it is this violence that brings women to health care facilities, for treatment. Thus, a health professional, who is often the first service provider that a women in a violent situation comes in contact with, can play a vital role in reaching out to her. Though the linkage between

प्यार का मतलब है एक दूसरे का
सम्मान, स्वतंत्रता और समानता



प्यार में हिंसा की कोई
जगह नहीं है।

दिलासा

हर महिला हिंसा से मुक्त,
मारपीट से मुक्त परिवार में रहना चाहती है।

दिल्ली - स्त्री अत्याचार निवारण केंद्र, विभाग क्र. 101, अस्पताल विभाग के सामने, के.बी. बाला अस्पताल, बांद्रा (पश्चिम), मुंबई - 400 060.
समय - सोमवार से शुक्रवार - सुबह 9.00 बजे से शाम 4.00 बजे तक और शनिवार सुबह 9.00 बजे से दोपहर 12.00 बजे तक.
दूरध्वनी क्र - 2640 0229 2642 2775 2642 2641 विस्तारीत क्र. 4376

दिल्ली - स्त्री अत्याचार निवारण विभाग, विभाग क्र. 16, के. बी. बाला अस्पताल, बेतवानी रोड, कुर्ली (पश्चिम), मुंबई - 400 070.
समय - हर बुधवार और गुरुवार सुबह 9.00 बजे से शाम 4.00 बजे तक.
दूरध्वनी : 2690 0241 विस्तारीत क्र. 212.

domestic violence and its impact on the health of its female victims, may seem apparent, much has remained unexplored in India regarding the actual impact of domestic violence on women's health.

This study aims at understanding the relation between domestic violence and women's health within an urban health facility. It proposes to measure prevalence of domestic violence amongst women patients accessing public health services, as well as understand women's perceptions regarding the impact of violence on their own health. At present the study is in its conceptual stage. While a review of literature for the study has been carried out, its methodology is in the process of being developed.

- **Documentation of Feminist Practices in Domestic Violence**

A need to document and compile experiences of groups who were providing feminist counselling services to survivors of domestic violence, in book form, was expressed. This documentation would also involve the skills and strategies used to counsel these women, their impact and limitations. This would serve as an important knowledge base for practitioners and could also help in influencing mainstream psychiatry and psychology.

This documentation aims at evolving a framework for understanding the concept of feminist counselling or counselling

with a feminist perspective - through a consultative process. It would involve documenting the principles, techniques, skills and procedures followed by these organisations. It is an attempt towards understanding and analysing the impact of feminist practice on women and the mainstream counselling practices.

In the initial phase a concept note was been developed and peer reviewed. A brief plan of action has been drawn for developing the document.

- **Booklet on Understanding Domestic Violence**

A booklet on domestic violence is being developed. This seeks to present a basic understanding on domestic violence, in the context of the women's and human rights movement. The booklet also intends to introduce basic concepts concerning domestic violence such as gender, patriarchy, family as an institution, violence, discrimination, etc. Forms, consequences, myths, remedies and rights of women facing violence would be other components of the booklet. A framework for the booklet has been evolved and a first draft been worked on.

- **Ethical Guidelines for Counselling in Domestic Violence**

Several ethical dilemmas and concerns were raised during the experience of counselling women facing domestic violence. Establishing a counselling centre to provide emotional support to

women facing violence, within the public health system, has been challenging. Therefore, a need was felt to develop guidelines for ethical practice, in crisis counselling in the context of domestic violence. Through this initiative, ethical guidelines for counselling in domestic violence would be developed. To begin with, a review of existing guidelines on counselling, followed by other groups, has been undertaken. A study of case studies of Dilaasa, which have thrown ethical dilemmas has also been undertaken as a background for evolving the guidelines.

A pamphlet in Marathi, on the linkages between health and domestic violence, has been published. This pamphlet looks at the linkages between domestic violence and health and the role of health care providers.

- **Course on Violence Against Women and the Role of Health Professionals**

A national level course on 'Violence against Women and the Role of Health Professionals' has been initiated. This is based on the experience emerging out of training hospital staff, as part of Dilaasa. The course curriculum has evolved through the participation of health care providers. The core faculty for the course is: Ms. Aruna Bhurte, Ms. Manisha Gupte, Ms. Renu Khanna, Dr. Amar Jesani and Dr. Seema Malik. The course will be held from December 11th to 18th, 2006.

- **Training with Community Based Volunteers and Health Professionals on Domestic Violence**

While working with the public health system for the last five years, it was realised that it was also important to work in the communities, to prevent violence. This need was expressed by women who visited Dilaasa for help.

The health system extends its preventive health work through a network of health posts spread through the city – a large number of which are located in slums. Community Health Volunteers (CHVs) who work in these health posts extend preventive health care in the areas of T.B., malaria, polio, immunisation, family planning, etc. Most of these CHVs hail from the communities and are in close contact with the target group.

This training is meant to train CHVs as para-counsellors, responding to domestic violence within the community, with a view to prevent violence.

Despite the collaboration with the BMC, the team has faced tremendous difficulty in organising training for CHVs of BMC, due to red tapism. Through Peהל, there is an attempt made to develop a model for providing community based support to women facing domestic violence. This is being carried out in collaboration with the Navjeet Community Health Centre,

Bandra (West). The *mahila mandal* members who form Self Help Groups (SHGs), engage in health education, and support income generation activities. They are also being trained in skills that would enable them to provide community based counselling services.

Sensitisation training with CHVs on domestic violence and training of para-counsellors, is in the first phase.

Community based health services, recognise that they have a role to play in reaching out to women facing violence. This initiative is involved in providing basic awareness training on the role of health care providers, in caring for women facing violence at community level. These trainings are aimed at developing a basic understanding on violence, the specific needs of women facing violence and the role of health care providers.

Team Members: Padma Deosthali, Qudsiya Contractor, Pramila Naik, Devidas Jadhav and Sudhakar Manjrekar.

Supported by: The Ford Foundation

Dilaasa: A Crisis Centre for Women Survivors of Domestic Violence

Dilaasa remains the first initiative to engage directly with the health system on the issue of domestic violence in collaboration with the Municipal Corporation. The project has consistently provided counselling services to women facing domestic violence.

The objectives of Dilaasa are: to build capacities within the health system to increase sensitivity and awareness about domestic violence; develop a training cell within the BMC to institutionalise training within the health system; consolidate work at the Bhabha Hospital in Bandra and set up another centre and to collaborate with a partner organisation to begin similar work in another city.

- **Counselling at K. B. Bhabha Hospital, Bandra and Kurla**

Two hundred and forty women, have so far availed of Dilaasa's counselling services, 750 returned for follow-up counselling sessions and another 70, visited the centre's lawyer for follow ups. Apart from these, 90 women were provided emotional support during the time they were admitted either for 'accidental' consumption of poison or 'accidental' burns or other medical complaints - which were not registered as they did not reveal clearly the history of abuse.

In the process of counselling, it was realised that it was important for these women in violent situations to also relate to each other, in order to facilitate healing from violence. Thus with the hope to generate a support group for women by themselves, monthly meetings were initiated.

Another crisis centre was established in the central suburb of Mumbai at Kurla Bhabha Hospital where counselling services are provided twice a week. The counselling is provided

by the Community Development Officer with the CEHAT Counsellor monitoring it.

- **Training and Capacity Building**
Building the capacity of the health professionals of the hospital is an important activity of the Dilaasa centre.

In the initial phase of the project, a group of hospital staffers were trained as key trainers. From these key trainers a core group was formed, of those who volunteered to conduct training for the rest of the hospital staff. The core group at the Bhabha Hospital in Bandra, along with the Dilaasa team, developed an incremental level of training module and ensured the training of 137 health care professionals. The core teams of Kurla Bhabha and M.T Agarwal hospital used this training module to conduct training programmes for their 133 hospital staff members, through five training programmes.

An in depth training on feminist counselling was conducted with a mixed group of 6 nurses and 2 social workers from Kurla Bhabha and M.T.Agarwal hospitals. The topics included understanding caste, class, religion and interconnections while dealing with domestic violence, use of non-violent strategy, suicide assessment, prevention and planning as well as legal remedies in domestic violence.

- **Training Cell**
With the aim to institutionalise

training, a training cell within the BMC was set up. Such a cell would also formalise the role played by the key trainers. It would also mean expanding the scope of the work beyond domestic violence, into trying to make the hospital women/ patient friendly, develop a protocol for dealing with and investigating cases of rape and child sexual abuse.

