

CEHAT ANNUAL REPORT 2021-2022



CENTRE FOR ENQUIRY INTO HEALTH AND ALLIED THEMES



About CEHAT

Centre for Enquiry into Health and Allied Themes (CEHAT) 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, conceptualizes 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 marginalized, 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

I. RESEARCH

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

The project supported by Bajaj titled “Eliminating Gender insensitive medical practices: Building Medical Educators Capacities to integrate Gender Concerns” builds on a previous effort of CEHAT, Directorate of Medical Education and Research DMER and seven medical colleges to sensitise medical educators to gender concerns while teaching MBBS students in Maharashtra.

In order to change gender insensitive practices as well as sensitise medical students to gender concerns in early years, this project enrolled medical educators from 5 medical colleges to teach MBBS curriculum with a gender lens and also make efforts to change gender insensitive health services. The project works with five disciplines namely Community Medicine, Gynaecology and Obstetrics, Forensic Science and toxicology, Medicine and Psychiatry for MBBS course.

List of participating medical colleges

1. Shree Bhausahab Hire Government Medical College, Dhule
2. Government Medical College, Akola
3. Government Medical College and Hospital, Aurangabad
4. Government Medical College and Hospital, Miraj
5. Dr. Vaishampayan Memorial Government Medical College, Solapur

ACTIVITIES CONDUCTED

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

One of the objectives of the project is to bring about a change in the existing clinical practices in 5 medical colleges. There is evidence documenting practices like non-involvement of males in family planning services, violative practices in labour rooms, exclusion of unmarried women in contraceptive service and counselling and the nominal value assigned to informed consent in healthcare settings. However, we are not aware of exact practices in the collaborating medical colleges. With this background, CEHAT team planned and drafted a research proposal for a situational analysis using qualitative methods. The proposal was presented before Institutional Ethics Committee (IEC) of Anusandhan Trust and received its approval.

CEHAT team had undertaken data collection in 5 medical colleges. Key informant interviews were conducted (N = 25) with one faculty per department per college. The interviewed faculties were from 5 departments viz. Obstetrics and Gynaecology (ObGyn), Preventive and Social Medicine (PSM),

Forensic Medicine and Toxicology (FMT), Internal Medicine and Psychiatry. Additionally, direct observations were noted with help of a checklist in every department.

Findings of the study will be presented to the 5 medical colleges and with their consensus and commitment to change insensitive practices, clinical checklists will be developed to eliminate those.

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

In the course of our work in medical education, CEHAT recognised that medical colleges are not only a site of teaching but also that of research. However, research taken up at medical colleges mainly focuses on bio-medical research, with little or no consideration given to socio – cultural factors and its effect on health. While gender sensitive curriculum is a crucial aspect to bring about a change in existing teaching, it was crucial to engage educators in undertaking health research which focuses on the role of gender issues in health conditions and outcomes. Given that we had a group of 63 GME trained medical educators, we found it pertinent to encourage them to initiate research in the area of gender and health. The emphasis is to enable medical professionals in conducting scientifically sound and socially relevant research in topics surrounding health of women and sexual/gender minorities, pathways through which factors like caste, class, religion intersect with health of an individual and affect access to health services. Such a body of knowledge will contribute richly to empirical evidence on ways in which gender impacts access to health and the resulting health outcomes.

It is with this perspective that CEHAT announced a call for research proposals for trained medical educators of 5 medical colleges (GMC Aurangabad, GMC Miraj, GMC Akola, GMC Solapur and GMC Dhule). An expert committee was appointed by CEHAT comprising of experts from the field of social science research as well as medicine and law. We received 10 proposals from amongst 50 medical educators. A majority of the proposals came from community medicine educators, as the pandemic brought with it added responsibilities and workload for educators from clinical departments like general medicine. These medical educators are awarded with a fellowship to undertake research project for a period of 6 months as this is an activity over and above their regular teaching work and clinical work.

The list of research topics proposed by fellows are as follows:

1. Assessing the association between women’s empowerment and its association in adolescent nutritional status.
2. Understanding Impact of COVID-19 pandemic on health and health seeking behaviour of Transgender individuals in an urban slum of Akola city
3. Understand knowledge, attitude and practices of male partner in family planning services.
4. To describe gender wise glycaemic control and determine the socio- economic, behavioural and treatment-related factors that influence glycaemic control among adult diabetic patients attending outpatient clinics in tertiary hospitals.

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5. To understand the effect of pandemic on the indicators of women empowerment in western Maharashtra – hospital based cross sectional study
 6. To understand challenges faced by female sex workers in seeking health care in Miraj Town
 7. To understand prevalence of domestic violence against married women in reproductive age group in urban slums and its impact on their health in Urban Health Training Centre (UTHS) of GMC, Miraj
 8. To understand Impact of domestic violence during pregnancy and its feto- maternal complications
 9. Assessing Health Care Providers Response to Survivor of sexual Violence at Tertiary Care Centre
 10. Understanding the factors related to Uptake of COVID vaccine among pregnant women visiting an antenatal care facility at tertiary Care Centre.

A formal contract was signed between CEHAT and the selected fellows detailing the expectations from the fellows, support provided by CEHAT and emoluments under the fellowship. All the proposals have undergone 2 rounds of review - one by CEHAT team and one by external review committee. Based on these reviews, meetings have been held with individual researchers and feedback has been provided to medical educators. CEHAT also assisted the fellows in drafting research tools for their data collection.

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

CEHAT's efforts in integrating gender in medical education (GME) have been ongoing since 2015. These efforts concentrated on engaging with government medical colleges in the state of Maharashtra to address gender biases in MBBS curriculum and effectively integrate gender perspectives in undergraduate medical education.

With support from Rohini Nilekani Philanthropies, CEHAT now aims to engage medical education entities across seven states in India. We look at gender integration in medical curricula and preservice training as a means to reduce health inequities and improve recognition of social dimensions related to health risks, health seeking behaviour and health outcomes.

