

2023 - 2024 | Annual Report



Centre for Enquiry into Health and Allied Themes

Annual Report 2023-2024

1st Floor, 103 A & B Wing, Moniz Tower, Yeshwant Nagar, Vakola, Santacruz (E), Mumbai – 400 055
Tel: +91 9152441949 Email: cehatmumbai@gmail.com Website: www.cehat.org

About CEHAT

Centre for Enquiry into Health and Allied Themes (CEHAT)

CEHAT is a Research Centre of Anusandhan Trust

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

CEHAT has through its work

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

CEHAT's work is organised around

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



TABLE OF CONTENTS

Research..... 03

Trainings and Capacity Building Workshops..... 07

Psycho social Interventions & Service Provisions..... 11

Advocacy..... 13

Documentation & Publications..... 16

CEHAT Staff..... 18

Annexure..... 20

1. Research

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

In the realm of research conducted in medical colleges, there has traditionally been a strong focus on biomedical research, often overlooking the important socio-cultural factors and their impact on health. Integrating a gender-sensitive curriculum is essential for meaningful change in the current educational landscape. Equally important is engaging medical educators in health research that emphasizes the role of gender issues in shaping health conditions and outcomes.

To encourage research initiatives within the medical community on the intersection of gender and health, CEHAT offered research fellowships to six medical educators across India. Each research proposal underwent a thorough review process with two distinct phases: an internal evaluation by CEHAT's team and an external review by a committee. Following these evaluations, individual researchers received feedback and guidance to refine their research projects.

As medical educators seek approval from their respective Institutional Ethics Committees, CEHAT has organized a series of individualized meetings to fine-tune research proposals based on feedback.

B. Mainstreaming Gender in Medical Education in India

CEHAT's decade long engagement in training medical educators to integrate gender concerns in medical education has been considered as an important initiative, however the process of mainstreaming this issue has been slow. A research grant to enable CEHAT to design a system level reform has been recently received. This project seeks to enable CEHAT team to conduct ground level research in to understanding implementation of medical education and gaps in addressing gender concerns. The study will comprise of reviewing existing training curricula for medical educators, methodology for training new medical educators in teaching and research and also developing a strategy of engaging with the National Medical commission (NMC) responsible for the roll out of the medical curriculum in India.

CEHAT has received a grant from Co-Impact to research the landscape of medical education implementation in India and develop a planned strategy by interviewing key stake holders from the government and non-government sectors to develop a strategy for mainstreaming its Gender Integration in Medical Education. Towards this, the CEHAT team attended a four-day residential design workshop in December 2023 organised by them. The workshop was part of a broader effort to assist partner organizations in designing methodology for creating a system level integration of an effective concept such as gender in medical education. Our team participated in a four-day residential workshop at Bangalore, organized by Co-Impact in December 2023 to assist partner organizations in designing interventions.

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

This endeavour of CEHAT aims to demystify research for such grassroots organisations and enable frontline workers to reclaim the ownership of the data produced through their service provision. It also aims at enabling organisations to generate evidence from their service data and use it for strategizing their interventions and engagement with various stakeholders. CEHAT supported and worked extensively with four grassroots organisations- Rajsamand Jan Vikas Sansthan (RJVS), Mahila Sarvangeen Utkarsh Mandal (MASUM), Vishakha and Sahjni Shiksha Kendra (SSK), to carry out research and generate evidence by analysing their service records on violence against women/girls. These organisations work on issues of violence against women, young girls and adolescents in different contexts.

- i. Vishakha analysed their helpline service data for young girls and women in tribal regions of Rajasthan. The helpline data was especially insightful in revealing the need for accessible helpline numbers that can provide timely, practical and valuable information and assistance for women and girls on varied problems including SRHR concerns, education, experience of violence, shelters, problems at the workplace, and so on. Case workers from Vishakha also undertook a small prospective study on how media reports cases of violence against young girls and women by analysing 6 months of news published in a local newspaper of Udaipur district of Rajasthan. The findings indicate how vocabulary and terms used during the reporting by media tends to depict the women as being responsible for the violence and undermine the issue of violence.
- ii. RJVS analysed their service data on customary practices of Rajasthan impacting women. Their data provided useful insights on how customs like “aata-sata” allow the perpetuation of violence against women from multiple actors in the families, especially when financial compromise is involved.
- iii. MASUM case workers assessed the data emerging from cases of domestic violence in rural Maharashtra. The evidence showed a significant number of women reporting violence early year to a community-based support service provider, including sexual violence, and reporting mental health consequences like suicidal thoughts.
- iv. SSK conducted an analysis of an education program for adolescent girls. The findings showed the need to have different strategies for girls from the Adivasi community due lack of safe access to the schools in rural areas.

