Centre for Enquiry into Health and Allied Themes (CEHAT)

ANNUAL REPORT
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Abbreviations:

ANC: Antenatal Care
CEHAT: Centre for Enquiry into Health and Allied Themes
DMER: Directorate of Medical Education and Research
GMC: Government Medical College
GME: Gender in Medical Education
IEC: Institutional Ethics Committee
KEM: King Edward Memorial Hospital
LaQshya: Labour Room Quality Improvement Initiative
LIVES: Listen, Validate, Enhanced Safety and Support
MARD: Maharashtra Association of Resident Doctors
MBBS: Bachelor of Medicine and Bachelor of Surgery
MCGM: Municipal Corporation of Greater Mumbai
MoHFW: Ministry of Health and Family Welfare
MUHS: Maharashtra University of Health Sciences
MWCD: Ministry for Women and Child Development
NUHM: National Urban Health Mission
OB GYN: Obstetrics and Gynaecology
VAW: Violence against Women
WHO: World Health Organization

1. ASSESSING THE EFFECTIVENESS OF A COUNSELLING INTERVENTION FOR WOMEN FACING ABUSE IN ANTENATAL CARE

An intervention based research which aimed to assess the effectiveness of a counselling intervention in antenatal care setting for pregnant women facing domestic violence was implemented under this grant. The intervention component of the research was dedicated to the provision of counselling and various support services to women while the research was directed to evaluate the impact of intervention on woman's health, safety and coping behaviour.

The present study yields valuable information on the feasibility and efficacy of a counselling intervention in antenatal care setting for pregnant women facing domestic violence. The intervention was able to screen 93% of the women who came for their ANC registration in the two study sites. While for the study, counsellors had the primary responsibility of screening women for domestic violence, health care providers (HCPs) also played an active role in identification and referral of such women to counselling services. 14 (9.8%) women out of 142 who were identified and referred to the counselors by providers before the screening process. These women were accompanied by the nurses, aaya bais and doctors to the counselors for screening. Women were referred by departments of ANC, PNC, immunization and ICTC thus underscoring the need to conduct training of all cadres of the hospital in asking and identifying abuse in pregnant women and providing support.

The study emphasized on an important screening strategy that all the women should be made aware about the avenues of the support that are available in case they decide to seek help in the future. There were few women who decided to seek help after 2 to 3 months of the screening process.

The findings from the study contributed towards filling a gap in the literature by providing detailed information about the phenomenon of violence during pregnancy in the Indian context and the impact of a screening and counselling intervention.

- The evidence about the prevalence of the violence in Indian context is limited. The majority of research on this issue in India has focused on the women of reproductive age without looking distinctively at pregnant women. Further, the studies which have focused on pregnant women are population based studies and there are very few facility based studies. These population based studies were retrospective in nature having the disadvantage of recall bias. This study was a cross-sectional facility based study carried among the women who were pregnant at the time of the screening. The evidence generated by this study on prevalence contributes significantly to India literature.
- The extent of violence established during this study has been found to be comparable to the prevalence of several common conditions like gestational diabetes, pre-eclampsia for which routine

screening is carried out during antenatal care. This builds a strong case for inclusion of gender based interventions in maternal healthcare services.

- The findings of study suggest that the health system provides the first opportunity for intervention, since antenatal care is an inevitable contact for women and likely to be the only point of contact with health setting in developing countries. There are various opportunities during the process of antenatal care seeking where screening of pregnant women can be integrated. Doctors, nurses and paramedical staff providing various ANC services can ask structured screening questions about violence from pregnant women. Nurses taking anthropometric measures are in key position to speak to pregnant women about violence.
- The potential of integrated counselling testing centre for HIV associated with all the health facilities can also be tapped for responding to pregnant women facing violence. The counsellors at HIV and family planning centre can screen women during antenatal visits.
- The screening tool used in this study has been adopted keeping in mind the context of Indian healthcare settings. In Indian context, the most common barriers faced by healthcare professionals to ask women about violence are heavy patient load and time constrain, so it is essential that the screening tool is easy and quick to administer along with high disclosure rate. Screening tool used in this study has emerged as a short, sensitive and specific tool covering all the aspects of domestic violence. This tool can be used by healthcare providers based in different settings to screen pregnant women during antenatal care.

ACTIVITIES CONDUCTED

In this period besides dissemination of the study findings and engaging with advocacy component on integrating clinical enquiry related to Violence in pregnancy a training program was carried out for medical educators of Maharashtra medical colleges. CEHAT in collaboration with DMER conducted a TOT (training of trainers) on 20th to 22nd June 2018, at DMER Mumbai, to facilitate better understanding amongst medical educators teaching MBBS students.

The important topics discussed in this three-day workshop were social construction of gender and its linkages to health, determinants of health inequities and factors that lead to discrimination in the access to health care, Violence Against Women and specially violence in pregnancy as important health care issue. The trainings were carried out by GME faculty who themselves were senior educators from medical colleges besides experts in the field of social sciences, gender and health as well as law.

As the group consists of educators from five disciplines namely Obstetrics/ Gynaecology, Internal Medicine, Forensic medicine, Prevention & Social medicine and Psychiatry, educators other than obstetrics/Gynaecology were of the opinion that this is only associated with the women coming for ANC check-up in OBGY dept. Facilitator emphasized that large quantum of women will receive such care from the OBGY department but pregnant woman can land up in any of the other department than

OBGY with various other health complaint and consequences which may be outcome of the violence faced by them at home therefore it is recommended to identify women facing violence based on certain signs and symptoms and referring them to counsellor for support services.

