



## Integrating Gender in Medical Education

### INSIDE THE ISSUE

#### INTRODUCTION

#### CEHAT WORK ON INTEGRATING GENDER IN MEDICAL EDUCATION:

- PARTICIPATING COLLEGES LIST
- PROJECT ACTIVITIES
  - ✓ Training of Medical Teachers
  - ✓ Course Content and Methodology
  - ✓ Situation Analysis of Participating Colleges
  - ✓ Capacity-Building on Gender in Medical Education across Maharashtra

#### PUBLICATIONS

#### LIBRARY RESOURCES

#### NEW ARRIVALS

#### UPCOMING PUBLICATIONS

#### NEW PUBLICATION

#### CEHAT IN NEWS

#### UPCOMING EVENT

#### ABOUT CEHAT

### INTRODUCTION

There is growing acceptance of the enormity of gender inequalities and differences as major grounds of inequity in health and healthcare. Integration of gender in medical education is an emerging approach aimed at recognizing and analyzing the differences arising from gender in several aspects: physiological, biological, functional, behavioral and social, and its impact on health.

The concept of gender is understood as per the definition given by **WHO**, according to which gender refers to the socially constituted roles, behavior, activities and attributes that a given society considers appropriate for men and women.

### NEED FOR INTEGRATING GENDER IN MEDICAL EDUCATION

Health care providers constitute the first point of contact for survivors of domestic and sexual violence. They can play a critical role not only in evidence collection and treatment, but also in identifying women who may be facing violence but may not report it. There is need for sensitization of the medical profession in understanding violence against women as a health issue and adequate training in addressing it. Sexual harassment of medical students and female physicians is not an uncommon occurrence. Gender roles and gender discrimination are found to influence the choice of disciplines among women doctors.



## Integrating Gender in Medical Education

Gender insensitivity has inexcusably come to form a core element of practice and research in medicine. This has far-ranging implications not just on women's health, but also on their rights and empowerment. In order that medicine becomes more gender sensitive, educating medical students on gender issues and how gender interacts with other determinants of health is a very important step. This is a crucial first step to change biases that exist in the field of medicine at different levels including research, service delivery, textbooks and teaching.

[Click here for more details](#)

### CEHAT'S WORK ON INTEGRATING GENDER IN MEDICAL EDUCATION

CEHAT's project is aimed at the training of medical educators in state medical colleges in Maharashtra to incorporate a gender perspective in their teaching with a focus on issues of gender-based violence and discrimination. The need for this project stems from the key role that medical teachers can play in recognizing and addressing gender bias in medical education and practice, which often translates into poorer outcomes in health service delivery for women.....

[Click here for more details](#)

### Aims and Objectives of the Project

- Build capacity of medical teachers on gender and violence through a training of trainers' [TOT] programme: Participating colleges will send in five faculty members each, one from each of the above disciplines, to be trained in a 10 days course to be conducted over two phases
- Facilitate teaching of gender perspectives in medical curricula by trained medical educators: The 30 participating faculty members so trained will be instrumental in introducing gender perspectives in their classroom teaching. They will also prepare teaching material for the same. Mentoring support will be provided by course faculty members to each participant in the process.



## Integrating Gender in Medical Education

- Advocate for policy inclusion of modules integrating gender perspectives in medical curriculum by assessing impact: Participants will undergo impact assessment and evaluation before and after training. A working group comprising of deans of participating colleges, representatives from DMER and MUHS, project faculty members as well as participating faculty members will be formed in order to advocate for integration of the project output in the medical curriculum in the state.