D. Mapping Interventions Addressing Gender-based Violence in Public Spaces in India

For academicians and practitioners alike, GBV in public spaces has been an area of concern as such violence is pervasive, normalised and often trivialised. The experiences of GBV in public spaces are different for women, girls, transgender and non-binary people and is further compounded by their socio-economic identities. It has direct consequences on their access and use of public resources, on economic participation, and on mobility and leisure. Yet there are many information gaps in how we understand, document, intervene and respond to such violence given the many variations in ‘public space’ and forms of ‘public space GBV.’

The overall objective of this research project is to therefore synthesise existing evidence on gender-based violence in public spaces and map the landscape of Indian interventions addressing this issue. The project

aims to identify and study civil society and government interventions to collaboratively document the common strategies, methods and indicators that assess the progress of interventions on GBV in public spaces.

The CEHAT team conducted a systematic literature review to develop a research proposal and define the research questions. The proposal was reviewed by the CEHAT Program Development Committee (PDC) and two external advisors. The final proposal was submitted to and approved by the Institutional Ethics Committee (IEC) of the Anusandhan Trust for implementation.

With a focus on understanding the phenomenon of GBV in public spaces and identifying the various Indian interventions, the following activities were implemented as a first steps in the research:

Project team members participated in network building activities that helped understand the range of organisations and interventions that are currently operational in India. The research methodology was simultaneously adapted to capture the diversity in the interventions addressing GBV in public spaces. The team participated in the annual meeting of AMAN Network, the biannual Maharashtra Mahila Hinsa Mukti Parishad, the national conference of the Indian Association for Women's Studies, and 'Shaping Our Cities: Towards Gender Transformative Policy and Practice' conference organised by the NGO, Safetipin.

Mapping Interventions: A google survey was created as a self-identification tool for organisations to share their intervention into GBV in public spaces, for which comprehensive information is not available in the public domain. The survey will be widely circulated among CEHAT networks and with other known feminist organisations and networks for a period of three months (between January 2024 to April 2024).

Systematic review: The CEHAT team conducted a systematic review of literature on the meaning, prevalence, forms and patterns, and impact of GBV in public spaces in South Asia during the process of writing the research proposal. The literature review was documented and is being used as basis for developing a protocol for a systematic review on the topic.

E. Scaling up health system response to and prevention of violence against women in primary health care settings: A cluster randomized trial

This is a collaborative project of CEHAT and MASUM, with technical support from George Washington University (GWU) and World Health Organisation (WHO), Geneva, and is funded by What Works to Prevent Violence against Women and Girls, an initiative of the Foreign, Commonwealth and Development Office (FCDO) of the Government of UK. The project has been conceptualised based on CEHAT's decade long work on advancing the health sector's response to VAW and contribution 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. The four-year project aims to build health systems' response to violence against women in four blocks in the Ch. Sambhajnagar district of Maharashtra- Gangapur, Paithan, Vaijapur and Kannad. It is an intervention research project and will involve all the public health facilities and healthcare providers including ASHA workers in four blocks.

A protocol has been developed detailing the various aspects of the project. The team has worked on detailing the research designs for various outcomes, considerations for sample size and assessing the logistic requirements of the data collection process. The data from the Directorate of Health Services, Ch. Sambhajnagar, was utilized to assess the sample size requirement for cross-sectional survey at the level of

the health facilities. This assessment enabled us to develop an understanding of the resources required to achieve a specific sample size from each health facility in a given period of time. The protocol was submitted to the Program Development Committee (PDC), a Review Committee of CEHAT, which is a multi-disciplinary panel comprising of external experts. The feedback of the PDC was useful in revising the protocol and tools. The project team is in the process of seeking permissions and approvals from the relevant authorities for the implementation of the project.

