



ANNUAL REPORT 2022-2023



Centre for Enquiry into Health and Allied Themes (CEHAT)

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ABOUT CEHAT

Centre for Enquiry into Health and Allied Themes (CEHAT)

CEHAT is a Research Centre of Anusandhan Trust

- Was conceived as an interface bonding progressive people's movements, the public health sector and academia
- Identifies research gaps, conceptualises socially relevant research problems and undertakes rigorous, engendered health research, welfare and action
- Drives research-directed and evidence-based action addressing the needs of less privileged, disadvantaged genders, classes and castes
- Tracks and critiques policies from a pro-people gender standpoint that impacts healthcare and the safety and welfare of marginalised, vulnerable groups and populations
- Supports and underpins movements and campaigns with research, data, literature as required, offering its excellent library and documentation services

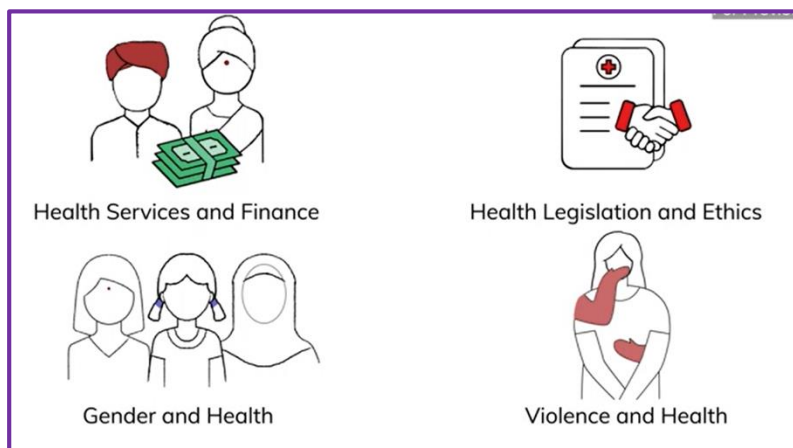
CEHAT has through its work

- Pioneered new ideas
- Initiated new ways of thinking within institutional systems that have led to gender sensitive and pro-people practices
- Brought out policy and programme changes in health and health related areas

CEHAT's work is organised around

- Health Services and Financing
- Health Legislation, Ethics and Patients' Rights
- Gender and Health
- Violence and Health

Four Thematic Areas of CEHAT



I. RESEARCH

1. Building evidence on violence faced by young women and Girls

Being a social science research organisation, CEHAT believes in demystifying research methods and tools and working with community based organisations to assist them in conducting research. As a part of such an endeavor CEHAT has started working with four additional grassroots organisations to build their capacity to streamline their management information system and integrate practice of routine analysis of service records. These organisations include Rajsamand Jan Vikas Sansthan (RJVS), MASUM, Vishakha and Sahjni Shiksha Kendra (SSK). They work on issue of violence against women with marginalised communities. Several capacity building sessions have been organised by the CEHAT team to enable frontline workers of the three organisations to develop a structured format of the intake form, validated excel sheets and a framework for analysis of the service data.

Through CEHAT's capacity building efforts, RJVS has analysed 615 cases of violence against women who accesses services from Mahila Manch in Rajsamand district of Rajasthan. This data analysis has been able to provide useful insights on harmful practices like witch hunting which are often used to inflict violence against women. SSK and MASUM data also provide important information on dynamics of domestic violence, expectations of women and effective interventions in addressing violence in rural context. Vishakha's team members has analysed media reports of violence against women in two districts of the Udaipur to highlight the gaps in reporting of VAW news. The team has also looked at the access to abortion for young girls and women in rural context by analysing their service data.

2. Mapping Interventions Addressing Gender-based Violence (GBV) in Public Spaces in India

Through this research project, we intend to conduct a study to understand the existing intervention landscape of GBV in public space in India. The overall objective is to explore how state and civil society organisations approach, intervene, and assess efforts to address gender-based violence in public spaces. This project will provide us opportunity to identify and study these interventions, and collaboratively arrive at a set of common indicators to assess their progress.

The project team has worked on developing a research proposal and tools for the implementation of the project. The team has also undertaken a systematic review of literature on VAW in public spaces in South Asian context. This review of literature has helped team to identify the scope of interventions addressing VAW in public spaces and to develop a rigorous research proposal for the implementation of the project.

3. Analysis of VAW helpline calls

CEHAT team carried out a detailed analysis of the calls received on VAW helpline run by CEHAT to provide support to survivors of violence as well as assistance to healthcare providers in responding to survivors. About 50 calls received in year 2022 were analysed in detail. The analysis showed that majority of the calls made were by survivor followed up by healthcare providers. Survivors primarily called for seeking legal advice from the counsellors. Several HCPs also contacted counsellors with the use of the helpline when they had questions related to age of consent for examination, advanced age of pregnancies in sexual assault and steps to approach the legal justice system, questions about the child welfare committees and the like. This rapid analysis has enabled team to develop better response mechanisms and brainstorm strategies to increase the reach of the helpline.

4. Eliminating Gender insensitive medical practices: Building Medical Educators Capacities to integrate Gender Concerns

a. Situational Analysis of Clinical Practices Across 5 Disciplines in 5 Medical Colleges of Maharashtra

One of the main goals of this project is to improve the existing healthcare practices in five medical colleges. There are known issues in healthcare practices, such as not involving men in family planning, substandard practices in labor rooms, excluding unmarried women from contraceptive services and counseling, and not giving adequate importance to informed consent. However, we don't have specific information about these practices in the medical colleges we're working with.

Given this situation, the CEHAT team developed a research proposal for a situational analysis using qualitative methods. This proposal was submitted and approved by the Institutional Ethics Committee (IEC) of Anusandhan Trust.