### PARTICIPATING COLLEGES



**Nagpur:** Government Medical College



**Aurangabad:** Government Medical College



**Ambejogai:** Swami Ramanand Teerth Rural Government Medical College



**Kolhapur:** Rajarshi Chhatrapati Shahu Maharaj Government Medical College



**Dhule:** Shri Bhausaheb Hire Government Medical College



**Navi Mumbai:** Mahatma Gandhi Mission's Medical College, Kamothe

**Miraj:** Government Medical College



## Integrating Gender in Medical Education

### PROJECT ACTIVITIES

**1. Training of Medical Teachers:** The training of medical teachers is being conducted in two phases as follows:

#### Phase 1

*The first phase of training took place from 8<sup>th</sup> to 12<sup>th</sup> February, 2014, at YMCA International, Mumbai. It was attended by 27 medical teachers from the participating colleges.*

The training focused on conceptual understanding about gender, violence and health, and development of strategies for mainstreaming gender in undergraduate medical education. This course was conducted by a multidisciplinary team of faculty members from the fields of medicine, social sciences, activism and law.

The training made use of participatory methods of teaching and learning. Evidence-based studies were used to supplement the teaching of concepts. An updated set of readings on each of the topics was given to all participants in this course.

[Click here for more details](#)

- **Short training for induction of new participants**

A two-days training will be held in November 2014 for new participants in the project in place of those who are to be replaced. This training is in order to bring them at par with older participants who attended the first five-days training.

#### Phase 2:

The second phase of training is planned tentatively in early 2015. This phase will build on concepts taught in the previous training. Also, participants will be placed with mentors from respective disciplines and will work with them to develop teaching modules for their subjects.





## Integrating Gender in Medical Education

**2. Course Content and Methodology:** An overview of the modules covered in the course is as follows:

### Understanding Concepts

- ◆ ***Why gender matters in health:*** This module introduces participants to the many ways in which gender differences can impact on health through examples of blindness, HIV/AIDS and violence.
- ◆ ***Social construction of gender:*** This module introduces the concepts of sex and gender for gender analysis. It talks about patriarchy as a social structure and develops a common understanding of how gender is constructed, maintained, and reinforced; and of the meanings of gender equity, gender equality and gender discrimination. It also dwells on the gendered nature of medical training institutions.
- ◆ ***Intersectionalities:*** This module discusses the different systems of oppression and axes of power within society such as class, gender, community, caste, sexual orientation, disability, etc and their differential impact on health.
- ◆ ***Gender as a social determinant of health:*** This module enables participants to identify social determinants of health and locate gender as one of these, and understand that it is affected by and interacts with other determinants.

### Issues of Gender in Medical Education

- ◆ ***Gender Analysis in health:*** This module introduces participants to one tool for gender analysis in health. Participants learn to apply the tool to gender specific health conditions, and to understand how gender impacts on analysis of health status.
- ◆ ***Gender-based violence as an issue of public health and response of health sector:*** This module enables the participants to linkages between violence and health, including the consequences of violence on health and disclosure of certain illnesses triggering off violence, as well as the role of the health system in responding to violence against women.



## Integrating Gender in Medical Education

- ◆ **Gender, rights and ethics:** This module involves collectively defining and understanding concepts of needs, rights and duties, applying these concepts to the health care setting by discussing case studies and understanding models of doctor-patient relationship in order to situate gender and sexual and reproductive health therein.
- ◆ **Sexual and reproductive health rights:** In this, the participants learn to understand sexuality as a multi-dimensional and gendered concept, be acquainted with the concept of reproductive and sexual rights and their relationship to human rights, discuss the SRHR concerns of non-normative sexualities and gender identities and apply these concepts in concrete situations.
- ◆ **Abortion and sex selection:** Through this module, participants gain clarity on safe abortion as a gender and rights issue as well as understand sex selection as a gender issue.
- ◆ **Men and masculinities:** This module helps participants understand at greater depth the social construction of masculinities and how this contributes to maintaining gender-based inequalities, its disadvantages for men and boys as well as identify ways in which promotion of gender equity can result in positive gains for women and girls, as well as men and boys.

### Mainstreaming gender

- ◆ **Gender review of medical textbooks:** This module highlights biases and shortcomings in language and content of undergraduate medical textbooks from the gender perspective.
- ◆ **Mainstreaming gender in undergraduate medical curriculum:** This is a participatory module which requires participants to outline strategies, resources as well as challenges in implementing the project activities at the level of their colleges.



