

CEHAT, Centre for Enquiry into Health and Allied Themes is the research centre of Anusandhan Trust engaged in research, training, service and advocacy on issues related to health and human rights. CEHAT believes in socially relevant and rigorous academic health research and health action for the well being of the disadvantaged masses, for strengthening people's health movements and for realising right to health care. CEHAT acts as an interface between progressive people's movements and academia.

CEHAT's strategy is to undertake 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 specialized library and a documentation unit. The facilities are open to researchers, students, activists, journalists, public health workers and others.

One of our guiding principles is that we firmly believe that society is not an object of experimentation and data collection is not merely for intellectual gratification. All our efforts in CEHAT are to create space for the participation of people without compromising on academic rigour. Our ethical guidelines for research are structured around informed consent, confidentiality and relaying information back to relevant segments of society. A Social Accountability Group, comprising individuals other than the CEHAT team and Anusandhan Trust members, periodically evaluates our functioning as an institution. We are a multi disciplinary team with training and experience in Medicine, Life Sciences, Economics, Social Sciences, Social Work, Journalism, Library & Information Science and Law. We have a democratic and participatory mode of decision-making.



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REFLECTIONS

CEHAT, the first centre set up by the Anusandhan Trust is entering its 15th year. It is the research centre of AT and has been at the interface of social movements and the academia. This interface has shaped the kind of work undertaken by the centre as well as the ethos within the organisation. Ideal as it may seem this position has been the most challenging both in terms of fostering relationships externally as well as internally. Both, rigorous academic research as well as participation in movements is demanding in terms of skills, capacity, time and other resources. While the centre has received recognition within several movements, it is yet to find its ground within the academia. Despite an impressive amount of research conducted by CEHAT in past several years, very little has been published in reputed journals.

For the last three years, all efforts within the centre are towards setting a research agenda and ensuring that senior staff of the organisation is fully engaged in research. With the aim to develop an academic environment within the organisation, a journal group has been formed to encourage staff to read journals and motivate them to contribute to them. This group meets every month to review research papers and also discuss an issue of interest. It is hoped that this would motivate researchers to read various academic journals thus developing a critical mind, learning various styles of writing and finally encourage them to hone their writing skills.

Education/training and advocacy continue to be important approaches for ensuring impact of our work. Some key issues are CEHAT's niche and until other centres take on those areas of work, the centre would have to gear itself to take lead on these even if it means action related work. Due to the competing demands of research and action, internally CEHAT has now designated capable staff for organising training activities and other events and programmes. This has been helpful in focussing energies of staff and ensuring good quality of work. The last year was full of activities, ranging from data analysis to conceptualising new areas of research to writing to educating medical professionals on range of issues and advocating for state accountability to the right to health care. Our participation in the collective process for drafting of the shadow report to the ICESCR was truly enriching. We drafted the chapter on Right to physical and mental health for this report titled "Divided Destinies, Unequal Lives". This report was endorsed by over 150 civil society organisations under the banner of Peoples' Collective for ESCR. The Concluding Observations by the ESCR have significant recommendations for the Government of India with respect to right to health. This would require concerted efforts at the state and national level to put pressure on the governments to implement these. At the state level, a core group of organisations formed the Peoples Collective: Maharashtra and collectively decided that they would work towards creating awareness about Human Rights standards within the state as well as monitor ESC rights.

CEHAT's district budget advocacy and training model that was developed in Maharashtra is now being adapted to the states of Madhya Pradesh and Orissa. Preliminary meetings in

these states have been held. The work on health policy too has taken shape and we are looking into the implementation of user fees in public health services and the proposed Public Private partnerships in health sector. Our concern is with impact of such reforms. We propose to organise a conference on PPPs to bring together existing evidence from the field and debate on the merits/demerits from a rights perspective. A new area of work that we are embarking on is Conflict and Health. Over eight states in India are under conflict and the state of public health services in such situations is abysmal as the infrastructure is collapsing and health workers too are being attacked. The imprisonment of Dr Binayak Sen for two years in Chhattisgarh is indicative of the role of the state in suppressing dissenting voices. He has been relentlessly working all his life for the welfare of the Adivasis, in an area where there has been an ongoing violent conflict. The right to health in such situations demands attention and we hope to contribute meaningfully through research, documentation and capacity building. Violence Against Women (VAW) is common during conflicts and responding to it requires the setting up of neutral spaces that can provide care to survivors as well as assist them in their struggles for seeking justice.

It is a pleasure to share that the Dilaasa project of CEHAT was selected as one of the 14 good practices in gender mainstreaming by Women Powerconnect for a UNDP funded project. It was also recognised as a model intervention for Health sector response to VAW in Developing countries by the WHO. Another key outcome has been the pilot project in two public hospitals for responding to sexual assault survivors. This has been a learning experience and we find that uniform protocols though essential are not adequate for ensuring a sensitive response. The hospital procedures and providers' attitudes act as barriers and cannot be ignored at all.

At the organisational level, there was a lot of churning and debate during the preparation for the inter-centre meeting of the three centres of the Anusandhan Trust. The CEHAT staff made presentations on some of its key programmes, reviews of some past work and also presented the current dilemmas faced by us while dealing with issues like abortion and sex determination. The staff of other centres and the trustees participated in this two day meeting which was very enthusing. The preparation for this meeting was done with earnest and teams also learnt a lot from each other work.

We present here the work done in the last two years which has been organised as I. Research and documentation, II. Education/Training, III. Advocacy, IV. Services. I must acknowledge the efforts put in by project heads and the documentation unit in preparing this report.

Padma Deosthali
Coordinator, CEHAT



RESEARCH AND DOCUMENTATION

In the year 2008-09, CEHAT's work in research and documentation has been around the following themes - Health Services, Health Policy, Conflict and Health, Women and Health and Violence against Women.

1. Health Services

The research done in this area has tried to look at the issue of service provision in public hospitals, quality of care in the private health sector and specific health policy related matters. The projects include fostering reforms in private hospitals in Maharashtra, understanding medico-legal procedures, public report on health, urban health and migration.

1.1 Fostering Reforms in Private Hospitals in Maharashtra

There are declining trends in the utilisation of public health services. In contrast, the private health sector has expanded rapidly and has increased its share in healthcare provision. However, while the public health services operate with a set of well-defined rules, the private health sector is completely unregulated - neither the state has attempted any serious governance of the private health sector nor have any of the professional bodies tried to adopt self-regulation. This prompted a study to assess and review facilities in the private healthcare sector and changing trends and their effects.

Objectives

- To assess the physical standards and quality of care provided by the private hospitals in Maharashtra
- To understand the problems and concerns regarding the existing Bombay Nursing Home Registration Act (BNHRA) and Accreditation among the nursing homes in Maharashtra.

The study highlights the tremendous growth across all regions in Maharashtra including the developed, less developed regions and a metro city like Mumbai. The study dwells on the changing profile of private practitioners. Nearly 86.2 % of the owners are from the allopathic system of medicine, whereas more than 80% of the Duty Medical Officers (DMO) in these hospitals are from Ayurvedic, Homeopathic and other systems of medicine. The statistics show the multiple roles that the doctors have to play. Around 54% of the private hospitals do not have a resident doctor which means that doctors are playing the roles of DMO of the hospital and that of doctor in charge. In our study, 86.6 % (226) of the hospitals are owned by doctors. More than 50% of the doctors see patients at multiple places. More than 50% of the hospitals do not have qualified nursing staff. The average availability of nurses for each hospital is around 4.8, which is less than the standards prescribed by the BNHRA. Similarly there is shortage of other qualified staff like midwives, ward boys, *ayah bais*, laboratory technicians and X-ray technicians.

In contrast to earlier studies, this study reveals that the level of physical standards has improved over time but the information provided to patients and maintenance of records have not improved. The study shows that only 37.2% (97) of the hospitals provide information about various services given by the hospital, and that 61.7% (161) of the hospitals do not have any grievance handling mechanism. In case of emergency, admission is given preference over immediate attention to the patient by the hospitals. Only 49% (130) of the staff of the hospitals have been trained to handle an emergency situation and there is a single 21-30 bedded hospital where the staff is trained for Cardiopulmonary resuscitation (CPR.)

The Bombay Nursing Home Registration Act is an Act for the registration of the private hospitals in Maharashtra. The findings reveal that there is low awareness among hospital owners regarding BNHRA and its minimum requirements. Similarly, the knowledge about the accreditation/self - regulation is also low among hospital owners.

Team Members: Ritu Khatri, Padma Deosthali, Sushma Gamre, Chandrima Chatterjee, Suchitra Desai, Habihulla Ansari, Amita Pitre and Varsha Zende
Funded by: International Development Research Centre, Canada

1.2 Understanding Medico Legal Procedures related to Violence

Objective

- To study the procedures for registering Medico-Legal cases (MLC) in hospital, in order to identify gaps and develop guidelines for better documentation.

That public hospitals can offer important medico legal evidence to the patients is common knowledge. But this study noted that the procedures and rationale for medico legal cases (MLC) were not similar across hospitals, therefore a study was undertaken to understand these procedures in depth.

Interviews of doctors, nurses as well as those who maintain medico legal records were conducted across various municipal, private and government hospitals and analysed. One of the most disturbing findings is that most health professionals felt that once such a case is made, it is not important to seek consent for any further investigation. There was also a unanimous opinion that patients should not be given a choice to decide upon whether they want an MLC or not. Contrary to this, the health professionals from private hospitals clearly stated that they do not receive cases of violence at all, and that medico legal cases are only for patients reporting accidents. The importance of registering MLCs in order to protect themselves as well as the hospital was felt. The draft paper is ready and a consultation is planned to discuss our findings and advocate for a uniform procedure in medico legal cases.

Team Members: Sangeeta Rege, Padma Deosthali, Pinky Pandey and Sana Contractor
Funded by: The Ford Foundation, India

1.3 Public Report on Health

Objective

- To conduct both intensive qualitative and quantitative studies, phase wise on public health care facilities, both from the provision and utilisation points of view in selected districts in six states in India.

The Public Report on Health is a research and advocacy project funded by the International Development Research Centre, Canada, and is based at the Council for Social Development, New Delhi. Its field based research work is being conducted in selected districts in six states- Himachal Pradesh, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu and Uttar Pradesh. CEHAT coordinates the study in Maharashtra. The present study is an intensive research study consisting of various components. In the first phase of the study, a situation analysis of public health was conducted in four villages in two districts of Maharashtra, namely, Jalna and Pune.

Following that an Intensive Village Study was conducted in one village in Jalna District. The Intensive Village Study involved both qualitative and quantitative studies—four seasonal morbidity studies, individual and household level economic surveys, an in depth women's morbidity survey, seasonal food, work and illness log and health care providers survey. Qualitative data is being compiled and quantitative data is being analysed.

The third phase of the study comprised household and facilities survey in ten villages in Jalna and Pune District. Some of the key surveys carried out were household level morbidity survey, village, taluka and district level providers survey and facilities survey and key informant interviews for studying utilisation of health facilities.

Team Members: Leni Chaudhari, Tayyaba Shaikh, Prashant Raymus, Kiran Kadam and Amit Khadewale

Funded by: Council for Social Development, India

1.4 Mapping of Urban Health Facilities in Maharashtra

Objective

- To study the gap between a growing urban population in Class 1 cities and provision of health facilities

In recent decades, most third world countries including India have experienced unprecedented growth in their urban population. The proportion of urban population to the total population has been also increasing. The average population of a town in 2001 is much larger than the one in 1991. The percentage of population in Class I towns (100,000 or more population) is more than 62 per cent for the country, while for Maharashtra it is about 80 per cent of the state's urban population. Yet little or nothing has been done to provide services and amenities essential for the healthy living of these growing populations.

The National Urban Health Mission (NUHM) programme hopes to meet the health needs of the urban poor in many of these cities. However, at the state and the national levels there has been little focus on the explosive growth of the urban population in Class I cities and the consequent lacunae in health provision for these populations. To study this gap, four cities in Maharashtra have been chosen for 'mapping of urban health facilities'. The four cities are: Nagpur, Nashik, Aurangabad and Solapur. These cities are ranked among the first ten cities by population size by the Census of India-Maharashtra in 2001 and have shown unprecedented urban growth during 1991-2001. Based on this growth, health facility mapping at the ward level will be done. Secondary data on ward level population has been already collected for the four cities.

Team: Anandi Dantas

Funded by: Oxfam-Novib, The Netherlands

1.5 Seasonal Migration and its Impact on Health-A Case Study of Prawn Harvesters in Gujarat

Objective

- To study the living conditions of fish prawn workers in Gujarat, their state of health and the extent of health care facilities available to them.

