ANNUAL REPORT OF CEHAT 2020 – 2021

I. RESEARCH

1. Upscaling evidence-based health systems response to violence against women and children in eleven public hospitals in Mumbai: review of its implementation

This project is being funded by Sexual Violence Research Initiative (SVRI). The SVRI World Bank Group Development Marketplace for Innovation on Gender-Based Violence Prevention and Response received over 260 proposals from all regions of the world in 2019. A rigorous selection process involving several rounds of reviews conducted by world-renowned experts in the field of gender-based violence (GBV) narrowed the proposals to a small group of 10 winners. CEHAT's proposal to study upscaling of Dilaasa crisis centres was on of the proposal which got selected for grant award.

Dilaasa Crisis centres are integrated into the government's National Urban Health Mission (NUHM 2015 - 2016) in Maharashtra and scaled up in 11 public hospitals in Mumbai by the Municipal Corporation of Greater Mumbai (MCGM). The study attempts to contribute to building evidence for health systems response to violence against women (VAW) by –

i. Assessing the extent to which various components of the Dilaasa model have been replicated in 11 peripheral Municipal hospitals of Mumbai.

ii. Documenting the problems (if any), encountered by 11 hospitals in establishing a health sector response; the strategies adopted by them in overcoming problems and the processes adopted to make the model functional on a day-to-day basis.

iii. Identifying the strategies that played a role in scaling up of the Dilaasa model in 11 Municipal hospitals.

Given the dearth of knowledge on evidence-based models in the health sector to respond to VAW in LMIC settings, this study will fill an important gap on factors and indicators that lead to the successful scaling up of a health sector model to respond to VAW. The research findings will help advocate for the integration of such centres into other health settings across different states in India. It will assist to understand how to reach as many survivors as possible hence the urgent need to know what we can scale up, and how, and when we do, does it remain effective

ACTIVITIES CONDUCTED

- **Capacity building and preparation for data collection**: Two Research associates appointed for the project were oriented about the concept of Dilaasa and the research study. The researchers spent considerable time in Dilaasa to understand the routine functioning and interface with hospital system. Mock interviews with CEHAT staff were carried out before the roll out of data collection. The mock interviews were instrumental in developing the probes for the interview questions and hone skills of the researchers. Meeting and visits to Dilaasa centre were conducted to consult with Dilaasa staff on plans to roll out data collection. Since the project has a mixed-methods

approach, efforts were made to identify the sampling frame and sample size for each method. Researcher first interviewed counselors, followed by HCPs, Key informants, and survivors. KAP survey (pre-test, post-test, 3 months post-test) to asses training component of HCPs to be administered while conducting interviews.

Appointment for the interview was taken as per availability of the respondents. Some interviews had to be carried out on-line due to Covid-19 pandemic and lock down. Reflection exercise with research team was carried out regularly after each interview.

- **In-depth interviews with 11 Dilaasa counsellors**: The sampling frame consisted of 1 counsellor at each of the 11 facilities to understand the day-to-day functioning of the centre in the context of problems faced and strategies developed to overcome them. We identified the sample of counsellors (1 from each facility), based on the higher number of years of experience. In-depth interviews with 11 Dilaasa counsellors were completed, followed by transcription and coding. The preliminary findings indicate that the counsellors follow a women centric approach to provide services to survivors. Emotional support to ameliorate fear of the survivor and never to blame the victim are the primary focus of the counselors. Coordination with other sectors like police, CWC, Protection officer, legal justice system, and shelter homes are integral part of Dilaasa's routine activity.

  In-depth interviews with HCPs: The sampling frame consisted of 13-15 providers at each of the 11 facilities to understand facilities response to VAW. Since providers are not always available to participate, we over-sampled to accommodate non-response from some of the HCPs. In-depth interviews with 11 HCPs (Nodal Officers) were completed, followed by transcription and coding. The preliminary findings of interviews with nodal officers indicate the importance of playing leadership role by nodal officer in spearheading effective health systems' response to violence against women. The nodal officer were found to play an important role in supervising the work of Dilaasa staff, assisting them in routine functioning of Dilaasa, carry out capacity building activities for the staff of the staff and monitoring the hospital's response to VAW.

- **Key Informant Interviews**: Interviews of 10 key officials from public health and NUHM were conducted to identify strategies that played a role in scaling up of the Dilaasa model. These informants were identified based on their association in initiating the first Dilaasa centre in Mumbai and involvement later in replicating Dilaasa centres in 11 peripheral hospitals in Mumbai. The identified respondents were approached telephonically or through email to explain about the study and seek appointment for interview. Accordingly, interviews were conducted based on their convenience.

  Preparations for conducting in-depth interviews with survivors: In-depth interviews with survivors receiving services from 11 Dilaasa centers will be conducted. This is essential to document the acceptability and effectiveness of the health system's

response among survivors of violence. The interview with survivors will attempt to document the experience of survivors in seeking support from Dilaasa, their interface with health and recommendations to improve services. In order to prepare the sampling frame, the counsellors from Dilaasa centres were requested to identify survivors which are in their touch. Counsellors were given criteria to identify cases. The criteria was developed in order to bring representativeness in sample across age, relationship with abuser, forms of violence, vulnerabilities and so on. All the 11 centres provided details of four to eight survivors. The selected survivor's intake form was studied in detail by the interviewers; a semi structured interview guide was prepared for each survivor based on the case details.

- **Survey to capture knowledge, attitudes and practices (KAP) of training HCPs on response to VAW**: To be mindful of the fact that resident medical officers are transferred every 6 months, hence the design of the survey and a post-survey at 3 months' follow-up had to be developed to capture their knowledge, attitudes and practices (KAP) related to VAW response. The survey was administered by researchers in 5 hospitals which included pre- test and post test of the training. It has been a challenge to carry out this component especially post-survey at 3 months' follow-up as HCPs were occupied with COVID duties, and thus trainings were not been held frequently.