2. Training and Capacity Building Workshops

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

CEHAT continuously seek opportunities to collaborate with medical colleges across India to engage medical educators with undergraduate and post graduate students, in integrating gender concerns into medical education. A multiple Continuing Medical Education (CME) activities, including Gender Sensitizing workshops and conferences, for medical educators from different departments such as Community Medicine, Forensic Medicine etc., across following medical institutions in India were held. Few of the medical colleges which participate in workshops were-

1. Mahatma Gandhi Institute of Medical Sciences (MGIMS), Wardha
2. Government Medical College, Nizamabad
3. Atal Bihari Vajpeyee Medical College, Bangalore
4. Bangalore Medical College, Bangalore
5. Atal Bihari Government Medical College, Vidisha
6. Indira Gandhi Institute of Medical Sciences, Patna
7. Government Medical College, Dharashiv
8. Mahatma Gandhi Institute of Medical Sciences, Sewagram

CEHAT trained 375 medical educators through these workshops and around 80 undergraduate and post graduate students from various medical institutions across the country.



B. Dilaasa Case Presentations

CEHAT conducted case presentations as a capacity building exercise where all the counsellors and ANMs from the Dilaasa teams come together to share their case work experiences. Each CP sees cases from 18-20 team members. 8 case presentations were conducted, each across two days. On either day, a pair comprising one counsellor and one ANM from each centre are present so as to ensure that the routine Dilaasa activities are not hindered.

While there are facilitators and external resource persons who provide feedback on the interventions, all members are encouraged to participate and share their ideas, suggestions and queries on best intervention practices. The objective of case presentations is to facilitate a peer learning process, especially in complex cases. The teams carry their intake forms as well, so that the quality of documentation can also be monitored.

C. Training of new Counselors in Dilaasa

Given the rate of attrition of the Dilaasa team members, CEHAT ensures that new joinees receive an orientation as well as in-depth training on aspects of violence against women as a health issue and the role of counselling. CEHAT held a training for all new joinees of Dilaasa in 2023. Key elements of training included “Understanding Violence Against Women” and how health care providers can respond to and provide support in such cases. It also included intervention from a feminist perspective, crisis intervention, laws related to Violence Against Women, LIVES counselling, amongst others. Learning the different methods of documentation was also an important aspect of the training. The objective was to equip Dilaasa team members with a comprehensive set of skills so that they can efficiently provide Dilaasa services to survivors of gender-based violence.

D. Training of Auxiliary nurses and midwives (ANM)

Dilaasa team comprises of ANMs who can play a crucial role in identification of signs and symptoms of violence against women. This is usually done in the course of their rounds in the admission wards and out-patient departments where patients are awaiting to meet the health provider. Towards this a training was conducted this year on identification of survivors through clinical signs and symptoms. The training offered them hands on skills on how to create a large group awareness, how to approach individual women through direct and indirect questioning, survivors rather than approaching them randomly with information about Dilaasa during their ward rounds. ANMs found this to be quite useful.

Non Fatal Consequences			Fatal Health Consequences
Physical	Psychological and Emotional	Sexual and Reproductive	
<ul style="list-style-type: none"> •Bruises •Fractures •Cuts •Burns •Stab wounds •Gastrointestinal disorders •Chronic pain 	<ul style="list-style-type: none"> • Poor self esteem • Depression •Anxiety •Post Traumatic disorder • Phobia • Suicidal behavior • Alcohol and drug abuse 	<ul style="list-style-type: none"> • Gynecological disorder • Infertility • Pregnancy related complications • Miscarriage • Unwanted pregnancy • Increased risk of RTI/STD including HIV AIDS 	<ul style="list-style-type: none"> • Maternal mortality •Homicide • Suicide • AIDS related mortality