This study on the fish prawn workers in Gujarat has been conceptualised by CEHAT and ANANDI. Seasonal migrants face several issues, the most serious being the lack of basic services such as food, health and education. The children of migrants miss education and immunization. It has been found that the area where they migrate does not have schools or *anganwadis*, any drinking water pipelines or electricity. The fishing grounds are flat plains, with hardly anything around. Fishing is a traditional livelihood activity of these communities largely concentrated in two blocks, Maliya and Halvad. Prawn catching is a remunerative business when the season is good. As per one estimate, there are about 3000 families involved in this activity. People leave their base village during the fishing season (June to September) which starts with the onset of the monsoon (after two or three showers). They are mostly from Rajkot and Surendranagar. Fishermen pitch their temporary camps along the shores. The study focuses on their living conditions, availability of basic amenities and facilities, the nature of occupation and its impact on health. Further, through a household survey of prawn harvesters, the study will collect information about their socio-economic condition, health status, availability and access to health care facilities at their temporary settlements.

Team Members: Tayyaba Shaik, Nidhi Gupta and Chandrima Chatterjee

Funded by: Oxfam-Novib, The Netherlands

2. Health Policy

In the area of health policy, we are studying the implementation of User Fees and Models for Public Private Partnerships.

2.1 User fee in Municipal Hospitals in Mumbai

Objective

- To map the flow of user fees and to examine its role in cost recovery

User fee was introduced in India in the 1990s as part of Health Sector Reforms and many studies, including NSSO data show that levying user fee in public health facilities is an important factor that has contributed to the decrease in the utilisation of public health facilities over the last two decades. The broad objective of this study is to map the flow of user fee from collection, deposition, and expenditure of the funds generated by levying user fee in the Municipal hospitals of Mumbai, and understand the process of exemption from user fee and provision of Poor Box Funds to the needy. There have been many studies on user fee, indicating that the average hospital receipts forms a negligible percentage of the total hospital expenditure and if the administrative costs are deducted, the recovery is meagre.

This study will help in examining the contribution of user fee in cost recovery. It will also try to elicit if the cost recovered from user fee forms a substantial part of the recurrent expenditure or not. The study will exhibit the percentage utilisation of funds collected by levying user fee in quality improvement of the services at that particular facility, as this was the justification behind introducing user fee in public health facilities. Another important finding will be to identify the process of user fee exemption for the needy and utilisation of poor box funds. The staff (at different levels) decides on the criteria for executing implementation, and this process will be explored as part of understanding the exemption process. The findings of the study will be used as evidence to lobby with the policy makers and bureaucrats to re-examine the implementation of user fee and ensure that this cost recovery mechanism does not act as a barrier, but is efficacious and offers the needy equitable access to healthcare.

The study design has been finalized and preliminary information has been collected by visiting municipal hospitals, and informal discussion with the staff was carried out to develop tools for data collection.

Team Members: Nidhi Gupta and Prashant Raymus

Funded By: Oxfam-Novib, The Netherlands

2.2 Public Private Partnerships

Objective

- To map Public Private Partnership models in the health sector in India

The discourse around Public Private Partnership is complex and attracts research studies that are largely based on case studies. The proposed research intends to serve technical inputs to the ongoing monitoring of the National Rural Health Mission Program and other policy level reforms. This will illuminate critical aspects and facilitate the process of policy development of reforms in the health sector. It intends to bring out scientific evidence for developing partnerships with the private sector in order to work towards ensuring the right to health care to vulnerable groups of society.

The research study will be executed in two phases, that of mapping the existing models and impact assessment of the selected few models at a later stage.

Team Members: Anuja Kastia

Funded by: Oxfam-Novib, The Netherlands

3. Women and Health

As regards women and health, CEHAT has undertaken a study on health status of women prisoners in Maharashtra, has been working towards advancing women's right to access to safe abortion care both at the state and national level as part of abortion consortium. A webpage has also been developed which provides information on latest happenings in the area of MTP and Sex Selection. Another issue dealt with is the implementation of the PPTCT programme which is now part of the antenatal services provided at the public hospitals. Our concern is with the quality of counselling especially informed consent in such cases.

3.1 Study on the Health Status of Women Prisoners in Maharashtra

Objective

- To understand the morbidities reported by female prisoners and the healthcare facilities available to them.

Women prisoners belong to one of the most vulnerable sections of society and the findings of this study can have far reaching implications. It was quite a challenging task to launch this study for multiple reasons. For the first time CEHAT was focusing on the health of prisoners. Second, prisoners are a very vulnerable section of society and conducting a primary study with them threw up scores of ethical dilemmas. Third, prisons are sensitive areas and any kind of enquiry into the conditions prevailing there posed a number of administrative hassles for the research team.

The present study aims to understand the nature and types of morbidities reported by female prisoners and treatment and hospitalisation facilities available for these morbidities. The study has assessed whether the prisons comply with the standards proposed by the prison manual, with regard to physical infrastructure, medical facilities, food and nutrition and water and sanitation facilities. Data were collected in eight District and Central prisons which house women prisoners. A total of 390 women prisoners, besides prison personnel,

doctors based in prisons and NGOs working with prisoners were interviewed. Currently the primary data has been analysed and report writing is in progress.

Team Members: Leni Chaudhuri and Reena George

Funded by: National Commission for Women, India

3.2 Impact of the Prevention of Mother to Child Transmission (PMTCT) program on Women

The changing face of HIV/AIDS shows that more women are getting affected by the disease as compared to men. Women are biologically, sociologically and culturally more vulnerable and this is the main reason for paediatric transmission of HIV/AIDS, that is, from mother to child. There is evidence that reducing mother to child transmission is the most successful intervention and cost effective approach to manage paediatric cases of AIDS. The National Aids Control Organisation has set up Integrated Counselling and Testing Centres (ICTC) within the public health system. No studies have been conducted in this area in India. Research elsewhere shows that fear of violence, social discrimination, coping with the diagnosis are some of the reasons for non acceptance of ICTC.

ICTC counsellors were interviewed about the training provided to them, how they provide counselling to their client and the issue of 'consent' for testing. Their training curriculum was reviewed and gaps were identified. A Gender Sensitisation training programme has been developed. A working paper is also being written on the need to provide such training to counsellors.

Team Members: Nidhi Sharma and Padma Deosthali

Funded by: Oxfam-Novib, The Netherlands

3.3 Situation Analysis of Medical Terminal of Pregnancy (MTP) Facilities in Maharashtra

A situation analysis was carried out to study the availability of MTP facilities in rural and urban areas of Maharashtra, understand the constitution and functioning of the District Level Committees (DLCs) and examine the role of District Level Committees in the implementation of the MTP Act. The information pertaining to registration of facilities, MTPs conducted, formation of DLCs was collected from the DLCs of each district. The primary data used in the study was mostly qualitative in nature and collected through consultations with DLC members.

The main findings of the study are:

Availability of MTP Facilities: From among the 2350 public facilities in the State, only 20 percent provide abortion services in Maharashtra. Civil Hospitals are still the largest providers, followed by Rural Hospitals and PHCs.

Registration of Facilities: Since DLCs have been constituted, the registration process has been relatively streamlined. The decentralization of the registration process has encouraged many private facilities to seek registration; this is evident from the increasing number of registrations being granted each year.

Constitution of DLC: In Maharashtra, the DLCs were formed between 2004 and 2007. As per the norms for the constitution of DLC, the Act lays down that from among the members of the DLC, one member has to be a woman. However, the information pertaining to the constitution of DLCs reflects that 11 districts do not have women representatives, and if some have women representatives, it is because the gynaecologists happened to be women. Except for one district, the NGO representation in the DLC was done by the IMA and FOGSI members.

Implementation of the Act: The only task of implementation carried out is granting of registration to MTP facilities. No monitoring or supervision work is carried out by the DLCs.

Reporting: Reporting of MTP Cases is irregular and haphazard. Though a large number of cases are reported, most of them are from public facilities. The private facilities either do not report any cases, or they report a part of the cases conducted by them. Most districts did not have a standard reporting format.

Team Members: Leni Chaudhuri and Kiran Kadam

Funded by: IPAS

4. Conflict and Health

This is a new area of work for CEHAT. The prevalent armed conflicts in India have always been denied by the Government of India. The international pressure has been dodged off by claiming that these are internal matters of the country and the country is capable of solving them without any interference. In a situation where the conflict in itself is not recognised by the State one can imagine what the status of the women living in them will be. In India as in other countries in the world, women have become indirect victims of the arrest; torture, disappearance and the loss of loved ones. Along with this they have also become direct victims of the physical violence of rape, kidnapping and murder. There is a need to recognise the fact that women are adversely being affected by these conflicts, raises these issues and to do something about them. We cannot wait for the end of these conflicts to do something for the violence that is being inflicted on the women. This is an area that has not received the required attention. The growing communalisation in our society is a grave cause of concern and it has devastating consequences on women. Undoubtedly, there is a need to document the consequences of violence against women during conflict situations and evolve strategies to address it. Through setting up a programme, we would be able to develop a multi-disciplinary team and carry out the work. The programme would provide support to organisation and groups wanting to work with the health sector. In addition to this it will have its own core activities and pursue them to achieve changes in the health sector.

4.1 Review of Literature and Bibliography

We are in the process of putting together a comprehensive literature review and annotated bibliography on the impact of armed conflict on women's health in India. On the basis of

this review as well as in consultation with experts working in conflict areas, we hope to identify relevant areas of research and develop guidelines for health care providers who work in this area.

4.2. Communalisation and Women's Health

During the past two decades, India has seen some of its worse communal conflicts with the rise in religious politics and the spaces for minorities have been shrinking steadily. Through this study, we aim to understand how this communalisation of both the State as well as civil society impacts women's health and access to health care in Mumbai.

4.3 Terror Attacks Study

The terror attacks in Mumbai in November 2008 left at least 173 dead and about 308 injured. Any such incident results in physical and well as psychological trauma, and this calls for an active role on the part of the health care professionals and the health system. In case of the Mumbai attacks, the first hospitals that responded were JJ, G.T and St. George as they were the closest public hospitals. In this context, we proposed a study to document how public hospitals responded to these situations, as they are the ones that are expected to bear the burden of care towards survivors of mass violence. An already strained public health system is pushed to its brink and its inadequacies are magnified because of the attention they receive during crisis. Such times offer the opportunity to assess the existing malaise and direct the government's attention to the need to equip hospitals and providers to respond to such emergencies. Such an enquiry would help identify gaps in response, which could then be rectified so that providers feel more in control of the situation, should such an event occur again.

The study is being conducted in partnership with the Tata Institute of Social Sciences. The proposal for the study is currently under review.

4.4 Involvement in fact-finding after communal riots

CEHAT have been part of three fact-finding teams that went to riot-hit areas of Maharashtra such as Rabodi (Thane), Dhule and Malegaon in 2008. As part of these teams, we helped gather testimonies of those who had been affected by the riots. This exposure helped us to understand first-hand, the impact that such riots have on women and the role that hospitals have to play in such a situation. We were also able to understand how health systems are compromised in a riot situation, how they are often targeted by rioting mobs and how this reduces access to emergency treatment for those affected.

Team Members: Zamrooda Khanday, Padma Deosthali, Sana Contrator, Priyanka Josson, Rashmi Divekar and Aarthi Chandrasekhar
Funded by: The Ford Foundation, India

5. Violence against Women

CEHAT has been working in this area for the last decade. This issue has been viewed from two angles-the women's point of view and also the response of health system and healthcare providers. The key issues researched here are violence faced by women health workers, role of nurses in counselling and the analysis of case records of the crisis centres. The most challenging was the work on the book on feminist counselling practice in Domestic Violence counselling in India. The manuscript is almost ready and the documentation of the counselling practices of 22 organisations was exceedingly interesting. Counselling ethics was another area that took shape in the context of the services for women facing violence and the challenges and dilemmas that this practice has thrown up.

5.1 Role of Nurses as Counsellors: An Assessment

This research was designed in order to understand the reasons behind many nurses' opting out of providing counselling services. Data collection was completed with nurses who dropped out of counselling. It was felt that it was pertinent to talk to the cadre of nurses in general in order to understand their perspective on providing counselling services to women patients. These findings will be useful for replication in new sites. Data collection has been completed and the draft report has been sent for review.

5.2 A Study on Violence Faced by Female Health Workers in the Public Health System

Objective

- To undertake research to document violence within the health system, and the plight of nurses and women doctors.

When the proposal for this study was reviewed by the Institutional Ethic Committee(IEC) concerns were raised about using focused group discussion(FGD) as a method for seeking information about violence. They felt that women may not be comfortable in sharing such intimate life details in front of others. Following this, extensive literature was reviewed to present the rationale for using this method for research study as it did not seek information on their personal lives, but on their lives as women health workers. The proposal, therefore, took substantial time in getting clearance from the ethics committee. We have been able to complete all the FGDs with different groups such as *ayah bais*/ nurses, sisters in charge and doctors. The report will be presented to the nursing council and the findings will be disseminated among the various decision makers so that some method could be developed to respond to women workers in a hospital. Preliminary analysis shows that nurses experience domestic violence often due to the nature of their work; doctors reported that they experienced sexual harassment during their medical education and also in hospitals while on duty. Most of them did not know about the hospital committees designated to look into sexual harassment.