- **11 Centres MIS data analysis**: Retrieving, cleaning and analysis of Medical Information System (MIS) primary data of 2018-2020 from 11 Dilaasa centres were conducted to understand beneficiary profile, pathways of care and support services provided at the centre. During analysis of MIS data, gaps in data entry were identified owing to which a new data entry template was created to simplify the process. Data entry operators from all 11 Dilaasa centres were trained on using these new templates. Data from 2018-2020 was entered in these new templates and are current being cleaned and analysed for the study.

- **Focus Group Discussion with ANMs:** A focus group discussion consisting of seven ANMs from Dilaasa centres was done to understand their role in functioning of Dilaasa.

- **Additional interviews:** Additional interviews were conducted with four health care providers, and matrons from eight hospitals. Four health care providers included two Gynecologist from the same hospital, a resident medical officer and an senior medical officer to understand barriers in identifying survivors of domestic violence by healthcare providers in their routine clinical practice. Other two health care providers were senior hospital administrators, one was an actively involved with Dilaasa in two hospitals, while the other hospital administrator was interviewed since the Nodal officer had denied for the interview. Matrons from eight hospitals were interviewed to

understand role of nursing department in Dilaasa. Data Entry Operator from one hospital was interviewed to understand the respondents' role in the hospital.

- **Understanding the Budget of Dilaasa:** Data on budgetary allocation for Dilaasa was obtained from NHM, Maharashtra and BMC's Budget website. The data was analysed by the research team to understand budgetary allocation and its expenditure pattern. An informal discussion was held with accounts personnel from NHM to gain insight.

- **Development of blog post for SVRI blog:** To meet the requirement of a blog post, CEHAT team developed a piece around the new set of guidelines devised by CEHAT-*Dilaasa* for providers of crisis-intervention services to survivors of VAW during COVID-19. These are based on *Dilaasa's* experience of functioning in all 11 hospitals during the pandemic and continuing to support survivors while also staying safe from the infection. It also takes into account the drastic mental health impact of living under lockdown with perpetrators of violence as well as the effect on the mental health of counsellors.

Challenges that affected research activities

- **COVID-19 Lockdown and impact on the research project -** The data collection was to be initiated by March 2020 but given the COVID situation and the subsequent nation-wide lockdown, data collection could not be initiated. Public hospitals were already overburdened with COVID, so there was no possibility of any trainings which were critical to the project for us – as an important activity was the KAP survey across different cadres of HCPs. We realised that given the COVID situation, HCPs - doctors and nurses - would continue to remain unavailable for the foreseeable future. We realised that research to be undertaken at the level of public hospitals may have to be postponed. We have quickly adapted to the context and are prioritising other elements of the research study – qualitive aspects such as interviews of One Stop Crisis (OSC) centre teams, documenting and analysing the role they played in COVID vis-a-vis VAW and analysis of the aggregated data of these centres.

FUTURE PLANS

Our timeline to complete data collection was extended to August 2021 due to Covid situation and state level lockdown. In-depth interviews with survivors receiving services from 11 Dilaasa centers will be conducted. Based on in-depth interviews with counsellors and Nodal officers a blog on scaling up of Dilaasa centres in 11 public hospitals in Mumbai will be published. A study report, manual on facility response to VAW, and research papers are part of the future plans.

2. The role of medical evidence in rape: A Review of Judgments at Session Court

This study was undertaken to understand the role of medical evidence in rape trials and assess its role in rape adjudication process. The objective of the study is to examine the role of medico legal examination in trials of session court. As well as to understand factors affecting court outcomes resulting in convictions or acquittals in rape trials based on analysis of the judgments.

Out of 728 sexual violence survivors reached three hospitals Municipal hospitals of Mumbai between 2008 to 2015 only 96 complete judgements were available online for analysis. Out of 96 judgments, in 41 cases there were conviction and in 55 cases accused got acquitted. The most number of convictions were seen in the youngest age group 0-12 years, followed by adolescents. 3 years is the average time taken to complete the trail though the POCSO and CLA speak about speedy trail. It is seen that when there is less delay in filing FIR conviction is more in those cases. The Prosecution was able to secure the presence of doctors in 61 cases out of 96.

The report indicates courts dependence on the presence of injuries, though changes in law related to sexual violence talk about non penetrative sexual violence and health consequences other than injuries. A bulk of questions to healthcare providers were on aspects of injuries and status of hymen. The language of judgements points towards victim blaming attitude towards adolescent girls and young women. The findings recommend a need to foster dialogue between judicial officers, public prosecution and other stakeholders to provide support to survivors during trail period this will help in reducing cases where victim turns hostile. The need for a witness protection scheme/program that continues to provide assistance to survivors and their families even outside court is highlighted by the study.

3. Strengthening health system's response to violence against women – An implementation research project in Aurangabad and Miraj- Sangli tertiary hospitals

The aim of this collaborative project (2018 – 2020) between CEHAT and World Health Organization (WHO), Geneva was to implement clinical and policy guidelines developed by WHO in 2013 for responding to intimate partner violence and sexual violence against women. WHO has undertaken similar initiatives in low and middle income countries like Afghanistan, Pakistan and some parts of Africa. In India, WHO approached CEHAT to test approaches to roll out these guidelines and tools for HCP's response to violence against women. Considering our work of more than 2 decades on violence against women, we collaborated with WHO to implement the project in 2 medical colleges of Maharashtra. The project focused on establishing how systems approach can be translated by addressing barriers faced by HCPs, building capacity of HCPs, establishing protocols, and design models of care. Also, the project provided crucial evidence on design, implementation and impact of interventions aiming at improving health systems response to VAW in LMICs.