The CEHAT team then conducted data collection in these five medical colleges. They conducted interviews with 25 key informants, one from each department in each college. The departments included Obstetrics and Gynaecology (ObGyn), Preventive and Social

Medicine (PSM), Forensic Medicine and Toxicology (FMT), Internal Medicine, and Psychiatry. Additionally, they made direct observations using a checklist in each department.

The study aimed to apply a gender perspective to assess public teaching hospitals in Maharashtra, focusing on three key aspects:

(I) **Comprehension of Sex and Gender:** Providers had limited understanding of sex and gender beyond binary concepts, with minimal interaction with sexual and gender diverse individuals, revealing their invisibility within the public health system.

(II) **Female Bodily Autonomy and Gender Stereotyping:** Provider attitudes regarding bodily autonomy and gender stereotypes were noticeable in sexual and reproductive health (SRH) services, influencing their administration.

(III) **Gender-Based Violence:** Providers exhibited inaction in identifying signs of violence, both within facilities and the community, with no established protocols for effective psychosocial support to survivors.

The findings highlighted that healthcare practices often prioritise healthcare providers' convenience over patient needs, resulting in privacy violations and disregarding consent and choice in medical procedures. These practices are perpetuated from teachers to interns and residents, persisting within health systems. To drive gender-transformative changes, a stronger emphasis on gender perspectives is crucial in healthcare practices, not only in medical education institutions but also across the broader public health delivery system.

b. **Research fellowships for medical educators undertaking gendered research in neglected areas of health**

Within the realm of research conducted in medical colleges, a predominant focus has traditionally been placed on biomedical research, often neglecting the pivotal socio-cultural factors and their consequential impact on health. The integration of a gender-sensitive curriculum plays a pivotal role in effecting meaningful change in the current educational landscape. Nonetheless, it is equally imperative to actively engage medical educators in health research endeavors that emphasise the multifaceted role of gender issues in shaping health conditions and outcomes.

To stimulate and cultivate research initiatives within the medical community concerning the intersection of gender and health, CEHAT announced a research proposal solicitation directed specifically at qualified medical educators from five prominent medical colleges: Government Medical College Aurangabad, Government Medical College Miraj,

Government Medical College Akola, Government Medical College Solapur, and Government Medical College Dhule.

Each research proposal has undergone a meticulous review process encompassing two distinct phases of evaluation. The first evaluation was conducted internally by CEHAT's dedicated team, while the second involved scrutiny by an external review committee. Subsequent to these evaluative stages, comprehensive consultations were held with individual researchers to furnish constructive feedback and guidance to further refine their respective research endeavors.

Given that medical educators are currently in the process of seeking approval from their respective Institutional Ethics Committees, CEHAT has proactively organised a series of individualised meetings with these educators. The primary objective of these consultations is to offer invaluable support in the translation of research instruments and to facilitate the execution of pilot data collection efforts. In addition, these individualised sessions provide a platform for in-depth discussions with educators regarding preliminary findings from the pilot data study, thus allowing for the identification and rectification of data gaps.

5. Integrating gender perspectives in medical teaching and research in other states

CEHAT has assumed the role of mentorship and guidance in the domain of gendered research for medical educators. This comprehensive support encompasses the entire research continuum, including the literature review, designing study tools, data analysis. Furthermore, CEHAT has actively fostered the production of articles and blog entries that illuminate various facets of gender-related themes in the context of medical teaching and research.

6. Challenges faced by nurses at workplace in Indian healthcare settings

CEHAT and the Centre for Health and Mental Health, School of Social Work, TISS (Mumbai) have collaborated to systematically document the challenges faced by nurses at workplace in the Indian healthcare system and advocate for their rights. The proposed research is underpinned by the fact that nurses in India grapple with several workplace challenges and are forced to work in an exploitative environment. Evidence from the Indian context has highlighted that nurses face several challenges at the workplace due to increased privatisation of healthcare, contractual employment, weakening of the public health system, and medical hegemony. Further, patriarchal norms, caste, class, and poor investment by

the government in the care. The collaborative nature of project will enable us to advocate for the rights of nurses at various levels. The team has co- developed an implementation proposal based on the inputs received from advisory committee constituted for guiding the project.

II. TRAINING AND EDUCATION (COURSES)

1. Building evidence on violence faced by young women and Girls

CEHAT has developed a film on the sexual and reproductive health of young girls. This film can be used as a resource during training of healthcare providers to provide comprehensive SRHR services to young girls. The release of the film was accompanied by a panel discussion where representatives from MASUM, Anubhuti Trust (works with tribal girls in Thane district), and CEHAT shared their experiences working with on young girls on accessing SRHR services.



We have also been able to develop a film that traces CEHAT's history -why was CEHAT set up, what is the role and relevance of research in social science, and traces back the organisational roots to a belief system on democratic functioning. The film will be of great help to CEHAT to simplify its endeavors to the common person as well as funding agencies because increasingly research is not found to be of great value.

2. Engaging Medical Education Departments in seven states so as to influence research in the area of gender and health at UG and PG levels

Seven medical colleges have enthusiastically joined forces to implement the Gender in Medical Education (GME) project, marking a significant step towards integrating critical gender-related concepts into the medical curriculum. The institutions participating in this pioneering endeavor include:

1. Shree Atal Bihari Vajpayee Medical College, Bengaluru, Karnataka
2. Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Wardha, Maharashtra
3. Shree Vilasrao Deshmukh Medical College, Latur, Maharashtra
4. Government Medical College, Nizamabad, Telangana
5. St. John's Medical College, Bengaluru, Karnataka
6. Indira Gandhi Institute of Medical Sciences, Patna, Bihar

7. Bangalore Medical College and Research Institute, Bengaluru, Karnataka

The GME project embarked on a comprehensive approach, conducting two intensive rounds of training sessions. These sessions aimed to equip senior and middle-level medical educators with a deep understanding of the complex concepts of gender and intersectionality as they pertain to the MBBS curriculum. 50 medical educators from above mentioned 7 medical colleges received GME training.