The training cell consists of 30 health professionals, namely doctors, nurses, therapists and social workers.

- **Consultation on improving Medico Legal Response**

With the passing of - The Protection Of Women From Domestic Violence bill, the team considered it important to dialogue with doctors of all the peripheral hospitals. This is pertinent because the Act has a clear mention of duties and obligations of the health system towards victims of domestic violence. Thus a consultation on improving medico legal response was organised.

Dilaasa Team:

CEHAT: Sangeeta Rege, Rashmi Thakkar, Shreya Bhandari, Radhika Sarkar, Neeta Joshi, Tabbusum Mulani, Bhakti Shejwalkar, Sudhakar Manjrekar, Rajesh Shetye, Zuber.

BMC: Dr Seema Malik, Dr S. S Chirmule, Chitra Joshi, Mrudula, Sanjana, Shardula, Vijaya, Matron Khade.

Supported by: The Ford Foundation, New Delhi

YOU CAN MAKE A DIFFERENCE



**Validate her experience
Respect her decision
Trust her capacity
Violence is not her fault**

Advocacy for Awareness and Effective Management of Sexual Assault

The Sexual Assault Care and Evidence or SAFE Kit project was first initiated in the late nineties when trustees and researchers in CEHAT, involved in the investigation of a case of sexual assault, found gross inadequacy regarding eliciting history, medical examination and collection of forensic evidence.

This scientifically sound and user friendly kit contains material and equipment necessary for the examination and collection of evidence from survivors of sexual assault, a manual describing the role of the medical professional, appropriate care and counselling and a standard protocol in eliciting history, examination, and recording the forensic evidence.

The team working with the kit is engaged through advocacy, research and training, with various service provider groups such as health professionals, law enforcement agencies, judiciary, women's groups and the government. The aim is to ensure optimum standards in the quality of services provided to the survivors of sexual assault.

The team has tried to achieve the following aims and objectives of the project:

- Based on the feedback received from health professionals and laboratory professionals, the team has been updating the kit regularly. The protocol has also been translated to Marathi and English. The team has also been
- Training in the use of the kit, together with perspective building is being conducted by the team, for personnel from health care, police, law and women activists. Material for extending this training, is being prepared.

advocating the use of the kit in public hospitals across Maharashtra, Goa and Karnataka.

- Through research, literature review and highlighting of case studies, the use of SAFE Kit for bringing justice to a victim of sexual assault, is demonstrated. The team has also developed two proposals on the issue of sexual violence- one for a joint study with Majlis and the Women's Studies Unit, TISS, and another proposal to 'Develop a Model of Optimum Quality Care for Survivors of Sexual Violence'. The broad objective of the study is to conduct a situational analysis of the quality of care for survivors of sexual violence from the perspective of the service provider, and to eventually develop a model of 'Optimum Quality of Care for survivors of Sexual Violence' in this context.
- In order to ensure sustainability of the effort to standardise the process of care and examination of survivors of sexual assault throughout the state of Maharashtra, the team has been advocating the use of the kit, to the public health system.

- Awareness about the problem of sexual assault and the need to protect the victim of the abuse, the use of the kit and related medico legal issues is being created through the media. Similar awareness material is also being prepared for

dissemination, in English and other vernacular languages.

Team Members: Amita Pitre, Suchira Deengar and Joyce Patton

Supported by: Fund for Global Human Rights, Washington D.C.

6. CEHAT'S PARTICIPATION IN VARIOUS ACTIVITIES

CEHAT has participated in various activities, which were not directly project related. It has voiced concerns and responded to issues like the strike of doctors in Maharashtra and privatisation of Wadia Hospital through Jan Swasthya Abhiyan – the Indian Chapter of People's Health Movement, the issue of violence against women, coercive population policies and issue of livelihood of bar dancers after the banning of dance bars by the government of Maharashtra.

- Jan Swasthya Abhiyan (JSA) - Mumbai highlighted issues raised by striking doctors in Maharashtra's state and civic hospitals that began on February 28th, 2006. Among the important issues raised by the doctors supported by the Maharashtra Association of Resident Doctors (MARD), were of security, their oft-repeated demand for the implementation of the Central Residency Scheme and enhancement of the health system and postgraduate medical education in Maharashtra.
- JSA also protested against the privatisation of Wadia Hospital in Mumbai. The management of the hospital is controlled by the Wadia family (the owners of Bombay Dyeing). The Wadias in collusion with the Municipal Corporation of Greater Mumbai (MCGM) and Maharashtra government, were trying to privatise the hospital. In response to this, the JSA issued a press release to support the protest of the workers of the Wadia Hospital and organised a signature campaign to support the judicial intervention in the matter.
- JSA, along with trade unions and networks, demanded for an improvement in the Employees State Insurance Scheme (ESIS), that caters to roughly four crore people. This demand for subsidies was not for government spending, but for proper use of the regular monthly contributions and assets built up through the accumulation of savings from workers' contributions.
- Under the Violence against Women (VAW) Campaign, at Marine Drive, Mumbai, in April 2005, CEHAT actively participated in the protest against violence on women, following an incident of rape committed by a police constable in Mumbai. CEHAT actively participated in the protest meetings and was involved in making pamphlets for creating awareness on the issue. Posters and banners were made and advertisements issued in national dailies, on the theme of violence against women.
- A Convention against Maharashtra State Government's Coercive Population Policy was organised on December 17th, 2005 at the Central Railway Hall in Parel. CEHAT was actively involved in the organisation of this protest. As a fallout of this, the team decided to develop a critique of the two-child norm by

highlighting its adverse consequences on society. The preparation of this document, to be used as an advocacy tool amongst policy makers, is underway.

- CEHAT has actively participated in protests against the ban on dance bars in Maharashtra, by the state government, in 2005. The protest against the ban, was on the ground that the ban was a violation of the bar dancers' right to livelihood. CEHAT staff was involved in a survey conducted by the SNDT, Research Centre for Women's Studies that highlighted the profile of the dance girls and their conditions.
- Atul Pethe Productions, in collaboration with MASUM had organised a health dialogue at the state level namely, Arogya Samvad. The participating organisation or initiative had to demonstrate to other NGO/CBO and local people, the use of a creative methodology to communicate a message on health. Three nurses and a social worker of a civic hospital and a trainer from Dilaasa, participated in this activity. They used role play to demonstrate domestic violence as a health

issue. After receiving feedback and suggestions, different perspectives on health and violence were incorporated in the skit. This was well received during the state level meet which was attended by medical students and health groups of Maharashtra.

- Dilaasa has been closely associated with and interested in campaigning on the issue of women's mental health. Bapu Trust from Pune has initiated a campaign called Jan Mansik Arogya Abhiyaan. The idea is to generate sensitive mental health care and services and also make suggestions to give teeth to the Mental Health Act, which is inadequate and almost oppressive. The Dilaasa staff attended both the campaign meetings. But going by observation of these meetings, which revealed that most organisations were at different levels of understanding mental health issues, Dilaasa decided to conduct a separate consultation with psychiatrists and psychologists. In this consultation, the difficulties and experiences involved in dealing with mental health issues of women facing domestic violence were tabled.

7. INTERNATIONAL CONFERENCES

CEHAT has been working on the issues of health and human rights with the aim of promoting health care for all. In its endeavour to promote the work in these areas, CEHAT, both, organised and participated in international conferences in 2005.

- **IFHHRO Conference 2005**

IFHHRO conducts annual conferences on themes linked to health and human rights, each year. The theme of its 2005 conference, was Engendering Health and Human Rights. The conference was held in Mumbai, from September 30th to October 1st, 2005.

The overall aim of the conference was to debate and bring to the table, issues of gender inequities and their role in engendering health and human rights, including the role of health professionals. There was one plenary session on each day of the conference and a number of parallel sessions on sub themes.

The theme of the first day of the conference, was Gender Based Violations and Discrimination. This was divided into sub themes: Women's Health and Human Rights Concerns in Situations of War and Conflict, including Ethnic, Communal, Race and Caste Dimensions; Domestic Violence as an Issue of Violation of Health and Human Rights; Dealing with Sexual Assault and Harassment for Protection of Rights of Victims and

Survivors; Misuse of Reproductive Technology, Gender Discrimination and Rights Violation; Violation of Rights of People Living with HIV/AIDS; and Discrimination in Access to Health Care, especially Reproductive Health.