We aim to build a cadre of gender-informed medical educators across India to facilitate integration of gender perspectives in medical training.

Additionally, we also intend to build capacities and create dialogue around issues of gender and health and advocate for gender-sensitive changes in medical education and practice.

Finally, CEHAT also plans to provide research support to generate evidence around conventionally neglected areas of gender and health, in collaboration with teams of trained medical educators.

Multiple colleges and state-level Directorates of Medical Education and Research (DMER) were contacted in the period until March 2022. The following table lists the various efforts made in forging collaborations with medical colleges across states to implement the GME project.

State/Medical College	CEHAT's efforts	Outcome
Maharashtra	Establishing contact with DMER	MoU signed with GMC Latur and college on boarded
Karnataka	Meetings with deans and other faculty after nod from DMER Explanation about project objectives and expectations	Onboarding of Bowring Medical College, Bangalore Discussions ongoing with Bangalore Medical College and St. John's Medical College
MGIMS, Sevagram	Faculty identified from dissemination of findings from first phase of GME	MoU signed and college on boarded
AIIMS Jodhpur	Establishing contact with dean and other faculty	No headway made after presentations made to some faculty members
AIIMS Rishikesh	Explanation about project objectives and expectations	No headway made after presentations made to some faculty members
GMC Nizamabad		MoU signed and college on boarded
Haryana	Leveraging CEHAT's presence in the state to establish contact with the DMER Explanation about project objectives and expectations	Authorities communicated their refusal to participate in the project
Madhya Pradesh	Pursuing lead to DMER contact Establish contact with gender consultant within the health department Explanation about project objectives and expectations	Multiple meetings and conversations with authorities Various gatekeeping bottlenecks were encountered Re-strategizing our approach to onboard colleges
Chhattisgarh	Pursuing lead to establish contact with DMER	Multiple meetings and conversations to establish contact with DMER Various gatekeeping bottlenecks were encountered Re-strategizing our approach to onboard colleges

Goa	Establish contact with DMER and the sole government college in the state	Continuous back-and-forth between DMER and GMC Goa Contact established with one faculty member Efforts ongoing to directly contact the Dean
Tamil Nadu	In-person meeting with Principal Secretary-Health and Jt. Director, DMER	Encouraging response from Principal Secretary But Jt. Director not in a position to give nod to the project, without authorisation of Director who was unavailable at the time Currently, re-strategizing our plan to onboard colleges from the state
Vedantaa Institute of Medical Sciences, Palghar	Leveraging CEHAT's association with faculty in administrative position to establish contact with Dean Explanation about the project objectives and expectations	Currently working out an optimal onboarding plan, with some delays due to reshuffling in college organogram

By the end of March 2022, CEHAT successfully on boarded the following colleges:

- Mahatma Gandhi Institute of Medical Sciences, Sewagram
- Vilasrao Deshmukh Government Medical College, Latur
- Shri Atal Bihari Vajpayee Medical College and Research Institution, Bengaluru (Formerly Bowring and Lady Curzon Medical College)
- Government Medical College, Nizamabad

3. Scaling up the health-systems response to violence against women: A review of the implementation of Dilaasa crisis centres in 11 public hospitals in Mumbai

The project funded by Sexual Violence Research Initiative (SVRI) focuses on developing evidences to scale up health systems based crisis intervention centres. Despite widespread recognition of importance of health sectors response to VAW/C, there is little evidence from Low and Middle Income Countries (LMICs) on hospital based crisis intervention centres. Dilaasa, an internationally recognised

evidenced-based model for health sector response towards survivors of violence in low-resource settings of India initiated by CEHAT was scaled up as a national program in the country. This study attempts to build evidence for health systems response to violence against women (VAW) by understanding the facilitators, barriers, inputs and process for scaling up of VAW interventions.

The study included in-depth interviews with counsellors, nodal officers, key informants and survivors, focus group discussions with ANMs and additional in-depth interviews.

ACTIVITIES CONDUCTED

a. **In-Depth interviews with survivors:** The interviews with survivors/service users offered insights on their perspectives on service utilisation. Though counsellors from each Dilaasa centre enlisted survivors to be interviewed, most women enlisted were either not reachable or had moved back to their village due to COVID lockdown. Hence, each counsellor identified survivors who were above 18 years, residing in a violence-free environment during the study period and faced diverse nature of violence. The survivors selected by the research team were contacted by the counsellors and later by the researchers at a convenient time to obtain consent considering the sensitivity of the issue. Telephonic or physical meetings with the survivors were held based on the survivor's convenience, maintaining privacy and confidentiality and ensuring safety. Considering the sensitive nature of the interview and anticipating emotional distress, one CEHAT counsellor accompanied each interviewer. Each survivor was paid a nominal compensation.

b. **Knowledge Attitude Practice (KAP) survey along with training on VAW/C:** This component of the study assessed the knowledge, attitude and practice (KAP) of Healthcare Providers (HCPs) on violence against women and children. HCPs from all 11 peripheral hospitals were trained to impart knowledge on VAW/C and their roles in identifying and responding to survivors of violence. A pre-test, post-test and a three month follow up questionnaire were drafted for data collection. Due to the existing COVID situation during the study period HCPs were busy and unavailable for training. Hence this component of the study was dropped.

c. Data analysis:

All interviews were audio-recorded, transcribed and translated in English. Qualitative data analysis was carried out with the help of QDA software package Atlas.ti 6.2 and analysed. The MIS data collected was analysed by using Statistical Package for the Social Sciences Software (SPSS) 20.0 version. Descriptive analysis at an aggregate level was carried out by researchers.

d. Key Findings:

The team drafted a report for the study. Key findings from the report were:

Few enablers for institutionalising VAW/C as a public health issue were developing leadership capacities at institutional level, training health care providers (HCPs), dedicated budget, infrastructure, specialist staff, and departmental protocol for functioning.

Self-motivated key health professionals are key to increase its visibility, reach of Dilaasa and to collaborated with counsellors to institutionalise trainings, periodic reviews and monitoring.