5.3 Study of case records at 'Dilaasa', A Public Hospital based Crisis Intervention Department

The main objective is to study the case records of women seeking services at the crisis centres. The first ever attempt of analysing case records of a counselling centre was initiated by the team. In the last year, the entire data from the case records has been entered into the SPSS. Preliminary tables have been generated and analysis of aggregate data is almost complete. A set of papers have been planned based on the data.

5.4 A Study on Understanding the Experience of the Training Cell

Objective

- To understand the experience of health professionals who have been part of the training cell.

In the past eight years that *Dilaasa* has been functioning, health professionals have been closely involved with the venture and have been the driving force in making it a success. They have participated in *Dilaasa's* activities in addition to their routine responsibilities. Given the apathetic attitude of the medical and nursing professions towards violence, we think it is commendable that so many health care providers have taken such a keen interest in *Dilaasa's* work, even though they receive no additional compensation for it. This study will help us gain an insight into what motivates health care providers to play such an active role and what they think they have gained from being associated with such a venture. What is the impact of being part of the training cell on the professional lives of these healthcare workers, is another area that was studied. At a point when *Dilaasa* is being replicated at several other sites and similar training cells are likely to be formed, such an analysis will provide valuable testimonies which can motivate other health projects. The results of the study will modify the functioning of the training cell based on the barriers faced by health care providers while being part of such a venture.

5.5 Book on Feminist Counselling Practices

The initiative of documenting feminist counselling practices across India was very well received. The authors for different chapters as well as sections were approached and all of them agreed to contribute to the book. Simultaneously, the team had taken the responsibility of documenting counselling practices of feminist organisations. In this context, data collection and collation is going on. We have also been able to get eminent reviewers for each chapter. The manuscript has to be edited now and submitted to Routledge.

5.6 Guidelines - Crisis Counselling

The scope of these guidelines was to disseminate the experience of counselling women facing Domestic violence in a health setting. This entailed consolidating the *Dilaasa* counselling experience of the last eight years. The draft was sent to representatives of ten organisations working directly in the field of counselling. There was a consensus on the importance of having such guidelines. The guidelines are ready and will be disseminated.

5.7 Casebook on Ethics

The discourse on counselling ethics is a new field in India. The team realised that guidelines in resolving ethical dilemmas would have to be evolved by setting up a core group of practitioners at the national level. However, it is important to document ethical debates and dilemmas faced by the team. We developed the first draft of the *Casebook on Ethics* consisting of 18 case studies listing ethical dilemmas as well as a framework for resolving the dilemmas. The draft received extensive feedback on the way in which it was conceptualised. It is therefore being revised and ten additional case studies are being developed for the same.

5.8 Formative Research in two Hospitals

i. Observation Study

A ten day round-the-clock observation was conducted at a public hospital which receives the maximum number of sexual assault cases in the city of Mumbai. The observations threw up several issues with respect to the manner in which these cases were dealt with at the hospital. Consent seeking was found to be cursory, history was sought in the presence of the police, confidentiality of victims was jeopardized, and no treatment (medical or psychosocial) was provided at the hospital. In addition to this, the insensitive remarks passed by providers at this hospital reflected the biases that they harbour against women who have been sexually assaulted.

ii. Needs assessment

Observation of the Casualty Department was carried out for two weeks at the Indore hospital where a crisis centre for responding to VAW is being set up. A few cases of violence were tracked and the entire process from entry at the Casualty to admission has been documented. In-depth interviews with health care providers from different levels of the hospital were conducted to understand their perception about violence against women.

Team Members: Sangeeta Rege, Padma Deosthali, Rashmi Divekar, Sana Contractor, Hemlata Shedge, Aarthi Chandrasekhar, Amulya Nidhi, Deepmala Patel, Rupal Ajbe, Mahasweta Satpati, Rashmi Thakker and Aneeha Rajan.

Funded by: The Ford Foundation, India

EDUCATION AND TRAINING

Apart from research and documentation, CEHAT is involved in the area of training and education. CEHAT offers two annual courses and is in the process of developing another course on sexual violence. We provide training and capacity building opportunities to health care professionals and those working in the area of health.

The Health and Human Rights Course is the only of its kind in Asia and this year we had a large number of participants from various NGOs and institutes in India. We are now in the process of reviewing it and adding new modules. The course curriculum on Violence against Women based on the Dilaasa experience has been submitted to the World Health Organisation for its project on VAW in South Asia. In fact, this is the only curriculum in South Asia for training health professionals on the issue. Three courses have been conducted where approximately 100 participants - health care providers, researchers and social workers from across the country, Bangladesh, Pakistan and Nepal participated.

1. Education

1.1 National Course on VAW and the Role of Health Care Providers

The third course was conducted between January 13 and 21, 2009. It consisted of 39 participants, which included doctors, nurses and a large group of nursing educators. This was the first time that we were able to rope in the cadre of nursing educators. The course was nine days long and it was a really large group to manage. Two of the core faculty were not able to make it for the national course this year. This was a challenge and the Course Coordinator along with the team managed the show. It was well received by the participants. This year also saw new faces as guest lecturers; some were Master trainers from Dilaasa, and Dr. Ram Puniyani was invited to be on the faculty on Communalism. From last year's learnings with regard to the topic of communalism, we had assessed that participants take a while to grasp the nuances. Besides, this issue is so deeply ingrained, that providing any alternative perspective becomes a challenge. Prof. Ram Puniyani handled the topic lucidly. He urged the participants to delve into Indian history and assess how history has been misinterpreted over the years. He helped them go through a journey examining myths and the lack of rationale behind them. His session was well received by the audience.

Faculty: Amar Jesani, Aruna Burte, Manisha Gupte, Renu Khanna and Seema Malik

Team Members: Padma Deosthali, Rashmi Devikar and Nidhi Sharma

Funded by: The Ford Foundation, India

1.2 Course on Health and Human Rights

The fifth Health and Human Rights course was organised between January 27 and February 8, 2009. Initially, the fifth course was scheduled to take place between December 1 and December 13, 2008, but it had to be postponed due to the unfortunate terror attacks. In

spite of this, the course attracted participants from different parts of the country. However, interested participants from other countries could not attend the course. The fourth course was documented and a curriculum has been developed based on the documentation. This would be useful in the process of getting the course accredited by the Tata Institute of Social Sciences (TISS). TISS has now designated one of its faculty members, Dr Lakshmi Lingam as the Coordinator from their side. After a review of the curriculum by the Faculty of the course, it will be submitted to the Academic Council of TISS. Till date, it remains the only course in India and Asia on Health and Human Rights. The course documentation/ curriculum will be put up on the CEHAT website also.

Team Members: Rashmi Devikar and Nidhi Sharma
Funded by: Oxfam-Novib, The Netherlands

1.3 National Course on Health Sector Response to Sexual Violence

CEHAT has started working in the area of sexual violence for a year now and we felt that it was important to launch a national level course that addressed various aspects related to the concepts and perspective on the issue of sexual violence, skills required to communicate with the woman as well as legal aspects related to the sexual assault cases and role of Health Care Providers (HCP's) in that context. The curriculum for two and a half days was developed by the team with the help of external consultants, Dr Amar Jesani, Dr Jagadesh Reddy, Dr Padmaja Samant, who are for providing guidance to the project aimed at addressing sexual violence.

The topics that will be covered in the course include legal aspects, clarification of concepts like, gender, domestic violence, ethics and human rights. The course will also look into the role of health care providers. The methodology will include panel discussions, lectures, case studies and role play. The emphasis will be on providing practical and hands on training to the participants. Issues related to consent and the forensic and medical roles of health professionals will be dealt with through case study methods.

Team Members: Padma Deosthali, Sangeeta Rege, Sana Contrator and Aarthi Chandrasekhar
Funded by: The Ford Foundation, India

1.4 Developing a Set of Modules for Student Nurses at Dhule Nursing College

The team visited Dhule nursing school as well as medical college in order to understand the set up before conducting any training in VAW. Information was collected about organisations and groups that provide support to women facing violence. As the matron had attended the national course on VAW, she was cooperative and ensured that at least two batches of student nurses receive such training. It was a three day module and two batches of thirty nurses were trained. The modules were designed to include an understanding of concepts as well as application. Concepts such as gender, sex, forms of VAW, patriarchy were discussed on the first day; on the second day, nurses demonstrated how they would respond to the

issue of DV through role play. This module was included in the ASHA training also. This is being documented and we hope to include this in the nursing curriculum.

Team Members: Sangeeta Rege, Rashmi Divekar & Pramila Naik

Funded by: The Ford Foundation, India

2. Training

2.1 Medical Professionals on Regulation of Private Nursing Homes

CEHAT, in collaboration with the Association of Medical Consultants (AMC) and the Bombay Nursing Home Owners Association (BNHOA) conducted a one day training workshop for private practitioners on the need for regulation in the private sector. For the first workshop, we tried to mobilise through dissemination of brochures, follow up calls and so on but the turn out was very poor. We soon realised that the only way to ensure participation of doctors was to collaborate with the IMA. A proposal was submitted to the IMA state committee and due to the interest shown by Dr Shirole and Dr Pingle (office bearers of IMA) the IMA agreed to facilitate the organisation of these workshops. IMA organises most of its own workshops/meetings for various regions. We decided to follow the same pattern. We have conducted regional workshops in Mumbai, Nasik, Nagpur and Aurangabad. About 128 doctors participated in these workshops. The local IMA branches sent out the letters to all its members in the region along with the pamphlet, provided the hall for conducting the training and provided all the necessary logistics.

The areas covered include laws governing private health care, accreditation, issues of patient's rights and so on. There was consensus on issues of emergency care, patient's rights, however, there were issues raised by doctors regarding the definition of emergency services, shortage of qualified staff and registration of death and birth within 24 hours. CEHAT is in the process of organising similar kind of workshops at other places. The sessions were well received in all the regions. It was agreed that there was a need to have a law for regulating the nursing homes, that basic standards of care need to be defined and that decentralisation was required with respect to registration and other paper work. The participant doctors endorsed Patients Rights but also demanded that assault on doctors be made a non-bailable offence (which they have now achieved). There was overriding concern about the non availability of nurses and that it was the biggest problem for them if the rules were to be strictly implemented. Most of the participants had not heard about Accreditation and there was a lively discussion on this. Only one participant doctor from Nasik had got a ISO certificate for his nursing home.

Team Members: Padma Deosthali, Ritu Khatri, Sushma Gamre, Chandrima Chatterjee and Shilpa Sonar.

Funded by: International Development Research Centre, Canada

2.2 Access to Safe Abortion

As civil society organisations are important stakeholders in ensuring women's access to safe abortion, a series of workshops are being held with NGOs all over Maharashtra. Two workshops titled, 'Role of Civil Society Organization in Women's Access to Safe and Legal Abortion Services' were organised in Khopoli and Pune. In the Khopoli workshop, Civil Society Organisations from the entire Konkan region participated in the workshop. Participants working in the areas of women's rights, women's health and public health in the districts of Ratnagiri, Sindhudurg, Thane and Raigarh Districts attended the workshop. Around fifteen organisations were represented in the workshop. The workshop which was held in Pune was attended by representatives from organisations based in Western Maharashtra, that is, Sangli, Kolhapur, Satara and Pune Districts.

Along with sessions on perspective building on women's right to abortion, there were technical sessions on the Medical Termination of MTP Act, Pre Conception and Pre Natal Diagnostic Techniques Act and the role of NGOs in implementation on both the Acts. Following this, there were interactive sessions wherein the diverse groups came together to identify the role that they can play in ensuring women access to safe abortion services. The participants identified their role at multiple levels, that is, from raising awareness about the legality of abortion rights to demanding safe abortion services at all public health facilities, partnering with the State for better implementation of the MTP Act and finally lobbying for appropriate amendments to the MTP Act.

Team Members: Leni Chaudhuri and Kiran Kadam

Funded by: IPAS

2.3 Impact of the Prevention of Mother to Child Transmission (PMTCT) program on Women

CEHAT conducts Gender Sensitising training for ICTC counsellors. This training will provide the counsellors with a conceptual framework on Gender, Patriarchy and Violence against Women. The review of training curriculum of the ICTC counsellors has been completed and a concept note for the training has been prepared. An outline for the three day training has been prepared which includes concepts like gender, patriarchy, sexuality, power and control and informed consent. This has been submitted to the Municipal authorities so that they can depute ICTC counsellors of the 16 peripheral hospitals. As this is under the MDACs, we may have to also convince them for the need for such a training. This proposal has not yet been sanctioned due to the upcoming elections and we hope to get permission as soon as possible.