The training modules covered a diverse range of topics related to gender and health, all highly pertinent to medical education. These included discussions on communicable and non-communicable diseases from a gender perspective, sexual and reproductive health concerns among gender-diverse communities, the discrimination faced by patients based on caste and religious identities, access to abortion, and the challenges encountered by women and girls in the healthcare system.

The participatory nature of the training fostered robust discussions and unveiled previously held perceptions among medical educators regarding patient communities. Feedback from the educators highlighted their newfound enlightenment, particularly during sessions discussing gender as a social determinant of health and systemic barriers to healthcare access, along with topics related to sexual and gender minorities and the utilisation of a gender analysis framework.

The primary objective of these training sessions was to encourage medical educators to seamlessly integrate these vital gender-related topics into their MBBS curriculum. The ongoing support provided by the CEHAT team played a pivotal role in enabling educators to not only incorporate gender issues into classroom lectures but also to initiate a variety of innovative activities in this regard.

Some of the notable impacts of this training included:

- a. **Documentation of gender integrated lectures:** Faculties from community medicine department of Government Medical College, Nizamabad and SABVMC, Bangalore conducted additional lectures on topics sex, gender and health and violence against women. CEHAT team visited these colleges to document gender integrated lectures.



- b. **Student Workshops:** Teachers across colleges were inspired to organise workshops targeting both faculty and medical students. For instance, GMC Latur hosted a day-long workshop on 22 November 2022 titled 'Reducing Gender Inequities to Make Accessible Healthcare,' which garnered significant participation and appreciation from undergraduate students. Students acknowledged the need for doctors to address gender-related issues in patient care.



- c. **Debate and Poster Competitions:** CEHAT collaborated with institutions to organise a debate competition addressing issues such as violence against women, bodily autonomy, LGBTQIA+ rights, and ethical considerations in clinical practice. A poster competition, centred around the health needs of the LGBTQIA+ community, reflected

students' creativity and empathy.

- d. **Mainstreaming Gender Concepts:** A ground breaking achievement was the integration of gender-related concepts into the regular MBBS curriculum. This pioneering effort was supported by the GME team, empowering future doctors to advocate for gender equality and compassionate healthcare.

3. Re-orientation of HCPs to recognise and respond to VAW at MCGM Hospitals

In the period between April 2022 and March 2023, 11 orientation trainings were conducted across 9 hospitals. These training workshops focused on orienting HCPs about clinical signs and symptoms of violence among survivors, health consequences of violence, components of psychological first aid and role of Dilaasa centres. These trainings have to be conducted periodically as many HCPs get transferred to different hospitals and a new set of HCPs assume responsibilities, hence inducting them in to clinical identification of VAW and pathways for referral become crucial at the outset. Out of 11 trainings, 8 were on comprehensive health response to survivors of rape. The participating doctors and nurses

had joined recently and never been oriented before. Around 264 health care providers participated in the trainings.

4. Training of Trainers for Health Care Providers on Violence against Women and Children, 18th to 20th January 2023

CEHAT conducted a three-day training of trainers (TOT) workshop on VAW/C for health care providers of 12 public hospitals in Mumbai. Thirty-five champions composed of doctors, nurses, and CDO were trained to further enhance health systems' effective response to survivors of violence. Enthusiastic participants were oriented about concepts of sex, gender, VAW/C, role of health systems, WHO-LIVES and Dilaasa crisis centre by using participatory methodology of role play, case discussions, presentations, and demonstration of training sessions. Resource persons from academics, NGO, and MCGM enriched participants' learnings and helped gain conceptual clarity about the subject and role of HCPs in identifying and responding to violence.

5. Capacity building of team of Dilaasa centres

a. Four Days orientation training on GBV for new Dilaasa counsellors, ANMs and DEOs - 31st October to 3rd November 2022:

A 4-days orientation training on Gender based Violence (GBV) was organised by CEHAT for 34 new Dilaasa counsellors, ANMs and DEOs from 31st October to 3rd November 2022. A highly engaging and participatory sessions were held covering range of topics such as concepts of domestic violence and sexual violence with focus on health system response to survivors, intersectionality related to VAW/C, concepts of joint meeting, attempted suicide in cases of VAW/C, health system's response to needs of LGBTQI community, and case documentation at crisis centre.



Case discussions and mock sessions made training sessions lively and helped participants connect with their day to day challenges. Resource persons who were experts from their respective fields ensured that new Dilaasa members are equipped to address concerns of women, children, and persons from LGBTQI facing domestic and sexual violence.

b. Training on documentation of intake forms:

CEHAT conducted a two day (17th and 31st Jan 2023) training on documenting case intake form with Dilaasa counsellors and DEOs of 12 hospitals. 57 participants were involved for the training. The aim of the training was to introduce new intake format to Dilaasa team, address their challenges in documenting cases, and getting an evidence based output through documentation. A mock session on documenting intake forms was conducted by providing case studies to participants.

c. Ongoing capacity building of Dilaasa team through case presentations:

A total of 18 case presentations took place from April 2022 to March 2023. Case presentations were organised in two batches so that all the Dilaasa team members could attend them on either day and the day today functioning of Dilaasa centres is not disturbed. Post COVID all case presentations were conducted in-person. Along with this, input session on challenges faced by minorities and Supreme court landmark judgement on MTP (October 2022) were conducted during the case presentations.