Dilaasa teams implemented feminist crisis intervention services, each Dilaasa department made effort to establish their own linkages with referrals services so that women can be seamlessly referred for additional support.

Recognising impact of violence on health was also found to be an important component of counselling given the lethality of violence and health effects with which women reached hospitals.

Dilaasa offered counselling along with holistic services like legal services, shelter, skill-building and employment support to empower survivors.

Some of the impediments in the institutionalisation a health system response to this issue were victim blaming attitudes run deep within the system, some health workers including administrators considered VAW/C outside the realm of biomedicine, transfers of health workers from one hospital to another, staff attrition due to poor salary, malpractices in multi-sectoral services like corruptions, and poor monitoring and evaluation were deterrents to service delivery.

The team revised the consolidated report reviewed by CEHAT's Program Development Committee.

Future Plans

The dissemination of the report is underway. Along with a national level dissemination sharing the findings of the report with various stakeholders from across 11 hospitals like Dilaasa team, Nodal officers, and senior administrators like Medical Superintendents, Chief Medical Superintendent and Executive Health officer is planned.

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

The present project funded by American Jewish World Service (AJWS) entails working with three grassroots organisations working in diverse contexts with young women and girls for building their research capacities so that their rich data can be utilised effectively to influence policies, as well as inform their own interventions. It also involves devising a sustainable Management Information System (MIS) for each of the organisations so that their data can be recorded even after the tenure of the following project, and their research capacities are self-sustaining.

In this project, CEHAT is working with three organisations- Association for Advocacy and Legal Initiatives (AALI), Jan Sahas and Stree Mukti Sanghathana (SMS). We also worked on strengthening our own MIS and analysis based on domestic and sexual violence records.

The capacity building of Stree Mukti Sanghathana (SMS) team by CEHAT enabled them to conduct a study on joint meetings with abuser (s) in cases of domestic violence. The analysis was based on 239 service records of women who sought domestic violence services from a Family Counselling Center in 2018 – 19. It looked at the context in which joint meetings are conducted, how are they conducted and what are the common outcomes. The findings show that joint meeting facilitated with a feminist lens enabled women to raise concerns, put forth concerns in a coherent manner and build confidence to question violence when it occurred. A Factsheet was published in collaboration with SMS and CEHAT titled “Joint meeting with abusers as an intervention strategy in cases of domestic violence: Findings from service records of a family counselling centre in India”.

CEHAT’s capacity building on developing management system, data cleaning and analysis helped AALI to do analysis of their case records to present findings from their well-established community-based legal aid intervention model. The analysis highlights the 399 cases of women and young girls who sought services from community-based caseworkers in 11 districts of Uttar Pradesh in the year 2020-21. It provides information about profile of women, forms of violence faced, informal and formal support sought by women before approaching community-based workers. The findings indicate that there is insensitive and inadequate response from individuals, communities, and institutions towards survivors of violence and community workers play an important role in providing support services to survivors. A Factsheet was published in collaboration with AALI and CEHAT titled “Access to support services by survivors of gender-based violence: Findings from a community-based intervention”.

Jan Sahas with CEHAT’s assistance analysed their service records to provide insights into cases adolescent pregnancy resulting from rape. The team analysed a total of 136 cases of unmarried adolescent survivors from the year 2015 to 2021. The analysis provides several crucial insights about barriers faced by young girls in accessing abortion services. A Factsheet was published in Collaboration with Jan Sahas and CEHAT titled “Adolescent pregnancy among survivors of sexual violence: Findings from a response and rehabilitation intervention”.

5. Advancing health systems response to Violence against women

a. **Analysis of service records of Dilaasa:** The Dilaasa centre has a wealth of information in the form of service records and can be a valuable resource to inform interventions for responding to and preventing gender-based violence. We analysed 19 years’ service records of Dilaasa department established in 2000. The analysis was presented in the form of a fact sheet to highlight the importance of a hospital-based intervention for survivors of domestic violence and dynamics of domestic violence in Indian context. The findings inform that the location of Dilaasa within a public sector hospital as an out- patient department provided visibility for such services making it easily accessible to women and girls. An active inquiry based on health complaints by trained providers resulted in early identification

of women facing violence and helped mitigate severe consequences of violence as women were able to access psychosocial services at an early stage. The data also highlights the widespread prevalence of sexual violence in a marital relationship in form of forced sex and reproductive control and its health consequences. It also falsified the widely prevalent notion that women misuse domestic violence laws against husband and his family members as for half of the women, Dilaasa services were the first formal support ever sought. We intend to use this fact sheet to advocate for strengthening health systems' response to survivors of violence.

b. **Research on COVID lockdown and GBV survivors:** CEHAT was engaged in provision of 24x7 telephonic support for women and girls facing violence during the COVID lockdown. We felt that it was important to document learnings with regards to interventions offered telephonically and insights gained. In this regard, we contributed a paper for Berghahn Books on "Lockdown and Violence against Women and Children: Insights from Hospital based Crisis Intervention Centres in Mumbai, India". The suspension of court hearings and the disruption of health care and support services added to the young girls' vulnerability to violence. In Mumbai, the Municipal Corporation took cognizance of this shadow pandemic of violence against women and children, and it declared that all Dilaasa centers (public hospital-based crisis intervention departments) must remain functional during lockdown. In this chapter, we present the experiences of girls and young women who sought support at Dilaasa centers in person or telephonically.

c. **Published an E-book on cases handled during COVID-19 lockdown:** CEHAT also conceptualized a case book to document CEHAT & Dilaasa's experiences of responding to survivors of violence during different phases of lockdown as this was a unique and learning experience to support women and girls telephonically besides physical settings. The case book could be also used as an illustrative resource for trainings and discussions with those engaged in psycho social support in the context of pandemics and addressing the issue of VAW.

6. Assessing progress in interventions addressing domestic violence against women

Violence against women (VAW) is a major threat to women's wellbeing and to achieving gender equality. In a country like India where women's vulnerabilities are further heightened by caste hierarchies, class divides and deeply entrenched patriarchy, the gamut of VAW is wide.