2. ADVANCING HEALTH SECTOR RESPONSE TO VIOLENCE AGAINST WOMEN

The Dilaasa Crisis intervention centre for women and children was set up jointly by CEHAT and Municipal Corporation of Greater Mumbai (MCGM) in 2000. In 2005 CEHAT ensured that the crisis intervention services became an integral part of the health Service.

A concrete outcome of CEHAT advocacy on engaging the health sector to respond to VAW was the inclusion of Dilaasa centres in the Maharashtra National Health Mission (NHM) in 2016. This led to the setting up of 11 additional Dilaasa centres in hospitals of Mumbai. CEHAT's achievement has been the establishment of the Dilaasa blue print that comprises of a trained core group of health care providers (HCP) along with a trained crisis intervention team of counsellors. We have been brought on board by the Bombay Municipal Corporation (BMC) for technical support in the form of handholding teams and monitoring services. CEHAT is also on advisory board set up by BMC for the Dilaasa centres.

Crisis Intervention Activities of the project

- A successful output of CEHAT advocacy has been the institutionalisation of Dilaasa hospital-based centres in 11 municipal hospitals of Mumbai. The average number of survivors of violence handled by these 11 centres in the last 9 months has been about 1000 survivors of DV and 450 survivors of sexual violence. Dilaasa teams comprising of health providers and counsellors draw upon CEHAT technical support to facilitate comprehensive services to survivors. CEHAT team also facilitates and handles difficult cases across these hospitals and also ensure smooth referrals as well as support counsellors to facilitate legal, police and other procedures required for survivors of violence**.** Hence it is pertinent for CEHAT team to provide the much-needed support as well as ensure quality of counselling services and establish mechanism for monitoring health care response offered by the system**.**
- Debriefing and discussions are pivotal to maintain quality of counselling and also to enable counsellors to speak about their concerns and challenges. This methodology also helps counsellors to think of some issues and concerns on the cases handled by them which they may not have thought of. This process not only monitors the services but also build capacities of the team by discussing strategies, challenges and way forward, in keeping with the larger vision of the work.
- Weekly case presentations are held within the team to discuss interventions offered and plan for the next session, offer feedback on the quality of services and discuss challenges on emerging issues. Additionally, we organised 3 case presentations for the team to be able to discuss challenging issues encountered by them.

- Advocacy efforts by CEHAT has led MCGM to print medico legal protocols along with kits laid down by the MoHFW. This is an important step in institutionalising services for sexual violence survivors as a comprehensive response demands availability of protocols and materials required to carry out care for survivors.
- We received an important opportunity to collaborate with the department of medical education and research (DMER) to facilitate the incorporation of VAW in the pre service education of medical students of Maharashtra. WHO in 2007 and National health policy 2017 have both spoken of the importance of gender mainstreaming and ensuring that medical education and health system becomes sensitive to needs of survivors of VAW. There is also evidence that if medical students receive gender sensitive content on VAW in their MBBS the probability of sensitivity amongst them when they start practice is higher. We therefore took this opportunity to train medical educators on VAW so that they in turn can facilitate these perspectives in the existing medical topics and lectures .Some examples are; how to identify signs and symptoms of violence in antenatal care, repeated pregnancies and inability to use contraceptives, recurrent RTI/STI, anaemia, tuberculosis, HIV and the like. Educators will also be testing the knowledge received by medical students in their internal examinations by way of MCQs.

ADVOCACY EFFORTS

- Civil society organisations have approached CEHAT to build capacities of their teams working on VAW to understand legal responsibilities of the health sector and how can services be demanded from the health sector. We are also a part of Maharashtra based network on organisations working on VAW Hinsa Mukti Parishad which invited CEHAT to build capacities of their teams on research skills. These research skills pertain to analysing service records over a period, understanding causes and consequences of violence, and reflect upon the profile of women approaching them for help. We think this is an important opportunity for CEHAT as without a strong evidence base emerging from the direct services, no policy or law can be impacted.
- A threat to the reversal of MoHFW medico legal care protocols for sexual violence came on 2017 when NHSRC, a body under the MoHFW is administered to make changes to the MoHFW medico legal guidelines for sexual violence based on the Kerala model. The Kerala medico-legal protocol comprised of all forensic biases that the women's groups rallied to remove. This required CEHAT to swing in to action by garnering support of civil society organisations through a signature campaign to question the Kerala government, media attention to avert such changes, progressive medical experts to challenge these changes and the like. CEHAT was able to garner more than 80 organisations support in submission of the critique of the Kerala protocol. After a lot of pressure from NGOs on July 3rd 2018 and some pressure from the central health department, Kerala has now had to retract problematic contents from their own protocols.