The theme of second day of the conference was: Addressing the Missing Links of Gender Equity in Health and Human Rights. This was divided into sub themes: Good Practices and Strategies for Engendering Health and Human Rights; Monitoring Gender Concerns in Rights Violations; and Data and Evidence on Gender Inequities in the Human Rights Context.

CEHAT, along with the International Federation for Health and Human Rights (IFHHRO) organised a panel discussion on 'Responding to Violation of Rights'. This was on the eve of the IFHHRO conference, 2005. Experts were invited to present incidents of state-perpetrated violence and their health impacts. Some of these incidents that the experts highlighted, were communal violence, disasters, moral policing by the state and state sponsored demolition drives. The Special Rapporteur on Right to Health responded to the several concerns raised during the meeting by the panel members and the participants, through an elaborate reference of the existing international covenants safeguarding the Right to Health.

Paul Hunt, the UN Special Rapporteur delivered the keynote address on Right to Health.

The Plenary Session on the first day included topics such as Gender Based Violations and Discrimination in South Asia and Combating Violence against Women with International and Human Rights Law. The Plenary Session on the second day included topics such as Addressing the Missing Links of Gender Equity in Health and Human Rights and Missing Links – Civil Society Perspective.

Three parallel training sessions were addressed on the second day of the conference. There was a session on, Applying the Rights Based Approach and the Principles of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), Orientation on Gender Equity Concerns in Health and Human Rights and Combating Sexual Assault and strengthening the role played by the Health Sector.

National and international delegates, who shared their experiences on the various points of the agenda, attended the conference. The conference saw 240 participants and 52 presentations. The discussions and debate during the conference made it clear that the Right to Health meant investing in people, expanding access to justice, better infrastructure, increasing equity within developing countries, drafting policies that correct persistent

inequalities in opportunity, promote fairness and build greater endowments. The Right to Health framework helps people contextualise their rights. In doing so, they gain awareness, feel promoted and protected, thus standing a better chance of having their rights realised.

The conference ended with a valedictory address by Ms. Aruna Sharma of the National Human Rights Commission (NHRC). Ms Sharma discussed in detail, the NHRC's role in addressing violations of human rights and its recent focus on health rights. There was a film festival on the second day of the conference. Some of the films screened were: Bol (Speak)! War and Peace, When Women Unite, Dead Mums Don't Cry, MunnaBhai MBBS.

An outcome of IFHHRO 2005 was the drawing up of the Mumbai Declaration. The papers presented in the conference are being peer-reviewed and will be published in form of a book.

- **The First National Bioethics Conference – 2005**

The First National Bioethics Conference, - Ethical Challenges in Health Care: Global Context, Indian Reality – was held in Mumbai from November 25th to 27th, 2005. It was organised by the Indian Journal of Medical Ethics (IJME), in collaboration with CEHAT and eighteen other institutions.

The conference theme was Ethical Challenges in Health Care: Global Context, Indian

Reality. It saw a diverse group of organisations and individuals from across the country, participate and indulge in bio-ethics discourse. The conference was organised around four sub themes: ethical challenges in HIV/AIDS; ethics of life and death in the era of high-tech health care; ethical responsibilities in violence, conflict and religious strife; and ethics and equity in clinical trials. Three interlocking themes that emerged during discussions were, ethical challenges in biomedical and social science research, ethical responsibilities of clinical care providers, and the intersections of bio-ethics and public health/clinical medicine.

The conference comprised a mix of plenary sessions, parallel paper presentations and workshops. The inaugural session set the tone for the rest of the conference, by situating the debate on bioethics in the context of care givers and receivers, those in need of care and those providing care and conducting research in India. The keynote speakers linked the global context of outsourcing of research, changing regulatory mechanisms and constrained resources in India, and the need for ethical guidance on the way ahead.

The conference included five plenary sessions with eminent keynote speakers who put forth the ethical dilemmas in biomedical, social science and public health research and health care delivery. There were 17

parallel sessions in which 73 selected papers (of the 81 scheduled) were presented and discussed. Further, a series of posters was presented, and 11 workshops conducted by experts, on themes like ethical dilemmas in everyday clinical practice.

Papers were presented by CEHAT members on the issues of research in the context of human rights violations: some ethical concerns; sex selective abortions -unethical convergence of feminist and disability rights perspectives; medico-legal aspects of sexual assault, and training for ethical practice in responding to gender based violence: experience of working with a public health system. A workshop was organised by Dilaasa on moving towards ethical practice: experience of one stop crisis centre.

- **International Women's Health Meet (IWHM)**

The 10th International Women's Health Meet was organised in New Delhi from September 21st to 25th 2005. The theme was Health Rights, Women's Lives: Challenges and Strategies for Movement Building.

The IWHM, built on past conferences, linking the issues of women's rights, health rights (including reproductive health rights) to violence, placing them in the context of the politics of globalisation. Four hundred women were selected to participate in the process leading up to this tenth IWHM.

The conference focussed on politics, policies and issues that adversely affected women's health and simultaneously brought out the linkages and interconnections of these seemingly disparate phenomena.

Papers were presented by CEHAT staff on the issues of sexual assault and the role of medical professionals, human rights of the internally displaced, experience of setting up a public hospital based crisis centre-

Dilaasa, gender dimensions of budgets and international aid.

All through the conference, there were workshops, demonstrations, an information market, a film festival, gatherings in the corridors and more plenary sessions with interesting speakers. The issues such as Right not to have Children, Abortion and Population Policies, Gender and HIV/AIDS, Right to Health were some of the topics of the workshops.

8. LIBRARY AND DOCUMENTATION CENTRE

Information generation and dissemination is an essential feature of the Library and Documentation Centre of CEHAT. The Centre consists of a well-equipped library, which provides the data on health to facilitate research and a publication unit, which publishes the research studies, books, reports and disseminates them widely among research organisations, academia, activists and decision makers. An attempt is made by the Centre to compile policy briefs and policy papers to influence the decision makers. These documents have been widely disseminated to Members of Parliament. A policy brief called 'Moving Towards Right to Health Care' has been acknowledged by the Prime Minister's Office. The Library has a collection of rare documents, reports and books.

CEHAT Library

The consolidation of the Library and Documentation Centre has seen good progress during this one year. The total collection of books and reports has grown to 9,457 with an addition of 499 books in the last year. The library is now fully computerised for easy access. Bibliographical information of about 9,457 documents is available on the system. Using WIN ISIS one can quickly search and retrieve documents. The library has set up a Current Awareness Service (CAS), List of New Books (LNB) and Bibliographic Service on topics like women, medical ethics, health economics, human rights, nutrition, public distribution system, and the private health sector-all displayed on the CEHAT website. The library subscribes to 21 periodicals and six daily newspapers and receives 15 complementary

periodicals. The library has identified 148 subjects for reprint. A subject-wise reprint folder has been created.

The CEHAT library has maintained newspaper clippings on 62 health related subjects like health economics, abortion, PNDT, population policy, violence, nutrition, public health care in Mumbai etc. The CEHAT library has a reference section, which has reports such Human Development Reports, World Health Reports and Government Health Committee Reports, Annual Reports of Ministry of Health and Family Welfare, NFHS-I and II, Economic Survey of India, Statistical Abstract, Health Information of India and other rare reports and documents.

Publication Unit

In last year, several publications like reports and resource material- booklets, calendars, and a policy brief was printed by the publication unit.

Reports

- **Monitoring of Pre-natal Diagnosis Technique Act – 1994 as amended in 2003: Towards a National Campaign Against Sex Selection**

The misuse of pre-natal diagnostic techniques for the purpose of sex-selection and sex-determination has led to a decline in the country's female population. The legislation which prohibits sex-selection and regulates pre-natal diagnostic testing is the Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994 (The PNDT

Act) as amended in 2003. A National Consultation on the monitoring of the PNDA Act, organised by CEHAT, was held between November 27th and 28th, 2004, following the Supreme Court's judgement on the Act. This document is the compilation of the presentations made during this consultation on the status of implementation of PNDA in different parts of India. It is useful for those fighting to save the missing girls.

- **Choosing to Live: Guidelines for Suicide Prevention Counselling in Domestic Violence**

Choosing to live is the message underlined in the guidelines compiled for preventing suicides due to domestic violence by Dilaasa. The book provides an in-depth understanding to suicidal tendencies, reasons or causes of suicides, means adopted for committing suicides, efforts to prevent such incidences by recognising risk factors, consequences of such actions and psychological impact of domestic violence. The guidelines for effective counselling and techniques needed for counselling are helpful to those who want to reach out to persons suffering from such tendencies. The copies are also available in Marathi.