The data available from National Family Health Survey and National Crimes Bureau indicates a persistent increase in the prevalence of VAW. Several reports are pointing towards an increase in violence against women during COVID- 19 pandemic. Further, women are not able to access support services due to public health measures imposed to curb the spread of COVID- 19.

The COVID situation challenged women's organisations and NGOs working in this space to acknowledge the precarity of any progress made thus far in addressing VAW in the country and come together to

reflect, realign and re-strategise their interventions. Efforts of these civil society organisations (CSOs) have led to effective solutions in addressing violence against women and the creation of support services and structures. However, despite several decades of dedicated work, there has been limited cross-learning across organisations adopting different approaches and strategies and working across multiple movements and coalitions.

To address this gap, a consensus-building meeting was organised by CEHAT in collaboration with SAHAJ as the first step towards reflecting on efforts made so far and monitor the progress of interventions by various civil society organisations. Representatives from 15 organisations participated in two virtual meetings to discuss various approaches to address VAW, ranging from a survivor-centred intervention to working with communities and with public systems. Additionally, the reflections on the various approaches also drew on barriers and facilitators to each of these approaches. The group also discussed various indicators and monitoring mechanisms used by the organisations to measure the success of their interventions.

The participants were divided into three groups based on specific approaches and assigned to separate rooms for an hour-long discussion during the convening. Each group was asked to address a set of common questions on the indicators of success, barriers and facilitators and monitoring mechanisms for each approach. This was followed by group presentations and questions and answers at a joint plenary session.

A comprehensive report was compiled based on the discussion of two virtual meetings with various organisations. The draft report was shared with representatives of various organisations for their feedback, based on which a final report was published focussing on the various approaches to respond to VAW, contextual barriers and facilitators, monitoring mechanisms and intersectoral coordination.

II. Training & Education

1. A virtual training on integrating gender in medical education for medical educators

Training for first batch of 48 medical educators was carried out on 3rd, 4th, 17th, and 18th July. The batch comprised of Professors and Heads of departments, Associate Professors from departments of Gynaecology and Obstetrics, Forensic Medicine, Internal Medicine, Psychiatry and Community Medicine. An advantage of conducting the training virtually was that it enabled us to invite internationally renowned speakers to the training. The training was delivered by eminent scholars from India and globally, and covered a range of topics viz. 'Understanding Sex and Gender', 'Recognising gender as a social determinant of health', 'Gender based violence and impact on health' amongst few. Despite the trainings being on weekends, most faculties attended all the 12 hours of training. Each session was conducted with either case studies or films enabling medical educators to reflect upon theoretical aspects and connect theory to teaching and clinical practice. The sessions were well-received as evidenced from the positive feedback we received from faculty. Faculties across disciplines spoke about gaining clarity on concepts of gender and its relevance in medical education through the training.

Similarly, GME training was carried out for second batch of medical educators on 25th and 26th September and 2nd and 3rd October, 2021. 15 medical educators were trained in this batch. Though there were more deputation received for second batch, many educators could not attend training due to COVID duties and their busy schedule.

All the training sessions received positive responses from faculties. Faculties mentioned that sessions were informative and helped them understand how gender intersects with caste, class, religion, disability and creates a complex network of marginalization. Responding to session on 'gender as a social determinant of health' faculty commented that despite being in the health sector for over a decade, they were still unaware of stigma and discrimination faced by LGBTQI+ communities and how the training helped them better understand this aspect.

2. Capacity building of grassroots organisations on quantitative and qualitative data analysis

A two-day in-person training was organised by CEHAT for building capacity of three organisations i.e. Stree Mukti Sanghatana (SMS), Association for Advocacy and Legal Initiatives (AALI) and Jan Sahas on conducting quantitative and qualitative data analysis using service records. The training was conducted by a resource person having more than two decades of experience in guiding organisations to carry out research. The capacity building of team members of three organisations helped them to conduct

descriptive and bivariate analysis of the data from service records. The training also helped them to understand the importance of proper documentation of service records and identify the gaps in their present data sets.

3. Training on response to Violence against women in the COVID context

In the reporting period, COVID-19 was raging but so was Gender based violence. There were several reports related to the impact of violence being faced by women and girls and inability to access services. Despite these fact hospitals continued to receive women and girls reporting rape, attempted suicides and the like. Hybrid methods of trainings were implemented for both health workers as well as Dilaasa teams. Some of these efforts are listed below

a. Training of doctors, nurses, para medical and non-medico staff at MCGM Hospitals:

- In the period between September 2021 and March 2022, 12 orientation trainings were conducted across 7 hospitals. These training workshops focused on orienting HCPs about clinical signs and symptoms of violence among survivors, health consequences of violence, components of psychological first aid and role of Dilaasa centres. Out of 12 trainings, 9 were on comprehensive health response to survivors of rape. The participating doctors and nurses had joined recently and never been oriented before. Around 350 health care providers participated in the trainings.
- Dilaasa centres work closely with police stations in order to seek support for women and girls in recording police complaints One such training was organised at Bhandup police station in December 2021 for 30 police officials. The focus was on Dilaasa and its services, role of health care providers, pathway of survivors to the hospitals and expectations of health facilities and Dilaasa from Police.

b. Capacity building of Dilaasa centres:

- **Capacity Building of Counsellors for preventing attempted suicides for violence against women:** Training was conducted by Dr. Shubhangi Parkar, a renowned psychiatrist and former dean of KEM hospital. Though Dilaasa counsellors were being trained, there was a need to orient them to the linkages between increase in suicide attempts and COVID lockdown, impact of lockdown on survivor's life, increase in vulnerabilities. Session was attended by 19 counsellors with 10 CEHAT team members and senior Dilaasa counsellors in March 2022. Session was conducted in participatory method using challenging case stories written by participants i.e. cases handled by counsellors. They shared that they gained clarity about mental health conditions, identification of problems and referral to the psychiatry department.
- **Ongoing capacity building of Dilaasa team through case presentations:** A total of 14 case presentations took place from April 2021 to December 2021. Case presentations were

organised in two batches so that all the Dilaasa team members could attend them on either day and the day-to-day functioning of Dilaasa centres is not disturbed. Twelve case presentation meetings were conducted virtually. Along with this, input session on psychological first aid and The Trafficking in Persons (Prevention, Care and Rehabilitation) Bill, 2021 were conducted during the case presentations. Two case presentations were conducted in-person in January 2022 following physical distancing protocols as per government guidelines when partial restrictions were lifted.