6. National Workshop on Health systems response to violence against women

A three days (14th to 16th June 2022) extensive workshop on health systems response to VAW with healthcare providers, one stop centers and NGOs from eight states of India.

The workshop aimed to orient participants about violence and its impact on health, role of health systems in catering the need of survivors, required perspectives and skills to negotiate with healthcare providers to ensure care and protection for survivors of violence. Twenty-four participants enrolled in the workshop from 13 settings which included hospitals, one stop center, and NGOs. The workshop



had diverse participants from staff nurses to counsellors to project manager which brought out discussion faced at micro to macro level in responding to VAW.

The aim of the workshop was to carry forward the learnings which participants had gained in three days. Groups of hospital, OSC, and NGO presented their planning on responding to VAW and networking with organisations like CEHAT for effective delivery of services to survivors. Feedback for organising refresher workshops was given by participants that can help in their capacity building in reaching out to women and children facing violence.

7. Training of counsellors from five states on health system response to violence against women

CEHAT conducted a 3-days training workshop (26th to 28th February 2023) for 25 participants from One-stop Centres (OSC), Sukoon counsellors, Protection Officers, WCD officials from five Indian states; Haryana, Maharashtra, Uttar Pradesh, Chhattisgarh, and Madhya Pradesh.



The workshop covered intensive sessions on laws related to VAW, access to abortion, health system response to DV/ SV, and psycho social support to survivors. Participation expressed that they are now equipped to coordinate and strengthen health

system response to VAW. They have formulated a work plan to conduct training of Healthcare Providers to identify cases of violence and refer to crisis centre for counselling.

8. Healthcare Providers Training on Violence Against Women at Nongpoh, Meghalaya

An orientation training on violence against women (VAW) was conducted by CEHAT for health care providers at Nongpoh Civil Hospital, Ri-Bhoi District, Meghalaya on the 9th and 10th of June 2022 in collaboration with North East Network (NEN). Sixty-two health care providers recruited for training consisted of doctors, nurses, counsellors, psychologist, physiotherapist, radiology technicians, lab technicians and outreach workers. The training conducted in two batches of 31 participants each was the first step towards creating awareness on violence against women among health care providers within the hospital.

The orientation training was very well received by the participants. Towards the end of the trainings, participants communicated gaining insights on the importance of VAW as a public health issue, basic legal mandates within PWDV Act 2005, role of health care providers in VAW and providing first line of support through LIVES.



9. Workshop on “Comprehensive health care response to survivors of violence – An Orientation for Doctors from UPHCs and UCHCs in Chennai”

CEHAT in collaboration with International Foundation for Crime Prevention and Victim Care (PCVC) conducted a workshop for healthcare providers from urban primary and secondary health centres in March 2023. The workshop aimed at building capacity of providers to provide first aid and necessary psycho- social intervention to survivors of violence at primary health system. The workshop had 23 doctors participated from various primary health centres in in the Chennai city.



10. Training of community health workers of SAHAJ organisation, Gujarat

CEHAT team conducted a two- day training of community health workers of Society for Health Alternatives (SAHAJ) which is Vadodara based civil society organisation working with communities on health and education. The training equipped the workers to identify forms of GBV, understand concepts related to GBV and provide first-line support to survivors.

11. Reflection exercise by CEHAT staff



A reflection exercise and team building exercise was conducted by CEHAT team in December 2022. The daylong meeting enabled team to reflect on the goals accomplished across different projects and activities. The team members spoke about their project work plans and brainstormed strategies to achieve the project goals.

III. INTERVENTION AND SERVICE PROVISION

Psycho social interventions by Dilaasa centre

1296 new cases of domestic violence were registered and 871 new cases of sexual violence were reported across 12 hospitals during this period. Counsellors were doing active follow up of suspected survivors of violence telephonically. During this period, follow-ups were done with 3431 DV survivors and 590 SV survivors. Besides this, Dilaasa team interacted with 6285 women and children and did active case finding with those who visited the hospital for health complaints or accompanied a family member or neighbours for treatment.

Intervention done from April 2022 - March 2023

New DV cases	DV Follow up	New SV cases	SV Follow up	Screening	Total
1296	3431	871	590	6285	12473

CEHAT Helpline

CEHAT counsellors received nearly 160 calls from April 2022 to March 2023 on its helpline. The calls consisted of survivors facing domestic violence, survivors of sexual violence and in need of legal advice, police not filing complaint of the survivors facing physical abuse. Follow up calls from the survivors asking queries related to legal advice for their ongoing case filed in court, abuser getting bail and fear of re-occurrence of violence from him. Our health care providers call queries were related medical examination, documentation related to medical procedures, MTP of the survivors, legal procedures such as F.I.R.

CEHAT Gender-based violence Helpline
Call: 9029073154
24x7 support & assistance

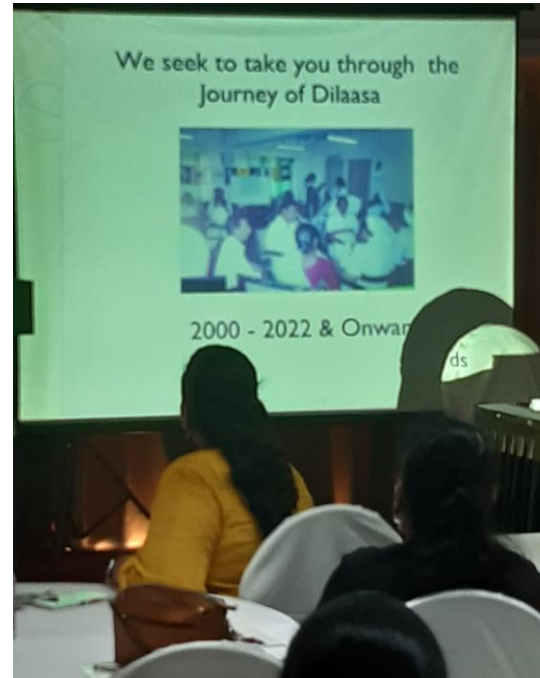
IV. ADVOCACY

1. Dilaasa Re-union: Journey of 21 years and reflection

Dilaasa celebrated 21 years of its journey hence a reunion was organised by CEHAT with around 80 participants including medical officers to Dilaasa counsellors, ANM's (Auxiliary nurse midwife) and DEO's (Data entry operator) from 11 peripheral hospitals.