## Integrating Gender in Medical Education

### 3. Situation Analysis of Participating Colleges:

Following the feedback received at the end of the first phase of training, there was an urge to understand the situation at the level of each college to explore the conditions within which teaching and practice is currently conducted. This would facilitate better planning for the second phase of training and also for the implementation of the project's further activities within each college.

This study sought to identify gender awareness, biases and apprehensions among the medical teachers and other supporting staff. It further sought their opinions, suggestions, challenges and apprehensions for integrating gender in medical education and practice.

Open ended interview schedules were used which contained questions on content of social determinants of health including gender in MBBS curriculum, protocols and practices relating to sexual and domestic violence and abortion, as well as questions on pedagogical practices. Two faculty members from each of the five departments (of which one was a project participant) were interviewed. A total of 60 interviews with faculty members were conducted on a one-to-one basis and transcribed verbatim.

Other staffs such as medical social workers, librarians, and ART councillors, as also two final year students were interviewed from each college. In all, 96 interviews were conducted

### 4. Capacity-Building on Gender in Medical Education across Maharashtra:

#### Virtual Resource Centre

A website has been developed and was launched during the first training as a virtual resource centre for the project participants. It is periodically updated with relevant news and research papers. Teaching material and readings used during the training have also been uploaded on it. A monthly e-newsletter comprising of a summary of articles on the website is sent to all participants. Medical teachers as well as students are expected to make use of resources on this website. It will also serve as an interactive forum to encourage discussion on issues of gender among students and teachers.

[View the Website](#)



## Integrating Gender in Medical Education

### Process Documentation

The entire training process of 10 days will be documented and a report will be prepared on the same.

[Click here for more details](#)

### Development of Modules

Modules for teaching will be drafted by experts from respective subjects along with participants. They will also be providing mentoring support to participants in introducing these modules in their classroom teaching.

### Impact Assessment

After the training, participating faculty members are to commence classroom teaching of a selected batch of MBBS students using modules developed along with their mentors. In order to assess impact of the training, a pre and post evaluation of these students will be conducted.

### Formation of working group for inclusion of gender concepts in medical curriculum

In consultation with the Government of Maharashtra, a working group consisting of representatives from Maharashtra University of Health Sciences, Directorate of Medical Education and Research, deans of participating medical colleges, participating faculty members as well as course faculty members will be formed. The working group will meet regularly to analyze the impact of this project and recommend modules/chapters for inclusion in medical curriculum.

### Organizing regional workshops

Participants will organize workshops within their respective regions for building conceptual understanding on gender and health for which support and funding will be provided by CEHAT. These workshops are to be held for a duration of 3 days and must have at least 15 participants. They will be open to medical students, teachers and health professionals from the district and are intended to widen the base of gender sensitive medical teachers and students in different regions of the state.

### Conducting awareness activities

Participants will take a leading role in conducting activities for students and other teachers for generating awareness on the theme of “gender” in their colleges. They will receive grants for carrying out the activities.



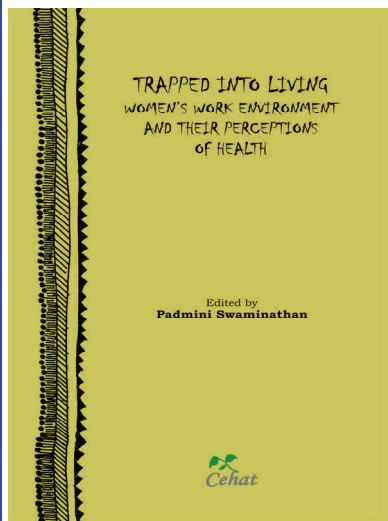


## Integrating Gender in Medical Education

### CONTRIBUTION FROM CEHAT TO THE SUBJECT

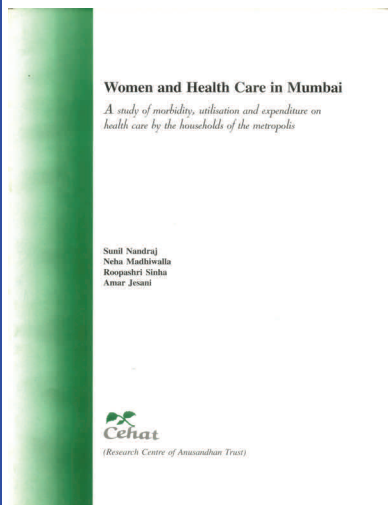
#### 1. Women and Health

##### ◆ Books & Reports



\* Swaminathan Padmini, (Ed.). *Trapped Into Living: Women's Work Environment and their Perceptions of Health*, March 2005, Pgs. 296 [ISBN 81-89042-31-9]