- MWCD OSC models necessitate a large amount of infrastructure comprising of many rooms and a separate ward. This kind of space is impossible for hospitals to allocate given the space crunch in most public hospitals where even ill patients have to make do with floor beds. This has posed a challenge because unless they get such space, they are not willing to set up the centres. This requires a higher-level dialogue amongst functionaries to reach a common minimum space. Evidence from CEHAT's Dilaasa model clearly shows that a space which is set up in OPD but offers enough auditory and visual privacy suffices to set up a centre. CEHAT strategy has been to ensure that wherever an OSC is set up the same set of principles and monitoring mechanisms have to be followed.
- The child welfare committees in Maharashtra lack an understanding on the impact or health consequences of violence on adolescents and children. A lot of adhoc procedures are applied by them when adolescent girls are brought to CWCs after sexual violence. Most often they pass a directive that pregnancy can continue and they can offer the girl shelter services till she delivers. Such a view point jeopardises the mental and physical health of adolescent girls. CWC play an important role in girls under 18 years of age. If they have faced sexual violence, POCSO law directs the police to present such survivors to the CWC. Lack of awareness, insensitivity and biases cause additional trauma to these young survivors and their families. We therefore see this as an impediment in multi sectoral response to VAW. It is pertinent to dialogue with CWCs and NGOs working with CWCs so as to provide sensitive services to young girls.
- We realise that though a lot of material is available on VAW, ready reckoners for counsellors in the form of a diary would be most useful to keep them abreast with those aspects connected to VAW. These comprise of basic legal knowledge, role of medical professionals in VAW, techniques for safety assessment and plan, components of emotional support and suicide prevention counselling. This information is being put along with evidence and in a form of a diary so that counsellors can also write their notes in it.

Activities related to Replication of Dilaasa model for Women Facing Violence in Other States

Efforts related to upscaling of Dilaasa at the level of different states has clearly started showing increased interest and uptake of CEHAT's technical advice in different states. **Uttar Pradesh** state government contacted CEHAT to facilitate the setting up of crisis centres based on the Dilaasa model in the state. **Karnataka** state themselves approached CEHAT and visited Dilaasa in a delegation to understand the model and existing health care practice to respond to VAW. **Tamil Nadu** has sought incremental training for their counsellors and wanted to establish clear links with the health system for referral. **Meghalaya** government sent a delegation for learning visit before they set up a new crisis centre at Tura, located in another district – the West Garo Hills. Hospicio hospital in **South Goa** District has set up a crisis centre making the most of existing resources and invited CEHAT to develop a road

map for how to offer crisis intervention services. The demand has now arisen from the states to take the process further of deepening the response to VAW.

In **Haryana** post the training, CEHAT team has been actively responding to different queries and concerns raised by counsellors, who have also been using the 24*7 helpline. One of the consistent issues has been that survivors of sexual violence and domestic violence are being charged a sum of Rs.250/- for obtaining a copy of the medico-legal document. Additionally, survivors are being asked to submit an affidavit if they want any medico legal examination and if they reach the hospital after 24 hours. These ad hoc procedures impede survivors' access to health care and justice. We raised the issue with The Director, HSHRC who took note of this and issued a directive to withdraw such practices. The directive was sent to the Medical Superintendents of all the Civil Hospitals in Haryana with a copy to the DGHS, Department of Health. This is an important step in ensuring quality of care for survivors. **Sikkim** appointment with the Chief Secretary was sought on 12th May to discuss implementation of the MoHFW guidelines and protocol. Thereafter, we assisted the state in drafting a Government Resolution to this effect. The principle secretary was happy to collaborate on the issue of VAW and expressed that very few training programs reach far off states of North east, and will be happy in continuing the collaboration.

Gujarat the Gender Resource Centre (GRC) has been our collaborator to carry out training programs as well as helped us to dialogue with health department. They are now in a process of connecting their different services in the state to enable a coordinated service delivery program. **Assam** is one of the states with very high crime rate and also poor conviction rate. Besides the issue of armed conflict, the prevalence of domestic and other forms of violence is quite high. NEN team (local organisation) was involved in implementing the OSCs in stated, a two days training was conducted for the team. NEN team will be coming to Mumbai for a study visit along with counsellors from the Women's Helpline and OSC. The visit will enable on-site understanding of processes and help with strategies to implement some of the work in their state.

Providing Technical Expertise on the role of health sector in responding to violence against women to NGOs, CBOs

- We were invited to present the comprehensive healthcare response model in the context of a panel discussion on "Empowering survivors of gender-based violence in India – the one stop centres" organised by the American Centre on 19th April 2018. The discussion was held at Mumbai and Delhi via video conferencing, facilitating interaction with a large group of social activists, lawyers and students.
- On 11th April 2018, we were invited by the Commonwealth Human Rights Initiative to a meeting on police response to women complainants. This was also an opportunity to engage with other organisations and work together to address common challenges faced with stakeholders on the response to violence against women and children.

- We participated in a discussion on the draft bill – Trafficking of Persons (Prevention, Protection and Rehabilitation) on 18th April 2018 held at Pune. We had also analysed medico-legal documents shared by another organisation working with trafficked women and children
- Aman Network is a network of organisations across the country working on VAW of which we are a part. The network met at Lucknow from 7th-9th May 2018; we made a presentation on the Engagement as NGOs regarding implementation of the OSCs and Implications of non-implementation of MoHFW guidelines on survivors of sexual violence.
- A workshop was held on Role of the Health Sector in Responding to Survivors of Violence in collaboration with Prerana and UNICEF on 11th April 2018. There were 53 participants from various institutions that offer care and shelter to children (below 18years). The workshop was aimed at building capacities of these organisations on recognising presenting health complaints and health consequences of violence so as to be able to provide the requisite support.
- Actionaid Association invited us to facilitate a session at a week-long course with Young Urban Women leaders on 14th May 2018. Our session focussed on the identifying violence based on health complaints and understanding the link between violence and health.