Team Members: Nidhi Sharma, Sangeeta Rege and Padma Deosthali

Funded by: Oxfam-Novib, The Netherlands

2.4 Training of Health Professionals on their Role in responding to Violence against Women

Collaboration with Hospitals and Civil Society Groups

- i. **Thane Civil Hospital** receives numerous cases of violence against women, such as rape, burns, assaults and consumption of poison. As it is a district level hospital, the case load is high, therefore, it was considered an ideal location to expand the work on all forms of VAW. This hospital already has a tie up with an organisation, SAKHYA, that is involved in providing counselling services to women facing domestic violence. Hence, it was felt that a joint effort could be made to provide training and sensitisation on the issue of VAW to the staff of the hospital. Three such training sessions were conducted in 2008-09
- ii. Efforts were made **in Bangalore** to set up response units in maternity homes to deal with the issue of domestic violence. The team made efforts to liaison with the Bangalore Mahanagar Palike. Through these efforts, a two-day training session was conducted for a group of 45 doctors who belonged to maternity homes as well as tertiary care hospitals.
- iii. In collaboration with SAMA, an organisation that is devoted to women's health, we plan to conduct a needs assessment in one of the hospitals (Safdarjung /Kasturba Hospital) to understand the procedures for responding to cases of VAW, as well as study the attitudes and perceptions of the hospital staff to the issue of VAW itself. These findings will help us design a training programme specific to the needs of the hospital. A training of trainers will be conducted in Delhi, and those who are trained will eventually train their peers. The North East Network, (NEN), Meghalaya invited CEHAT for a state level workshop that they organised for disseminating findings of formative research done by them. CEHAT conducted a two-day training in two regions of the state, Garo Hills and Shillong Civil Hospital. The training was aimed at understanding the issue of violence against women as a health issue, learning skills to screen women for violence as well as provide basic support to them. This was also followed with a presentation on the newly enacted Protection of Women from Domestic Violence Act, 2005 and their role in responding to these women. The training was imparted to a group of fifty, including doctors, nurses and social workers.
- iv. **Capacity Building of Paraprofessional Workers:** SNEHA, an organization working in Dharavi at Sion Hospital approached Pehel to conduct the training with the community women. A two-day training was conducted to understand the health aspect of the issue of VAW. Para counselling skills in relation to domestic violence were provided. Nearly forty-five women attended the training.

The training programmes in these places have been successful and Health Care Providers (HCPs) do realise the need for training in the area of VAW. However, one of the biggest challenges is that the hospitals are very keen to outsource services. They often feel that

the staff of the hospital especially doctors are overworked, and therefore they will not be able to spare any time. However, they are keen to provide space, if we as an organization provide a counsellor. The challenge is to make the hospital accountable to provide services and also create an understanding that it is the role of the hospital staff to not only ask women about violence but also provide basic support.

Collaboration with the Bombay Municipal Corporation (BMC)

This is the ninth year of our collaboration with the Bombay Municipal Corporation. Crisis counselling is being independently managed by the staff of the two hospitals. Technical support to the hospitals to run periodic sensitisation training is also being slowly handed over to the hospital since 2008. During the period 2008-09, training sessions were conducted in five peripheral hospitals of BMC—Bandra Bhabha, Kurla Bhabha, Cooper, Rajawadi and MT Agarwal.

The highlights of the training were that two out of the five hospitals expanded the scope of their current work. This was done by implementing the SAFE KIT, (sexual assault, and forensic evidence kit). The hospital in collaboration with CEHAT decided to use the kit, and ensured that their staff members were trained to understand the issue of sexual violence. Three training sessions were conducted in these hospitals for a mixed group of doctors, nurses, as well as administrative staff. We felt that it had to be a mixed group because the hospitals have various players involved in the management of a case of sexual assault. Right from the time the woman enters the hospital to the time that she is discharged, she comes in touch with the staff at different levels, the evidence is noted by the Doctors, after which she is moved to the wards, where she comes in contact with the nurses, after which the evidence is sealed by the medical records officer. At each level, we have found several problems in the attitude of the staff towards women reporting sexual violence. Therefore, we felt that it was pertinent that they understand the issue of sexual violence and be sensitive to the needs of women. The current training module consists of dispelling myths, use of case studies and hands on use of the kit.

Training Cell

Objective

The objective of the training was to create a platform for HCPs to bring forth crucial issues that affect them and the public health system. Along with this objective, the HCPs have become advocates for the role of public health system in responding to violence against women. The current team (2008-09) comprises 57 health professionals which includes 15 Doctors, 26 nurses, 3 matrons, and 4 from the registration department of hospitals, 8 community development officers and 1 librarian.

The training cell participated in various workshops and made presentations in different areas. Because they have been exposed to different issues and not just violence against women, they participated in an MUHS training of medical educators on clinical ethics,

where two doctors made a presentation on dealing with difficult patients. In yet another instance, a doctor conducted an orientation program on VAW and the role of providers at the inaugural ceremony of the Indore, MY Hospital Crisis Centre. One nurse and a doctor conducted training on the crucial role of providers in responding to the issue of VAW for an NGO network in Pune working on the same issue. Some of the members have been closely involved in conducting training for student nurses in nursing schools as well as senior nursing staff in teaching hospitals.

Team Members: Sangeeta Rege and Rashmi Devikar

Bandra BMC staff: Dr. S.S. Chirmule, Dr. Tanuja Barot, Chitra Joshi, Mrudula Sawant, Shardula Sarnobat, Saraswati Khade, Vijaya Shinde and Shobha Gore

Kurla BMC Staff: Dr. Sanjay Dolas, Dr. Nandkumar Sawant, Sanjana Chikhalkar, Nazma Shaikh and Vasanti Kirodian

Funded by: The Ford Foundation, India and Oxfam-Novib, The Netherlands

1. Increasing Access to Comprehensive Abortion Care Services in India

Objective

CEHAT is engaged in advocacy on increasing access to abortion as part of the Abortion consortium that consists of Action Research and Training for Health (ARTH), CEHAT, The Federation of Obstetric and Gynaecological Societies of India (FOGSI), Family Planning Association of India (FPAI), IMCH-Uppsala University, IPAS, Population Council and SOMI. The main objectives of the project are to develop and implement a district level model for delivery of safe abortion services through the public health system which addresses both demand and supply, and expand the base for providing MVA and medication abortion (MA). It assists two State governments on systemic, resource, administrative and legal issues to increase access to safe and legal abortions in the public and private sectors. It also advocates with the central and state governments for changes to policies, laws, rules, regulations and practices.

1.1 National Level

Along with other organisations like ARTH, ANS, HEALTHWATCH and CMNHS, CEHAT launched a campaign on Access to Safe Abortion. The campaign has led to a coming together of academicians, women's rights activists, advocates of abortion rights, medical professionals and lawyers. One of its first activities was to organise a **National Consultation on Safe Abortion and Sex Selection** in Mumbai to arrive at better conceptual clarity. Several issues were discussed at the meeting—women's access to abortion services, decline in sex ratio as a phenomenon, implementation of the MTP and PCPNDT acts in two states- Maharashtra and Rajasthan, sex selection/determination and sex selective abortions.

There was a felt need to deliberate on these issues further. Following this a **round table was organised on the issue of abortion and sex selection**. A select group of demographers, abortion advocates, researchers, women's rights activists and medical professionals participated in the discussion. The discussion focused on a range of issues namely, efficacy of the PCPNDT Act, sex determination rooted within the widely prevalent gender discrimination in society, efficacy of initiatives to combat the declining sex ratio, framing the issue-rights issue or of Violence against Women.

The other significant role of CEHAT at the national level has been its contribution to strengthen the legislation on abortion. CEHAT is part of the expert committee which has initiated the process of bringing in amendments to the MTP Act. CEHAT is also part of a campaign on maternal health. Through this, we are attempting to highlight the abortion issue as an important component of maternal health.

1.2 At the State and District levels

In 2002 following the amendment in the MTP Act for better implementation, District Level Committees were formed. The committees became functional between 2002 and 2004. As mentioned earlier, the DLCs play a pivotal role in the implementation of the MTP Act. We are conducting extensive consultations with the members to understand the nature of their functioning and identifying the challenges faced by them in implementing the MTP Act. For the implementation of any social legislation it is important to have a watch dog from society as well, and the same is the case with implementation of the MTP Act. So along with consultations with DLCs, there is a plan to build a group of civil society organisations which will interface with the administration, be vigilant about the implementation of the MTP Act and reinstate women's right to abortion in the entire process. For this purpose, consultations will be held with civil society organisations all over Maharashtra.

As civil society organisations are important stake holders in ensuring women's access to safe abortion services, advocacy workshops are being held with NGOs all over Maharashtra. So far two regional advocacy workshops have been held in Konkan and Western Maharashtra which were attended by more than 70 participants. The workshops have facilitated discussion among the NGOs regarding their role in advocating for women's right to safe abortion services.

1.3 Increasing the Visibility of the Issue of Access to Safe Abortion

One issue that has repeatedly come up in all discussions is that there is a need to create more awareness about women's right to abortion. So a series of awareness materials are being developed on the issue of women's right to safe and legal abortion services. As part of this activity the visual and print medium are being used to spread messages about issues related to abortion. A website has been launched which provides access to information related to women's access to abortion. Information material has been compiled for communities and medical professionals to enhance their knowledge about women's right to abortion.

Team Members: Padma Deosthali, Leni Chaudhuri and Kiran Kadam
Funded by: IPAS

2. Budget Advocacy

Taking Budget to the People- CEHAT's Budget Praxis Initiative : Budget, whether Central or State, in India is a big event. The budget, apart from being an accounting exercise, documents what has been the state's intervention in the year gone by and projects where the state is intending to make a difference to the economy, in what way and in which sectors. Unfortunately, budget documents suffer from being complicated and non transparent. CEHAT has undertaken budget analysis and training with the intention to create awareness amongst people and empower them with knowledge to scrutinise budgets and demand for transparency

and accountability in governance. In the first phase of budget praxis, during 2004-07, capacity building exercises were organised across the state of Maharashtra (four regional workshops and one state level consultation). During 2007-2009, praxis activities were focused towards consolidating and strengthening the work in Maharashtra, towards getting the groups into the Budget analysis process and using the skills that they had acquired from the capacity-building process to facilitate their active participation in the budget cycle at the district and state levels.

Apart from this, efforts were made towards replication of the Budget Praxis in Madhya Pradesh and Orissa. At the State and Central levels there are networks of organizations, working towards demystifying state and union budgets. The work involves analysis, legislature advocacy, training and capacity building. This motivated us to impart and share the knowledge gained through district and facility health budget related research and share the learning experience about CEHAT's budget initiative praxis of Maharashtra. The team remained involved at the national level meeting that specifically looked at budgets as a tool for social change. In all these meetings, we contributed our understanding about the health budgets at various levels.

Team Members: Prashant Raymus

Funded by: Oxfam-Novib, Netherlands

3. Follow-up with the Government on the Implementation of Rules for the BNHRA Act

The draft rules for BNHRA were submitted to the Government of Maharashtra in June 2006, which remains on paper till date. The team has been regularly following up with the Public Health Department and the Office of the Director General of Health Services. The Jan Aarogya Abhiyan too made efforts for the implementation of BNHRA. The Government has given the draft which has been a watered down version of draft rules submitted by CEHAT, but the rules are yet to be implemented. In addition to follow up with the health bureaucracy through letters and meetings, we also worked towards creating awareness amongst patients on the issue of Patients Rights as part of the JSA. The posters and brochures on Patients' Rights were disseminated among the patients on World Health Day. Radio spots on patients' rights and emergency services were done for MUST community radio started by Mumbai University.

We have developed a web based information package on BNHRA and Accreditation, so that doctors can access this information. CEHAT, in collaboration with the Association of Medical Consultants, has prepared a booklet for private practitioners on the accreditation of private hospitals and dissemination of information on regulation of private health care. The target audience for the booklet will be private nursing home owners, health activists, academicians and policy makers. The booklet includes information on the need for regulation of nursing homes and what private health providers can do to regulate their nursing homes. It talks about various options for accreditations and procedures in India and abroad. It defines

what standards of care mean and provides information related to various guidelines/standards that exist.

Team Members: Ritu Khatri, Padma Deosthali and Sushma Gamre

Funded by: International Development Research Centre, Canada

4. Economic, Social and Cultural Rights

One of the most significant developments in the last two years has been the collective process within India for drafting of a Shadow Report to the ICESCR. The NGO report "Divided Destiny Unequal Lives: Economic, Social and Cultural Rights and the Indian State" prepared by over 150 civil society organisations under the banner of Peoples' Collective for Economic, Social and Cultural rights was submitted to the United Nations(UN). CEHAT along with two other organisations, MASUM and SAMA, drafted the chapter on the Right to Physical and Mental Health. The UN Committee, after reviewing India, has sent its Concluding Observations which have significant recommendations for the Government of India, with respect to the Right to Health. There is a huge opportunity for pursuing the same with the Central Government, Ministry of Health, the National Human Rights Commission and the National Commission for Women. As part of this, CEHAT along with other Maharashtra based NGOs have come together as a People's Collective - Maharashtra. A core group has been formed which has the following seven organisations- YUVA, NAPM, MASUM, SAATHI, Avehi Abacus, Econet and ICHRL. Their first state level consultation was scheduled for 7th and 8th April, 2009 at Pune.