This book covers different arena of women's work – women as industrial workers in informal sector, women workers in the growing export-oriented cultivation of grapes and women in urban slums forced into home-based work largely because of decline in traditional manufacturing activities. In this book attempt has been made to map multidimensional nature of women's work, address the contexts in which such work is carried out, bring together women's perceptions of their well-being and analyse these perceptions for their links between 'work' and 'health'. [Download Full Report](#)



\* Nandraj, Sunil; Madhiwalla, Neha; Sinha, Roopashri and Jesani, Amar. *Women and Health Care in Mumbai: A Study of Morbidity, Utilisation and Expenditure on Health Care in the Households of the Metropolis*, September 2001, Pgs.77 [ISBN 81-89042-09-2]

The study report made an attempt to understand and document analytically the perceived morbidity patterns, the problems faced by women in accessing health care facilities in connection with their utilization and expenditure incurred by households on women's health care with special reference to socio-economic differentials. [Download Full Report](#)



## Integrating Gender in Medical Education



HEALTH, HOUSEHOLDS AND WOMEN'S LIVES

A study of illness and childbearing among women in Nashik district, Maharashtra



Neha Madhiwalla  
Sunil Nandraj  
Roopashri Sinha

\* Madhiwalla, Neha; Nandraj, Sunil and Sinha, Roopashri  
*Health, Households and Women's Lives: A Study of Illness and Childbearing Among Women in Nashik District, Maharashtra*, June 2000, Pgs.141  
[ISBN 81-89042-06-0]

This report covers most of the health problems of women in rural as well as urban areas in Nashik district of western Maharashtra. The study throws light on health care services, health expenditure, across gender, age and other socially important factors. [Download Full Report](#)

### Articles & Papers

A 11. Prakash, Padma; George, Annie and Rupande, Panalal [Sexism in Medicine and Women's Rights](#), The Indian Journal of Social Work, Focus Issue, Patients' Rights, Vol. LIV, No. 2, April 1993, Pgs.199-204.

A 12. Prakash, Padma New Approaches to Women's Health: Means to an End?, Economic and Political Weekly, December 18, 1993, Pgs.2783-2786.

A 16. Gupte, Manisha On Being Normal (Whatever that is), MFC Bulletin, No. 197-201, August 1993, Pgs.

A 44. Gupte, Manisha; Karkal, Mali-ni and Sadgopal, Mira Women, Health and Development, Radical Journal of Health, Vol. 1, No. 1, (New Series), January-March, 1995, Pgs.25-36.

A 64. Madhiwalla, Neha and Jesani, Amar Morbidity Among Women in Mumbai City: Impact of Work and Environment, Economic & Political Weekly, Vol. XXXII, No. 43, October 25, 1997, Pgs. 38-44.

A 65. Madhiwalla, Neha Notes from the Field, Humanscape, Vol. 4, Issue 4, April 1997, Pgs. 28-31.

A 73. Madhiwalla, Neha [Women, Development and Health Redefining the Relationship](#), Paper Presented at the National Seminar on The Rights to Development, University of Mumbai, December 10-11, 1998, Pgs. 1-8.