Based on our learnings of implementing interventions under this project, a manuscript on *Intervention and innovative strategies for strengthening health system response to Violence Against Women* was developed. A description of the approaches used in this project were described in the form of a manuscript to generate much required evidence on the processes that are required to enable health system to respond to women facing violence in low- middle income country settings. The development of this manuscript was primary lead by healthcare providers who actively took part in implementation of various interventions designed under this project. The manuscript has been submitted to an International peer reviewed journal.

A total of 8 trainings of HCPs, 4 at each site were conducted by core group of trainers who were trained by 5-day training. The HCPs trained at each site by trainers were from OBGY, casualty and internal medicine department. A pre and post training assessment of change in knowledge, attitude and preparedness of HCPs was carried out. A descriptive data analysis to examine and summarise socio- demographic details of participants: age, number of years of clinical experience, department and role within the health facility, i.e. doctor, nurse, social worker was carried out. As number of items in KAP domains were varied and also the range of responses was different, we normalised the domains included in analysis to a scale of 0 to 10. Further, we used non- parametric tests as data was not normally distributed. Wilcoxon signed rank test was used to compare the mean scores of various domains as well as constructs for pre and post training, pre and post- 6 months training and post- training and post- 6 months training. McNemar test was used to examine the changes in the services provided by healthcare provides to women after intervention. The overall effect of training was assessed using multivariable Generalised estimating equation (GEE) as this model takes into account the correlation of repeated observations over different time points. Sex, age, site and department were included in the GEE model.

Findings indicate a significant change in knowledge, attitude and preparedness post – training. However, a significant decline was observed in attitude of providers at 6- months post- training. This showed that attitude change requires long term engagement and repeated trainings. Further, young providers were found to be more open to change in attitude as compared to older providers. This emphasised on integrating the training on VAW in medical education.

The research aspect of the project also included qualitative data collection from trained providers and women who received services from the providers. The purpose of the interviews with providers was to assess their perception about the intervention strategies. A total of 21 interviews and 2 focus group discussions with providers (doctors and nurses) from both sites were undertaken. The team worked on the analysis of the qualitative data and has worked on developing two manuscripts.

The team also analysed the cases of VAW identified and provided support by trained healthcare providers. A total of 531 such cases were documented by providers from both sites in 9 months. In 60% of these cases, the provider suspected violence based on presenting health complaints of women, and identified and asked women about abuse due to these presenting health

complaints. All five steps of first line support (LIVES- Listen, Inquire, Validate, Enhanced Safety, Support services) were seen to have been completed for only 27% of the women. A higher proportion of cases were documented as having offered three steps of first line support (i.e. listening with empathy, inquiring about needs and offering validation). Safety assessments and planning and referrals for other support services were less frequently listed, suggesting the need for more skill building of providers or a dedicated cadre of health providers (e.g. counsellors, social workers) for elements of first-line support that require more time.

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- AALI, Jan Sahas and Stree Mukti Sanghatana. CEHAT also worked on strengthening its own MIS and analysis based on domestic and sexual violence records.

The analysis of the sexual violence case records under this project helped CEHAT in developing a paper on criminalisation of marital rape. The paper has been submitted to Sexual and Reproductive Health Matters journal and is under review. The paper presents much-needed evidence on how marital rape is normalised in Indian context, affects the women in same way as rape by strangers. It presents a case in favour of recognising marital rape as a crime in India.

The capacity building of Stree Mukti Sanghathana (SMS) team by CEHAT enabled them to conduct a prospective study on understanding experiences of adolescents (11 to 17 years) in facing and/or witnessing domestic violence. This was a needs assessment study to identify kind of support services required by the adolescents and for development of an intervention. CEHAT assisted SMS team to write an article in Marathi based on findings of study. The article was published in Marathi Wire newspaper https://m.marathi.thewire.in/article/the-effects-of-domestic-violence-on-children/15272

Further, with CEHAT's support Stree Mukti Sanghathana conducted a telephonic survey to understand the availability of smart phone and internet use among young girls and women. The survey was conducted in context of lockdown imposed during COVID- 19 pandemic. It aimed to assess the feasibility of reaching out to young girls and women facing domestic violence through digital technology if locked down re-imposed in the future. The findings of the survey conducted by Stree Mukti Sanghathana provide useful insights on ways to reach out to survivors of violence during situations like pandemic. The findings showed that majority of survivors had access to personal smart phones and internet. Survivors reported familiarity with Apps like Zoom and Meet because of their use by children for attending online classes.

Majority of survivors reported that feasibility and comfort in accessing crisis intervention services through audio- video communication Apps.

The capacity building of AALI team on developing management system, data cleaning and analysis helped them in conducting a rapid survey to document the status and increased vulnerabilities of women at the grassroots during nation-wide lock down during COVID. The survey attempted to reflect on lived experiences of 890 women who endure a disproportionate impact. The AALI team carried out the analysis of the data to develop fact sheets and is planning to carry out s series of webinars to disseminate findings of the survey.

AALI also analysed their service records to understand the challenges faced by survivors of gender-based violence in accessing support from various stakeholders including formal and informal systems. The analysis also looks at the response received by survivors from family, police and other formal systems. The analysis showed how family members normalises violence as mediation between survivor and abuser was the most common response by natal family. The response of police showed discrimination based on caste of survivor.