E. Training of Health Care Providers (HCPs)

Every year, HCPs such as doctors and nurses are transferred from one hospital to another. Similarly, each year there are a new set of resident medical doctors who are under training for their post-graduation course. Given that each year there are a new set of HCP, CEHAT conducts various trainings for HCPs. This training orients new resident doctors on the concept and prevalence of GBV, department-wise signs and symptoms to identify cases of violence, role of health systems in responding to GBV, and using WHO-LIVES framework to provide first line psychological support to survivors. Three such trainings were conducted in two hospitals. CEHAT also conducts a specialized training for HCPs who are responsible for medicolegal care to survivors of sexual violence. This training focuses on filling in of the medicolegal proformas for survivors of sexual violence. HCPs are oriented about definition of rape as per the POCSO Act, IPC, CLA and new amendments of the MTP Act. Case examples of conviction of the accused due to comprehensive proforma filling and fact-based statement of doctors in the court of law, are shared. Five such trainings were conducted in 4 hospitals.

F. Monitoring Committee Meetings

One of the methods of assessing quality of care is by creating a space for HCPs to discuss the response of the hospital to VAW. These meetings comprise of a dialogue with HCPs who form a monitoring committee at the level of the hospital. The members comprise of doctors, nurses as well as members of record keeping department and Dilaasa and CEHAT teams. Based on the synthesis of the cases handled by Dilaasa teams and the nature of queries discussed in the CEHAT helpline, the agenda for monitoring committee meetings are discussed. CEHAT also conducts a review of the rape examination related proformas in consultation with the HCPs to understand if there are any gaps in documentation and suggest ways for improving the response and documentation further. CEHAT conducted four Monitoring Committee meetings in K. B. Bhabha Hospital, Bandra and BDBA, Kandivali Hospital.

G. Replication of Dilaasa and Training HCPs from other states

The Dilaasa replication has been underway in different in Maharashtra, Karnataka, Goa, Meghalaya and Madhya Pradesh. Different levels of efforts have been made to engage new HCPs from the district level hospitals to respond to VAW.



An important and consistent initiative has been the Mukta initiative. This was initiated

by the National Health Mission (NHM) in collaboration with CEHAT. Mukta counselling departments are established in 4 hospitals in Bangalore equipped with counsellors and a core group that carries out training of HCPs as well as monitors the quality of care offered to survivors of VAW. CEHAT in



collaboration with NHM and 5 hospitals conducted training of 187 doctors, 326 nurses and 280 support staff members.

H. Orientation and Training of Social Sciences students to CEHAT

First year M.A. in Social Work students had visited the Dilaasa centre at K. B. Bhabha Hospital, Bandra, Mumbai to understand functioning of Dilaasa. In June 2023, 25 students were oriented by the Dilaasa counselors and a CEHAT representative on the conceptualization of Dilaasa; the rationale of a hospital based crisis centre; role of HCPs and health system in responding to GBV; responsibilities of counsellor and ANM in dealing with cases of violence with case example; and liaising of counsellor with police, protection officer, DLSA, CWC and shelter home. Queries of students such as dealing with cases of elopement under POCSO Act, responding to violence faced by transgender, and salient features of PWDV Act, were addressed. Post orientation, TISS also inquired about the opportunity for students to undertake an internship at Dilaasa centre.

3. Psycho social Interventions and Service Provision

A. Psycho social interventions by Dilaasa centre

CEHAT plays an important role in assisting Dilaasa counsellors in Mumbai as well as counsellors in sites where the Dilaasa initiative is being replicated. The nature of support is in the form of demonstrating feminist counselling methods and crisis counselling steps. CEHAT is also engaged in direct service provision in one of the oldest Dilaasa centres. Besides being engaged in direct service delivery in one hospital, CEHAT team also assists different Dilaasa centres in Mumbai in challenging cases. This necessitates that the CEHAT team go on-site and support Dilaasa team with challenging cases.

Dilaasa team handled 1982 cases of survivors of domestic violence and 847 cases of survivors of sexual violence. Additionally, they followed up with 1982 survivors who were actively seeking DV prevention counselling and 534 rape survivors seeking counselling. In addition to these, 15770 women and girls were reached by Dilaasa in the form of providing Dilaasa information, encouraging them to seek support services and linking them to resources.

The Muktha crisis centre team, in 5 hospitals intervened and were able to reach 985 survivors of domestic and sexual violence.