## Integrating Gender in Medical Education

- A 76.** Jesani, Amar [Violence Against Women: Health Issues](#), WHO Country Profile: India, 1998, Pgs. 20. (Draft Submitted to WHO/VHAI).
- A 82.** Iyer, Aditi Leading Causes of Morbidity and Mortality, Section C3.1 of the Women's Health and Development, Country Profile, India, 1998, pgs. 34. (Draft Submitted to WHO/VHAI).
- A 81.** Iyer, Aditi Women's Access to Health Care, Section C3.7 of the Women's Health and Development, Country Profile, India, 1998, Pgs. 46. (Draft Submitted to WHO/VHAI).
- A 90.** Bandewar, Sunita [Paramedics in Menstrual Regulation Practice: A Feasibility Evaluation](#), Paper Presented for The State Level Consultation on Issues Related to Safe and Legal Abortion, Pune, June 7, 1998, June 1998, Pgs.8 (Paper Accepted for Publication in the Radical Journal of Health).
- A 95.** Padmadas, S.S; F., Zavier and. Dilip, T. R Age at Menarche Among Indian Women: Observations from NFHS, 1992-1993, Journal of Family Welfare, Vol. 45(2): 71-79 , October 1999, Pgs.71-79.
- A 125.** Choudhary, Manoj and Saha, Shelley Gender Issues Related to Women's Health Care, Health Action, Vol. 13, No. 9, 2000, Pgs. 18-19.
- A 189.** Madhiwalla, Neha Women's Illnesses: Life Cycle Approach, National Medical Journal of India, Supplement No.2, Vol. 16, 2003, Pgs. 35-38.
- A 190.** Madhiwalla, Neha Help Yourself, Humanscape, Vol. 5, No.9, September 2003, Pgs.27-29.
- A 210.** Pitre, Amita and Khaire, Bhagyashree Need For A Gender Sensitive Health Care System, Health Action, Vol. 17, No.9, September 2004, Pgs.17-19.
- A 211.** Pitre, Amita Women In Ayurveda, Engendering Health, April-June 2004.
- A 221.** Mahabal, Kamayani Bali They have a right to live with dignity, Health Action, Vol. 17, No.7, July 2004.





## Integrating Gender in Medical Education

**A 230.** Mahabal, Kamayani Bali CEHAT's PIL for reviewing diet scales in jail, Express Healthcare Management, 1-15 May 2004.

**A 251.** Pitre, Amita, Women's Health and Their Lives: A Perspective From Maharashtra, background paper presented at the Western Zone International Women and Health Meeting (IWHM) at Ahmedabad, Gujarat, 2nd March 2005, Pgs.9.

**A 271.** Chaudhari, Leni, Youth Health in India, Humanscape, Vol. X!!, Issue VII, August 2005, Pgs. 24-25.

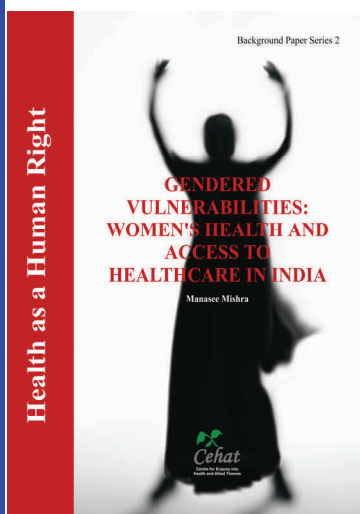
**A 281.** Mahabal, Bali Kamayani, Child Rights and law, One India One People, Vol.9, Issue 8, March 2006, Pgs. 42,44.

**A 285.** Raymus, Prashant, Women's Empowerment : Budget as a Tool to Deal with the Gender Gap., Special Issue on Gender Budgeting by National Resource Centre on Urban Poverty, UNDP, 2007, Pgs.53-61.

**A 286.** Deosthali, Padma, Women at Work : Sick and Tired., Agenda Info change, Issue No.9, 2007, Pgs.46.

### 2. Women's Rights

#### ◆ Books & Reports



\* Mishra, Manasee. *Gendered Vulnerabilities: Women's Health and Access to Healthcare in India*, Background Paper Series 1, July 2006, Pgs.7+56+XV. [ISBN 81-89042-45-9].

Indian society has remained deeply entrenched by the patriarchal norms and values. Needs of women emerge and progress through the life cycle; from childhood to adolescent to womanhood. Women's health and access to health care in background of such complexities, poses a challenge. This paper highlights the vulnerability of Indian women with respect to their health and healthcare. Any programme that aims to address women's health needs should be sensitive to such complexities in women's lives being staged on a social terrain of remarkable inequalities. [Download full Report](#)





## Integrating Gender in Medical Education

### Articles & Papers

A 226. Mahabal, Kamayani Bali Ensuring Gender Justice, Cover Story, Health Action –July 2004.