Team Members: Leni Chaudhuri, Padma Deosthali, Rashmi Devikar and Reena George

Funded by: Oxfam-Novib, The Netherlands

5. Role of Health Care Providers in the PWDVA Act

As part of our endeavour to include Violence against Women in the nursing curriculum, we have been meeting the Deans of various nursing colleges in Maharashtra. We also coordinated with the Commissioner, Women and Child Development Department. As a result we were able to get a lot of nursing tutors deputed for our National course on Violence against women and the role of HCPs. The WCD department deputed people from shelter homes which are listed as service providers in the PWDVA Act. We have also approached the Deputy Director, Nursing Education, and Government of Maharashtra. We have been asked to make a presentation for Nursing College Principals in the first week of May.

6. Asia Regional Focal Point of the International Federation of Health and Human Rights Organisations (IFHHRO)

Asia Regional Focal Point (ARFP) of (IFHHRO) is situated at CEHAT. The main objective of the focal point is to mobilise health professionals in monitoring the right to health through dissemination of information on promoting health related human rights in the region and also organise regional workshops/training sessions on monitoring the right to health. A course on monitoring Right to health was organised for health professionals in Malaysia in

December, 2007. Last year, CEHAT participated in the Consultation organised by IFHHRO with the UN Special Rapporteur for Health, in collaboration with the British Medical Association. Dr Amar Jesani, Trustee Anusandhan Trust, was a plenary speaker for this meeting held in London. He spoke about the Health systems in India- Public and Private and dwelled on the current crisis in the health sector in the country. He also spoke about the growing conflicts in the region, its impact on health and human rights. The case of Dr. Binayak Sen was presented to highlight the role of the state in fuelling the ongoing conflicts and increasing communalisation in the country and suppressing the dissenting voices.

CEHAT is now working towards organising a training workshop for prison superintendents and doctors on "Prison Health". This is being done in consultation with the IFHHRO Secretariat and IMLU, an organisation working on torture. Lastly, the staff from CEHAT participated in a training workshop organised by the Secretariat on managing e-groups, developing newsletters and managing websites. In the coming year, CEHAT will be producing newsletters on Health and Human rights with specific focus on role of health professionals and health systems.

Team Members: Kamayani Mahabal and Pinky Pandey

Funded by: IFHHRO

1. Domestic Violence

The year 2009 marks the completion of eight years of the *Dilaasa* crisis centre in a public hospital. '*Dilaasa*', in Hindi means reassurance. It is a public hospital based department which is a unique intervention programme aimed at responding to women facing domestic violence. It provides social and psychological support to women facing domestic violence. The counselling centres at both the hospitals in Mumbai and at Indore are able to provide services regularly and have been able to receive attention as a department of the hospital. This was possible because the staff responsible for running the crisis centre is that of the respective public hospitals.

Counselling at Bandra Bhabha Hospital

Nearly 251 women approached Dilaasa department for counselling services from April 2008 to March 2009, out of which 22 were referred from the casualty, 25 from the outpatient department (OPD), while nearly 53 women were referred from the wards especially from the Female Medical Ward (FMW) with the history of poison consumption. Around 9 women were referred from different hospitals and 37 women were referred from the community and 31 were referred by ex-clients of Dilaasa. Twenty-one women were referred by other staff of the hospital that consisted of Doctors of various departments, security guard and the *ayah bai*. Thus, it can be seen that despite the centre's presence in the hospital for last eight years, the hospital has not recognised its use to women, due to which the referral is low. To overcome this shortcoming, the counsellors of Dilaasa go for 'ward rounds' where, besides creating awareness, they try to remind the staff about the centre and its use. In order to create visibility of the centre in the hospital, the counsellors started visiting all the wards as well as the OPDs in the hospital. Another system called the Daily Report Book was introduced. The objective of this book was to remind each Doctor on casualty duty about the number of women that they have not referred.

It is seen that posters and pamphlets continue to have a large impact on women, as nearly 32 women came after seeing the IEC material; 20 clients were referred from other organisations. 387 women followed up for counselling sessions and 65 came in for legal counselling. Amongst these, legal counselling was provided for maintenance (13), divorce (22), property matters (3), and custody of child (5). Seven women were provided legal counselling under the PWDVA. The number of follow ups done this year is less than those done last year. This was brought to the notice of the counsellors, who maintained that though many women say that they would like to seek legal help, they invariably do not turn up. At the same time, there are others who speak to the lawyer but then think that they need time to actually make up their minds. However, those who have come forward and registered legal cases are women who seek divorce and right to residence under PWDVA.

After 8 years of work on the issue of DV, the centre is looking forward to register itself as a Service Provider under the PWDV Act 2005. Having handled more than 2000 cases till date, it has the necessary capacity.

Counselling at Kurla Bhabha Hospital

Nearly 82 new women approached the crisis centre at Kurla Bhabha Hospital; a large number, of these have been referred from the hospital itself, whereas 87 women followed up with the counselling centre. Twenty women were screened but not registered. Of the ones who registered, 25 women were referred from the casualty and six were referred from the OPD. Around 14 women came in contact with Dilaasa as they were admitted in the wards. Out of these 14, a majority of them were admitted for an attempt to suicide; 12 women were referred by staff of the hospital itself, while 4 women came from the community. It was interesting to see that one woman was referred by an auto-rickshaw driver. However, only five women came after reading the IEC material in the form of posters and pamphlets and one was referred from the other organization. Nearly 13 women were referred from other hospitals of whom, a majority were from Rajawadi Hospital. A large number of women were referred by the casualty, and this indicates the assimilation of the department in the hospital. Out of the 82 women, 15 women sought formal legal redress, of which three cases have been filed under PWDVA and two for maintenance. However one has filed a criminal case. The centre is fully run by the hospital, that is, the CDO and a nurse with technical support by CEHAT.

Best Practice:

Dilaasa was selected as one of the fourteen Good practices in Gender Mainstreaming in India. This was part of a project undertaken by Women Powerconnect and supported by the UNDP. Ms Punam Kathuria of SWATI (Gujarat) visited Dilaasa, met the BMC staff and reviewed all the documentation on the project. A report of these case studies was released in a meeting held in December 2008 by Dr Syeda Hameed, Chairperson, Planning commission.

Meeting organised by the World Health Organisation on Health sector response to VAW:

The WHO organised a meeting for developing guidelines for health sector response to VAW. These are being developed for the health ministries of developing countries in order to improve the response. CEHAT was invited by WHO to make a presentation on its experience with the health sector on establishing hospital based response to VAW. CEHAT's intervention which has been implemented as an action research project yielded the required evidence on the effectiveness of the model and its replication. The training and counselling models as implemented by CEHAT were appreciated and the guidelines would be modelled around the same.

M. Y. Hospital, Indore

The counselling centre was inaugurated in February 2009. But even before the inauguration, 37 women had accessed Dilaasa services, while another 30 came in touch with the counsellors after the inauguration. It is important to note that the women seeking services are largely from outside the city, and this is because the hospital itself is a district level hospital with a large reach. Amongst the 60 women who accessed these services, at least 30 women have reported burns. This hospital received at least 8 cases per month. Women suffering from burns often find it difficult to talk about the reasons for their burns, partly because they are socialised into thinking that even if they die, their spouses will take care of the children and therefore there was no need for them to disclose the way in which they sustained burns. The role of counsellors in this context has been to encourage the woman to speak out about the abuse and whenever there is a need, facilitate the dying declaration given to the Magistrate. The counsellors have also been involved in garnering support from the natal family in case the woman survived.

It has been a challenge to work in the hospital because the women seeking services are from out of town and come in touch with the counsellors only during their stay at the hospital; this poses a problem for follow up. Another major challenge in these cases, especially burns, has been the severity of the health complaint, where the counsellor is able to spend limited time with the woman as she is not in a position to talk at length. Nevertheless, the documentation done in these cases provide rich insights into understanding the psyche of the women who sustain burns either homicidal or suicidal.

*Team Members: Sangeeta Rege, Rashmi Devikar Rashmi T, Arti Kadam
Bandra BMC staff: Dr. S.S. Chirmule, Dr. Tanuja Barot, Chitra Joshi, Mrudula Sawant, Shardula Sarnobat, Saraswati Khade, Vijaya Shinde and Shobha Gore
Kurla BMC Staff: Dr. Sanjay Dolas, Dr. Nandkumar Sawant, Sanjana Chikhalkar, Nazma Shaikh and Vasanti Kirodian
Indore Team: Amulya Nidhi, Deepmala Patel and Rupal Ajbe
Funded by: The Ford Foundation, India, Oxfam-Novib, The Netherlands*

2. Sexual Violence

CEHAT's project on Sexual Violence is an attempt to evolve a model for comprehensive response to sexual assault at the level of the health system. We believe that this response must include provision of medical and psychosocial care, meticulous evidence collection, documentation of injuries and appropriate referral to other agencies for further support. As part of this project, we implemented a protocol, the Sexual Assault Forensic Evidence Kit (SAFE Kit) for evidence collection in cases of sexual assault. This was developed by CEHAT in 1998, in two peripheral municipal hospitals in Mumbai - Rajawadi Hospital and Oshiwara Maternity Home. This was accompanied by sensitisation and capacity building of health professionals on the issue of sexual violence. The handling of victims of sexual assault in these hospitals was documented and we noticed several gaps in relation to obtaining consent, recording of history, preserving confidentiality of victims and provision of care, even after comprehensive protocol had been implemented.

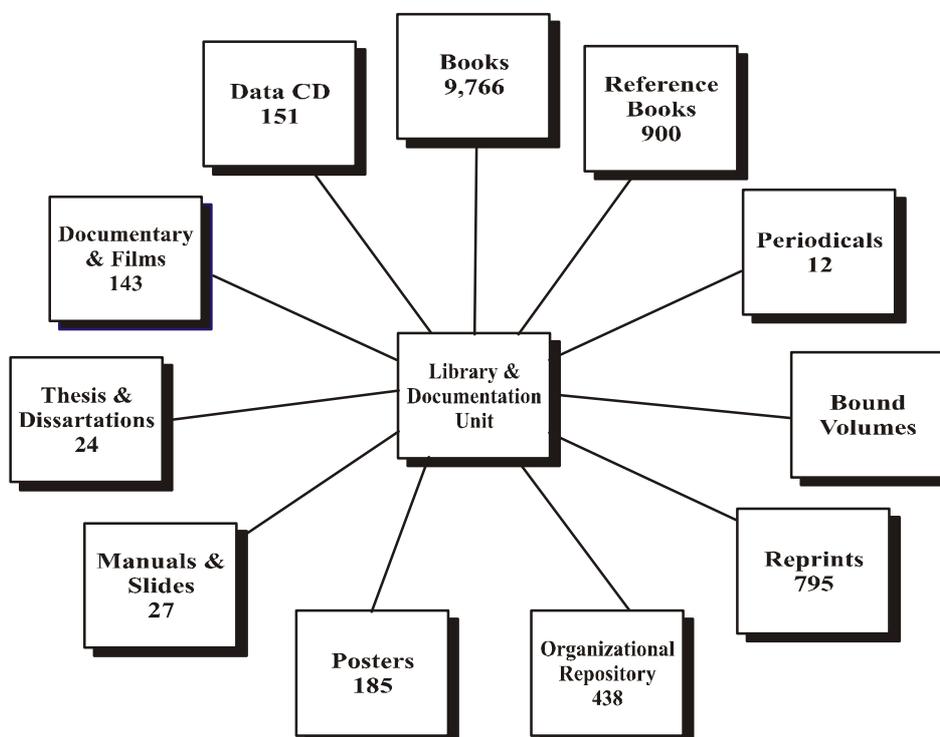
While operationalising this model response, we felt that it is crucial to be able to provide basic emotional support to such women, facilitate the entire process of examination and evidence collection as well as provide any other assistance required by them. We were actively involved in providing support to 15 such women. Given that there is not a single rape crisis centre that could respond to the women of sexually abused women in India, we have no prototype to work with. Hence, we are in the process of evolving such a model.

*Team Members: Sangeeta Rege, Rashmi Devikar, Snehal Velkar and Arti Kadam
Funded by: The Ford Foundation, India*

LIBRARY AND DOCUMENTATION UNIT

Information generation and dissemination are the essential features of the Library and Documentation unit. The unit provides information to those who are engaged in research, advocacy and training on health issues. The various components of this unit are the library, publications, health database and the Website

Resources at a Glance at CEHAT Library and Documentation Unit



Centralised Catalogue of CEHAT resources: Over the years, the collection has grown from books to various other resources like reprints, reference materials, CDs, VCDs, posters etc. The main focus in the last two years was on preparing a centralised catalogue of various print and non- print resources. This involved preparing standardized databases and merging them. The entire collection has been given Key Words and a Subject Index.