RESEARCH ACTIVITIES

- **Study on impact of experiencing sexual violence on survivors and families**

  The data collection was completed in Feb 2018**.** Of the 725 survivors' data that was available, there was no contact information in 16**%** of the cases**.** Of the 611 where such information was available, telephone numbers were available for 26**%** of the cases and for the rest there were addresses**.** In many cases the numbers had changed or they were switched off, the addresses for most were incomplete**.** After a rigorous follow up and effort to establish contact, only 25**%** of the survivors whose contacts were available could be contacted**.** Of these, 44**%** were interviewed, 33**%** did not participate in the study but spoke at length about the situation**-** sought help or provided detailed status**.** 23**%** include those who agreed initially but did not come and those who could not be contacted again**.**

  All interviews were transcribed in English, most of the interviews were long and the entire process of transcription, checking and making the transcript ready for coding was time consuming. The team was then trained in use of ATLAS**.**ti software for analyzing qualitative data**.** The data has been coded and a preliminary analysis has been carried out**.** This was presented to the scientific committee to seek their comments on the line of analysis and the emerging trends**.**

  The final sample comprises of equal number of children, adolescents and adult women**.** The sample includes those who pursued the legal case as well as some who withdrew**.** None of them had received compensation from the state when interviewed but the team worked towards ensuring some of them get it**.**

The report is being written up and the team plans to also write papers for academic journals**.** This study is the first of its kind in India and throws up important findings for the criminal justice systems as well as for the rehabilitation and healing services for survivors and their families**.**

- **Analysis of medico-legal case documentation in Police Torture and Review of Post Mortem reports in cases of sexual violence**

  One of the challenges was conducting research on development of post mortem guidelines for medico legal examination in police torture cases and deceased rape victims. Despite contacting several organisations. Working on human rights issues in prisons and criminal courts with a commitment to sign a confidentiality contract, most did not respond to emails and calls. CEHAT therefore carried out rigorous review of international guidelines and presented it to these organisations. After this several organisations such as CHRI, QUILL, HRW came on board to provide feedback and also committed themselves to advocate for these guidelines. The Guidelines were present to National Human Rights Commission (NHRC) in New Delhi at a national conference on 26th October 2018 "Strengthening legal protection against torture in India".

- **Understanding dynamics of sexual violence: A study of case records:**

  Guidance documents for Police, Public Prosecutors and Judiciary: Implementation of the health sector model to respond to sexual violence brought forth several misconceptions held by the police and others about medical evidence. This was seen through the requisitions sent by police to hospitals and judgments issued by courts. Hence there was a need to demystify medical evidence for these stake holders. These documents were printed and released on 3rd December 2018 at a national conference organized by CEHAT.

TRAINING ACTIVITIES

- **National course on Feminist Counselling**

  A unique effort was made by CEHAT to bring in psychiatrists for the national course on responding to VAW. Though feminist counselling course was meant for counsellors per se, we decided to target psychiatrists. As most of the women seeking mental health problems, such as depression or suicide attempts, they are referred to psychiatric departments. As this department is not oriented to the issue of VAW, their interventions only look at intrapsychic features. If they are equipped to understand the root causes of violence their response to women would be gender sensitive and comprehensive. We were successful in getting a batch of 21 mental health practioners who participated in this three-day course.

- **National conference**

  CEHAT collaborated with ICRW in New Delhi to hold a national conference on 3rd Dec 2018 on "Health Systems response to Violence Against Women: Emerging Evidence". The conference was timed during international campaign of 16 days' activism against Gender Based Violence to present our evidence based work with health sector in responding to violence. The objective of the conference was

to present emerging evidence on the number of women accessing services at the health system, range of health consequences suffered by them and nature of support received. The second objective was to foster a dialogue across states to learn from collective experiences and strategies as well as principles applied in interventions. The conference had four panels, with the first panel comprising of the need for recognising gender issues and VAW in to medical curricula, the second panel had senior officials from 11 health departments of different states presenting the efforts made by them in the health sector to respond to VAW. The third panel aimed to present emerging evidence from CEHAT's direct work with survivors and the last panel focused on discussing principles underlying interventions for supporting women facing violence. We had 44 delegates from 10 states of India besides representation from Delhi NGOs. The conference was very well received.

- **Capacity Building of Dilaasa – NUHM Teams:**
  On 30th June, we organised a field visit to two organisations in Pune, namely, MASUM and Bapu Trust. At MASUM, the counsellors interacted with the team and deepened their understanding of the link between violence and health, different strategies used in the community and importance of healthcare for women. The interaction with the team at Bapu Trust reiterated to the counsellors the importance of capacity and autonomy of people living with mental illness. This is especially relevant in the context of the cyclic relationship between VAW and mental illness, where it is important to recognise the problem as distress rather than disease.