- **Uprooted Homes Uprooted Lives: A Study of the Impact of Involuntary Resettlement of a Slum Community in Mumbai**

This report has revealed the impact of involuntary resettlement of a slum community in Mumbai.

This study attempts to capture the nuances of the social experience of resettlement, reflecting on its consequences. The issues highlighted in this report pertaining to resettlement, are health, education, water, employment and social life from a human rights perspective. Involuntary resettlement most certainly means the disruption of an entire way of life and clearly constitutes a humanitarian crisis. The experience also shows that resettlements in the manner in which it has been conducted, violates the basic rights of the people.

- **Uprooted Homes Uprooted Lives: Key Findings of a Study on the Impact of Involuntary Resettlement on a Slum Community in Mumbai**

This report is a synopsis of key findings of the study on the impact of involuntary resettlement of a slum community in Mumbai. These findings reveal the hardships that the community has to face due to its resettlement, leading to several problems such as loss of employment, poor enrolment in educational institutes due to lack of schools, health disorders – physical and mental, difficulty in accessing public health facilities and its impact on women. The findings show that those resettled have very little bargaining power to influence decisions in situations of urban relocation that violate their very rights to citizenship, together with their basic rights to shelter, livelihood, education, health care and dignity.

- **Health and Healthcare in Maharashtra: A Status Report**

Health and Healthcare in Maharashtra – A Status Report is a comprehensive and analytical compilation of health care development of Maharashtra.

The book has six chapters which focus on the socio-economic and demographic profile of Maharashtra, the organisational structure and systems of public health care services at various levels in urban and rural areas. The book also deals with areas like the physical infrastructure for the delivery of health care services and the wide rural-urban disparity in access to these services. Also included in the book, is a review of health care facilities in the state's public sector, analysis of the declining expenditure on public health care services (preventive and curative). It also touches upon promotional programmes and some indicators of health status such as infant mortality, child mortality, life expectancy, morbidity and hospitalisation, nutritional status, water supply and sanitation in Maharashtra. The discussion all through the chapters is analytical and backed by strong evidence through the 46 tables with time-series data on a wide range of health and related issues. The copies are also available in Marathi.

- **Health and Healthcare Situation in Jalna, Yawatmal and Nandurbar,**

The study has been undertaken to help the state government in

fine tuning its intervention and help build a momentum of public interest and opinion for the cause of human development in Maharashtra. Three districts – Jalna (Marathwada), Nandurbar (Khandesh), and Yawatmal (Vidarbha) were identified as the target area of this study. The focus areas of the study were: livelihood opportunities in the backward districts; various aspects of the coverage and quality of education; and health issues in the deprived regions and social groups in the selected districts; tribal issues found prominence in the context of Maharashtra and gender disparity in terms of capacity and opportunity.

- **Establishing Dilaasa: Documenting the Challenges**

Dilaasa is the first hospital-based crisis centre in India for women survivors of domestic violence. It provides social and psychological support to women facing domestic violence. This publication is an effort made towards documenting the various challenges faced by Dilaasa, at the time of being established. The chapters such as Dilaasa's Model of Collaboration, Formative Period, Counselling Model and Strategies, Training Model and Strategies and Lessons Learnt and Recommendations consist of detailed information of Dilaasa's development. These experiences are of immense importance to those who want to set up similar centres for victims of domestic violence.

Resource Material

- **Ansari Shabana, Jadhav Deepti and Contractor Qudsiya**, *Janma Dakhla Banavinyachya Vegveglya Padhdhati*. This is a resource booklet on birth registration procedures for institutional and non-institutional deliveries. The copies are available in Marathi, Hindi and Urdu.
- **CEHAT and MASUM**; *Juni Vishamata, Nave Tantradyana: Garbhalinga Nidanache Samajik Parinam*, 8th March 2006. The book consists of three sets of Frequently Asked Questions (FAQs) for the medical profession, common man and the Appropriate Authority. The FAQs have highlighted issues and concerns from the revised PNDT Act, which relate to each of the above stakeholders. Some issues related to sex selection have also been covered.
- **Contractor Qudsiya, Naik Pramila, Rege Sangeeta, Deosthali Padma, Joshi Chitra, Joshi Neeta and Thakkar Rashmi**, *Towards a world without violence*, [The calendar highlights the complex nature of violence women face both within private and public spaces.] A set of four posters on the complex nature of violence women face both within private and public spaces, 2006.
- **Contractor Qudsiya, Ansari Shabana and Jadhav Deepti**, *Ration Sarkarache Kayde and Aaple Adhikar*. This is a resource booklet on ration procedures, rules and rights of citizens within the PDS. The copies are available in Marathi, Hindi and Urdu.
- **Desai Mrinal and Contractor Qudsiya**, *Uprooted homes Uprooted Lives: A photo exhibition based on a study of the impact of involuntary resettlement of a slum community in Mumbai*, CEHAT 2006 [Based on research findings, it seeks to highlight the more invisible issues that surround resettlement such as health, education, water, employment and social life.]
- **Shetye Chandana**; *Policy Brief – Moving Towards Right to Health Care*, The Policy Brief is a compilation, which consists of the argument in favour of establishing universal access to health care via the promulgation of comprehensive legislative framework on the Right to Health Care. The focus is on the present characteristics of health scenario, the International Instruments endorsing Right to Health Care, the existing constitutional provisions and case laws related to the Right to Health in India. The document has also suggested core content for a comprehensive legislative framework on the Right to Health Care with an emphasis on this right, as a fundamental one.

Website

CEHAT's website is updated regularly. Most of the abstracts of reports, papers and articles are now available on the website. New Arrivals (NA) and Current Awareness Service (CAS) are periodically

updated. The CEHAT publication catalogue is updated with linkages to most of the abstracts of reports and papers. Information regarding CEHAT's events and proceedings of the events are also updated regularly on the website.

Database on Health

Work on the database on health is a part of CEHAT's policy of making health related data easily accessible to researchers, activists and journalists. These data on health in India have been collected from several state and central government documents and fill in the lacunae of non availability of such information in one place.

CEHAT has a unique collection of time series data on health indicators, health infrastructure, health human power, health finances and selected socio-economic indicators. All-India and state level information on these areas, are available from the year 1951 onwards.

In order to encourage research, advocacy and activism in the field of health, CEHAT decided to computerise data, which it first released in 1998. The data base is developed in windows version with more user friendly features. The upgradation of data up to 2005 is in progress.

Statistical tables have been derived from this data base for CEHAT publications, like the statistical appendix in the publication Review of Health Care in India, Policy Brief of CEHAT – Changing Health Budgets, Status of Health and Health Care in Maharashtra.

Data has been compiled for the following:

- Data on Municipal Finance - Income and Expenditure of Municipal Corporations for the period year 2002-03, 2003-04 covering all the states in India.
- Data on violence against women and related issues for the year 2004 has been compiled for the following topics: Crimes against women like rape, kidnapping and abduction; dowry deaths; cruelty by the husband and relatives; molestation; eve-teasing; importation of girls; Commission of Sati (Prevention) Act 1987, Immoral Traffic (Prevention) Act 1956; Indecent Representation of Women (Prohibition) Act 1986 and Dowry Prohibition Act 1961. A separate data compilation depicting a number of cases in which offenders were known to the victims has been undertaken.
- Data on Crimes against Children for the year 1994-2004 has been compiled for the following topics: No. of Infanticide & Foeticide data. (Year 2002 data is not available.)

Team Members: Chandana Shetye, Margaret Rodrigues, R.Thipse and Vijay Sawant, Prashant Raymus, Sushma Gamre

Supported by: The Ford Foundation, Oxfam-Novib and Rangoonwala Trust

9. COLLABORATIONS AND NETWORKS

CEHAT's work has been promoted by collaborating and networking with institutions within India as well as abroad. Collaborations and networks are essential for promoting advocacy, campaigns and training programmes. The interaction with different

institutions has helped widen understanding of the issues and facilitate communication to increase outreach.