Acquisitions and Procurement: In order to get good quality books and strengthen the unit collection, a system of acquiring books on approval basis from book vendors and distributors has been put in place. The books are kept in the unit for a period of fifteen days so that the researchers working on different areas go through the same and suggest books to be purchased. About 693 have been added to the collection; making the collection rich with 10690 print material and 294 non print material.

Resources	2007-08	2008-09	Total
Print	404	289	693
Non print	136	38	174

Library Systems and Development

The library has re-looked at the services that have been offered over the past years and have strengthened the services. The library also has introduced new services such as

-  Information and Reference Services
-  Newspaper Clippings
-  Information alert service
-  Document Delivery Services
-  Forthcoming Themes and Events
-  Photocopying Services

The library has also initiated a *Quarterly e-bulletin* that updates on the current resources that are added to the collection along with a detailed write-up of each section in the library and links to other useful resources. In the last year the unit has taken a proactive role in collecting literature on specific issues for the internal staff working on different projects.

Literature was collected on the following subjects

- Migration and Health
- Violence against Women
- Ethics in Violence Research
- Literature on PTSD (Post Traumatic Stress Disorder)
- Public Private Partnerships
- Gender and Health
- Suicides

An orientation module has been developed so that users get acquainted with the collection and also have hands on experience in using the library database. A brochure gives an overall glance of the resources in the unit, and a poster album gives a listing of all the posters developed by CEHAT at a glance. A list with detailed listing of reference section books along with the source from where it has to be acquired and tentative month when it is published is prepared which helps in acquiring the books on time before the copies are

exhausted. Apart from the technical aspects of handling the library, the unit felt a need of a trained librarian who would closely work with the researchers in acquiring scholarly information and networking and collaborating with other libraries. A new librarian was thus appointed in 2008.

In order to create more space in the library, some of the non health bound volumes were donated to Yaswantrao Chawan Institute of Social Sciences, Jakatwadi Satara. Only health related bound volumes are now available in the unit with a detailed listing. As bound volumes occupy more space we have decided to only preserve health related subscribed journals/magazines and the rest would be added to the reprints collection.

The unit was active in disseminating old publications which included reports, posters and other resource materials to various libraries, institutes and PSM departments. Publications stalls were setup at various conferences and workshops. Detailed guidelines for printing and publishing have been developed in order to give uniformity to all CEHAT's publications.

A **content management system** is now in place to post data on the websites. CEHAT's entire website has been revamped and the material is available under thematic areas. Projects undertaken under each thematic area are listed with a brief summary and links to full text reports. Users can view the various resources available in the Library and Documentation unit page. Web access to the full text of all CEHAT's publications, that is, reports, papers, articles, posters and other resource material is available on the website. Theme wise and subject wise classification of publications is available along with chapter-wise download facility. The site can be found easily with any major search engine.

The database on health has a unique collection of time series data on health indicators, health infrastructure, health human power, health finances and select socioeconomic indicators for all the states and on an all India basis from 1951 onwards. The data has been updated to the latest available years. This database is very helpful to researchers, health activists, academicians and others.

Team Members: Margaret Rodrigues, Priyanka Shukla, Vijay Sawant, Prashant Raymus and Sushma Gamre

Consultant: Ravindra Thipse

Funded by: The Ford Foundation, India, Oxfam-Novib, The Netherlands

ADMINISTRATION AND ACCOUNTS

The administration and accounts team provides support to project/ programme teams. This includes secretarial assistance, fund flows, project administration and financials monitoring, statutory functions, liaisons and reporting, personnel and administration, accounts and financial reporting. CEHAT currently has three field offices, Dilaasa which is a Crisis centre for women in collaboration with Bhabha Hospital at Bandra, Peהל-research and training initiative on Violence Against Women (VAW) located in Vakola and one at Indore.

During the period the administration and accounts team provided logistic support for Health & Human Rights course held in November 2007 and January 2009 as well as support to Course on Violence against Women and Role of Health Care Providers held in Jan 2009. The team also provided support to the National Campaign for Safe Abortion, working for women's health and self-determination held at YMCA international on 21st and 22nd April 2008.

Team Members: Pramila Naik, Sushma Patil, Devidas Jadhav, Dilip Jadhav, Netralal Sharma, Shobha Kamble, Shubhangi Kadam, Bhakti Shejwalkar, Sudhakar Manjrekar, Ranjit Choudhary, Geeta Surve, Viral Shah, Ramdas Marathe, Ruma Bhowmick and Amarjit Singh

ORGANISATIONAL STRUCTURE

CEHAT has grown from an informal set up into a relatively large institution, managed by its staff in a democratic and participatory way. As on March 31, 2009, CEHAT had a staff strength of 32 persons.

The Trustees of the Anusandhan Trust constitute the governing board of CEHAT. The Trustees are responsible for the overall vision and mission of CEHAT and provide guidance, act as a sounding board and are the final authority for the redressal of grievances, and intervention if there is a crisis. The Trustees of Anusandhan Trust involve themselves with the work of CEHAT and also provide advice and guidance to the researchers when called upon to do so. Four trustees, Dr. Padma Prakash, Dr. Vibhuti Patel, Dr. Lakshmi Lingam and Dr. Padmini Swaminathan are members of the Programme Development Committee of CEHAT which review all the work produced by the centre.

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.

Members: Dr. Armida Fernandez, Arokiya Mary, Prof. Geeta Balakrishnan, Prof. Pravesh Jung, Advocate Vijay Hiremath, Neha Madhiwala, Pranoti Chirmuley and Reena Mary George

The Anusandhan Trust appoints the **Coordinator** of CEHAT. The Coordinator, along with the Working Group, is responsible for the development of the institution, achievement of its goals, coordination of its work and overall management. The Coordinator has thus double accountability, to the Trust or Governing Board and to the Working Group. The Coordinator has decision-making and implementing powers, which are however regulated.

The institutions are known for the kind of people they have and the work they do. Therefore, **the Staff** is CEHAT's biggest asset. The active participation of the staff in decision making, and their commitment to CEHAT's vision and mission has contributed to the democratic structure and functioning of the organisation. Institutional democracy is not merely a right, but it is the right in order to perform a duty.

The Working Group (WG) is a democratic and decision making body of CEHAT. It monitors and reviews all projects/units/activities, finances, personnel and administrative matters and takes relevant decisions for implementation. It is also responsible for staff recruitment, staff evaluation, redressal of grievances and planning future strategies of the organisation. The processes within the WG represent a democratic and transparent way of functioning where decisions are taken by consensus. The members of the WG are elected by the staff. It has a representation of staff from all levels which includes administrative and project

staff. The members of the WG retire every year and their posts are filled through election. The retiring member(s) could be re-elected. The Coordinator is an ex-officio member of the WG, and is thus not elected. At present, there are seven members including the Coordinator. Within the Working Group, responsibilities are distributed amongst members. The Working Group meets once a month and reviews all projects/units/activities, discusses problems, decides on actions, reviews personnel and administrative matters and takes relevant decisions for implementation.

Members: Devidas Jadhav, Leni Chaudhuri, Margaret Rodrigues, Prashant Raymus, Rashmi Divekar and Reena Mary George

Program Development Committee

The Program Development Committee has been constituted to provide programmatic direction to CEHAT. All the materials produced, namely reports, working papers, policy briefs, manuals, research proposals, posters and social messages are reviewed by the PDC. It also dwells upon the methodology of all the projects and certifies them accordingly. The PDC consists of members from different disciplines like social sciences, social work, law and journalism. Senior researchers from within the organisation and a panel of experts from outside the organisation constitute the present PDC. In addition to this, experts from other fields are also consulted on important documents pertaining to policy advocacy. The PDC is convened by a researcher from CEHAT.

Members: Leni Chaudhuri, Sangeeta Rege, Dr. Lakshmi Lingam, Dr. Padma Prakash, Padma Deosthali, Dr Padmini Swaminathan Dr. Vibhuti Patel.

Grievance Redressal System

An employee aggrieved by any decision/action or dispute on any issue may approach the Working Group for redressal after an attempt has been made to redress the grievance within the team at an informal level. While the decision of the Working Group will be binding, the employee will have a right to appeal against it to the GB. The decision of the GB will be final. The GB should not be approached directly unless the grievance is of a serious nature, for instance, a grievance against the Coordinator. The grievance should be signed by the concerned person. Anonymous grievances will not be accepted. When a grievance is put forth on behalf of someone else, consent should be taken from the aggrieved party. The grieved person can approach any person whom he/she is comfortable with and that person can act as a staff advocate for that occasion.

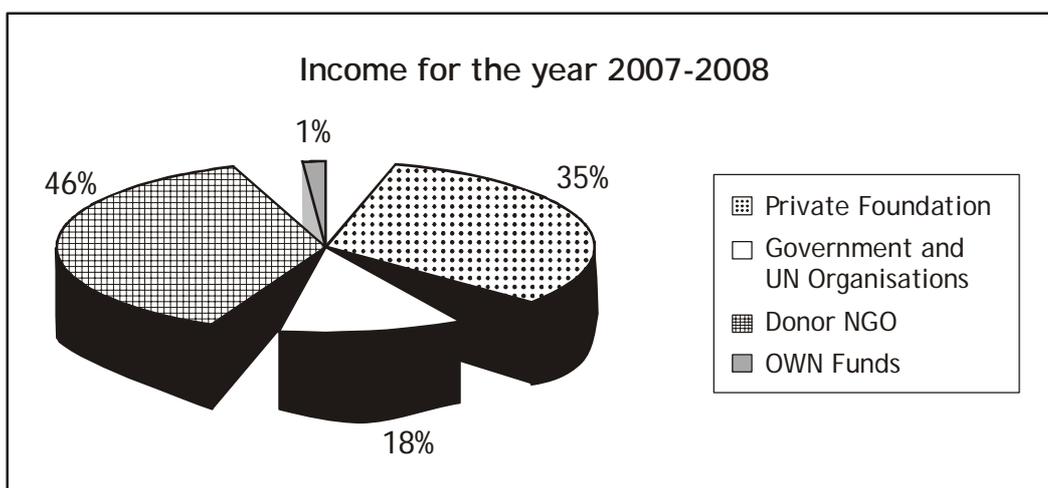
Members: Devidas Jadhav (Convenor), Margaret Rodrigues and Vijay Sawant.

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. As the definition by the Supreme Court of sexual harassment is open to varied interpretations, CEHAT has adopted from these and has developed a Code of Sexual Harassment at workplace.

SOURCES OF FUNDING

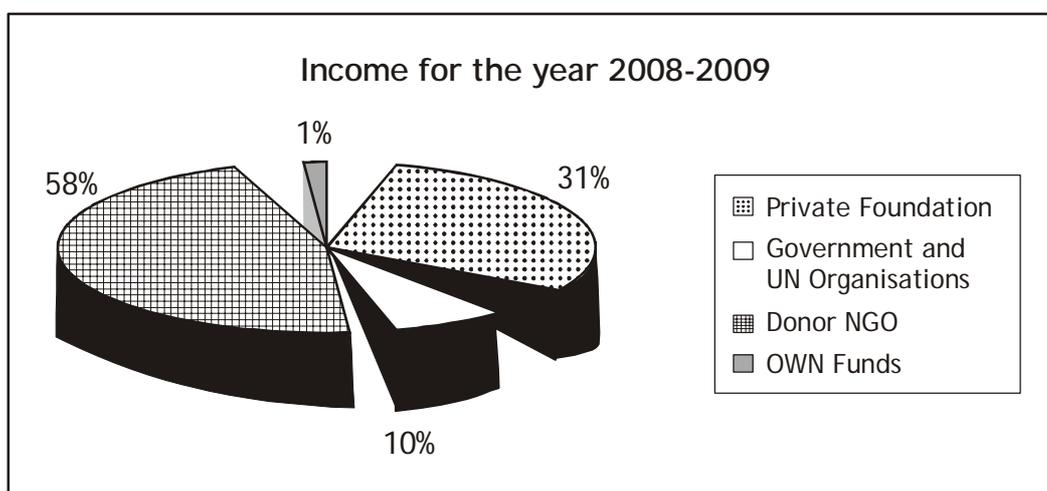
Income for the year 2007 - 2008

Funds received	Amount (Rs.)	Percentage
Private Foundation	3,760,663.00	35
Government and UN Organisation	1,977,415.00	18
Donor NGO	4,903,257.00	45
Own funds	139,867.00	1
Total	10,781,202.00	100.00



Income for the year 2008 - 2009

Funds received	Amount (Rs.)	Percentage
Private Foundation	4,097,890.00	31
Government and UN Organisation	1,353,850.00	10
Donor NGO	7,641,696.00	58
Own funds	139,149.00	1
Total	13,232,585.00	100.00



We are thankful to the following donor agencies for their generous support to CEHAT's activities

Council for Social Development, India

Ford Foundation, India

Funds for Global Human Rights, USA

International Development Research Centre (IDRC), Canada

International Federation for Health and Human Rights Organisations (IFHHRO), The Netherlands