- **Training on analysis of case records with all Dilaasa centres:** Input sessions were designed for Dilaasa team to understand analysis of case records having indicators like profile of patients, health consequences, referrals, interventions. This enabled them to understand utility of analysing case records.
- **Team Building training:** The Dilaasa team saw many new members being recruited by MCGM. Given this transition phase, CEHAT organised a training with support from Arvind Chittewale (of The Learning Circle) in August 2021. 28 Dilaasa team members from 10 centres participated in the training. The objective of the training was strengthening the Dilaasa teams, building a good rapport with the health care providers in their respective hospitals for better functioning. Participants found training useful especially the information regarding why teamwork is important in this work.

c. Building health systems' response to VAW across different states in India.

CEHAT has been engaged in creating a sensitive health care approach to VAW in 7 states. Our efforts are underway with district hospitals in the states of Haryana, Goa, Meghalaya and Maharashtra. A series of capacity building workshops were conducted with health care providers (HCPs) of these states. The core content of the trainings was explaining health consequences of violence, steps to identify signs and symptoms of violence, provision of psychological first aid and the importance of documentation in the event a survivor wishes to pursue legal redressal. Besides these technical aspects, the thrust of the training was to understand concepts of sex and gender, gender based discrimination, patriarchy and how it is instrumental in perpetuating VAW. HCPs were encouraged to actively identify VAW survivors and refer them to the existing hospital counsellors, after the training.

- Due to COVID restrictions, 5 virtual trainings were organised for the HCPs from Haryana, Goa, Meghalaya, Maharashtra and benefitted around 195 HCPs. Additionally, in-person trainings were also organised for HCPs from Akola Women's Hospital and 5 hospitals in Karnataka. 74 HCPs from GMC Akola, Maharashtra & Goa attended the training on November 16 and 17 and around 100 HCPs from the Karnataka hospitals attended the training on 8th to 10th December 2021
- Based on the existing partnership with Karnataka NHM department, 45 key medical and nursing providers of 5 hospitals were deputed for Training of Trainers (ToT) program so that post their

training, they could also carry out orientation and awareness programs in their respective hospitals.

- CEHAT continued its virtual dialogue and monitoring of health care response by way of case presentation, meetings and input sessions in these states.

d. Continued support to One Stop Centres set up by MoWCD:

In the first wave of COVID, CEHAT developed a curriculum for virtual trainings of OSC staff members. This was executed for Meghalaya, Assam, Maharashtra and MP. As a follow up to these trainings, we also created a means of support by setting up a forum to discuss difficulties in interventions and learnings from it. 9 such case presentations were conducted for staff from the aforementioned states. We realised that despite trainings and meetings, integrating women-centred counselling techniques, understanding health impact of violence, negotiating with hospitals for good quality of care were crucial challenges faced by OSCs.

4. Research Ethics Matters in the arena of Programmatic Interventions Research to respond to Gender Based Violence

A two-day virtual training was organised by CEHAT along with HEaL Institute, FMES and Vidhayak Trust, for three organisations CEHAT is working with- Association for Advocacy and Legal Initiatives (AALI), Jan Sahas and Stree Mukti Sanghathana (SMS). The ethics training enabled participants to appreciate the salience of ethics in upholding scientific integrity of research enterprise in general; and identify and apply the methods of ethical reasoning to health research with special focus on intervention research in the spaces of gender-based violence/violence against women, use of intervention/program data for generating evidence to inform ongoing interventions and advocacy.

The trainers used, interactive methods involving small group case studies, short videos, and ample discussion space. They also used case studies sourced and developed from within India to be complemented by those involved in international collaborative research.

III. INTERVENTION AND SERVICE PROVISION

1. Psycho social interventions by Dilaasa centres:

Second lockdown was announced in April 2021 due to surge in cases of COVID infection. Though there were restrictions on travel, people were able to access health services better as compared to first lockdown. The hospitals were occupied with COVID patients almost till August 2021. The 11 Dilaasa centers were open as they were declared as essential service in first wave but number of survivors were not the same as they were before COVID. CEHAT continued to assist Dilaasa teams during COVID and lockdown by connecting them with resources such as shelter homes, upgrading skills related for virtual counselling and engaging in morale building activities.

Intervention done - April 2021 to March 2022					
New DV	DV follow Up	New SV	SV follow up	Screening	Total
854	2680	797	617	3306	8254

854 new cases of domestic violence were registered and **797 new cases of sexual violence** were reported across 12 hospitals during this period. Counsellors were doing active follow up of suspected survivors of violence telephonically. Scripted conversation helped in prioritizing the safety of the survivors. During this period, follow-ups were done with **2680 DV** survivors and **617 SV** survivors. Besides this, Dilaasa team interacted with **3306** women and children and did active case finding with those who visited the hospital for health complaints or accompanied a family member or neighbours for treatment. Dilaasa teams **reached out to 17934 women and children by distributing pamphlet and awareness generation** about Dilaasa and its services in the OPD and wards of the hospital and nursing home in the hospital's periphery. Despite the lockdown, Dilaasa reached out to **26188** women and children who needed help and visited hospital.

2. CEHAT Helpline:

CEHAT counsellors received nearly **123** calls from April 2021 to March 2022 on its helpline. 28 survivors of domestic violence and 41 survivors of sexual violence were newly identified through the helpline. Counsellors received follow-up calls from 21 DV and 22 SV survivors in this period. There were 9 enquiry calls made by survivors' friends, family members and other organizations. It was observed that calls from other states declined during the second lockdown and survivors and HCPs primarily from peripheral hospitals in Mumbai were accessing the helpline service.