3. STRENGTHENING HEALTH SYSTEMS' RESPONSE TO VIOLENCE AGAINST WOMEN BY IMPLEMENTING WHO CLINICAL AND POLICY GUIDELINES

CEHAT's decade long work on advancing the health sector response to VAW contributed in development of WHO's clinical and policy guidelines on "Responding to intimate partner violence and sexual violence against women" for low and middle income countries in 2013. These guidelines provide evidence based guidance to equip healthcare providers (HCPs) in providing care to survivors especially in LMICs. However, there are several gaps in understanding how low middle income countries like India can implement these guidelines. Considering our work on VAW, WHO Geneva approached CEHAT to test approaches to roll out these guidelines in two tertiary hospitals of Maharashtra, India. This collaboration provided a strong base to negotiate with medical colleges for implementation of the project.

This project aims to establish how systems approach which is about creating a supportive ecosystem within the health facility can enable HCPs to identify and provide first line support to women facing violence. The strategies that were used to create an enabling environment include addressing barriers faced by HCPs, building capacity of HCPs, and establishing protocols for care. The project was carried out in two tertiary hospitals of Maharashtra, India.

The intervention included training of healthcare providers and introduction of system level changes like establishing standard operating procedures, models of care, introducing documentation registers etc. The research component comprised an assessment of knowledge, attitude and practice of providers through a survey administered at pre, post and post- 6 months training.

ACTIVITIES CONDUCTED

- **Visits, gathering of preparatory information**

  A scoping visit was done by WHO and CEHAT team in October, 2017 to both the study sites. The purpose of the visit was to make an assessment about feasibility of the study and the procedures & mechanisms that need to be established at each site before initiating the project.

  Three departments were identified for this project - OBGY, Emergency and General Medicine. The need for integrating the documentation of violence against women in the centralized Health Management System Information (HMIS) was also explored. It was found that every patient coming to these health facilities is given a Medical Record Number (MRD no.) and the same number is being used for maintaining the clinical records in all the departments of the health facility. it was decided that the documentation registers will be introduced in the three departments for cases of VAW women.

  A two-day stakeholder meeting was held in March 2018 in Mumbai with 26 health providers including 16 doctors, 6 nurses and 4 Social Service Superintendent from both the sites. The participants of this meeting were the potential implementers as they were expected to train the entire faculty, resident doctors, nurses and support staff.

- **Training of Trainers**

  It was decided to have a five days training of medical educators to build their capacity as trainers. Due to unavailability of medical educators for five continuous days, it was decided to have three plus two-day training scheduled with an interval of few months.

  First half of three days training of trainers was held in April, 2018 in Mumbai. It aimed at training the 60 health care providers from three disciplines on various concepts associated with gender, violence against women in different forms, its consequences, first line care to violence victims and medico-legal aspects of such cases. The second half of two-day training was held in month of July. The training included VAW as a public health issue, myths associated with domestic and sexual violence, role of health sector in responding to VAW, documentation and referrals, identification of survivors of violence by HCPs, asking about violence and providing first line support to women facing violence.

- **Development of Training Module**

  After the training of trainers, a training module was developed by CEHAT team covering the sessions for two-day onsite training. This module was also translated in local language and was shared with trainers. The module has content on knowledge and skills through different participatory methods like debates, role plays, case studies etc.

- **Establishing multi-sectoral linkages for comprehensive services to VAW**

  CEHAT team organized a meeting with civil society organizations, protection officers and administrators of shelter homes at each study site. The meeting helped HCPs on understanding available services and whom to reach out to for additional support services. A resource directory having information on various support services was developed by CEHAT team for each of the hospital sites. This directory was kept in IPD and OPD of the three departments where HCPs identify women facing violence and provide them first line support.

- **On-site training of HCPs by trainers**

  A total of 220 HCPs were trained through 8 two-day trainings (4 at each site) conducted by trainers. Trainers were able to innovate the delivery of sessions and use additional resources for training. At one site, trainers requested protection officer to share her experiences with the participants, and to explain all the procedures that are carried out once woman comes to her. A helpline number was shared by protection officer with the participants so that HCPs can call on the number for women in crisis.

OTHER ACTIVITIES

Based on the analysis of the documented cases, a need to conduct refresher training of trainers was realised. It was found that the providers need to be trained to identify the signs and symptoms which are not obvious of violence. Thus, a refresher training of trainers from both the sites was organised in Mumbai in February, 2019. During this training, the trainers learnt about covert signs of violence, shared their experience of providing LIVES including their challenges, myths and facts related to sexual violence, and details of PWDVA act. A session on documentation of cases was also conducted based on the review of forms filled by HCPs.

We started post – 6 months follow up trainings at both the sites in month of February, 2019. A total of 201 participants were trained in these trainings (4 at each site). During these trainings, sessions on covert signs, PWDV act and LIVES on sessions were conducted.

FINDINGS

A preliminary analysis of pre and post training survey a positive change in knowledge, attitude and skills of HCPs. At post training assessment, 68% of participants were able to recognise all the common signs and symptoms of violence. A significant change in attitude of HCPs that violence cannot be justified under any circumstances was found. A two-fold increase was found among HCPs perceptions about their ability to refer women outside the facility for additional support services. The finding has an important implication indicating that the HCPs must be trained to listen, enquire, validate, enhanced safety and support (LIVES). This is essential to establish a basic health systems response to VAW.