The following is the list of Collaboration and Networks:

1.	Achutha Menon Centre for Health Sciences, Trivandrum, Kerala along with CEHAT organised a workshop on "Creation of Gender Sensitive Health Services" in Mumbai.
2.	AIDWA, Mumbai- Campaign Against Sex Selection and Two Child Norm
3.	All India Institute of Local Self Government and Dilaasa organised one national and one state level workshops in Mumbai and one state level workshop was held in Bangalore for sharing Dilaasa's experiences with other local and state authorities.
4.	Asmita – AP, Action India- Delhi, Sahiyar and Chetna – Gujarat, Sutra – Himachal Pradesh, MPVHA-MP, OVHA-Orissa, VHA-Punjab, Prayas-Rajasthan, CASSA-Tamilnadu, VHA-Tripura, Vatsalya-UP, Vimochana , Bangalore-Monitoring PNDT
5.	Association of Medical Consultants: Railway Medical Negligence Public Interest Litigation
6.	Bapu Trust, Pune- Advocacy for Mental Health and Human Rights
7.	Basic Needs Bangalore and UK- Policy initiatives in Mental Health
8.	Government of India - Health and Family Welfare Ministry – MTP and PNDT Legislation and Amendments since 2003
9.	Government of Maharashtra, Planning Department – Assessment of health status in backward districts
10.	Government of Maharashtra, State Women's Commission – review legislations related to women; sex-selection issue monitoring since 2003
11.	Health Care Accreditation Council, Mumbai – promoting accreditation and regulation
12.	India Centre for Human Rights and Law, Mumbai and Delhi – Para legal Training on Health and Human Rights, Documentation on health related case laws
13.	International Federation of Health and Human Rights Organisations, Netherlands – Monitoring Right to Health

14.	Jan Swasthya Abhiyan (Peoples' Health Assembly network) – Right to Health Care Campaign, Denial of Health Care Hearings, Meetings and Consultations since 2003, Campaign against Wadia Hospital's Privatisation along with Sarva Shramik Sanghatana
15.	Jan Manasik Aarogya Abhiyan (JMAA) - issue of mental health with specific reference to violations of rights of the persons with psycho social disabilities
16.	KEM Hospital – Sexual Assault Forensic Evidence Kit
17.	Majlis, Mumbai – Issues on Domestic Violence and Legal Aid Support
18.	MASUM, Pune – Sex Selection, Violence as a Public Health Issue
19.	Mumbai Initiative for Human Rights Education (MIHRE) network – responsible for changing the syllabus of the Human Rights Education in the colleges
20.	Mumbai Municipal Corporation - Bhabha Hospital, Mumbai – supporting the running of a Crises Centre dealing with domestic violence and its expansion to other hospitals from 2000 and ongoing
21.	Mumbai Municipal Corporation - Public Health Department – Advocacy for setting up Public Hospital
22.	National Centre for Advocacy Studies, Pune – Advocacy on Right to Healthcare and Health Budgets
23.	Nirmala Niketan College of Social Work, Mumbai from 2001 and ongoing, fieldwork placements with Dilaasa
24.	Nothing about us, Without us, USA- Advocacy for Rights of the Disabled
25.	Peace Mumbai – Campaign on Peace and Security Issues in South Asia
26.	Sahayog – Holistic Community Based Educational Programme for Adolescent Girls in Slums in Mumbai
27.	Support for Good Governance- New Delhi – Dissemination of Policy Brief – Moving Towards Right to Health Care to Parliamentarians
28.	Tata Institute of Social Sciences and CEHAT, Course on Health and Human Rights
29.	University of Mumbai - Department of Politics and Civics – Human Rights Course Since 1996
30.	Violence against Women (VAW) Campaign by nearly twenty-five organisations in Mumbai to protest against cases of violence such as the issue of rape by police force.
31.	Women's Centre, Citizens for Justice, Dalit Mahila Vikas Mandal along with CEHAT intervened in the PIL against sex-selection.
32.	YWCA, Andheri -Training on women and health for Anganwadi workers

10. THE ORGANISATIONAL STRUCTURE AND FUNCTIONING

Anusandhan Trust

Anusandhan Trust was formed in 1991. The vision and goal of the Trust was to establish and run democratically-managed institutions, undertaking research, action, services, education, training and advocacy in various fields and locations, for the well being of the disadvantaged and the poor; and to collaborate with organisations and individuals working with and for such people. The institutions of the Anusandhan Trust are governed by four basic principles, namely, social relevance, ethics, democracy and accountability.

CEHAT

CEHAT was the first institution formed by the Trust in 1994. It is the research centre of the Anusandhan Trust which undertakes research, action, service and advocacy in health and allied themes. The Trustees of the Anusandhan Trust constitute the governing board for CEHAT. Presently there are nine trustees.

Co-ordinator and Joint Co-ordinator

CEHAT is headed by a Co-ordinator and Joint Co-ordinator appointed by the Trust. The institution functions autonomously within the framework of the founding principles laid down by Anusandhan Trust. Padma Deosthali and Amita Pitre are the Co-ordinator and Joint Co-ordinator, respectively.

Programme Development Committee

The Programme Development Committee is responsible for all academic, research and content of all activities, including peer review. The committee comprises senior researchers and external experts from the Trust and other institutions,

working as consultants and advisors. The present members are: Padma Deosthali (Convener), Amita Pitre, Sangeeta Rege, Leni Choudhury, Chandrima Chatterjee, Kamayani Bali Mahabal, Ravi Duggal, Lakshmi Lingam, Padma Prakash and Vibhuti Patel.

Working Group

The Working Group (WG) of CEHAT is the decision making body, which oversees the functioning of the organisation, in the area of appointments, induction, evaluations, grievances and drawing up future strategies of the organisation. The members of the WG are elected by the staff. The Co-ordinator and Joint Co-ordinator are the ex officio members of the WG. Decisions in the WG are normally taken by consensus. The members of WG are: Padma Deosthali – Co-ordinator, Amita Pitre – Joint Co-ordinator, Kamayani Bali Mahabal, Qudsiya Contractor, Pramila Naik, Prashant Raymus and Ruma Bhowmick.

Institutional Ethics Committee

The IEC is a multidisciplinary body with a representation of diverse perspectives on research and ethics appointed by the Anusandhan Trust. It is a recommendatory body that conducts a periodic ethical review of CEHAT's projects. Apart from project reviews, it aims to facilitate discussions on ethics in CEHAT and contributes to staff education through orientation meetings. It has designed its own Standard Operating Procedures. The present members are: Anthony Dias, Jagruti Waghela, Nagmani Rao, Sandhya Srinivasan, Sanjay Nagral, Qudsiya Contractor, Shilpa Toro and Sunita Sheel B.

Social Accountability Group

The Social Accountability Group is a body of independent persons appointed by Anusandhan Trust to review CEHAT's work in terms of its stated objectives. The main function of the Social Accountability Group is to carry periodic social audit of the organisation. The present members are: Medha Kotwal, R. Nagaraj, Ravi Narayan, Ravindra R. P and Vijay Kanhere.

Committee against Sexual Harassment

CEHAT is committed to a working and learning environment, free of discrimination and intimidation. It is committed to tackling the complaints of sexual harassment promptly, impartially, sensitively and confidentially. A committee is formed to scrutinise the complaints of sexual harassment.

This committee would address complaints for CEHAT and CSER.

As the definition by the Supreme Court of sexual harassment is open to varied

interpretations, CEHAT has specified behaviour that could constitute sexual harassment.