B. CEHAT helpline

CEHAT team received 248 calls on the helpline number between May 2023 and March 2024. The calls were received from survivors facing domestic violence; survivors of sexual violence and in need of legal advice. The queries pertained to .and queries about police not filing complaint of the survivors facing physical abuse. and also from the survivors asking queries related to legal advice for their ongoing cases filed in court; and the abuser getting bail and fear of re-occurrence of violence from him. The CEHAT helpline also receives a host of queries from health care providers related to medical examination; documentation related to medical procedures; questions about



advanced pregnancies and legal recourse for survivors, especially past the legal 24 week period. The round the clock helpline service has been of use to survivors as well as HCPs as stated by the number of calls received.

Example Case 1: Survivor A is an adult woman hailing from North India. She was married through a matrimonial website to a man from the same community in Southern India. She has been living with him for a few months. She has faced emotional violence from him and his family members since the beginning of her marriage. She called the helpline number looking for emotional support and hoping for some clarity about her situation. Over a period through the helpline service, the survivor felt confident to seek face to face counselling. Because she belonged to another state, the counsellors referred her to a local organisation and explained the limitations of phone counselling and the need for creating an ecosystem for herself in her city of residence. She didn't want to take any steps because of her natal family's financial problems and felt she had to choose to stay in the marriage till her husband presented her with a legal notice stating he wanted a divorce. The counsellors connected her with the consultant advocate for legal guidance and support with response to the legal notice. In, her own words, survivor A is feeling a lot more confident in embracing her situation for what it is and for fighting the legal battle for her own reputation and independence.

Example Case 2: HCP X called the helpline at around 4am in the morning and stated that an adolescent was brought to the casualty for a medicolegal examination that she and her parents are consenting for. The new doctor was feeling confused about seeking history and the nature of examination to be conducted. The counsellor supported the doctor by discussing the protocol issued by the health department. She urged the doctor to assess for the number of days elapsed since the time of sexual violence. The doctor found that if the incident had taken place over 5 days prior. The counsellor discussed that as per MoHFW guidelines and protocols post 96 hours of the incident, sample collection is not useful specially as survivor had engaged in activities such as bathing, urinating and defecating that would lead to loss of evidence. She encouraged the doctor to document the reasons for not collecting medico legal evidence in the proforma. Lastly she also suggested that the doctor discuss health concerns with the survivor and possibility of sexually transmitted infections, pregnancy and the like and also passed on the number in case the survivor or her family would like to seek counselling from Dilaasa.

4. Advocacy

A. Responding to violence Against Women: A dissemination seminar to present evidence from service records of grassroots organisations

The process of capacity building enabled case workers to present their service data at a research dissemination seminar organised by CEHAT in Mumbai. Several case workers, experts and researchers in the field of violence against women and girls participated in this seminar. Case workers from four grassroots organisation presented evidence from their service records at the research dissemination seminar. The discussion and questions from the audience gave the case workers a chance to elaborate on their experiences pertaining to the evidence and suggestions from the audience pointed to possible areas of further research and intervention for the case workers.



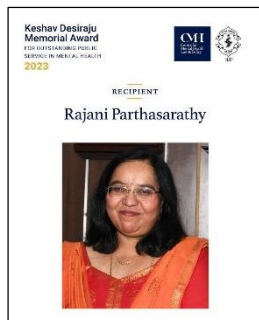
B. Fourth Maharashtra Mahila Hinsamukti Parishad, Ambejogai



At the state level, the CEHAT team was part of the core group organising the Maharashtra Mahila Hinsa Mukti Parishad, held at Manavlok, Ambajogai from 21st to 23rd December, 2023. At the Parishad, a counselor from Dilaasa presented findings from CEHAT's analysis of 19 years of service records from the hospital-based counseling department. The team got the opportunity to interact with 50+ organisations working specifically in the rural locales of Maharashtra to address GBV. The organisations shared their challenges, their experiential learnings and demonstrated the use of several different

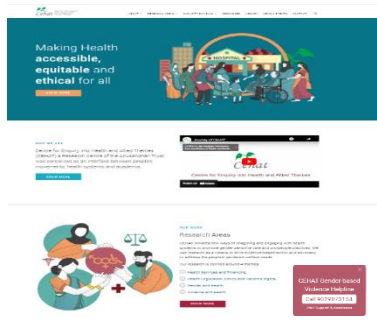
lenses (education, labour, case work, health, etc.) to break the cycle of violence in both private and public spaces.