5. Lifeline of the Suburbs: Functionality of Mumbai's Peripheral Hospitals during the first wave of COVID-19 pandemic

Centre for Enquiry into Health and Allied Themes (CEHAT) which has had a long association with public hospitals in Mumbai carried out an inquiry into preparedness, functionality, experiences of public hospitals, good practices and the problems faced while providing services during the first wave of the pandemic in Mumbai. CEHAT has been providing technical support to peripheral hospitals through capacity building for responding to VAW for running Dilaasa centres. Healthcare providers (HCPs) from both peripheral and tertiary hospitals were contacted for a rapid assessment. However, HCPs from tertiary hospitals were not available due to the burden of care in specialised hospitals. Thus, assessment through telephonic interviews was carried out with 21 staff members (10 doctors, 5 sister- in charge, 3 staff nurses and 3 community development officers) from 13 out of a total of 18 peripheral hospitals between May- June 2020.

The findings highlighted public hospitals with limited resources and amid challenges were at forefront of providing healthcare during the first wave and continue to do so in the second wave. Outsourcing of diagnostic services has been a Public-Private Partnership (PPP) model followed by the MCGM for several years and this survey highlighted how these were not available during the pandemic. The lack of regulation of the private sector has emerged as a major concern with most of them closing down their services as well as the ones that they were providing through a PPP with the government.

II. TRAINING AND EDUCATION

1. Training Health care Providers on Responding to VAW in hospitals

This activity was impacted severely because hospitals and health care providers were busy with COVID related duties. However, during lockdown, CEHAT counsellors remained in regular telephonic contact with the nodal officers and core group members mostly to ensure the hospital's support to Dilaasa teams in provision of care during the difficult times. Core group members in some of the hospitals extended great support to survivors during the lockdown. For example, when a survivor of domestic violence approached Dilaasa during lockdown for treatment of injuries from recent episode of physical violence and informed the counsellor that her husband and his family had left for their native village and left her alone to fend for herself, and she needed a place to stay. The core group member at the hospital negotiated with the system to have her tested for COVID 19 (when tests were being provided only to those with clinical indications) and admitted her to the hospital to ensure emergency shelter.

Trainings of HCPs could be initiated from September 2020. A total of 14 trainings were conducted at 11 hospitals. Out of these, 3 were orientation to documentation of medicolegal examination of rape survivors and remaining 11 were orientation to comprehensive health response to survivors of violence for new doctors and nurses. Around 325 health care providers participated in the trainings.

Additionally, a two-day training on was conducted for newly appointed resident doctors and nurses in 5 hospitals. First day of training on domestic violence included orientation on role of health care providers in identifying woman facing violence based on signs and symptoms, questioning technique on enquiring experience of violence, using LIVES approach and responding to woman visiting public hospital with experience of violence. Second day of training focused on sexual violence like history taking, documentation and examination of survivors of sexual violence both woman and children. The training was attended by 109 participants including resident doctors, nurses, pharmacist, and medical records personnel.

2. Capacity building of grassroots organisations on doing mixed methods research

A 2- day virtual training was organised by CEHAT for building capacity of three organisations on conducting mixed-methods research studies design. The training was conducted by a resource person having more than two decades of experience in conducting several similar studies. The capacity building on mixed methods research design is very relevant in context of work of three organisations. The training helped team members of three organisations to build their understanding and skills on analysing service records along with prospective qualitative data collection. The participants learnt about various qualitative methods of data collection like FGDs, pile sorting, etc.

3. Building capacity of counsellors on responding to VAW during COVID- 19

Given the unprecedented times, Dilaasa team also required to be equipped with skills related to dealing with VAW in lockdown as well as ensuring their own safety and coordination with authorities to ensure they have the basic gear for self-protection. CEHAT developed guidelines and carried out training of counsellors to enable them to continue their response to VAW.

The first virtual training was organised in Sep 2020. This was 5 days virtual training of Dilaasa staff on – response to VAW and children during COVID-19. 25 participants from 11 Dilaasa centres participated in this training.

Considering drop in number of survivors normally visiting Dilaasa due to the situation and rise of violence against women and children it was necessary to bring change in usual working strategy. Shifting from in person counselling to telephonic counselling was quite challenging. Knowing this, one-to-one telephonic training was conducted with all the counsellors of Dilaasa centres on 'Telephonic counselling of survivors of violence' in April 2020.

4. Ongoing capacity building of Dilaasa team through case presentations

Monthly case presentation meetings with counsellors and ANMs provide a platform for regular training. Issues emerging from cases that they deal with are discussed and emerging training needs are addressed. During the lockdown meetings could not be held for two months. Later on case presentation meetings were held online. In the initial phases when Dilaasa team members had to take turns to report for duty, the attendance for meetings increased. However, counsellors and ANMs who had problems with internet access or had to share their smart phones with their school / college going children for attending online classes could not participate in the discussions. In the first meeting held after the lockdown (and Dilaasa being declared part of essential services), group shared about their experiences of provision of care during the pandemic – challenges they overcame at the individual, family and workplace levels.

7 Case presentation meetings and input sessions were conducted virtually from June 2020 to December 2020 (every month). These case presentation meetings were organised in two batches separately for Eastern and Western line Dilaasa centres so that each centre gets enough time to share their cases. 3 Case presentations were conducted in person from January to March 2021 by following physical distancing norms are per government guidelines.

5. Building capacity to prevent and respond to new forms of violence against women

A two days Training on Cybercrime was organised by CEHAT on 10th and 11th Dec 2020. It was highlighted from the discussions with Dilaasa team that they need more inputs on cybercrime. Dilaasa teams are receiving increasing number of cases which has FIR being registered also on cybercrimes as well with sexual violence or physical violence.