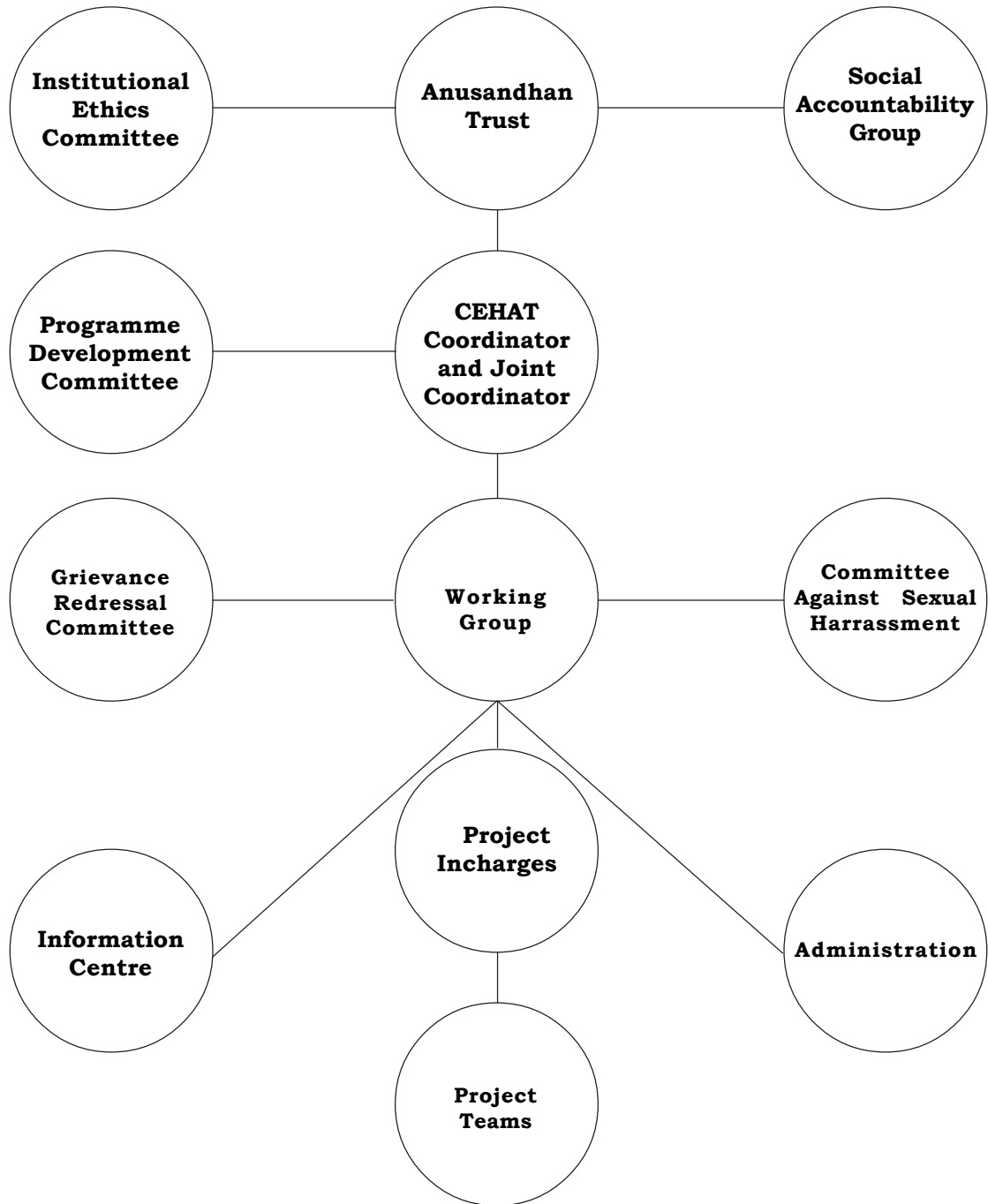
Convenors: Kamayani Bali Mahabal and Sunita Sheel B.

Grievance Redressal Committee

The Grievance Redressal Committee has been formed to provide relief to any employee aggrieved by any decision/ action or dispute on any issue. The inquiry is conducted by the Grievance Redressal Committee by interviewing the complainant and the accused and by using documentary material, the complaint letter and other related correspondence. The persons conducting the inquiry are required to submit the inquiry report within two weeks to the WG for taking appropriate action.

The members are: Devidas Jadhav (Convenor), Ruma Bhowmick, Chandana Shetye, Qudsiya Contractor and Vijay Sawant.

ORGANISATION CHART



Remembering Vijay Kanhere: (1951- 2006)

Vijay Kanhere, a member of our Social Accountability Group (SAG) passed away following a second heart attack on June 20th, 2006. His sudden, premature departure at the age of 55, has meant an unbridgeable void in the broader people's movement and in the NGO sector in India.

After his graduation in natural science, Vijay responded to his rebellious, humanist feelings and joined the 'Shramik Karyakarta Vidyapeeth' of Baba Amte. A few months later, he joined the new, militant movement of tribal, agricultural labourers – Shramik Sanghatana in Shahade taluk of Dhule district, which sprang up in the early seventies. A collaborative innovative venture between local tribal leaders/activists, Gandhian activists and highly educated neo-Marxists from Mumbai-Pune, this powerful movement caused quite a stir for many years. Vijay was one of the leading activists in this movement. He also carried out a participatory research on the origins of this movement; quite a novel thing in the seventies.

After returning to Mumbai, with the help of PRIA and colleagues like Dr. V. Murlidhar, Jagdish Patel, Pralhad Malvadkar, Vijay carried out pioneering research on Byssinosis - the serious occupational disease affecting cotton-mill workers. Thanks to this research and lobbying, which was done with the co-operation of various trade unions, hundreds of affected workers got compensatory pension.

The Occupational Health and Safety Centre (OHSC) unit set up by Vijay and his colleagues, is a pioneering contribution to the Peoples' Movement in India, given that this issue has been a neglected topic. Through his high quality research and advocacy / lobbying on Occupational Health Issues, he set up an example of how work of NGOs can contribute to people's initiatives, movements.

Vijay actively fostered various initiatives for people friendly, sustainable development ventures and was one of the few activists, intellectuals who had deep understanding of both urban and rural issues, movements.

Vijay was well known for his very humane, gender- sensitive approach in his social and individual relations. He always encouraged activists from oppressed/ underprivileged sections, especially women. He had the inner drive to establish humane dialogue with individuals from the underprivileged sections.

Vijay was an excellent teacher. Whether it was a social issue or science or mathematics, whether the 'students' were school going or adults, he had the knack of simplifying complex problems and fostering the self confidence of his 'students'.

He set up an example of keeping away from unhealthy practices in the NGO sector; had a very humble, simple life-style; practiced what he preached and was supportive of the good work by CEHAT.

We have lost one of our idols!

Anant Phadke

11. ADMINISTRATION AND ACCOUNTS

Administration

After the process of restructuring, the functioning of the administration and accounts department has been decentralised. The department that had all along co-ordinated across the various branches of CEHAT, has started functioning independently in each centre in the last one year. At present it co-ordinates the field offices of CEHAT, ie, Peהל and Dilaasa.

The administration and accounts team provides support to project/programme teams. This includes secretarial assistance, fund flows, project administration and financial monitoring, statutory functions, liaisons and reporting, personnel and administration, accounts and financial reporting.

The administration and accounts team provided logistics support for Health and Human Rights course held in July and December 2005.

The team played an active role during the IFHHRO Conference held at the YMCA, Mumbai, from September 30th to October 3rd 2005. The logistics support in providing accommodation and travel booking in India and abroad, to Indian and foreign delegates was handled entirely by the administration team.

The team provides support to the Coordinator in organisational management and both, external and internal liaison.

The team also contributed support during the restructuring of the CEHAT premises.

Team Members : Ruma Bhowmick, Muriel Carvalho, Srinivas Ramchandran, Dilip Jadhav, Netralal Sharma, Shobha Kamble, Devidas Jadhav, Bhakti Shejwalkar, Sudhakar Manjrekar.

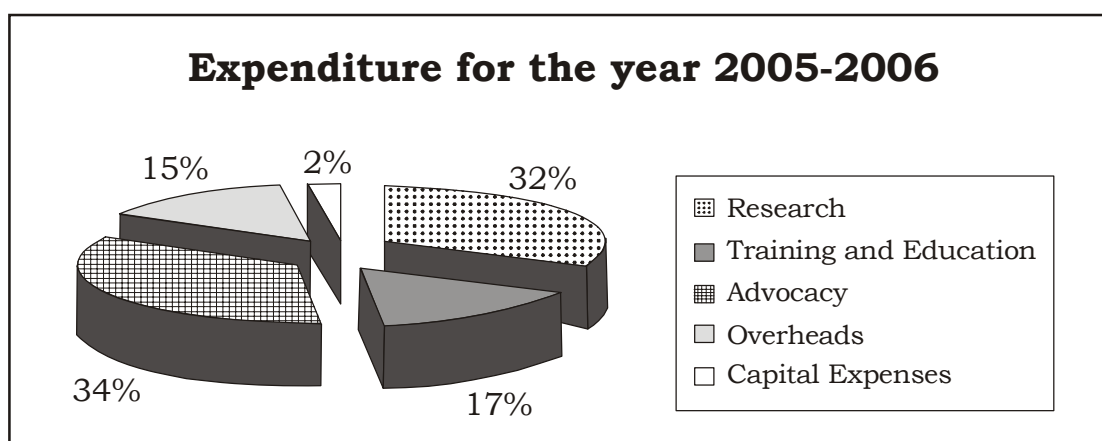
Sources of Funding and Expenditure

The following funding agencies support various projects of CEHAT:

- Council for Social Development, New Delhi
- Ford Foundation, New Delhi
- Fund for Global Human Rights, USA
- International Development Research Centre (IDRC), Canada
- International Federation of Health and Human Rights Organisation (IFHHRO), Netherlands
- Netherlands Organization for International Development Cooperation (Novib), The Netherlands
- National Commission For Women, New Delhi
- Rangoonwala Foundation India, Mumbai
- State Family Welfare Bureau, Ministry of Health and Family Welfare, Government of Maharashtra, Pune.