CEHAT is part of an advocacy network led by CORO to address concerns of/ barriers faced by survivors trying to access services of the PWDV Act after 19 years since it was first put in place in 2005. CEHAT has been a part of this network and has presented challenges faced by Dilaasa teams in accessing Protection officers.



C. Nomination for Keshav Desiraju Award

CEHAT nominated Dr. Rajani Parthasarathy, Deputy director, Mental Health, Directorate of Health and Family Welfare, Bengaluru, Karnataka for Keshav Desiraju Award. Dr. Rajani Parthasarathy won the 2023 Keshav Desiraju Memorial Award for her Outstanding Public Service in Mental Health, organised by Centre for Mental Health Law & Policy, ILS, Pune in May 2023.



D. CEHATs new Website

CEHAT's new website was designed and launched during this period. The updated website was platformed on the latest host software to make access and navigation more efficient. We took the opportunity to create a more cohesive and unique design language for the website and added a few new features as well, that makes it more user-friendly on both desktop and mobile devices.

E. Strategic Consultation on Reducing the age of consent to 16

CEHAT also participated in a strategic consultation organised by **Enfold in Bangalore** in May, 2023 on reducing the age of consent to 16 years. The Consultation was attended by experts in the field of constitutional law, criminal law, child rights, child psychology, advocates, and organisations working on sexual violence to discuss potential measures and approaches for decriminalisation of adolescent sexuality. CEHAT presented its work with adolescents in the context of health system and contributed in the discussion on available evidence, gaps in evidence, potential interventions and concerns, and legal and communication strategies.

F. International Women's

CEHAT and Dilaasa takes the opportunity of International women's day to discuss issues that impact women's lives. Each Dilaasa team develops programs in creative manner either to engage hospital staff, or patients. Some Dilaasa teams have also conducted street plays in the premises of hospitals and community to present the issue of violence against women and impact on health

This year CEHAT conducted a poster making activity with all the Dilaasa teams with the theme of "Aapki kalpana mein ek acchi duniya". All the teams participated and shared some creative and gripping posters, depicting the world as a safe place for women and girls.

A special talent show for all Dilaasa team members was also organised. There were 17 performances including group and individual performances alongside fun games and activities. The idea was to celebrate the women that work tirelessly to support survivors who approach Dilaasa.



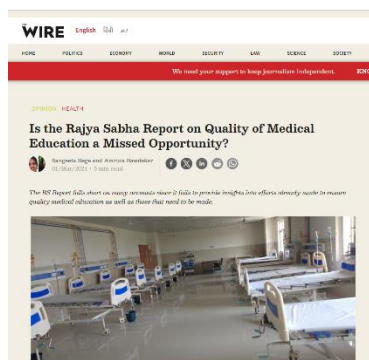
5. Documentation and Publications

A. Paper on building capacity of grassroots organisations to analyse their service data

CEHAT submitted a paper in Indian Association of Women Studies Conference, 2023 based on our work with grassroots organisation, highlighting the importance of bridging the gap between grassroots organisations and academia. The paper informed the importance of research by grassroots, and methodologies for building their capacity. CEHAT also worked on a case study titled “Using an intersectional lens to build stronger evidence and action at the grassroots level in India to build a comprehensive response to Sexual and Gender-Based Violence” under the International Development Research Centre (IDRC) project. The case study presents how, using a feminist intersectionality approach, the capacity of grassroots organisations was built to analyse service records.

B. Survivors of domestic violence, sex assault get comfort in ‘Dilaasa’ – article in Mumbai Mirror

The article gives insights about the support received to the survivors of domestic and sexual violence at Dilaasa centres in Mumbai’s civic hospitals. The centre’s provide counselling, assistance with police complaints, and focuses on emotional resilience and plays a medico-legal role in addressing gender-based violence.