As there is a growing concern of cyber-crime against women, CEHAT found it essential to orient its staff and more so Dilaasa counsellors to range of digital violence and cyber crime cases along with discussion on identifying harm. Resource persons for two days webinar were; Bishakha Datta co-founder and executive director of Point of View a non-profit organisation working in the area of gender, sexuality and women rights with her colleagues Debarathi and Arpita; Nappinai N. S. founder of Cyber Saathi, practicing advocate at Supreme Court, advisor to Tamil Nadu Governance Agency and Maharashtra Cyber-Police, author of books on cyber laws; and Noveli Park practicing advocate at Bombay High Court. Awareness about cyber-crime and laws will help address issue of VAW and online crimes, and people have become more aware during lockdown period due to increase use of technology.

6. Building leadership in health system to respond to VAW

Meeting of nodal officers regarding Standard Operating Procedure (SOP) of Dilaasa was conducted in two batches virtually. This was to brief nodal officers about SOP and hold discussion on their queries regarding functioning of Dilaasa during COVID- 19.

As stated earlier, Dilaasa departments were declared by the authorities to be part of essential services and teams were ordered to report for work as per the rules of the hospital they worked at. Several nodal officers were baffled by this order. Some had already told Dilaasa teams to not report for work as they were not essential care providers. In this situation, CEHAT contacted all the nodal officers and explained the rationale behind declaration of Dilaasa as an essential service. The global evidence was discussed and queries regarding functioning of Dilaasa were addressed.

7. Monitoring health system's response to VAW

Members of monitoring committees were tied up with COVID 19 related duties hence they were unavailable for meetings. It was also observed that several members of the monitoring committees – doctors from the hospitals were posted / deputed to COVID centres hence were unavailable for any discussions. Also, in some of the hospitals monitoring committees were needed to be re-formed as old members have been transferred to other hospitals.

During the lockdown acquiring papers was difficult as hospitals followed stricter protocols about entry to non-medical, non-patient persons in the hospitals. 7 monitoring committee meetings took place in following hospitals in the period from April 2020 to March 2021.

8. Building health systems' response to VAW in other states

CEHAT is engaged in furthering a sensitive health care approach to VAW in 7 states. We are closely working with district hospitals in the states of Haryana, Goa, Meghalaya and Maharashtra to enable them to integrate a health care response to VAW. As a result a series of capacity building workshops were carried out with Health care providers (HCPs) of these

states. The core contents of the trainings focused on explaining health consequences of violence, steps to identify signs and symptoms of violence, provision of psychological first aid, importance of documentation which can assist the survivor of VAW with legal proceedings if she seeks to pursue it. Besides these technical aspects the thrust of the training was to understand concepts such as gender and sex, gender based discrimination, patriarchy and its forms which perpetuate VAW. Post these trainings, HCPs were encouraged to actively identify VAW survivors and make a referral to the existing hospital counsellors. District hospitals usually have counsellors allocated to different activities under NHM such as RMCNHA, HIV, Breast feeding counselling amongst others. CEHAT developed a training module for these counsellors which would enable them to provide basic first line care and then make referrals to agencies if women and girls required additional assistance.

Similarly, efforts were underway in Tamil Nadu and Karnataka to bring the health department on board and initiate the process of health sector response to VAW. After several months of follow ups and meetings, CEHAT got in to an agreement with the national health mission (NHM) Karnataka for the implementation of a comprehensive health care response to VAW in 5 hospitals. NHM director was also keen that all counsellors under NHM program be oriented to an understanding of VAW. The department deputed key medical and nursing providers of these 5 hospitals to participate in Training of Trainers (ToT) program so that post their training, they could also carry out orientation and awareness programs in their respective hospitals.

These efforts were made with states despite the raging pandemic and it was commendable that Haryana besides Mumbai declared the hospital based counselling centres as essential services. These centres continued to operate in the pandemic period too.

CEHAT realised that One stop centres (OSC) were expected to cater to VAW survivors in the pandemic. However, many of them were afraid of COVID and there were no clear protocols established and how exactly they should respond to VAW, besides many of them were new recruits too. CEHAT therefore thought that it would be useful to also build capacities of the new OSCs in the same states where engagement with the health sector was also underway. Besides this would also foster an intersectoral approach amongst OSCs and Hospitals. A virtual training series was carried out for OSC teams in Meghalaya, Maharashtra, Madhya Pradesh for 125 counsellors across these states. CEHAT also conducted a virtual training for OSCs in Assam where 50 counsellors were trained. Post trainings we instituted bi-monthly meetings to assess the effectiveness of these trainings and extent to which they could implement perspective and methods in their response to VAW.

9. Training workshop for data entry operators of 11 Dilaasa centres

A training workshop for data entry operators on maintaining Management Information System (MIS) of Dilaasa centre was conducted at CEHAT office. Data entry operators from 11 Dilaasa centres participated in the training session. The analysis of the MIS data pointed out gaps in data entry. The MIS data is crucial in generating evidence like beneficiary profile, pathways of care, beneficiary expectation and support services provided at the centre. CEHAT worked out to identify the cause of these gaps and it was found that the existing template was tedious and

complicated for data entry operators. In order to address this issue CEHAT creating a new simplified data entry template. Hence a one-day training workshop was scheduled and each participant was provided hands on training on data entry in the new template. They were briefed about the Dilaasa model, services being provided, documentation process and MIS. They did a practice session to understand the MIS in better way. After this, one-on-one handholding was done over phone to address the queries of data entry operators.

III. INTERVENTION AND SERVICE PROVISION

1. Reaching out to survivors of violence during COVID-19 pandemic- active follow- up

When first wave of COVID hit the nation, women who were in abusive relationship and being in abusive household were got stuck at abusive homes in lockdown. All ways of getting help for aggrieved women were shut due to fear of COVID infection and lockdown. During this time due to CEHAT's efforts MCGM included Dilaasa in essential services. Between April 2020 to March 2021, Dilaasa centres in 13 Public hospitals responded to 6646 women and child survivors. Despite lockdown Dilaasa received 709 new cases of domestic violence.