4. INTEGRATING GENDER SENSITIVITY IN HEALTH RESPONSE THROUGH ADDRESSING VAW AND VIOLENCE IN LABOUR ROOM AND RESEARCH ON IMPLEMENTATION OF TARGETED HEALTH INSURANCE IN ACHIEVING UNIVERSAL HEALTH CARE FOR WOMEN AND THE MARGINALIZED

Upscaling the Dilaasa model and designing a training institute on Sexual and reproductive health and rights and Gender Based Violence and research on implementation of targeted health insurance in achieving universal health care for women and the marginalized.

ACTIVITIES CONDUCTED

I. Review of literature and development of an annotated bibliography
II. Primary qualitative study on healthcare providers' perspectives on violence in labour rooms
III. Violence faced by Resident Doctors of Maharashtra – A study

I. **Annotated bibliography on disrespect and abuse of women during childbirth**

A desk review of secondary literature was undertaken which comprised primary studies on disrespect and abuse of women during childbirth. A list of studies on obstetric violence was populated through an internet search using the search terms obstetric violence', 'disrespect and abuse during childbirth', 'respectful care during childbirth', and 'labour room violence'. Titles of the studies thus obtained were screened for relevance. 52 studies were thus shortlisted. These studies were then subjected to the following inclusion criteria: a) must be primary studies, and b) must be published in a peer-reviewed journal. 31 of the 52 studies met the inclusion criteria. A final list of 31 studies was included in the annotated bibliography.

Status: The document has been published.

II. Addressing violence against women in Labour Rooms

CEHAT's long-standing engagement with the public health system for addressing the issue of violence against women through its crisis intervention centre Dilaasa revealed that women were mistreated by healthcare providers when they availed of childbirth-related services. Whereas there is much literature documenting women's perspectives on this phenomenon, there are scant studies which have elicited providers' view on violence in labour rooms. Development of proposal review by expert's data collection and analysis carried out.

Primary study titled *Violence in labour rooms: Perceptions of healthcare providers*

A primary qualitative study was conceptualised under this project which aimed to elicit healthcare providers' views on labour room violence, and document their recommendations for preventing the

same. The study was carried out in two government hospitals of Maharashtra. Whereas there had been reports of mistreatment of women in Hospital A, Hospital B had taken concerted efforts to provide respectful maternity care to its women patients. The findings revealed that in Hospital A, violence in the form of shouting at and restraining the woman were routinely used to make the woman in labour comply with provider directives. These we viewed not as violence, but as necessary measures for better birth outcomes. Women were denied privacy and compelled to give birth in plain view of other women and healthcare providers Efforts made in Hospital B, a government hospital plagued with the same problems of overcrowding and lack of resources, to counter this culture of disrespect and abuse encompassed small infrastructural changes (e.g. introduction of curtains), women-friendly policies (e.g. introduction of birth companions) as well as provider training for attitude and behaviour change.

- CEHAT made a submission towards the UN Rapporteur call for submissions on Mistreatment and violence against women during reproductive health care with a focus on childbirth (Link: https://www.ohchr.org/EN/Issues/Women/SRWomen/Pages/Mistreatment.aspx). The submission was based on our research project.
- We also received the opportunity to present the preliminary findings of the study at the World Congress of Bioethics in December 2018.

Status: The study has been completed. The findings of the study have been instrumental in shaping the training course for healthcare providers. The study has been carried out in the backdrop of the LaQshya (Labour Room Quality Improvement Initiative) guidelines released by the Indian government. The findings of the study indicate that there is scant awareness among healthcare providers about these guidelines. Whereas in LaQshya, infrastructural aspects take precedence over patient-provider communication, our findings reveal that attitudinal change is of utmost importance in order to inculcate respectful maternity care. CEHAT is hence disseminating the findings of this study through trainings and its advocacy efforts. This also sets a stage to strengthen the government's initiative.

III Study on Violence against Resident Doctors in public hospitals in Maharashtra

Violence against healthcare providers has been recognized as an issue plaguing the health sector, which is documented in literature. The need to understand the phenomenon in depth emerged from our interactions with resident doctors as a result of our ongoing engagement with public hospitals, and was developed in the backdrop of several attacks on doctors in recent times, and the study period. The present study explores the phenomenon of violence against resident doctors, its causes, nature, impact, doctors' responses towards the same, and their recommendations for preventing the same. CEHAT collaborated with the Maharashtra Association of Resident Doctors (MARD) and King Edward Memorial (KEM) Hospital for this study. This collaboration was planned for the following reasons:

- Collaborating with these entities would help obtain a sizeable sample for the study as the respondent pool of resident doctors were from their fraternity
- The collaboration would also facilitate steps for advocacy and action emerging from the study

An online survey was carried out which was to be filled by resident doctors in Maharashtra. A sample of 193 resident doctors was reached. The study showed that violence against resident doctors was widespread across public hospitals in Maharashtra. 61.7 per cent of the 193 respondents had either faced or witnessed violence. Threatening (76.5 per cent), humiliation (57.1 per cent) and pushing / shoving (57.1 per cent) were the most commonly reported forms of violence. More than half the incidents were reported to have occurred at the time of night duty (59.71 per cent). 39.5 per cent of the residents exposed to violence reported that they stopped giving proactive advice to patients and relatives and 34.5 per cent reported having lost motivation at work. Most of the mechanisms (e.g. gate pass system for patients for entry, patient help desk, functional emergency medical response system) that the residents felt could help prevent violence were reported to be largely non-existent at the level of hospital, as were formal institutional policies to prevent and manage violence.