Senior delegates from public health department: Dr. Mangala Gomare (Executive Health Officer), Dr. Santosh Revenkar (Former Deputy Executive Health officer), Dr. Daksha Shah (Deputy Executive Health Officer), also graced the occasion. Similarly, Dr Vidya Thakur (Chief medical officer & H.O.D) and former Dilaasa in-charge Dr. Seema Malik (Former chief medical officer & H.O.D. SHCS), were also present at the event.

The programme started with a picture story on the journey of Dilaasa throughout the years, with pictures of people involved in establishing Dilaasa and the core team members (doctors, matron, nurses) who helped it flourish over the years. Our guests shared their experiences, and challenges



faced while establishing Dilaasa back in the year 2000 at Bandra Bhabha hospital and the journey of its scale up in 11 peripheral hospitals. In the programme Standard operating procedures (SOP) for Dilaasa and Hospitals was released by the dignitaries. SOP includes guideline for functioning of Dilaasa departments and hospitals describing the role of health care providers for responding to survivors of violence.

CEHAT delivered a short presentation of its research study on review of 11 Dilaasa centers which comprised findings on the journey of Dilaasa till its scale up, role of health care providers, challenges faced, overall budget of these centres.

Programme concluded with a short poem on 'Dilaasa', written by a counsellor from one of our hospitals at V.N. Desai.

2. Addressing challenges of Medical Termination of Pregnancy

A consultation on 'Abortion services and concerns of Health Care providers in Mumbai' was held on 7th December 2022 in a tertiary hospital of Mumbai. Topics covered were medical

legal procedures for MTP, challenges faced by some hospitals with regards to abortion. The consultation had panel members as doctors, lawyers and experts from the health sector. 82 participants which consisted of doctors, nodal officers and CDO's were involved in the training. Important issues on abortion services were discussed as follows need for Identity proof, Consent, Medico legal case for MTP, Discharge from hospital, Police stationed outside/ inside IPD Wards, Inhibition and delay in providing medical abortion, D & C.

3. Dissemination of research study on: Scaling up health systems' response to VAW: Learnings from Dilaasa

Presentation and discussion on study of challenges in implementation of Dilaasa in 11 hospitals providing services to survivors of violence was carried out by CEHAT with Medical Superintendent at ChMS quarterly meet. Critical issues of privacy during examination, location of crisis centre, abortion services, lack of maintaining confidentiality, active trainings of HCPs and monitoring committee meetings were discussed.

4. Assessing quality of care: Role of Hospital Monitoring Committees

Health care providers were occupied with COVID and vaccination duties which made it difficult bringing the entire group together. Some HCPs were even transferred to other hospitals. These were the reason many monitoring committees had become non-functional and there was a need to reconstitute the committees. In 2022-2023, monitoring committee meetings took place in BDBA hospital, M. T. Agarwal, Rajawadi, Govandi Shatabdi, SVDS, KJSP Borivali and KMJ Phule hospital. These meetings were helpful to discuss issues regarding gaps in comprehensive health care response to sexual violence and doctors agreed to bring change in their practice. They expressed a need to organise a training for newly joined health care providers. It was also decided to create a WhatsApp group for quick response to a case when needed. This also helped to keep committee members inform about case load in Dilaasa, which department is identifying cases and which departments are failing to identify cases of violence. Participants suggested to make Dilaasa visible in the facility. Dilaasa team took on the responsibility to put up posters in the hospital and make pamphlets available in all the departments in the hospital.

5. An International Women's Day programme was organised by CEHAT with 12 Dilaasa Intervention Department teams from BMC Hospitals, Mumbai on 13th March 2023

Dilaasa a hospital based crisis centre was first initiated by BMC and CEHAT in 2000 at K. B. Bhabha Hospital, Bandra. In 2015 NUHM replicated Dilaasa in 11 peripheral hospitals of Mumbai and CEHAT has been providing technical support to Dilaasa and hospitals in form capacity building through monthly case presentations, trainings. The idea of inviting survivors accessing Dilaasa services emerged from monthly case presentations with counsellors. 21 survivors of violence were selected from all the hospitals to share their experiences of receiving support from Dilaasa. BMC-NHM official, health care providers, police and protection officers were invited for the program. It was heartening to see more than 100 service providers from different sectors join in to listen to them.



Survivors spoke how emotional support from counsellors proved to be a crucial element at a time when they had nobody to share their grievances. Right from recognising different forms violence to understanding that it can't be considered a normal phenomenon in domestic places, women found role of counsellors as pivotal. Safety assessment and plan discussed by counsellors was

instrumental for women to tackle critical situation of violence

Survivors shared that legal counselling by Dilaasa counsellors helped them to understand how laws like PWDV Act can not only protect them from violence but ensure their right to residence, protection, and maintenance. Survivor spoke about how counsellors guided them to lodge complaint in police, state grievances to legal aid lawyer, and also empower them to be financially independent. Police and protection officer also talked about how presence of Dilaasa have helped them secure rights of survivors.