A 280. Mahabal, Kamayani, Gender Equity and Millennium Development Goals, Vibhuti and Manisha Karne (Ed.), The Macro Economic Policies and The Millennium Development Goals, Gyan Publications, Mumbai, 2006.

### LIBRARY RESOURCES

#### Library Collection

Cehat Library has very informative collection on Gender related topics such as

[Gender – Development](#), [Gender – Disability](#), [Gender Abuse](#), [Gender And Disability](#), [Gender And Education](#), [Gender And Equity](#), [Gender And Feminism](#), [Gender And Health](#), [Gender And Law](#), [Gender And Medical](#), [Gender And Mental Health](#), [Gender And Migration](#), [Gender And Policy](#), [Gender And Poverty](#), [Gender And Religion](#), [Gender And Reproductive Health](#), [Gender And Sexuality](#), [Gender And Social Issue](#), [Gender And Violence](#), [Gender Based Violence](#), [Gender Bias](#), [Gender Budget](#), [Gender Difference](#), [Gender Discrimination](#), [Gender Equality](#), [Gender Inequality](#), [Gender Mainstreaming](#), [Gender Rights](#), [Gender Sensitization](#) etc.



Library collection includes all types of resources such as books, Journals, articles, Documents, Posters, Documentaries, Reprints, other print & Non-print materials, un-published documents.

It also includes other institute reports, Government publications, reports, unpublished documents. Statistical data, Training materials, Health database etc.

[Online Public Access Catalogue of the Library.](#)



## Integrating Gender in Medical Education



### Arrivals of the July to September 2014

- Policy Paper on Maternal Health in Bihar
- Policy Brief on Maternal Health in Bihar
- Policy Paper on Maternal Health in Odisha
- Policy Brief on Maternal Health in Odisha
- Right To Maternal Health in India: are we there yet? A Report
- Religious Discrimination in Health Facilities in Mumbai – An Exploration
- Health of Muslims in Maharashtra

### UPCOMING PUBLICATIONS OF THE CEHAT



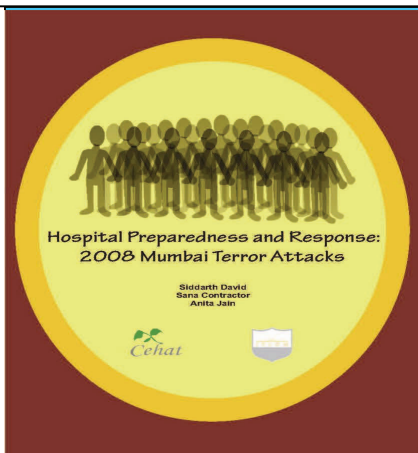
- ♦ Doyal, L. and I. Pennell. (1979). [Political Economy of Health](#). London: Pluto Press.
- ♦ Lorber, J. and L.J. Moore (1997). [Gender and the social construction of illness](#). Thousand Oaks, CA: Sage.
- ♦ Pollard, T. and S. Hyatt (Ed) (1999). [Sex, Gender and Health](#). Cambridge: Cambridge University Press.
- ♦ Annandale, E. (2009). [Women's Health and Social Change](#). London/New York: Routledge.
- ♦ Klinge, I. and C. Wiesemann (Ed) (2010). [Sex and Gender in Biomedicine: Theories, Methodologies, Results](#). Gottingen: Universitätsverlag Gottingen.



## Integrating Gender in Medical Education

WHAT'S  
NEW?

NEW REPORT PUBLISHED BY  
CEHAT - 2014



- **DETAILS OF THE REPORT**
- **Title of the Report :** Hospital Preparedness and Response: 2008 Mumbai Terror Attacks.
- **Author :** David, Siddarth; Contractor, Sana and Jain, Anita
- **Publication Year :** 2014
- **Publisher :** CEHAT
- **ISBN :** 978-81-89042-65-3

The nature of the health system in India is such that the primary and often the only health responder during mass emergencies is the public health sector. This makes it critical to develop systems in this sector respond from the pre-hospitalization phase right up to discharge and compensation.