Intervention done - April 2020 to March 2021					
New DV	DV follow Up	New SV	SV follow up	Screening	Total
709	2187	621	801	2328	6646

CEHAT's intervention team which extends technical support to all Dilaasa centers run in 13 peripheral hospital of Mumbai suburbs changed its work strategies and tried responding to this pandemic through a different way by changing work patterns.

Number of new cases was decreased so Dilaasa team started following up with the survivors who had visited Dilaasa in past and were facing violence. Knowing it will be difficult for women to talk in presence of their family members and abusers, CEHAT developed a guideline which could be used by Dilaasa counsellors. Guidelines were designed in a way, that it will help to start conversation with general health enquiry for survivors. For example, COVID outbreak and prevention, effect of lockdown on livelihood of survivor and her family, do they need any help in form of ration or anything else. This helped counsellor to start conversation even if survivor's husband or other family members answers the phone instead of survivor. Dilaasa team done follow up with 2187 survivors of domestic violence.

621 New cases of sexual violence were reported to the hospital during this period and follow up was done with the 801 survivors. Apart from this Dilaasa team interacted with 2328 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.

2. Pan India helpline

CEHAT declared their helpline as Pan India help line during lockdown to extend help to the survivors of violence. CEHAT publicised it on CEHAT website, shared the number with the organisations working on the issue of violence against women and children as well as in other states with whom CEHAT works besides MOHFW, MWCD etc. from April 2020 to March 2021 CEHAT received nearly 207 calls from 177 individuals.

67 survivors themselves called for help. 29 individuals were family members, friend, owner and neighbour of survivors and wanted to seek help and know about the services. 7 Dilaasa counsellors called to inform new cases where they needed support (apart from this there were calls on CEHAT counsellors' phone). 17 doctors called for the queries they had while handling cases of sexual violence. 5 calls were from other organisations regarding help needed in intervention. 8 calls were from CWC members, legal advisor who needed help in the specific cases. 4 individuals called because they needed help regarding ration, CEHAT connected them to the groups who were doing relief work. 40 individuals done enquiry calls to check whether helpline was working, what services are being provided.

IV. ADVOCACY

1. Disseminating evidence om strengthening health systems' response to VAW: The work undertaken under taken as implementation research on strengthening health systems' response to VAW was presented in an organised session on *Innovations in strengthening health systems preparedness to address violence against women – learnings from providing accessible, quality, and gender-responsive services at Health Systems' Research conference, 2020, Dubai*. The session shared implementation research and practice-based learning from LMICs on innovations in facilitating health systems responses to violence against women. The results from the analysis of cases of VAW identified and responded by providers was submitted as an abstract for The International Federation of Gynaecology and Obstetrics (FIGO) world congress, 2021 at Sydney.

2. Advocating for rights of adolescents to sexual and reproductive health: CEHAT contributed in a panel discussion organised by Enfold Proactive Health Trust on concerns regarding raising legal age of marriage of girls. We presented the challenges faced by adolescents in availing their right to sexual-reproductive health services based on our work with public hospitals of Mumbai.

3. In March 2021, CEHAT as a part of National Coalition on Advocating Adolescent Concerns (NCAAC) facilitated by Partners For Law in Development presented evidence on Unintended consequences of child marriage laws in Indian context at NGO CSW virtual platform. NGO CSW presents civil society side of the UN commission on the Status of the Women. CEHAT in this panel presents evidence on interface of young girls with public health system and the response of health system towards young girls within existing legal framework.

The analysis pertaining to elopement and attempted suicide cases reaching to three public hospitals was presented. The public health system's response in such cases highlighted a complete disregard of bodies, choices, agency and rights of young girls.

4. Advocating for women's right to abortion MASUM, a Pune based organisation organised a meeting on abortion legislation in India in March 2021. The aim of the meeting was to understand the barriers faced by women in accessing abortion. CEHAT based on its experience with public hospitals shared effective strategies to address barriers faced by women in accessing abortion.
CEHAT is a part of a collective of diverse individuals, organisations, networks, alliances and people's movements that work on improving access to abortion. The collective was formed in 2020 in context of proposed amendments of MTP act. CEHAT as a part of this collective drafted and submitted Civil Society Recommendations on making the Medical Termination of Pregnancy (Amendment) Bill 2020 a Rights Based Legislation' to committee. As a part of collective, we drafted a recommendation document highlighting the need to focus on access to abortion as well as sexual and reproductive health services during COVID- 19. This document was submitted to National Human Rights Commission which constituted a committee to assess the impact of COVID- 19 on lives of people.

5. Ethical considerations for researching VAW during COVID- 19: CEHAT contributed in a panel discussion at 8th National Bioethics Conference in January, 2021. The panel was organised by CORE net which is an effort to build a community of practice to foster exchange and collaboration among research organisations gathering information on issues relevant to the COVID-19 pandemic in India. CEHAT presented challenges, and strategies to be used to generate evidence on VAW during public health emergencies. Our presentation informed useful methodologies that can be used to collect system data during pandemic without putting safety of survivor and researcher at risk.

6. Evidence on VAW during COVID- 19: CEHAT contributed in development of a survey, analysis and preparing a presentation on violence against women during pandemic. This was done as a part of AMAN network which is a network of organisations across India to prevent and response to VAW. This was an important contribution as there has been no reliable data on reporting on VAW during COVID- 19 and this remains the only evidence base.