IPAS, India

National Commission for Women, India

Oxfam Novib, The Netherlands

CEHAT STAFF

April 2007 to April 2009

Name	Qualification	Projects
Aarthi Chandrasekhar	M.Sc. (Psy.) applied	Peheil
Amarjit Singh	B. Com.	Administration-CEHAT
Amit Khandewale	B.Com., Pursuing M.S.W.	Public Health Report
Amita Pitre	M. Sc. (Health Science), B.A. M.S.	SAFE Kit, Fostering Reforms in Private Health Sector
Anandi Dantas	M. Phil (M.A.)	Towards Strengthening Health And Health Care In India
Aneeha Rajan	Masters in Social Work	Peheil
Anjali Kadam	H.S.C.	Data Entry Operator
Anuja Kastia	P.G. Diploma in Preventive & Promotive Health Care	Towards Strengthening Health And Health Care In India
Arti Kadam	Masters in Social Work	Peheil
Bhakti Shejwalkar	Pursuing T.Y.B.A.	Peheil
Chandrima Chatterjee	M.Phil (Sociology), Ph.D.	Towards Strengthening Health And Health Care In India, Fostering Reforms in Private Health Sector
Deepmala Patel	M.S.W. Community Development	Dilaasa-Indore
Devidas Jadhav	SSC	Administration - CEHAT
Dilip Jadhav	HSC	Administration - CEHAT
Geeta Surve	H.S.C.	Administration - Peheil, CEHAT
Gunjan Mehta	PG Diploma in Human Resource Management, M.C.R.M.M.	Establishing Health as a Human Right
Habibullah Ansari	M.Phil, Ph.D.	Fostering Reforms in Private Health Sector
Hemlata Shedge	M.Sc. II/Anthropology	Peheil
Joyce Patton	M. A. - Social Work	SAFE Kit
Kamayani Bali Mahabal	M.A. in Clinical Psychology, M.A. in Human Rights, L.L.B.	Abortion advocacy, ARFP
Kiran Kadam	M.S.W. (MPSW)	Public Health Report, Safe Abortion advocacy
Kripabar Baruah	M. Phil	Towards Strengthening Health & Health Care in India

Name	Qualification	Projects
Leni Chaudhuri	M.Phil	Public Health Report, Safe Abortion Advocacy, Prisoner's Study
Mahasweta Satpati	M.Phil, pursuing Ph.D.	Peהל
Margaret Rodrigues	B.Sc., Diploma in systems Management	Library and Documentation Unit
Meenu Pandey	M.A. (Social Work)	SAFE Kit
Mithilesh Varma	B.A.M.S.	Fostering Reforms in Private Health Sector
Netralal Sharma	S.S.C.	Administration - CEHAT
Nidhi Gupta	Master of Health Administration	Towards Strengthening Health & Health Care in India
Nidhi Sharma	M.A. in Psychology	Towards Strengthening Health & Health Care in India
Padma Deosthali	M.S.W., P.G. D.H.R.M.	Head of the Organisation
Pinky Pandey	LLB	Peהל, Safe Abortion Advocacy
Pramila Naik	B.Com	Administration - CEHAT
Prashant Raymus	M.A.	Towards Strengthening Health & Health Care in India
Priyanka Josson	Masters in Social Work	Peהל, Conflict and Health
Priyanka Shukla	M.L.I.Sc.	Library and Documentation Unit
Ramdas Marathe	H.S.C.	Administration - Dilaasa
Ranjit Choudary	Primary School	Administration - Dilaasa
Rashmi B. Divekar	B.A. pursuing LLB	Peהל
Rashmi Thakker	M.Sc. (Human Development)	Dilaasa
Reena George	M.S.W.	Prisoner's Study
Ritu Khatri	Masters in Community Health	Fostering Reforms in Private Health Sector
Ruma Bhowmick	B.Com, P.G.D.B.A. (Finance)	Administration - CEHAT
Sana Contractor	Masters in Public Health	Peהל, Conflict and Health
Sangeeta Rege	M.S.W.	Peהל, Dilaasa, SAFE Kit
Shabana Ansari	B.S.W., pursuing LLB	Peהל
Shachi Phadke	M.S.W.	Public Health Report
Shilpa Sonar	M.S.W.	Fostering Reforms in Private Health Sector
Shobha Kamble	Primary School	Administration - CEHAT

Name	Qualification	Projects
Shubhangi Kamble	B.Com	Administration - CEHAT, Pehel
Snehal Velkar	M.A. in Social Work	Public Health Report, Safe Kit
Suchitra Desai	M.Sc. (Anthropology)	Fostering Reforms in Private Health Sector
Sudhakar Manjrekar	Secondary School	Administration - Pehel
Sushma Gamre	B.A.	Fostering Reforms in Private Health Sector
Sushma Patil	B. Com.	Administration - CEHAT
Swati Mankar	B.A.	Administration - CEHAT
Tabassum Mulani	M.S.W	Pehel
Tayyaba Ahmed Shaikh	M.A. and MPS	Public Health Report, Towards Strengthening Health & Health Care in India
Varsha Zende	M.Sc. (RHM)	Fostering Reforms in Private Health Sector
Vijay Sawant	B.A.	Library and Documentation Unit
Viral Shah	M.D.B.A. (Finance)	Administration-CEHAT
Zamrooda Khanday	Masters in Social Work	Conflict and Health

Those associated with CEHAT on short term basis as
reviewers, consultants or for short term assignments

April 2007 to March 2009

Abhay Shukla	Indira Jaising	Prarthana Mishra
Amar Jesani	Jaya Sagde	Pratibha Jagtap
Amita Pitre	Jagadeesh Reddy	Qudsiya Contractor
Amulya Nidhi	Jessica Mahadevan	Radhika Chandiramani
Anant Phadke	Joseph Lobo	Rajat Khosla
Anand Powar	Kannamma Raman	Ram Puniyani
Anita Ghai	Ketan Parikh	Rama Baru
Anjali Kadam	Lakshmi Lingam	Ramesh Awasthi
Annie Namala	Laxmi Murthi	Ravi Duggal
Aparna Joshi	Leena Mathias	Ravindra Thipse
Archana Deshpande	Madhuri Chowgaokar	Renu Khanna
Archana More	Maharukh Adenwalla	Rohit Prajapati
Aruna Burte	Maithreyee Krishnaraj	Sandhya Shrinivasan
Asha Bajpai	Manisha Gupte	Sanjay Nagral
Ashwini Jog	Manoj Pandkar	Sanjeevane Muley
Aurina Chatterjee	Martin	Satish Singh
Bhargavi Davar	Meena Deval	Shalini Mahajan
Bhavana Mehta	Meena Gopal	Sharit Bhowmik
Chhaya Datar	Nandini Rao	Sharmila Rege
Chinmay Sharma	Neerja Chowdhary	Soumitra Pathare
Divya Jain	Neha Madhiwala	Suchitra Wagale
Dr. Bhujang	Nilangi Sardeshpande	Sudha Raghvendra
Dr. Padmaja Samant	Padma Prakash	Sulbha Shretrate
Dr. Seema Malik	Padmaja Mavani	Tejal Jaitly
Dr. Suchitra Dalvie	Padmini Swaminathan	U. Vindhya
Dr. V.S. Pal	Parag Panchal	Vandana Kulkarni
Ebrahim Sitabkhan	Prabha Nagaraja	Veena Gowda
Gail Omvedt	Pradnya Sawargaonkar	Vibhuti Patel

TRUSTEES

**Dr. Amar Jesani, M.B.B.S.
(Managing Trustee)**

Has been involved for almost two decades in social science health research with experience in trade unions, working class and human rights association. Founder Coordinator of CEHAT from 1994-1999 was also Coordinator of, Centre for Studies in Ethics and Rights(CSER) which is a centre of Anusandhan Trust.

Dr. Dhruv Mankad, , M.B.B.S.

A leading spokesperson on Primary Health care in Maharashtra. He was Director of VACHAN, a Nashik based NGO, for nine years. Presently working with the Yashwantrao Chavan Memorial Open University, and with VACHAN as its Acting Director.

Ms. Manisha Gupte, M.Sc.

A leading spokesperson at the National Level on Women's Rights and Women's Health Issues. A founder trustee of MASUM, the grassroots-level woman centered development organisation based in Pune.

Dr. Mohan Deshpande, M.B.B.S.

Involved for more than two decades in School Health Education and Training of Village Health Workers, grass root activists especially on Health-Communication.

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.

Dr. Padma Prakash, Ph.D.

Specialist in sociology of medicine and health, sociology of sports, academic journalist, women's rights and health activist, is Editor/Director, eSocialSciences, an Asia focused repository and publication space, a unit of IRIS Knowledge Foundation. She was formerly Acting Editor/Associate Editor, Economic and Political Weekly.

Prof. Padmini Swaminathan, Ph.D. Her research areas are Industrial Organization, Labour and Employment, Occupational Health, Education and Skill Development - From a Gender perspective. Currently Professor, Reserve Bank of India Chair in Regional Economics at the Madras Institute of Development Studies, Chennai, Tamil Nadu, India

Ravi Duggal, M.A. Health researcher, and activist, pioneered work in health economics. Has worked with the Ministry of Health and Family Welfare, New Delhi and was the country coordinator of SWISSAID. He was Coordinator of CEHAT from 1999-2005. Presently involved in supporting Action Aid International partners in a multi-country initiative in South and South-east Asian countries on economic literacy and budgets and the International Budget Partnership with health budget related research and training worldwide.

Prof. Vibhuti Patel, Ph.D. Women's rights, and social activist. Has made important contribution to Women's Studies and gender Economics. Presently, Professor and Head Dept. of Economics, SNDT University Mumbai.

PUBLICATIONS

Title	Issues dealt with
<p>Guidelines for Counselling: Women Facing Violence <i>Rege Sangeeta</i> 2008</p>	<p>These guidelines are primarily meant for enhancing skills and attitudes of those dealing with Violence against Women at the hospital setup but would be useful to others too. These guidelines provide a perspective on the issue and also has real life examples. These guidelines are developed from the feminist perspective the counselling would enable the women to understand the cause of violence lies external to them and the root of violence are based in patriarchy.</p>
<p>Breaking the Culture of Silence <i>Burte Aruna</i> January 2008</p>	<p>'Breaking the culture of silence' places Domestic Violence within the context of the feminist movement of 1980s in India. It highlights the democratic and left movements that created space for raising issues related to womens rights. This booklet is intended to capture the process that has enabled women to break the culture of silence that has hitherto surrounded their trauma.</p>
<p>Guidelines for Health Professionals in Responding to Domestic Violence.</p>	<p>The guidelines describes the health consequences of domestic violence and the role of healthcare providers in addressing them. These are developed in English, Hindi, Marathi and Gujrathi.</p>
<p>Chaukat Todun Baghtanna, <i>Divekar Rashmi and Naik Pramila</i> 2008</p>	<p>"Chaukat Todun Baghtanna" is a small pictorial booklet developed which gives information on Domestic Violence. It also covers various types of violence and its effect on women's health. It has information on seeking help from public hospital and legal support. This booklet is useful for women who face domestic violence and others those who work on the issue.</p>

Title	Issues dealt with
<p>Answers to Frequently Asked Questions: The Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994</p> <p>A handbook for Medical Professionals</p> <p>A Handbook for the Public A Handbook for Implementing Bodies</p> <p>Published by : Ministry of Health and Family Welfare, Government of India, CEHAT and UNFPA</p>	<p>These handbooks for Medical Professionals, Public and implementing bodies helps in understanding the issues with a right perspective and also help them in the effective implementation of the PC and PNDT ACT</p>

Articles and Papers

Author	Title
Contractor, Sana and Rege, Sangeeta (2009)	Implementation of Protocols to respond to Sexual Assault-Experiences from the field, Paper presented at the International Conference on Gender-based Violence and Sexual and Reproductive Health, 15-18 February 2009, Mumbai, India
Deosthali, Padma (2009)	Course on VAW and role of Health Care Providers: Bridging the gap in current medical discourse (paper submitted for publication)
Deosthali, Padma and Rege, Sangeeta (2009)	Attempted suicide a consequence of Domestic Violence: A Feminist response (paper submitted for publication)
Deosthali, Padma and Malik, Seema (2009)	Establishing Dilassa: A Public hospital based Crisis Centre, NGO's Health and the Urban Poor, Edited by Vimala Nadkarni and Roopashri Sinha, Leonie D'Mello, Rawat Publications.
Pitre, Amita (2009)	Jan Swasthya Abhyan : A unique health Movement perspectives and experience from Mumbai, NGO's Health and the Urban Poor, Edited by Vimala Nadkarni and Roopashri Sinha, Leonie D'Mello, Rawat Publications.
Duggal, Ravi (2009)	Urban Health care : Issues and Challenges, NGO's Health and the Urban Poor, Edited by Vimala Nadkarni and Roopashri Sinha, Leonie D'Mello, Rawat Publications.