6. Webinar on Dissemination of Research report Scaling up the health systems response to violence against women: A review of the implementation of Dilaasa crisis centre in 11 public hospitals in Mumbai

A webinar was conducted by CEHAT on 18th November 2022, with Discussants Elizabeth Dartnall (SVRI) and Dr Mary Ellsberg (GWU) and Prof. Surinder Jaswal (TISS) to disseminate the findings of the research study on scaling up Dilaasa centres in Mumbai. The webinar provided an important platform to discuss the facilitators, barriers and inputs required for scaling up public health interventions addressing violence against women. The panel members with their rich and varied experience of working in both high income as well as low- middle income countries were able to contribute to discussions on building health systems' response to VAW.



7. Submission of inputs for monsoon session of Parliament

CEHAT made a submission to “Maadhyam” which is an initiative to collect inputs on various issues of public importance from a wide range of civil society stakeholders and share those with MPs. Several MPs, across all parties and both Houses, receive and utilise these inputs through various parliamentary interventions.

We submitted our questions and inputs based on our work on strengthening health systems response to VAW and highlighted the gaps in the policy and implementation.

8. National Conference on Health Systems Response to Violence Against Women: Emerging Evidence

Centre for Enquiry into Health and Allied Themes (CEHAT) in collaboration with International Centre for Research of Women (ICRW) successfully conducted a one-day National Conference on 14th Feb 2023, at India Habitat Centre, New Delhi.

It presented the efforts made by States in India to create a health system response to VAW. More than 65 delegates from Karnataka, Maharashtra, Kashmir, Uttar Pradesh, Haryana, Meghalaya, Delhi, Rajasthan, Madhya Pradesh & so on, presented their efforts of engaging health system to respond to VAW. Delegates presented solid evidence in signs and

symptoms of violence its impact on health and underscored the need for concerted efforts to embed a systematic response to VAW in the health system.



A draft of a protocol for the health sector was also presented at the conference. More than 15 expert organisations were a part of the advisory group. The Focus of that protocol was to enable primary secondary and tertiary health settings to respond to VAW.

These contributions from the health sector and CSOS are an important learning resource for states who have still not initiated such a response.

9. Setting up a Health Systems' Response to Violence Against Women: The Muktha experience

Centre for Enquiry into Health and Allied Themes (CEHAT) with National Health Mission, Karnataka, conducted a One-day National Conference on 27th March 2023, at Bengaluru. Muktha initiative in Bengaluru which loosely translates to 'being free from violence in Kannada... is the latest of the CEHAT's initiatives in - Karnataka, where we are working with 5 hospitals to create a health system response to VAW. 27th March 2023 was a conference to present learnings from the implementation of Muktha since 15 months. Representatives from five hospitals presented their pioneering work in the state in front of their state's administrative heads such as Additional Chief Secretary, Deputy Directors of NHM as well as peers from another nine taluk and district hospitals.



Inspired by the 'Dilaasa' model NHM Karnataka entered into a MoU with CEHAT for technical support in December 2020, which could not have been timed better with the NFHS 5 reporting an increase in the number of spousal violence in Karnataka- to 44%. It rolled out with a Training of the Trainers (ToT) for select Doctors and Nurses, and intensive training of the 46 NHM counsellors to establish the Muktha centres. COVID challenges and lock downs slowed down the process, but the Nodal officers and the NHM leadership's commitment to the project kept the

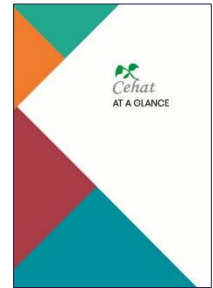
engagement going. 2700+ survivors have been identified and supported till date. It was heartening to see the Nodal officers from the five hospitals proudly present the model and the data of the work that has been ongoing for about 15 months now. A short working document titled '[Establishing a Health System Response to Violence Against Women](#)' was released during the event.

The sense of achievement of these five hospitals and the determination to do better was palpable. Nothing succeeds like success was very evident. It left the other nine hospitals motivated to get on board for establishing their own 'Muktha centres'.

V. DOCUMENTATION AND PUBLICATION

1. CEHAT at a Glance

CEHAT undertook the initiative of updating its brochure which was last revised in year 2015. The updated brochure attempts to highlight the various projects being carried out by CEHAT recently as well as in past under our four thematic areas. The new brochure aims to provide a comprehensive and critical information about the projects, their outcomes and impact.

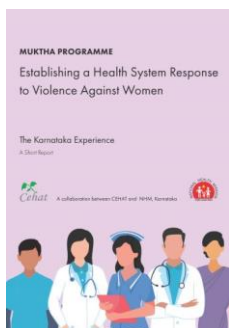


2. Gender in Medical Education (GME)

The commendable effort to integrate gender concerns into medical education has been recognised as an innovative best practice by the United Nations University. The CEHAT team has also co-authored a publication titled "Gender in Medical Education - Lessons from Practice and Taking to Scale." This case study represents one of the few efforts dedicated to mainstreaming gender in the Indian medical curriculum.

The GME team at CEHAT has actively contributed to the dissemination of knowledge through a series of blogs, shedding light on current health and gender-related issues.