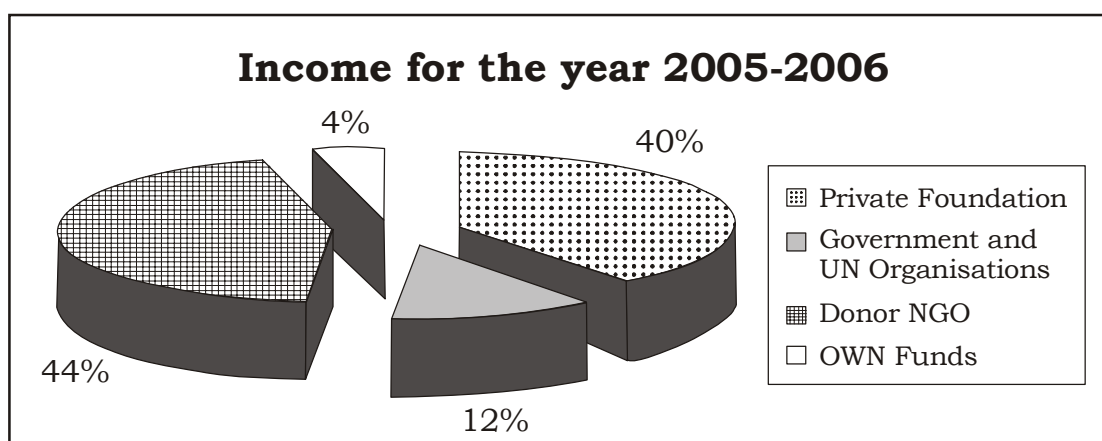
**CEHAT, Research Centre of Anusandhan Trust
Expenditure For the Year 2005 - 2006**

<i>Utilisation of Funds</i>	<i>Amount Rs.</i>	<i>Percentage</i>
Research	4,115,242.11	31.78
Training and Education	2,150,654.67	16.61
Advocacy	4,501,350.81	34.76
Overheads	1,892,053.96	14.61
Capital Expenses	290,901.00	2.25
Total	12,950,202.55	100.00



**CEHAT, Research Centre of Anusandhan Trust
Income For the Year 2005 - 2006**

Funds received	Amount Rs.	Percentage
Private Foundation	6,638,844.80	39.64
Government and UN Organisations	2,016,696.82	12.04
Donor NGO	7,408,305.50	44.24
Own Funds	683,253.50	4.08
Total	16,747,100.62	100.00



Staff Profile

CEHAT has strength of nearly 40 full time staff members engaged in a variety of tasks such as research, action and intervention, training and service provision. The administration and accounts departments provide support to various teams engaged in these activities.

CEHAT has highly qualified staff members specialising in subjects such as social work, social sciences such as economics, political science and sociology, human rights, law and medicine.

Staff Profile for the period April 2005 to March 2006				
Sr. No.	Name	Designation	Period	Qualification
1	Amita Pitre	Jt Co-ordinator	21/10/02 till date	M.Sc.(Health Science), B.A.M.S.
2	Anirban Bose	Jr. Administrative Officer	16/08/99 to 28/04/05	B.Com
3	Bhakti Shejwalkar	Jr. Office Secretary	20/01/06 till date	B.A
4	Chandana Shetye	Research Officer	15/12/04 till date	M.A International Relations
5	Chandrima Chatterjee	Research Officer	01/12/04 till date	M. Phil, PhD
6	Clipsy Banji	Research Officer	16/05/05 to 16/11/05	M.S.W.
7	Deepti Ansari	Project Assistant	9/08/04 to 31/05/05	B.S.W.
8	Devidas Jadhav	Jr. Office Secretary	6/7/1999 till date	SSC
9	Dilip Jadhav	Office Assistant	01/11/04 till date	HSC
10	Gunjan Mehta	Jr. Research Officer	6/02/06 till date	PG Diploma in Human Resources Management
11	Joyce Patton	Jr. Research Officer	20/09/04 till date	M.A - Social Work
12	Jyoti Dhuri	Jr. Office Secretary	21/12/05 to 14/03/06	B.A
13	Kamayani Mahabal	Sr. Research Officer	07/04/03 till date	M.A in Clinical Psychology M.A in Human Rights, L.L.B

Sr. No.	Name	Designation	Period	Qualification
14	Leni Chaudhuri	Sr. Research Officer	07/12/04 till date	M.Phil
15	Lynn Marie Sardinha	Jr. Research Officer	23/01/06 to 28/04/06	M.S.W
16	Margaret Rodrigues	Research Officer	11/9/1997 till date	B. Sc
17	Muriel Carvalho	Sr. Office Secretary	22/10/02 till date	B.A
18	Neeta Joshi	Jr. Research Officer	04/05/05 till date	M.S.W
19	Netralal Sharma	Care Taker	01/01/02 till date	S.S. C
20	Padma Deosthali	Co-ordinator	13/04/98 till date	M.S.W, P.G.D.H.R.M.
21	Pankaja Dhande	Jr. Research Officer	16/11/04 till date	M.A - Social Work
22	Pramila Naik	Research Assistant	9/10/2000 till date	B.Com
23	Prashant Raymus	Jr. Research Officer	30/12/03 till date	M.A
24	Qudsiya Contractor	Research Officer	1/8/2001 till date	M.A. – Social Work
25	Radhika Sarkar	Research Officer	10/09/04 to 09/07/05	M.S.W.
26	Rajesh Shetye	Driver	23/08/01 to 22/08/05	Secondary School
27	Rashmi B.Divekar	Jr. Research Officer	17/01/05 till date	B.A, pursuing LLB
28	Rashmi Thakkar	Jr. Research Officer	01/12/03 till date	M.Sc
29	Ravi Duggal	Former Co-ordinator	01/11/99 to 31/12/05	M.A., D.B.M
30	Ruma Bhowmick	Jr. Accounts Officer	2/8/1999 till date	B.Com
31	Sangeeta Rege	Project Officer	21/02/05 to 15/05/06	M.S.W
32	Shabana Ansari	Project Associate	9/08/04 to 31/05/05	B.S.W.

Sr. No.	Name	Designation	Period	Qualification
33	Shilpa Mayekar	Jr. Office Secretary	19/07/04 to 01/08/05	B.A
34	Shobha Kamble	Office Assistant	14/12/99 till date	Primary School
35	Shreya Bhandari	Research Officer	05/06/03 to 4/6/2005	M.S.W.
36	Srinivas Ramchandran	Administrative Assistant	21/06/05 to 30/06/06	B. Com.
37	Suchira Deenagar	Jr. Research Officer	16/01/06 to 28/06/06	M.S.W
38	Sudhakar Manjrekar	Office Assistant	15/11/00 till date	Secondary School
39	Sunita Singh	Research Officer	03/05/04 to 10/04/06	M.A
40	Sushma Gamre	Research Associate	15/06/00 till date	B.A
41	Vijay Sawant	Sr. Office Secretary	7/2/1995 till date	B.A
42	Zuber Mohammed	Office Assistant	24/10/05 to 09/04/06	Secondary School

Consultants

In its endeavour to achieve quality work and excellence, services of consultants are sought by CEHAT. The following is the list of consultants:

Sr. No.	Names
1	Aparna Joshi
2	Bilkis Sheikh
3	Divya Jain
4	Jayashree Velankar
5	Lalitha Narayan
6	Leena V.Gangolli
7	Manasee Mishra
8	Meena Deval
9	Minal Mhatre
10	Misuni Mankodi
11	Mrinal Desai
12	Nazia Sheikh

Sr. No.	Names
13	Neha Madhiwala
14	Neha Trivedi
15	Ravi Duggal
16	Reena Martins
17	S.Irudaya Rajan
18	Saatvika Rai
19	Sharda Mahalle
20	Swatija Manorama
21	Tejal Jaitly
22	Vidya Kulkarni
23	Vivek Neelakantan

Utkarsha (Staff Welfare Association)

Utkarsha, the CEHAT Staff Welfare Association, was initiated by the CEHAT staff, in 1998, to encourage the practice of saving. Utkarsha provides the staff members, the opportunity to improve their standard of living, by providing loans at a reasonable rate. The loan is granted for various reasons like buying/renting or repairing house, education, consumer durable goods such as vehicle/computer or for any other purpose.