IV. ADVOCACY

1. Webinar on Medico legal examination of Custodial torture and death: Gap in procedures and protocols of the police and the health system

CEHAT and Commonwealth Human Rights Initiative (CHRI) urged the Government of India and the National Human Rights Commission (NHRC) to issue detailed guidelines in conformity with international standards on strengthening the role of health workers in detecting and documenting signs of torture, collecting evidence and offering therapeutic care.

On December 9, 2021, CEHAT and CHRI organised a webinar on 'Medico legal examination of custodial torture and deaths' which brought together medical and legal experts to discuss concerns as well as suggest recommendations to address torture of persons in custody. Participants also focused on subsequent deaths in custody with a deep dive on the medicolegal role of health professionals.

In order to address the current lacunae in medicolegal care for victims of torture and those who die in police custody, CEHAT developed comprehensive guidelines on torture and autopsies through extensive consultations with legal and medical experts.

The guidelines provide a comprehensive framework aimed at assisting health workers detect and document torture and are adapted from guidelines developed by the United Nations, 2004 Istanbul Protocol for Effective Investigation and Documentation of Torture and the 2016 Minnesota Protocol on establishment of potentially unlawful deaths.

2. Dissemination seminar on Responding to Violence against women: Evidence based on analysis of service records

On March 28, 2022, CEHAT organised a seminar in Mumbai, providing a platform for dissemination of findings of these research projects. Nearly 50 researchers and practitioners from organizations working in the field of gender-based violence were in attendance. Each of three partner organisations presented their work and research findings which was briefly followed by discussion. The seminar highlighted the criticality of findings of each of the studies and how they provide unique insights about expectations of survivors, hurdles to access support and reasons for delayed healthcare service utilisation.

3. Dilaasa Standard Operating Procedure – 20 years of Dilaasa: A journey of reflection

CEHAT organised a meeting to reflect upon the 20 years of Dilaasa. Now that Dilaasa is being replicated in several states in India and across different health systems a Standard Operating Procedure (SOP) to guide /enable health administrators to monitor health system response to VAW in a methodical

manner. CEHAT in consultation with nodal officers, senior administrators, senior medical officers and core group members of public hospitals (comprised of senior nurses, community development officers and para medical staff) implementing Dilaasa crisis centres developed and finalized this SOP which was published in Dilaasa Reunion program by Dr. Mangala Gomare (EHO), in April 2022. (<https://www.cehat.org/researchareas/project/1554104608>).

4. Recommendations to expert committee on LGBTQ-friendly competencies in medical education

Years of CEHAT's efforts in the field of gender-informed medical education and advocacy efforts resulted in the implementation of a new competency-based medical curriculum (CBME) in 2019. The preamble of the CMBE syllabus mentions 'gender-sensitivity' as a crucial component of medical education. However, our efforts do not stop here. Following Hon'ble Madras High Court's order, deeming medical curricula as queerphobic and discriminatory to LGBTQIA+ communities, an expert committee was formed to redress this issue. CEHAT's work on gendered health issues and content development for medical education, placed us in an ideal position to recommend LGBTQ-friendly changes in the competencies. CEHAT recommended inclusions and revisions to be made in aspects relating to consensual adult sexual behaviour, unscientific nature of virginity testing, gender and sexual identity, intersex identity and differences of sex development and sexual orientation.

5. Workshop on gender sensitivity in medical education with MGIMS, Wardha

On February 12, 2022, CEHAT along with the Internal Quality and Assurance Cell (IQAC) at Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram conducted an online workshop on 'Why gender matters in medical education and healthcare'. Seventy-five faculty and medical education unit members from medical and nursing colleges across India attended the two-hour workshop. Key contents of the sessions included differences between sex and gender and its role in health, integration of gender perspectives in medical education, the need for gender-sensitivity in clinical practices and the means to this end. Participants' feedback highlighted that they appreciated the interactive nature of workshop, discussions around sex and gender, content shared by the speakers and examples of how gender-concerns were implemented in clinical practice.

6. Assessing progress in interventions addressing domestic violence against women: Report of a national consultation

The report from the national consultation meeting was disseminated through a virtual meeting conducted on 29th September 2021. The event saw participation from more than 100 organisations, many of which are part of AMAN Network which is a national forum of various CBOs and NGOs working on the issue of VAW. The findings of the report were presented by a three-member panel where each member spoke about three approaches to address VAW- casework, community engagement and public system engagement. The panel members were representatives from organisations that participated in online convenings- Ms. Gargi from SWAYAM, Dr. Nayreen Daruwalla from SNEHA and Dr. Sanjida Arora from CEHAT and the meeting was moderated by Dr. Vindhya Undurti. Mary Ellsberg (Global Women's Institute, George Washington University), Anuja Gulati (UNFPA, India) and Manuela Colombini (London School of Hygiene & Tropical Medicine, UK) were discussants for the dissemination event.

The panel highlighted success indicators at the level of the survivor including those signaling immediate relief from a crisis, to their long-term evolution into VAW activists, advocates and service providers. At the community level, indicators included better awareness of VAW as a women's rights and health issue, supportive attitudes towards VAW survivors, and ultimately, standing up as a community to enforce zero-tolerance to domestic violence and making intolerance to domestic violence a community norm. Engagement with public systems was assessed as successful when at a minimum, these systems acted effectively to support the VAW survivor, and eventually when the key stakeholders leading these systems became active spokespersons against VAW. One of the strong recommendations that came out of the dissemination meeting was the need to develop a Management Information System at the level of each organisation. The MIS can have a set of indicators that each organisation can monitor to assess their progress and produce evidence on effective strategies to address VAW.