7. Maharashtra Mahila Hinsa Mukti Parishad' (MHMP) is a group of people, organisations working on the issues of violence against women. This is a collective of individuals, different groups and organisations working for prevention, doing interventions on the issue of VAW. The first parishad was conducted in 2015 in Pune, followed by second parishad in Navi Mumbai in 2017 and 3rd was just before 1st Covid wave hit the nation in Dec 2019 in Nashik. Parishad insures participation from all regions of Maharashtra. Field workers from grass root level who actually work at community level are encouraged to present their own work, observations and challenges in forms of small studies for which they receive support from the Parishad. Nearly 125 plus organisations and more than 250 workers from all over Maharashtra

participated in the 3rd Parishad. CEHAT presented two studies in 3rd Parishad one was the role of medical evidence in rape and other was challenges in excessing MTP services.

Due to COVID lockdown in person meetings are avoided and virtual meetings took place for discussions regarding 4th MHMP. 'Maharashtra Mahila Aarogya Hakk Parishad' and MHMP jointly started a group to discuss strategy to bring organisations from both the forums together and participate in virtual discussions, sessions, meetings and related programmes. Online /virtual sessions on following topics were organised collaboratively by these networks on increase in age of marriage of girls and MTP act.

Along with Forum and other organisations, CEHAT participated in meetings regarding Shakti bill by Government of Maharashtra for sexual violence. CEHAT contributed in the development of the suggestions to the bill drafting committee.

8. Assessing progress in interventions addressing domestic violence against women: report of a national consultation

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.

It is the efforts of these civil society organisations (CSOs) that have led to civil and criminal remedies to address violence against women and the creation of support services and structures, but 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 convening was organised to build consensus on indicators to monitor the progress of interventions by various civil society organisations. This virtual meeting was organised by CEHAT in collaboration with SAHAJ as the first step for reflection and dialogue and eventually moving towards realignment and re- strategising. The 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.

The finalised report was recently disseminated through a virtual meeting in which more than 100 organisations participated. The participating organisations were 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.

The panel highlighted indicators of success at the level of the survivor including those signalling immediate relief from a crisis, to their long-term evolution into VAW activists, advocates and service providers. At the community level, success 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.

This dissemination meeting was the first step to initiate dialogues with the community of VAW advocates, service providers and researchers, and through consensus, arrive at a select list of common indicators for assessing the effectiveness of VAW interventions. This will help various organisations to come together to identify or develop approaches that can effectively mitigate and prevent VAW.

V. DOCUMENTATION AND PUBLICATION

1. Role of Medicolegal Evidence in Rape Trials: A Review of Judgements at the Sessions Court in Mumbai: The findings based on online retrieval of judgements of the survivors of sexual violence were published in the form of a report. Due to COVID- 19, the report was disseminated on online platform. More than 60 participants attended the dissemination on 4th Sep 2020 at regional level in Marathi and Hindi. On 17th Sep 2020 national level dissemination was done in English and Hindi in which many organisations across India and AMAN network participated. CEHAT shared key findings of the study with the participants. The detailed report is available on CEHAT website for reference. (http://www.cehat.org/publications/1607067665)

2. A research brief has been developed to disseminate the implementation strategies and findings of the implementation research on strengthening health system's response to VAW in two tertiary hospitals of Maharashtra. This was developed to engage with policy makers to advocate for upscaling the project in other states at various levels of health facilities. (http://www.cehat.org/publications/1634018807)

3. Guidelines on responding to VAW during COVID- 19: CEHAT developed a set of guidelines for creating a response to violence against women and children in the times of the Pandemic. A training of the teams across 11 hospitals has been completed. The guidelines cover information (http://www.cehat.org/publications/1608124535 [English] http://www.cehat.org/publications/1610189386 [Marathi])

a. How to keep oneself safe while working at the hospitals
b. Communicating to women about how to keep themselves safe from COVID 19.
c. Developing a safety assessment and plan for women living in abusive situations where those abusing are in the same place as survivors.
d. Clear messages about seeking support from immediate neighbours and supportive people close to survivor's home as most people are home in lockdown time.
e. In case of escalation of violence; clear messages for seeking police support, speaking to the abusive person on phone if required and discussing immediate prevention of violence or its ramifications if it continues.
f. Discussing safe sex with survivors and negotiation for contraceptive use with partners. In case of refusal to use dialogue on consequences of unsafe sex with abuser at the behest of survivor only
g. Contacting shelter homes and other services in case women have to be referred to them. In case it cannot be arranged . ensuring long term admission in the hospital till shelter can be arranged.
h. Connecting women to NGOs engaged in distribution of relief and food kits if women need it.
i. Contacting women on safe phone numbers proactively to assess well-being of survivors. All Dilaasa centres have data base on phone numbers provided by survivors which are "safe" to contact
j. CEHAT has also extended its Mumbai based helpline for survivors of VAW to national level and efforts to publicise the helpline are on so that more women can access services. There is a trained team in place to receive calls 24*7 from anywhere in India at any given time.
k. Ensuring access to important services such as Medical Termination of Pregnancy, contraceptives, e-communication for pregnant and lactating mothers even in times of COVID as women are in a volatile situation and cannot be turned away by hospitals
l. We believe this is important contribution as counsellors are an arm of the health machinery
m. Recognising that several would be in need additional services; CEHAT developed a resource directory – for relief services, information on Protection officers, availability of child welfare services, negotiations with police in case of increased violence, ensuring that women are escorted from an abusive home to a safe one in case of increased violence

4. An article based on the findings of the research on assessing the impact of sexual violence on survivors was published in *The Dialogue- an emerging research and public policy think tank* (https://thedialogue.co.in/article/dcX0UcU62K5NP5rpJCNo/what-rape-survivors-want-change-in-mindsets--accountability). The article emphasised on the needs of rape survivors and their recommendation on bringing a change in criminal justice system.