- The findings of the study were also disseminated through an article on the website The Wire (Link: https://thewire.in/health/kolkata-doctors-attack-protests).
- Developed a fact sheet based on this and disseminated

Status: The study has been completed and the report has been sent for publication.

5. THE IMPACT OF MEDICO-LEGAL JUDGMENTS ON COURT TRIALS IN SEXUAL VIOLENCE

CEHAT carried out an empirical research on how courts understand and interpret medico-legal evidence in the context of changes in the rape laws and its impact on legal outcomes. Following were the objectives of the research:

1. To understand the role of medico-legal evidence in court judgements of survivors of sexual violence in the context of convictions and acquittals.

a. Efforts were made to locate Judgment for survivors who had come in contact with CEHAT as a part of the comprehensive health care response to sexual violence. For this purpose, a review was undertaken of all the survivor's cases in the court and the stage at which they are. Additionally, for the status of a court judgement, details such as FIR number, case number, Investigating officers and status of charge sheet had to be combed through. Once this was done an excel sheet was developed to establish specific indicators from the case judgements that had to be computed. Each case judgement which is either in

Hindi / Marathi/ English had to be read and specific indicators identified such as age, types of sexual violence, number of witnesses examined along with their availability, preparedness of Public Prosecutor, whether sexual violence led to an injury, health consequences of sexual violence, time span between 164 statement, charge sheet, trial and outcome. 112 judgements have been identified and 80 of these have been computed after a through reading. An experienced senior lawyer has reviewed the indicators for the computation and the data analysis is underway.

Preliminary analysis of case judgements indicate that despite changes in law such as POCSO 2012 and CLA 2013, judiciary continues to rely on medical evidence. As we work with three public hospitals and carry out monitoring committee meetings, efforts were made to discuss the project on legal analysis with doctors of these hospitals. Though CEHAT team is engaged in the analysis of medico legal records and court judgements it is useful to also build capacities of the newly established Dilaasa centres staff to analysed these records. A training was organised towards this activity along with an expert. She presented the Indian and western contexts of sexual violence and how laws operate to the team of 22 counsellors from 11 Dilaasa centres.

FUTURE PLAN

- The entered data will be analysed. Preliminary findings will be discussed with expert lawyers as well as medico legal experts. A draft paper/ piece will be ready in the next six months for discussion.
- We also plan to present the findings of this analysis in the national network AMAN in its meeting this year. The meeting comprises of community-based organisations from across India to discuss and plan interventions to create awareness on VAW and respond to it.

b. **Understanding experiences of doctors as expert witnesses in courts:** CEHAT in collaboration with 3 BMC hospitals have operationalised a hospital based comprehensive health care response to rape survivors since the past 10 years. Efforts have been made to change unscientific medical practices and the focus has been brought back on therapeutic care. Even with the medico legal examination and evidence collection doctors and nurses have been equipped to carry out a gender sensitive examination and collect only relevant medical evidence. We felt that if medico legal response is comprehensive, it shall assist the courts in the investigation process. However anecdotal evidence from doctors suggested that they were forced to answer routine questions such as “is hymen present/ absent? Is the girl capable of intercourse? If a survivor has a fall can her hymen be injured? Even when doctors tried to reason with the judges they were reprimanded and asked to stick to answering in yes and no only!

We therefore thought that it was important to record the experiences of doctors as expert witnesses and record their court experiences. This information can be used to advocate for a change in the manner in which courts handle expert witnesses. A simple set of questions have been prepared to document their experiences and contacting doctors is underway. The main challenge is that not many doctors have been

called for court deposition, the ones who were called have already been transferred else-where and difficult to locate due to change of numbers etc.

FUTURE PLAN

- Potential doctors who have been called to the courts as witnesses were listed to be contacted for interviews

2. **To analyze medico-legal documents pertaining to survivors of trafficking to understand the gaps in medico legal as well as therapeutic care.**

It is a known phenomenon that medico legal examination of girls rescued from sex work is done in a cursory manner. Neither guidelines nor protocol exists to carry out a systematic examination or provide treatment. Preliminary analysis by CEHAT of a few records of rescued girls indicate curosy examination that comprises of height – weight to determine age of the girl and status of hymen and habituation to sexual activity. Each of these indicators are biased and unscientific in nature.
CEHAT has collaborated with Prerana, a Mumbai based organisation that works with children of sex workers and also has its own shelter home. The aim of the collaboration is to carry out a rapid assessment of the nature of examination and health care provided by doctors in govt shelter homes. An interview guide is underway and Prerana is seeking permissions to get an entry in to the government institutions.

FUTURE PLAN

- Based on the collaboration preliminary meetings were carried out with the partnering organisation and themes for exploring existing health care response in government institutions to rescued girls was discussed.

6. BUILDING EVIDENCE ON THE HEALTH NEEDS OF ADOLESCENTS AND YOUNG WOMEN

Collaborative initiative between CEHAT, Stree Mukiti Sangathan, Jan Sahas and AALI

CEHAT was able to establish collaborations with three diverse organisations namely Stree Mukti Sangathan, Jan Sahas and AALI. The project entails building research capacities of CEHAT and other 3 organisations so that their rich data can be utilized effectively to influence policies, as well as inform their own interventions. It also involves devising a sustainable MIS for each of the organizations.