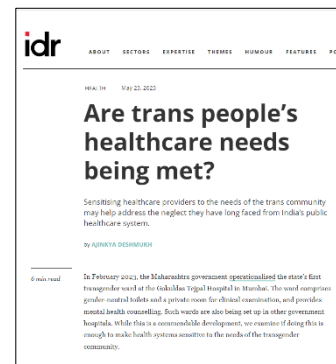
C. Blog published in Wire on Rajya Sabha Report on Quality of Medical Education

The 157th report on quality of medical education in India was released by the Rajya Sabha Parliamentary standing committee, the much-needed revisions in MBBS curriculum have come after a 21-year hiatus since the Regulations of Graduate Medical Education in 1997. The article identifies the short fall of Rajya Sabha Report on many accounts since it fails to provide insights into

efforts already made to ensure quality medical education as well as those that need to be made.

D. A blog on trans people's healthcare needs was published in IDR

India's healthcare system has historically neglected transgender individuals, focusing mainly on HIV and STDs while ignoring other health needs. Recent efforts, such as establishing transgender wards, are positive but insufficient. Comprehensive training for healthcare providers, reforming medical education, and structural changes are crucial for meeting the healthcare needs of trans people.



E. A film on CEHAT's journey

A film mapping the journey of CEHAT, highlighting the significance and impact of CEHAT's three-decades long engagement with the Health systems was launched. CEHAT has worked on various initiatives, including strengthening primary healthcare, advocating for health equity, conducting research and policy analysis, and building partnerships with governments, civil society organizations, and international agencies.



F. Blog on Karnataka's Muktha centres was published in India Spend

Despite the high numbers, domestic violence is not addressed as the public health crisis. Some hospitals across India are slowly changing that by integrating women-centric care into health services. Article identifies how Karnataka's Muktha centres in Government hospitals give support to domestic violence survivors.

CEHAT Staff

Staff details as on 31st March 2024

Sr. No.	Employee Name	Male / Female	Designation	Period
1	Aarohi Damle	Female	Research Associates	16.03.2023 till date
2	Ajinkya Deshmukh	Male	Sr. Research Associates	03.05.2021 till date
3	Amruta Bavadekar	Female	Research Officer	05.07.2021 till date
4	Anshit Baxi	Male	Sr. Research Associates	03.04.2023 to 14.07.2023
5	Ashwini Chougule	Female	Sr. Research Associates	09.05.2022 till date
6	Bushra Shaikh	Female	Sr. Research Associates	01.08.2023 to 03.11.2023
7	Diana Thomas	Female	Sr. Research Associates	01.10.2020 to 11.07.2023
8	Pramila Naik	Female	Administrative Officer	09.10.2000 till date
9	Prarthana Lohia	Female	Sr. Research Associates	14.08.2023 till date
10	Pratikshya Priyadarshini	Female	Sr. Research Associates	01.03.2023 till date
11	Radha Pandey	Female	Secretary	18.11.2013 till date
12	Rajeeta Chavan	Female	Research Associates	27.07.2009 till date
13	Sangeeta Rege	Female	Director	02.05.2013 till date
14	Sanjida Arora	Female	Sr. Research Officer	04.07.2014 till date
15	Shilpa Kompelli	Female	Research Associates	14.09.2020 to 24.08.2023
16	Shobha Kamble	Female	Office Assistant	14.12.1999 till date
17	Sudhakar Manjrekar	Male	Office Assistant	15.11.2000 till date

18	Swati Pereira	Female	Junior Admin Officer	16.07.2015 till date
19	Uvika Durani	Female	Sr. Research Associates	18.03.2024 till date
20	Yogita Shivankar	Female	Secretary	01.03.2023 till date
Consultant with CEHAT				
21	Pradnya Ovhal	Female	Consultant	27.11.2023 till date
22	Prarthana Appaiah	Female	Consultant	02.11.2020 till date
23	Richa Bagde	Female	Consultant	4.12.2023 to 03.03.2024

ANNEXURE

Publications April 2023 – March 2024

1. Film:

- a) Journey of CEHAT (2024)