7. Monitoring committee meetings

Health care providers were occupied with COVID and vaccination duties which made it difficult bringing the entire group together. Some HCPs were even transferred to other hospitals. These were the reason many monitoring committees had become non-functional and there was a need to reconstitute the committees. In 2021-2022, two monitoring committee meetings took place in K. B. Bhabha Hospital, Kurla and Pandit Madan Mohan Malviya Shatabdi Municipal General Hospital, Govandi.

These meetings were helpful to discuss issues regarding gaps in comprehensive health care response to sexual violence and doctors agreed to bring change in their practice. They expressed a need to organise a training for newly joined health care providers. It was also decided to create a WhatsApp group for quick response to a case when needed. This also helped to keep committee members

informed about case load in Dilaasa, which department is identifying cases and which departments are failing to identify cases of violence. Participants suggested to make Dilaasa visible in the facility. Dilaasa team took on the responsibility to put up posters in the hospital and make pamphlets available in all the departments in the hospital.

V. DOCUMENTATION AND PUBLICATION

1. Documentation of gender integrated lectures

After the completion of GME training, medical educators are expected to conduct gender-integrated lectures as per the modules relevant to their discipline. Meetings with faculty across all disciplines were conducted to discuss how to integrate gender in their existing teaching hours. This also included how to conduct additional lectures (Sex and Gender and Violence against Women), which are foundational and concept-building topics. Mock sessions, supportive slides, case studies and lessons were shared with educators.

CEHAT team visited respective medical colleges to document these lectures. It also enabled interaction with faculty, students, meetings with dean as well as visit to different departments participating in the project.

CEHAT team documented 12 gender integrated lectures (including 5 additional lectures) that were conducted by trained medical educators. Medical educators adapted innovative ways to integrate gender content. For example, faculty used pictures, advertisements, recent events to explain interaction between gender and health. Another faculty used recent events (Nirbhaya case, Acid attacks), data, case studies to explain violence against women as a public health issue.

2. Gender Equity in India's Medical Education is still out of reach

CEHAT team undertook a review of five subjects in the 'Competency Based Medical Curriculum' and published an article about gender gap that were found in five disciplines. Link - <https://science.thewire.in/health/gender-equity-in-indias-health-education-is-still-out-of-reach/>

3. Violence against women is a public health issue:

The work of CEHAT on issue of VAW was shared in The Third Eye's Public Health edition. The Third Eye is a feminist learning platform working on the intersections of gender, sexuality, violence, technology and education. The platform is useful for educators, teachers, grassroots workers, policy makers, researchers, youth and communities in rural, and urban areas (<https://thethirdeyeportal.in/body/violence-against-women-is-a-public-health-issue/>). The article in The Third Eye Public Health edition was published both in Hindi and English. The publication highlights the role of health system in responding to violence against young girls and women. It will make aware the readers about their rights and legal obligation of providers not only in providing medical treatment but also other support services to the girls and women facing violence.

4. Article in The Wire Marathi

Article based on study report by CEHAT, released in 2018 to take a comprehensive look at the effects of sexual violence on the lives of the survivors. As part of that study, parents of victimized girls, adolescents and young women were encouraged to speak. - April 28, 2021 Link: <https://marathi.thewire.in/resolve-needs-the-backing-of-implementation>

5. Addressing women's safety needs during lockdown in India

Blog on SVRI website, Fri, 2021/12/10 Link: <https://www.svri.org/blog/addressing-women%E2%80%99s-safety-needs-during-lockdown-india>

6. Newspaper article

Increase age of marriage for girls, 26th Dec 2021

Link: <https://www.loksatta.com/chaturang/no-law-facilities-society-child-marriage-ysh-95-2733095/>

7. Experiences of women survivors of violence during the COVID 19 induced lockdown, 2021:

An case e-book documents CEHAT & Dilaasa's experiences of responding to survivors of violence during different phases of lockdown as this was a unique and learning experience to support women and girls telephonically besides physical settings. It illustrates some of the experiences of CEHAT helpline and Dilaasa counsellors in providing crisis intervention services during the lockdown from March 2020 to April 2021 as well as the challenges faced in facilitating services on the ground. It can be used as an illustrative resource in training of counsellors/ case workers/ social workers to facilitate psycho social services in the context of pandemics. - <https://www.cehat.org/publications/1658894178>

8. Multimedia output for the project -Blog and reports

The research team wrote a blog as part of the study outputs on “Scaling up Dilaasa- How health systems are helping women facing violence in India”. The blog used the WHO building blocks framework. It enlisted the role of Dilaasa in the health systems, process of upscaling Dilaasa from pilot model to 11 hospitals in Mumbai using the WHO framework. - <https://www.svri.org/blog/scaling-dilaasa-how-health-care-systems-are-helping-women-facing-violence-india>

9. Paper on marital rape

A paper titled “Women’s experiences of marital rape and sexual violence within marriage in India: evidence from service records” was published in Sexual and Reproductive Health Matters journal. The paper highlights the sexual violence faced by women from husband and emphasizes on the need to criminalize sexual violence. To our knowledge this is the first such paper directly based on case records and interventions in a health system – <https://www.tandfonline.com/doi/full/10.1080/26410397.2022.2048455>