The staff members of CEHAT who have a service contract for one year and who have cleared their probation are eligible

for membership to Utkarsha. About 37 staff members have been enrolled as shareholders in the last financial year. The share amount has increased from Rs.44,000 in 2000 to Rs. 6,18,500 in 2006. There has been increase in disbursement of loan from Rs. 63,000 in 2000 to Rs. 5,78, 500 in 2006.

Present Executive Committee

- Dattatraya Taras
- Devidas Jadhav
- Kiran Mandekar
- Pramila Naik

The Financial Status of the Association for the year 2004 - 2006 is as follows:

Year	Disbursement of Loan Recipients of Loan	Amount Rs.
2004	17	5,20,000.00
2005	14	5,02,000.00
2006	19	5,78,500.00

List of Shareholders and Share Amount

Year	Members	Share Amount Rs.
2004	31	4,47,000.00
2005	39	4,60,796.00
2006	37	6,18,500.00

CEHAT Offices

Dilaasa
Department No. 101
K.B. Bhabha Municipal Hospital,
R.K. Patkar Marg, Bandra (West),
Mumbai- 400 050
Tel: 91-22-2640 0229
Email: dilaasa@vsnl.net

Pehel
Flat No.4, 2nd Floor,
Candelar, John Baptist Road,
Mumbai – 400 050
Tele and Fax No: 91-22-26407618

Anusandhan Trust Centres

SATHI
Flat No. 3 and 4, Aman Terrace,
Plot No. 140, Dahanukar Colony,
Kothrud, Pune – 411 029
Tel.: 91-20-25452325
Fax: 91-20-25451413
E-mail: cehatpun@vsnl.com

Centre for Studies in Ethics and Rights
(CSER)
Candelar, 4th Floor, 26, John Baptist Road,
Mumbai – 400 050
Tel: 91-22-26406703
Fax: 91-22-26407618

12. ARTICLES AND PAPERS

CEHAT staff is encouraged to write articles and papers on health issues. The following is the list of articles and papers published in 2005- 2006.

Bali-Mahabal, Kamayani *Child Rights and Laws*, One India One People, March 2006, Vol.9, Issue 8, Pgs.42 and 44

Bali-Mahabal, Kamayani *Right to Mental Health and the Barriers*, Express Healthcare Management, March 2006, Vol.6, Issue 24, Pgs.29

Bali-Mahabal, Kamayani *Sex Selection: Unethical Practice*, Health Action, May 2005, Vol.18, No.5, Pgs.11-13

Chatterjee, Chandrima B. *Accreditation of Hospitals: An Overview*, Express Healthcare Management, 1-15 September 2005, Vol.6, No.16, Pgs.5-6

Chatterjee, Chandrima B *Human Right Approach: A Paradigm Shift in Understanding Health*, Express Healthcare Management, 16-30 June 2005, Vol.6, No.11, Pgs.10,18

Chaudhuri, Leni *Our Little Girl: Child Marriages in India - An Overview*, Communalism Combat, November 2005, Vol.12, No.112, Pgs.32-33

Chaudhuri, Leni *Population Control: At What Cost?* Health Action, December 2005, Vol.18, No.12, Pgs.20-21

Chaudhuri, Leni *Technology and Gender-Based Discrimination Sex Selection Techniques*, Health Action, October 2005, Vol.18, No.10, Pgs.13-15

Contractor, Qudsiya *Involuntary Resettlement of a Slum in Mumbai - A Human Rights Perspective*, Urdhva Mula, Volume 4 No. 1, August 2005.

Duggal, Ravi *An Agenda Lost in a Unipolar World*, Combat Law, November - December 2005, Vol.4, No.4, Pgs.44-46

Duggal, Ravi *Where is the Health Agenda?* Express Healthcare Management, 16-31 March 2005, Vol.6, No.5, Pgs.16

Duggal, Ravi *Financing the National Rural Health Mission*, Health Action, June 2006, Vol.19, Issue.6, Pgs.18-20

Duggal, Ravi *Financing the NRHM*, Medico Friend Circle Bulletin, April - June 2006, Issue.316 - 317, Pgs.39-42

Duggal, Ravi *Health Tourism or Re-Engineered Brain Drain*, Health Action, March 2006, Vol.19. Issue 3, Pgs.9-13

Duggal, Ravi *The Political Economy of Medical Ethics*, Health Action, January 2006, Vol.19, No.1, Pgs.14-15

Pitre, Amita Case study of an attempt to institutionalise a model 'Sexual Assault Evidence Kit' to address care and evidence linked issues presented at the conference 'Lessons learnt from a rights based approach to health', organised by Emory University, Atlanta, USA in May 2005

Pitre, Amita *Role of Health Professionals: What to do in Cases of Sexual Assault?* Women's Global Network for Reproductive Rights Newsletter (Update No.4), 2005, Vol.84, No.4, Pgs.2-3,

Pitre, Amita *Sexual Assault Care and Forensic Evidence Kit Strengthening the case for use of the kit*, presented at the 10th International Women and Health Meeting in New Delhi, India from 21st to 25th September 2005.

Raymus Prashant, Guest Column: *Bridging Gender Gap through Budgets: Union Budget 2005-06*, Budget Track, Vol.3, Track No. 1, July 2005. Pgs. 18-19.

ANUSANDHAN TRUST

Present Trustees	
1. Dr. Amar Jesani, M.B.B.S.	Coordinator, Centre for Studies in Ethics and Rights (CSER), Mumbai, Maharashtra
2. Dr. Dhruv Mankad, M.B.B.S.	(Managing Trustee) Consultant and former Director, VACHAN, Nashik, Maharashtra
3. Dr. Laxmi Lingam, Ph.D	Professor and Chairperson, Centre for Women's Studies, Tata Institute of Social Sciences, Mumbai, Maharashtra
4. Ms. Manisha Gupte, M.Sc.	Convenor, Mahila Sarvangi Utkarsh Mandal (MASUM), Pune, Maharashtra
5. Dr. Mohan Deshpande, M.B.B.S.	Consultant, School Health and other programmes, Pune, Maharashtra
6. Dr. Nobhojit Roy, M.S.	Head, Department of Surgery, Hospital of the Bhabha Atomic Research Centre, Mumbai, and Web-Editor, Indian Journal of Medical Ethics, Mumbai, Maharashtra
7. Dr. Padma Prakash, Ph.D.	Former Acting Editor, Economic and Political Weekly; Editor, eSocial Sciences, Mumbai, Maharashtra
8. Prof. Padmini Swaminathan, Ph.D.	Professor of Economics, Madras Institute of Development Studies, Chennai, Tamil Nadu
9. Prof. Vibhuti Patel, Ph.D.	Professor and Head, Postgraduate Department of Economics, SNDT Women's University, Mumbai, Maharashtra

Foundation Principles of Anusandhan Trust

- ❖ **Social Relevance**
- ❖ **Ethical Concerns**
- ❖ **Democratic Functioning**
- ❖ **Social Accountability**

**Centre For Enquiry Into Health And Allied Themes
Research Centre Of Anusandhan Trust**

CEHAT, in Hindi means “Health”. CEHAT, the research centre of Anusandhan Trust, stands for research, action, service and advocacy in health and allied themes. Socially relevant and rigorous academic health research and action at CEHAT is for the well being of the disadvantaged masses, for strengthening people’s health movements and for realising right to health care. Its institutional structure acts as an interface between progressive people’s movements and academia.

CEHAT’s objectives are to undertake socially relevant research and advocacy projects on various socio-political aspects of health; establish direct services and programmes to demonstrate how health services can be made accessible equitably and ethically; disseminate information through databases and relevant publications, supported by a well-stocked and specialised library and a documentation centre.

We are a multi disciplinary team with training and experience in Medicine, Life Sciences, Economics, Social Sciences, Social Work, Journalism and Law. CEHAT’s projects are based on its ideological commitments and priorities, and are focused on four broad themes, (1) Health Services and Financing (2) Health Legislation, Ethics and Patients’ Rights, (3) Women’s Health, (4) Investigation and Treatment of Psycho-Social Trauma. An increasing part of this work is being done collaboratively and in partnership with other organisations and institutions.