Documentation, research, and sharing of the experiences, lessons and challenges related to such events is critical in policy-making and planning of hospital preparedness. However, such work today exists mainly in the international sphere with little in India despite the fact that India has had a history of responding to mass-casualty events like terrorism and riots.

During the 2008 Mumbai Terror Attacks, which left 172 dead, the hospitals that responded were the state-run public hospitals. Using in-depth interviews of the healthcare providers on duty in these hospitals during the attack, this study seeks to identify strengths and gaps in the response capacities of public hospitals in Mumbai city and the procedures that were followed in the wake of the attack. The insights it provides would be of value to the government which has continuously been trying to review and rethink its health services, administrative procedures and systems in order to keep pace with the rising health care needs of the population especially during emergencies, moving from impulsive reaction to proactive response. [Download full Report](#)



## Integrating Gender in Medical Education



### CEHAT IN NEWS

#### July

- [Anger grows against greed in private healthcare system](#)

**The Times of India, 1st July 2014.**

"Do you know hospitals charge patients for the hand sanitizer kept outside the recovery room? Doctors and nurses use it for the few hours or days that the patient is in the room, but the patient pays for the entire bottle."

#### August

- [Action plan formed after talks with experts](#)

**Hindustan Times, 20th August 2014.**

The Comprehensive Action Plan (CAP) to make the city safer for women, an initiative of HT and Akshara, was evolved after four round table discussions...

#### September

- [Counselling centres for women in 11 hospitals](#)

**By Tabassum Barnagarwala**

**The Indian Express, 16th September 2014**

Women in the city are set to get special focus in the recently launched National Urban Health Mission (NUHM), with the civic body proposing to set up special counseling centers in 11 peripheral hospitals in the city.....





## Integrating Gender in Medical Education

### UPCOMING EVENT- TRAINING

#### ✓ Short training for induction of new participants

A two-days training will be held in November 2014 for new participants in the project in place of those who are to be replaced. This training is in order to bring them at par with older participants who attended the first five-days training.

### About Organizers

#### INTEGRATING GENDER IN MEDICAL EDUCATION 2013-2015

A three-year project for training of medical educators in state medical colleges in Maharashtra

Organized by



Centre for Enquiry into Health and Allied Themes



Directorate of Medical Education and Research, Government of Maharashtra

In partnership with



Maharashtra University of Health Sciences

Supported by



United Nations Population Fund (UNFPA)



# e-Bulletin

July - September 2014 (Vol. No. 7 Issue No. 3)

20 years of Cehat

..... Honor the past and create the future

## Integrating Gender in Medical Education

### Website

[www.cehat.org](http://www.cehat.org)

[www.gme-cehat.org](http://www.gme-cehat.org)

### ABOUT CEHAT

CEHAT, is the research centre of Anusandhan Trust. CEHAT was established twenty years ago when a group of researchers and healthcare professionals decided to create an alternative health research institution which is at the interface of activism and academics. CEHAT comprises of a multi-disciplinary team such as doctors, lawyers, social workers, public health experts and counselors.

CEHAT through its research, intervention, education and advocacy, has been addressing issues of right to health care to all as well as preventing violence and caring for survivors. All projects are periodically reviewed for scientific rigour and ethical compliance by external review committees. A democratic mode of decision-making is the cornerstone of CEHAT's functioning.

### OFFICE ADDRESS

#### CEHAT

Survey No.2804 & 2805  
Aaram Society Road, Vakola  
Santacruz (East),  
Mumbai - 400 055 .

### CONTACT DETAILS

Tel. No. : 91-22-  
26673571/ 26673154  
Fax:91-22-26673156  
Email: [cehat@vsnl.com](mailto:cehat@vsnl.com)

### Road Map Santacruz East To CEHAT, Aaram Society Road, Vakola (1.6 KM.)