Staff details as on 31st March 2022

Sr. No.	Employee Name	Male / Female	Designation	Period
1	Ajinkya Deshmukh	Male	Research Associates	03.05.2021 till date
2	Akshay Gamre	Male	Secretary	24.11.2021 to 03.12.2021
3	Amruta Bavadekar	Female	Research Officer	05.07.2021 till date
4	Anshit Baxi	Male	Sr. Research Associate	28.09.2020 to 31.12.2021
5	Diana Thomas	Female	Research Associates	01.10.2020 till date
6	Dilip V. Jadhav	Male	Secretary	01.11.2001 to 30.09.2021
7	Harshal Shirodkar	Female	Sr. Research Associate	03.05.2021 to 15.09.2021
8	Mukul Bhowmick	Male	Sr. Research Associate	03.01.2022 till date
9	Olinda D'souza	Female	Secretary	13.04.2015 to 30.06.2021
10	Pramila P. Naik	Female	Administrative Officer	09.10.2000 till date
11	Radha Pandey	Female	Secretary	18.11.2013 till date
12	Rajeeta G. Chavan	Female	Research Associates	27.07.2009 till date
13	Sangeeta Rege	Female	Senior Programme Coordinator	02.05.2013 till date
14	Sanjida Arora	Female	Research Officer	04.07.2014 till date
15	Sarita Patel	Female	Secretary	12.03.2019 to 11.12.2021
16	Shilpa Kompelli	Female	Research Associates	14.9.2020 till date
17	Shobha Kamble	Female	Office Assistant	14.12.1999 till date
18	Sudhakar Manjrekar	Male	Office Assistant	15.11.2000 till date
19	Sujata Mandar Dadode	Female	Sr. Research Associate	01.07.2014 till date
20	Swati S. Pereira	Female	Admin Assistant	16.07.2015 till date

ANNEXURE

Publications April 2021 – March 2022

1. Books/ Reports:

- a. Assessing progress in interventions addressing domestic violence against women report of a national consultation. (2021). By CEHAT & SAHAJ, 54 p. - <https://www.cehat.org/publications/1639046050>
- b. Experiences of women survivors of violence during the COVID – 19 induced lockdown. (2021). By CEHAT & Dilaasa, 71 p. E-Book - <https://www.cehat.org/publications/1658894178>
- c. Scaling up the health-systems response to violence against women: A review of the implementation of Dilaasa crisis centres in 11 public hospitals in Mumbai. (2021). By Arora, S., Thomas, D., Bhate-Deosthali, P., Baxi, A. & Rege, S., xviii, 208 p. CEHAT - <https://www.cehat.org/publications/1665744150>
- d. कोविड १९ महामारीमुळे लागू केलेल्या टाळेबंदीच्या कालावधीमध्ये हिंसेचा सामना केलेल्या महिलांचे अनुभव. (2022). By CEHAT & Dilaasa, 71 p. E-Book - <https://www.cehat.org/publications/1661503721>

2. Journal Articles:

- a. Knowledge, attitudes and practices of health care providers trained in responding to violence against women: a pre and post-intervention study. (2021). By Arora, S.; Rege, S.; Bhate-Deosthali, P.; Thwin, S. S.; Amin, Avni; García-Moreno, Claudia; Meyer, Sarah R., 21:1973, 13 p., BMC Public Health
- b. Strengthening health systems' response to violence against women in three tertiary health facilities of Maharashtra. (2021). Gaddappa, S.; Deshpande, S.; Gaikwad, N.; Rokade, J.; Prabhu, P.; Arora, S.; Rege, S., 6 p. The Journal of Obstetrics and Gynecology of India
- c. Women's experiences of marital rape and sexual violence within marriage in India: evidence from service records. (2022). 29(2), Sexual and Reproductive Health Matters.

3. Blogs:

- a. MUKTA: A journey from dark to dawn – A doctor's experience of responding to violence against women in India (2021, June 10). By Rokade, J., Sexual Violence Research Initiative (SVRI).
- b. Violence against women is a public health issue. (2021, June 18). By Arora, S. The Third Eye
- c. Mumbai's peripheral hospitals in the first wave of Covid-19. (2021, July 2). By CEHAT. The India Forum.in
- d. Scaling up Dilaasa - How health care systems are helping women facing violence in India. (2021, July 29). By Baxi, A. & Thomas, D. Sexual Violence Research Initiative (SVRI).
- e. Gender equity in India's medical education is still out of reach (2021, October 24). By Rege, S., Deshmukh, A. & Bavadekar, A. Science The Wire.in

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- f. Addressing women's safety needs during lockdown in India. (2021, December 10). By Kompelli, S. & Ayarkar, S. Sexual Violence Research Initiative (SVRI).

4. Newspaper:

- a. धैर्याला साथ हवी अंमलबजावणीची. (2021, April 28). By Burte, A. The Wire.in (Marathi)
- b. Secondary victimisation of rape survivors: Adding insult to injury. (2021, June 22). By Bhate-Deosthali, P., Rege, S., & Arora, S. The Leaflet.in
- c. Domestic violence as the shadow pandemic. (2021, August 17). By Jaising, I. The Leaflet.in
- d. Remembering Keshav sir. (2021, September 10). By Bhate-Deosthali, P. The Leaflet.in
- e. Indicators for assessing what works to redress violence against women in intimate spaces. (2021, October 22). By Basu, A. The Leaflet.in
- f. Abortion rights in North America and India: A comparative socio-legal analysis. (2021, November 13). By Sahgal, K. N. Bar and Bench.com
- g. Dispatches from India: Pandemic impacts women's health. (2021, November 16). By Buckshee, D. Yale School of Public Health
- h. Strengthening the health system response to violence against women in Maharashtra, India. (2021, November 24). World Health Organization.
- i. Time to muffle those downhearted ditties, stamp out domestic violence. (2021, November 25). By Ganesan Ram, Sharmila. The Times of India
- j. NFHS 5: क्या भारत में वाकई मर्दों के मुकाबले औरतों की संख्या बढ़ गई है? (2021, November 26). By Arya, Divya. BBC News Hindi
- k. कायदा नको; सुविधा हव्यात. (2021, December 25). By Ayarkar, Sujata. लोकसत्ता, चतुरंग
- l. Labour-room violence. (2021, December 27). By Singh, Gurpriya. The Pioneer.com
- m. Can't dismiss rape survivor's testimony simply due to lack of medical evidence: Mumbai court. (2022, January 13). By Rakshit, Devrupa. The Swaddle.com
- n. India needs to focus on societal, government action to stamp out discrimination at hospitals: Experts. (2022, March 1). By Adil, Ahmad. Anadolu Agency
- o. The law that criminalises sex between young people in India. (2022, March 2). By Jain, Mahima. Scroll.in
- p. सुटका. (2022, March 26). By Parkar, Shubhangi. लोकसत्ता, चतुरंग