Author	Title
Arthi Samagik ani sansthrik hakka samitee Translated by : Kulkarni, Vandana (2009)	Un Committees : Concluding Observations (Marathi)
Chaudhuri, Leni (2007)	Adolescent Health and Human Rights Concerns, Health Action, October 2007, Vol.20, No.10, Pgs.32-34
Naik, Pramila and Divekar, Rashmi (2007)	Parivarik Hinsa : Sarvajanik Swasthya Ka Ek Mudda., Antaranga Sangini Traimasik Patrika, May-August 2007, Pgs.41-43 (Marathi)
Chaudhuri, Leni (2007)	Bharat Main Bal Vivaha : Mahilaon Ke Swasthya Par Honevale Parinam., Antaranga Sangini Traimasik Patrika, May-August 2007, Pgs.19-22 (Hindi)
Pitre, Amita (2007)	Sarvajanik Swasthya Aur Mahilaye., Antaranga Sangini Traimasik Patrika, May-August 2007, Pgs.23-24 (Marathi)
Deosthali, Padma (2007)	Women at Work : Sick and Tired., Agenda Info change, Issue No.9, 2007, Pgs.46

Resource Materials

Charter on Patients Rights Brochure on Patient Rights	The Charter of patients Rights have been adapted from the draft rules framed under the BNHRA(Bombay Nursing Home Registration Act) Act. This Charter and Brochure gives a brief description of the Rights of patient vis-à-vis Patients responsibilities. (English and Marathi)
Posters on Domestic Violence	

CEHAT CELEBRATES its 15th Anniversary (1994-2009)

On 1st April 2009, Cehat celebrated its 15th birthday. It was an occasion of celebration and true to the spirit it was a grand one. About 50 people came together at BMC Maternity Home, Versova. The entire staff of Cehat, Pehel and CSER was present. But what was surprising and heart warming to see was the large number of training cell members from Kurla Bhabha, Rajawadi and Cooper hospitals. They had to take leave for the day to be present for the function. After a round of introductions and lunch of Biryani and Gajar Halwa, everybody watched the movie, 'Ramchand Pakistani'. The movie is based on the story of a father and son living in Pakistan, who by mistake crosses the line of control and come to India. On suspicion of being spies or terrorist they are detained and following a series of events are finally freed and allowed to go back to their home in Pakistan. The movie was very touching and after the movie there was a discussion on the issue of 'Illegal Detention'. It was a coincidence that this topic was brought out, because on 3rd April at the Press Club of India a meeting was organized for the release of Dr. Binayak Sen, another victim of illegal detention. Padma, Coordinator of Cehat gave a brief history of Dr. Sen's work and also urged to all the people present to attend the same.

Joint Staff meeting of the Centres of Ansuandhan Trust

On 14th and 15th of February all three centres, CEHAT, CSER and SATHI staff met along with the trustees of Anusandhan Trust. On one hand the meeting was to provide an opportunity to the staff to interact with the trustees and employees from other centres. On the other hand Cehat used it as an opportunity to take a stock of all its activities in the last 15 years and also plan for the future. Five presentations were made by the staff which was highly appreciated by everybody.

International Women's Day Show at Dilaasa

The International Women's Day Celebration at Dilaasa was held on 13th March 2009 at the K.B.Bhabha Hospital, Bandra. Dilaasa and CEHAT staff staged a puppet show for women patients and clients of Dilaasa. In the form of a story, the show covered several issues. One of the acts was around the right to accessing on abortion without husband's consent, as women patients are often asked to get the husband's signature when they seek abortion. The Protection of Women from Domestic Violence Act and women's right to residence under this Act was highlighted through the show as well. This was followed by a discussion around the same issues.

Dilaasa at Maharaja Yeshwant Rao Hospital(M.Y.),Indore, Madhya Pradesh

Dilaasa the hospital based Crisis Centre is now opened at the M. Y. Hospital, Indore which is a joint venture of CEHAT and M.Y.Hospital, Indore was formally inaugurated by MGM Medical College Dean Dr. Saraswat on 4th February, Thursday at 11.30 a.m. The centre will screen, counsel, treat and help women suffering from Domestic Violence. Two trained counsellors are available at the centre. The centre have been active for past nine months on a pilot basis and about 66 cases of Domestic violence have already approached the centre for information. A training session based on woman victims of Domestic violence and role of health care providers was conducted immediately after the inauguration ceremony.

'Dilasa' offers hope to women



Dilaasa, a centre for women suffering from domestic violence, being inaugurated at MY Hospital on Thursday.

BY SUBRAMANIAM
BANGALORE, February 14

DILASA a first of its kind centre for the women suffering from domestic violence, was inaugurated at Maharaja Yeshwant Rao Hospital, Indore on Thursday.

Dr. Saraswat, dean of the hospital, presided over the inauguration ceremony. He said that the centre will provide a safe place for women who are victims of domestic violence. The centre will also provide legal aid and other services to the women.

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'Dilasa' inaugurated

BY SUBRAMANIAM
BANGALORE

To create awareness on Domestic Violence Act, 2005 and to help professionals from domestic violence, a centre of rural style domestic violence in women 'Dilasa' was inaugurated at MY Hospital at Indore on Thursday.

The centre was inaugurated by Dean, Maharaja Yeshwant Rao Hospital, Indore, Dr. Saraswat.



Dr. Saraswat, Dean Maharaja Rao Hospital at the inaugurating the ceremony.

PRICE PRESS 20746 2007

INDIAN EXPRESS, BANGALORE 21 Feb 2007

Statement to the Press

Statement on the recent case of Sexual Assault

In the context of a recent case of sexual assault of a TISS student, the media coverage on the issue prompted us to send a note to newspapers. This was then followed up with a meeting with the press.

Statement on the recent case of Sexual Assault

Following the spate of news reports regarding the case of sexual assault, we as organizations and individuals working on issues of women's rights and violence against women, feel that there is a need to comment on the role of that various agencies must play in order that the perpetrators of this heinous crime are brought to the book. In this light, we would like to point out the following:

1. Role of the Hospital: There have been questions raised by the police and media about whether evidence can be collected without an FIR. In fact, the police even insisted on taking the victim to Nagpada Police Hospital for re-examination (which the hospital rightly refused) despite the fact that Rajawadi Hospital had already collected evidence. As per the judgment of the Supreme Court in State of Karnataka v Manjanna (2000) , a requisition for examination from an Investigating Officer is not required. A victim can go directly to a hospital, get herself examined and treated, and subsequently decide on legal action.

2. Delay in filing an FIR: Another issue raised has been around the delayed reporting of the case, because the victim reported to Rajawadi hospital for treatment and evidence collection on the night of Sunday, 11th April but registered an FIR only on Tuesday 13th April. It is ridiculous for defense lawyers to question the delay in reporting of the case to the police. Victims may need time to recover from the immediate trauma caused by sexual assault before lodging a police complaint. At the same time, forensic evidence depletes with the passage of time; therefore it is essential to collect this evidence, even if the woman has not yet decided whether she wants to pursue a legal case.

3. Limitations of forensic and medical evidence: It is important to keep in mind that although medical evidence plays a crucial role in providing justice to victims of sexual assault, it has its limitations. As the doctors at Rajawadi hospital have already clarified, the victim had washed herself after the incident, which could have led to loss of evidence. Also, if the accused had used a condom while having intercourse with the woman (as rapists have been known to do), there would be no evidence of semen on her. There might also be no external injuries because the woman was unconscious when sexually assaulted. It is a myth that women who have been sexually assaulted will show obvious signs of injury. Only about a third of sexual assault victims show physical injuries . Under such circumstances when medical evidence may be difficult to come by, circumstantial evidence and the victim's own testimony takes on prime importance.

4. Examination of the accused: For proving a charge of Rape with the aid of medical evidence, it is essential to corroborate physical and material evidence found on the victim with that of the accused and vice versa. Unfortunately in most cases, these examinations are done by different doctors / hospitals (as was seen in this case as well) and the much required corroboration of evidence cannot be done immediately. As a result the crucial corroborated evidence which would help in the course of the investigation of the case is delayed/lost. If the existing system is modified and if same doctor or at least hospital does both victim and accused medical examination, much needed corroboration of crucial medical evidence can be done as practiced in western countries. Thus Policy makers/ Investigating authorities to update themselves otherwise it would hinder Justice.

5. Role of the Media: In such a scenario, responsible and sensitive reporting by the media is imperative. There has been a lot of uproar, and rightly so, regarding the failure of the media to protect the victim's identity. The media has also indulged in victim-blaming and has been raking up past history of the woman which has no bearing whatsoever on the case. This amounts to character assassination and inflicts a great deal of secondary trauma on a woman who has already been traumatized. A Supreme Court ruling clearly states that past sexual history has no bearing on the current complaint of sexual assault. Prejudiced and insensitive reporting discourages women from reporting a crime such as this that is already under-reported. The press wields a lot of power, owing to its wide reach. But through irresponsible reporting such as this, it silences even those who have the courage to speak out.

6. Amendment of Section 375 of IPC: Going beyond this case, it is also important to note the larger problems with the way sexual assault is defined in Indian law. Section 375 of the Indian Penal Code restricts its definition to peno-vaginal intercourse and ignores all other forms of sexual abuse. Other acts of sexual assault such as with foreign objects, oral and anal penetration do not, currently, come under the purview of this law. It is high time that these acts of forceful sex be included in the definition as well.

Endorsed by Forum Against Oppression of Women, Women's Center, Awaaz-e-Niswaan, Akshara and CEHAT. <http://timesofindia.indiatimes.com/Mumbai/Womens-groups-speak-up-for-TISS-gang-rape-victim/articleshow/4446861.cms>

Right to Safe Abortion:

In the context of the wide media coverage on the issue of abortion after the Niketa Mehta case, a letter to the newspaper editors was sent as part of the National Campaign on Safe Abortion. In addition to that, a kit was prepared for the media so that issues related to women's access to safe abortion are highlighted by them.

Dear Editor,

With regard to the wide coverage over the case in the Mumbai High Court seeking permission for carrying out abortion after 20 weeks, we are glad that the issue of abortion from 20-24 weeks is being publicly debated in the country. However we would like to raise the following concerns:.

- 1. Abortion is legalised in India under the Medical Termination of Pregnancy Act under certain conditions. Safe abortion within the provisions of the MTP Act is the right of every woman. The decision about whether to carry on a pregnancy or not must solely lie with the woman as she is the one who bears it.*
- 2. Anti-abortion language is permeating the discourse with reference to abortion as killing of the unborn child, mercy killing, etc. A 20-24 week foetus cannot survive independently and this is why countries like Britain have set the abortion limits to 24 weeks. Personhood begins at birth so the reference to its right to live or right to die does not arise at all.*
- 3. Invariably any discussion on the issue of abortion is immediately associated with the declining sex ratio and the PCPNDT Act. It is important to remember that the PCPNDT act bans sex determination and seeks to regulate the use of ultrasound for sex determination and not abortions per se. So by allowing an abortion beyond 20 weeks does not mean that it contradicts the PCPNDT Act in any way.*

The National Campaign for Safe Abortion is concerned about the implications of such discussion on access to abortion services for women. Abortion has been legal for more than three decades in our country, yet unsafe abortion is one of the leading causes of maternal mortality, because services are not within reach of those most marginalised and in need. Abortion, as a part of sexual and reproductive health services, plays a crucial role in enabling women to gain control over their bodies and their lives. Given that women are not always able to determine when, how and with whom they have sex with, or use contraception as per their choice, they must have access to safe abortion within the provisions of the MTP Act.

Padma Deosthali, for NCSA

Foetal flaw: Illegal abortions highest in India

Stigma, ignorance, poor facilities make 38 lakh women go in for unsafe methods every year

New Delhi
Special Report 2

From socialist Maoist courts in Maoist-ruled India to the courts in Maoist-ruled India, the courts have been a constant presence in the lives of women, but a constant presence of women's rights is missing in the courts — women's rights are missing.

India has the world's highest number of unsafe abortions. The abortion rate is 8.9% per 1,000 live births, which is higher than any other country in the world.

According to government estimates, more than 38 lakh women go in for unsafe abortions every year. The government estimates that the number of unsafe abortions is 38 lakh every year, which is a significant number.

The study — one of the largest in the world — was conducted by the National Centre for Health Statistics and Family Welfare Administration, New Delhi.

The study also highlighted the need for better health care facilities.

In a country where 60% of the population lives in rural areas, the government has to provide health care facilities in rural areas. The government has to provide health care facilities in rural areas.

The study also highlighted the need for better health care facilities. The government has to provide health care facilities in rural areas.



8.9% of women go in for unsafe abortions every year

55% of women go in for unsafe abortions every year

25% of women go in for unsafe abortions every year

Illegal abortions...

New Delhi

Illegal abortions are the most common form of reproductive health care in India, according to a new study by the National Centre for Health Statistics and Family Welfare Administration, New Delhi.

The study found that 8.9% of women go in for unsafe abortions every year. This is a significant number, especially in a country where 60% of the population lives in rural areas.

The study also highlighted the need for better health care facilities. The government has to provide health care facilities in rural areas.

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