3. Muktha programme: Establishing a health systems response to violence against women: The Karnataka Experience: A short report



The aim of this report is to present the methodology adopted for creating a health system response to VAWG in five hospitals of Bengaluru and the preliminary learnings based on it. We therefore term it as a dynamic document. It will be updated to include new versions as the project moves to the stages of deepening the health care response to VAWG on the website. <https://www.cehat.org/publications/1682681949>

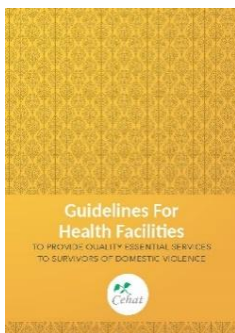
4. Health systems response to domestic violence: Findings from the service records of hospital-based counselling department

Research brief provides an extensive analysis of data gathered through two decades of service records from Dilaasa. It shows us trends of demographic of survivors, most common forms of violence, and the importance of public health system based response to domestic violence given the immense negative impact on the health of the survivors. <https://www.cehat.org/publications/1676865601>



5. Guidelines for health facilities: To provide quality essential services to survivors of domestic violence

The purpose of these guidelines is to establish and strengthen a health systems response to domestic violence (DV). Women facing violence come in frequent contact with the health system for care. This provides a crucial opportunity for the health system to identify DV survivors early and prevent further harm or death due to violence. However, healthcare providers (HCPs) do not always recognise their critical role in responding to survivors of violence.



This document provides evidence-based guidelines to establish quality essential services for survivors of DV at all levels of healthcare delivery, within a framework of guiding principles.

The guidelines are focused on public hospitals but are also relevant for the private sector. They can be used by healthcare administrators including medical superintendents, medical officers, heads of departments, and providers with supervisory roles at all levels of the health system. <https://www.cehat.org/publications/1692348970>

6. Standard Operating Procedures: For responding to violence against women/girls for hospital based counselling departments

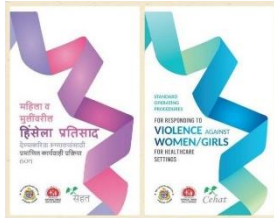
The Standard Operating Procedures (SOP) has been based on more than two decades of implementation of Dilaasa model and ensuring quality of care for survivors of violence. CEHAT compiled the SOP in collaboration with Dilaasa team, MCGM and NHM. <https://www.cehat.org/publications/1682681517>



This document was also translated in Marathi for easy understanding of counsellors.

<https://www.cehat.org/publications/1689671283>

7. Standard Operating Procedures: For responding to violence against women/girls for healthcare settings



The Standard Operating Procedure (SOP) has been based on GPA as well as experiences of public hospitals implementing a health system response to Violence against women (VAW) ensuring quality of care for survivors of violence. CEHAT compiled the SOP in collaboration with MCGM and NHM. <https://www.cehat.org/publications/1682681139>

This document was also translated in Marathi for easy understanding of Healthcare workers.

<https://www.cehat.org/publications/1689672206>

8. Healthcare providers' perceptions and experiences of training to respond to violence against women: Results from a qualitative study

An article was published in International Journal of Environmental Research and Public Health

https://www.cehat.org/uploads/files/HCP_Perceptions_and_exp_of_training_to_respond_to_VAW_Feb2023_IJERPH.pdf

This paper is based on CEHAT WHO collaborative study which was done in Aurangabad and Miraj- Sangli health facilities in 2018 to 2020. It is based on in- depth interviews and focus group discussions with healthcare providers on their experience of undergoing training on issue of VAW and implementing a health systems' response within their facilities. The paper can be utilised to inform efforts to train HCPs in facilities in this setting and provide evidence for ways to improve health systems' responses to VAW in low- and middle-income country settings.

STAFF DETAILS

Staff details as on 31 st March 2023					
Sr. No.	Employee Name	Male/ Female	Designation	Period	Gross Salary
1	Aarohi Damle	Female	Research Associates	16.03.2023 till date	47,819
2	Ajinkya Deshmukh	Male	Research Associates	03.05.2021 till date	46,469
3	Amit Vora	Male	Secretary	18.04.2022 to 05.08.2022	37,836
4	Amruta Bavadekar	Female	Research Officer	05.07.2021 till date	75,896
5	Ashwini Chougule	Female	Sr. Research Associates	09.05.2022 till date	57,430
6	Diana Thomas	Female	Sr. Research Associates	01.10.2020 till date	56,055
7	Mukul Bhowmick	Male	Sr. Research Associate	03.01.2022 to 10.03.2023	57,155
8	Pramila Naik	Female	Administrative Officer	09.10.2000 till date	76,221
9	Pratikshya Priyadarshini	Female	Sr. Research Associates	01.03.2023 till date	57,430
10	Radha Pandey	Female	Secretary	18.11.2013 till date	38,886
11	Rajeeta Chavan	Female	Research Associates	27.07.2009 till date	47,594
12	Sangeeta Rege	Female	Director	02.05.2013 till date	1,92,000
13	Sanjida Arora	Female	Research Officer	04.07.2014 till date	75,896
14	Shilpa Kompelli	Female	Research Associates	14.9.2020 till date	47,594
15	Shobha Kamble	Female	Office Assistant	14.12.1999 till date	29,227
16	Sudhakar Manjrekar	Male	Office Assistant	15.11.2000 till date	29,227
17	Sujata Dadode	Female	Sr. Research Associate	01.07.2014 to 08.09.2022	57,705
18	Swati Pereira	Female	Jr. Administrative Officer	16.07.2015 till date	56,055
19	Yogita Shivankar	Female	Secretary	01.03.2023 till date	38,186