All three organisations are engaged in responding to VAW for several decades. We had to table before them the utility of engaging with their work of decades to be able to generate evidence on the documentation and data available with them. CEHAT brought the directors of three organisations on

board and organised the meetings. We had a task of designing content for the two-day training cum meeting. Though the organisations comprised of senior practioners, research based on secondary data was a new area. The team therefore had to carefully design the contents of the training that brought on board their experiences plus gave them additional insights and information.

ACTIVITIES CONDUCTED

- **Trainings cum Meetings:**

  A two-day meeting was organised by CEHAT in Mumbai with representatives of three organisations. The primary aim of the meeting was to develop a research agenda based on existing work of these three organisations with young women and girls. This meeting helped us in developing a detailed understanding of nature of work of these organisations with young women and girls, their observations & challenges, nature of data and records maintained by them and support that CEHAT can provide them as a research centre.

  We invited two individuals from every organisation- one who has an in-depth understanding of the interventions and the other person who wanted to and will be able to devote time for analysing data and writing reports in next 12 months. We discussed in detail the unique intervention strategies of the three organisations working in diverse contexts. This helped CEHAT team in mapping the different sources and aspects of intervention data. Further, the meeting provided a useful platform for the organisations to dwell on the key area that they want to analyse during the course of the project. The various concepts covered in the sessions include purpose of research, types of research designs, sampling, data collection and ethical considerations in using intervention data. The representatives of the three organizations Jan Sahas, Stree Mukti Sangathan, and AALI, along with members from CEHAT, developed a research agenda as a group work exercise. Organizations outlined their area of research interest including methodology, the sample, and the time frame.

- **Data entry and cleaning of Data**:

  A framework to sieve CEHAT's case records data pertaining to themes of working papers was developed. Team has been involved in entering and cleaning of the data according the framework. One of the reasons was also that these are case records or service records and therefore written by counsellors. As this is intervention data, an intensive process of data verification and validation has been implemented to make the data available for analysis.

- **Review by Scientific Review Committee:**

  CEHAT has a scientific review committee which is called as Programme Development Committee (PDC) consisting of both external and internal members. The PDC reviews the proposals of all the

research projects at CEHAT for their scientific merit. The members of this committee have diverse background so as to cover all the aspects of design and methodology of proposed study. The proposal of current study including tools was submitted to the committee and a presentation based on the proposal was made by the principal investigator (PI). This presentation was followed by detailed discussion on the different aspects of project.

- **Visit to Stree Mukti Sangathan:**

A visit was made to Stree Mukti Sangathan by CEHAT team to have further discussion on the selected research topic with other members of the organisation. Ethical aspects to be considered for topic were also discussed, for example, if an adolescent reveals sensitive information in the course of the research study, should it be disclosed? It was also suggested that the study adopt the quantitative approach rather than qualitative as enough literature is available in the global context. Additionally, aspects of developing tool, approaching respondents, whose informed consent needs to be taken and data entry were discussed during this visit.

Research agenda of Jan Sahas

Jan Sahas team members expressed an interest in examining the prevalence of two-finger tests for survivors in POCSO cases; the team reported that two-finger tests when conducted are reported separately, as different from vaginal examinations. Furthermore, whereas the government mandates psychological counselling and "child-friendly" courts for survivors in POCSO cases, counselling is largely absent, and there is no fast-tracking of cases for POCSO. The team hence also expressed a desire to examine the implementation of these government regulations on the ground.

There was hence the suggestion that a data sheet could be created with all the aforementioned aspects. The data of 10 years could be used to create a fact sheet of the number of cases, the number of women and children, the number of POCSPO cases, the number of POCSO cases wherein the two-finger test was carried out, the number of sexual violence cases where in the status of the hymen was commented upon, and so on.

Research agenda of Stree Mukti Sanghatan

Stree Mukti Sanghatan voiced that it would like to conduct a primary study on the impact of domestic violence on adolescents aged 13 to 17. The sample would consist of children of clients who have availed of the organisation services. The sample size was stated to be about 50, but there was a suggestion for it to be increased.

Research agenda of AALI

The AALI team expressed a desire to understand at what stage a woman approached the organization for help. This would help one understand the various sources of help she has exhausted before visiting

AALI, and also the kind of support she received from the sources, or lack thereof. There could also be an analysis of the client's expectations, the support received, and the final resolution, and also an analysis of the rates and reasons for drop-outs.

PUBLICATIONS APRIL 2018 – MARCH 2019

Calendar:

Rape Impact Study Calendar 2019

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One in every four women in Mumbai affected by gender-based violence

Author(s): | Date: 2019, January 13 | Source: Mumbai: The Times of India

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Resource Materials:

Card of LIVES for providing first line social support – August 2018

दैनंदिनी (Marathi Dilaasa Diary) – December 2018

Dilaasa Diary English – December 2018

WHO flash cards – March 2019

Guidelines for Health Professionals in Responding to Women Facing Violence – March 2019 Reprinted

Posters/ Pamphlets:

Dilaasa Adolescents Pamphlets (English/ Hindi/ Marathi) – April 2018
Suicide Pamphlets (English/ Hindi/ Marathi) – April 2018 Reprinted
Basic Procedures – April 2018 Reprinted
Sexual Violence Pamphlets – April 2018 Reprinted