2. Journal Article:

- a) Factors associated with uptake of COVID-19 vaccine among pregnant women: Finding from a tertiary care facility in Maharashtra (2023) – Deshpande, S., Gadappa, S., Badgire, S., Aishwaya, N. P., Prasad, A. & Arora, S. – The Journal of Obstetrics and Gynecology of India

3. Books / Reports:

- a) महिलांवर होणारी हिंसा: आरोग्य व्यवस्थेची भूमिका: महाराष्ट्र, भारत येथील रुग्णालयीन हस्तक्षेपातून संशोधनातून मिळालेले मौल्यवान धडे: संशोधन - संक्षिप्त स्वरूप (2023)
- b) Using an intersectional lens to build stronger evidence and action at the grassroots level in India to build a comprehensive response to sexual and gender-based violence (2023) – Arora, S., Rege, S. & Mullinax, M. – Southern Centre for Inequality Studies, University of the Witwatersrand (Cases study)
- c) महिलाओं / लड़कियों के खिलाफ हिंसा की प्रतिक्रिया के लिए अपनाई जानेवाली मूलभूत प्रक्रियाएं (SOP) अस्पताल के परामर्श विभागों (Counselling departments) के लिए (2023) – Hindi – Dilaasa SOP
- d) महिलाओं / लड़कियों के खिलाफ हिंसा की प्रतिक्रियास्वरूप स्वस्थ सेवा सुविधाओं के लिए अपनाई जानेवाली मूलभूत प्रक्रियाएं (SOP) (2023) – Hindi – Hospital SOP

4. Blogs:

- a) Is the Rajya Sabha report on quality of medical education a missed opportunity? (2024, March 01) – Rege, S. & Bavadekar, A. – The Wire.in
- b) Are trans people's healthcare needs being met? (2023, May 23) – Deshmukh, A. – IDR Online
- c) How hospitals are helping combat violence against women (2023, August 02) – Jain, M. – Scroll.in
- d) Karnataka's Muktha Centres Show How Govt Hospitals Can Support Domestic Violence Survivors (2023, April 12) – Yadavar, S. - IndiaSpend

5. Newspaper:

- a. કોઈ કાયદાથી વગ્નસંબંધમાં બળાત્કાર બંધ થશે ખરો? (2023, April 23). By Jain, J. Mid-day Gujarati
- b. भलताच तोडगा (2023, May 7). By Surve, S. Maharashtra Times
- c. No workplace for women. (2023, June 11). By Raikar-Mhatre, S. Mid-day
- d. Why does Indian law protect men who rape their wives? (2023, June 14). By Minj, N. Scroll.in
- e. Women struggle while men die in custody in India's Uttar Pradesh. (2023, June 14). By Mitra, R. Unbias the News

- f. Victims of domestic violence narrate tales of abuse and horror in Bengaluru. (2023, June 25) Chetan, B. C. Deccan Herald
- g. Experts: Domestic violence victims must get medical docs to show cause of injuries. (2023, June 26). The Times of India
- h. अत्याचार पीडितेची कौमार्य चाचणी बंद; उच्च न्यायालयाच्या इशान्यानंतर वैद्यकीय शिक्षण विभागाला जाग. (2023, August 10) महाराष्ट्र टाइम्स
- i. मानवी हक्कांच्या वाटेवर. (2023, August 12). महाराष्ट्र टाइम्स
- j. Bengaluru's Muktha centres see 4K spousal violence cases. (2023, August 21). Sindwani, N. The New Indian Express
- k. Judges & doctors, listen. (2023, October 27). Bhate-Deosthali, P. & Rege, S. The Times of India
- l. Why India needs a national policy to strengthen the health response for gender-based violence. (2023, November 2). Jain, M. & Raman, S. Missing Perspectives
- m. कौटुंबिक जखमेवरची मलमपट्टी. (2023, December 9). Khan, H. Loksatta
- n. How India's public health system can reach rural women suffering domestic abuse. (2023, December 19). Jain, M. Missing Perspectives
- o. पीडित महिलांना 'दिलासा'. (2024, March 8). महाराष्ट्र टाइम्स
- p. Survivors of DV, sex assault get civic hospitals help. (2024, March 10). Iyer, M. Mumbai Mirror
- q. Sustainable development: National conference on practice based research. (2024, March 20). The Daily Eye