ANNEXURE

Publications April 2021 - March 2022

1. Books/ Reports:

- a. Adolescent pregnancy among survivors of sexual violence: Findings from a response and rehabilitation intervention. (2022). By CEHAT & Jan Sahas, 8 p. -
<https://www.cehat.org/publications/1669789120>
- b. Sexual violence within marriages in India: Evidence from service records of a hospital-based crisis counselling centre. (2022). By CEHAT, 8 p. -
<https://www.cehat.org/publications/1669788663>
- c. Access to support services by survivors of gender-based violence: Findings from a community-based intervention. (2022). By CEHAT & AALI, 8 p. -
<https://www.cehat.org/publications/1669787873>
- d. Joint meeting with abusers as an intervention strategy in cases of domestic violence: Findings from service records of a family counselling centre in India. (2022). By CEHAT & SMA, 8 p. -
<https://www.cehat.org/publications/1669787140>
- e. The aftermath of rape: Survivors speak. (2022). By Bhate-Deosthali, P.; Rege, S. & Arora, S. Published by Routledge - Taylor & Francis Group, 75 p. ISBN: 978-1-032-33280-2 -
<https://www.cehat.org/publications/1663325536>
- f. Health and healthcare in a city: A social history perspective. (2022). By Prakash, P. & Rege, S. Published by Routledge, pp. 175-191, ISBN: 978-1-032-42553-5 In Mumbai / Bombay: Majoritarian neoliberalism, informality, resistance, and wellbeing. Edited by Sujata Patel, D. Parthasarathy and George Jose - <https://www.cehat.org/publications/1672376077>
- g. Health systems response to domestic violence: Findings from the service records of hospital-based counselling department. (2023). By CEHAT, 16 p. ISBN: 978-81-89042-93-6 -
<https://www.cehat.org/publications/1676865601>
- h. Guidelines for health facilities: To provide quality essential services to survivors of domestic violence. (2023). By CEHAT, viii, 58 p. ISBN: 978-81-89042-94-3 -
<https://www.cehat.org/publications/1692348970>
- i. Muktha programme: Establishing a health systems response to violence against women: The Karnataka Experience: A short report. (2023). By CEHAT; NHM, Karnataka, iii, 26 p. -
<https://www.cehat.org/publications/1682681949>

2. Journal Articles:

- a. Healthcare providers' perceptions and experiences of training to respond to violence against women: Results from a qualitative study. (2023). By Arora, S.; Bhate-Deosthali, Padma; Rege,

- S.; Amin, A. & Meyer, Sarah R. International Journal of Environmental Research and Public Health, 20(4), 3606, 19 p. <https://doi.org/10.3390/ijerph20043606>
- b. Pride and prejudice: LGBTQ+ communities and teaching hospitals in India. (2023). Bhowmick, M. & Rege, S. Medico Friend Circle Bulletin, 381, March 2023, pp. 84-87

3. Films

- a. A Film on Healthcare Provider's response to Sexual and Reproductive Health Rights (SRHR) of Young Girls. (2022). CEHAT - <https://www.youtube.com/watch?v=V7RLnncOic>

4. Blogs:

- a. In medical education, an uphill road to eliminate gender biases. (2022, June 28). By Bavadekar, A. & Rege, S. Science the Wire.in
- b. How do we translate a Trailblazing Judgment into Trailblazing abortion care?. (2022, October 26). Bavadekar, A. & Bhate-Deosthali, P. Science The Wire.in
- c. Public mental health in India: A case of misplaced priorities. (2022, April 2). By Bhowmick, M. & Rege, S. The Leaflet.in
- d. Why a sensitive healthcare system is key to addressing the high suicide rate among India's women. (2022, September 21). By Arora, S. & Rege, S. Scroll.in
- e. How insensitive medical education allows the banned two-finger test for rape survivors to persist. (2022, November 8). By Bhowmick, M. Scroll.in

5. Newspaper / Media Coverage:

- a. जाणीवजागृतीची सुरुवात!. (2022, April 7). By Kalgutkar, S. महाराष्ट्र टाइम्स. (Marathi)
- b. A lot left to do, yet Maharashtra a beacon in gender sensitivity in Medical education. (2022, April 17). The Times of India
- c. Custodial deaths 'Due to Natural Causes' - A trump card for masking what really happens?. (2022, May 31). By Lokaneeta, J. The Wire.in
- d. Survivors of domestic abuse in Mumbai are as young as 18 and as old as 70. (2022, June 12). By Iyer, M. Mumbai Mirror
- e. The right to abortion should be a Woman's decision. (2022, June 25). By Dsilva, E. SheThePeople
- f. Abortions dipped 40% and 20% in 2 pandemic years. (2022, July 3). By Iyer, M. The Times of India
- g. The right to safe abortions and women's bodily autonomy in a man's world. (2022, July 29). By Bose, R. Outlook India

- h. Inside the four walls of Intimate Partner Violence in India. (2022, August 24). By Banerjee, S. LiveWire, The Wire.in
- i. A rutted road to justice for Bilkis Bano and other sexual assault survivors. (2022, August 28). By Tandon, A. The Tribune
- j. आरोग्याची सर्वतोपरी काळजी घेणारी 'सेहत'. (2022, September 26). महाराष्ट्र टाइम्स. (Marathi)
- k. Analysis - Indian women gain abortion rights but cost and stigma limit access. (2022, October 25). By Srivastava, R. Reuters.com
- l. Doctors who use humiliating test on rape victims guilty of misconduct: India top court. (2022, November 2). By Mohan, R. The Straits Times
- m. Overhaul response to rape victims, give them dignity. (2022, November 5). By Rege, S. Hindustan Times
- n. Union Budget 2023: No substantial increase in portfolio allocation related to umbrella scheme Mission Shakti, says Sangeeta Rege. (2023, February 2). The Free Press Journal
- o. 49% violence survivors suffered marital rape, says report. (2023, February 22). By Tandon, A. The Tribune
- p. Marital violence may be more widespread than previously estimated, health centre-based interventions necessary: CEHAT report. (2023, February 27). By Kohli, T. The Leaflet.in
- q. Confronting domestic violence. (2023, March 5). By Sachdeva, S. The Tribune
- r. Virginity test in India: Age-old practice still prevalent. (2023, March 11). By Utgikar, P. The Probe.in
- s. Surviving Sexual Assault In India | What has changed since the Nirbhaya gangrape case?. (2023, March 21). By Balachandra, A. YouTube.com