5. A media article was published in *The leaflet* to criticise the proposed amendment by Maharashtra government in sexual violence laws through Shakti bill. Based on CEHAt's work with survivors of sexual violence, the piece highlighted how the proposed amendment will shift the burden to the woman to prove the incident of rape and will contravene several past judgements where the court has stated that the woman's testimony is enough as evidence for the conviction of the accused. (https://www.theleaflet.in/maharashtras-new-act-on-sexual-violence-a-misdirected-legislation/)

STAFF DETAILS AS ON 31ST MARCH 2021				
Sr. No.	**Employee Name**	**Designation**	**Period**	**Qualification**
1	Anagha Pradhan	Senior Research Officer	17/02/2020 to 16/02/2021	M.Sc. in Health Sciences
2	Anshit Baxi	Senior Research Associate	28/09/2020 till date	M.A. in Social Work
3	Anupriya Singh	Senior Research Associate	2/05/2017 to 18/09/2020	MA in Social Work, B.Sc. in Home Sciences
4	Arunita Lahiri	Research Associate	16/03/2020 to 07/08/2020	M.Sc. in Geography
5	Diana Thomas	Research Associate	01/10/2020 till date	M.Phil. in Public Health
6	Dilip V. Jadhav	Secretary	01/11/2001 till date	H.S.C
7	Koyeli Bhattacharjee	Research Officer	14/02/2020 to 31/12/2020	Master of Population studies, Master of Health Administration
8	Olinda D'souza	Secretary	13/04/2015 till date	B.Com
9	Pramila P. Naik	Administrative Officer	09/10/2000 till date	B.Com
10	Radha Pandey	Secretary	18/11/2013 till date	M.Com
11	Rajeeta G. Chavan	Research Associate	27/07/2009 till date	H.S.C.
12	Sangeeta Rege	Senior Programme Coordinator	02/05/2013 till date	Masters of Social Work
13	Sanjida Arora	Research Officer	04/07/2014 till date	M.A. in Public Health
14	Sarita Patel	Secretary	12/03/2019 till date	B.Com
15	Shilpa Kompelli	Research Associate	14/9/2020 till date	Masters in Social Work
16	Shobha Kamble	Office Assistant	14/12/1999 till date	Primary School
17	Sudhakar Manjrekar	Office Assistant	15/11/2000 till date	Secondary School
18	Sujata Mandar Dadode	Senior Research Associate	01/07/2014 till date	M.A. in Social Work
19	Surbhi Shrivastava	Senior Research Associate	19/08/2019 to 18/08/2020	Master of Public Health
20	Swati S. Pereira	Administrative Assistant	16/07/2015 till date	B.M.S., M.Com

ANNEXURE

JOURNAL ARTICLES

Sr. No	Journal Title	Journal Name	Link
1	Strengthening health systems response to violence against women: protocol to test approaches to train health workers in India	Pilot and Feasibility Studies	http://www.cehat.org/uploads/files/Strengthening%20health%20systems%20response%20to%20violence%20against%20women%20protocol%20to%20test%20approaches%20to%20train%20health%20workers%20in%20India.pdf
2	Redressing violence against women in COVID 19: Experience of hospital-based centres in Mumbai, India	eSocialScience	http://www.cehat.org/uploads/files/eSSays%20Nov%202020.pdf
3	Integrating Gender in Medical Education and Clinical Practice: The transformation of the department of obstetrics and gynecology, Government Medical College, Aurangabad, Maharashtra	Stories of Change 2019-2020	http://www.cehat.org/uploads/files/Stories-of-Change_Brochure-2019-20%20CEHAT.pdf
4	Breaking the mould: Redefining gender in medical education in India	Research & Humanities in Medical Education (RHIME)	http://www.cehat.org/uploads/files/Breaking%20the%20mould%20Redefining%20gender%20in%20medical%20education%20in%20India.pdf

MEDIA COVERAGE

Sr. No.	Article Title	Publisher	Link
1	For some, lockdown is captivity with an abuser	Mid-Day	https://www.mid-day.com/mumbai/mumbai-news/article/for-some-lockdown-is-captivity-with-an-abuser-22722288
2	Abortion in a lockdown: India says 'yes' but women wonder how	Reuters.in	https://www.reuters.com/article/health-coronavirus-india-abortion/abortion-in-a-lockdown-india-says-yes-but-women-wonder-how-idINL5N2C4610?edition-redirect=in
3	Domestic abuse during COVID-19 lockdown: How to get the help you need	Firstpost.com	https://www.firstpost.com/health/domestic-abuse-during-covid-19-lockdown-how-to-get-the-help-you-need-8266221.html
4	Responding to violence against women – The shadow pandemic during COVID-19	TheLeaflet.in	https://www.theleaflet.in/responding-to-vaw-the-shadow-pandemic-during-covid-19/
5	Reopening liquor shops can increase crimes against women: Javed Akhtar	Hindustan Times	https://www.hindustantimes.com/chandigarh/reopening-liquor-shops-can-increase-crimes-against-women-javed-akhtar/story-T1o076HXtHKxGC5SjcJ3UP.html
6	हिंसापीडित महिलांना कोविड-१९ टाळेबंदीतही 'दिलासा'	The Wire.in Marathi	https://marathi.thewire.in/help-against-domestic-violence-in-pandemic
7	Interview: Sangeeta Rege	Tarshi.net In Plainspeak	https://www.tarshi.net/inplainspeak/interview-sangeeta-rege/
8	No rise in domestic violence cases, says NCW chairperson	The Hindu	https://www.thehindu.com/news/national/ncw-no-rise-in-domestic-violence-cases-but-in-reporting/article31841409.ece

9	How did COVID-19 impact on reproductive health services in India?	FeminismIndia.com	https://feminisminindia.com/2020/07/23/covid-19-impact-reproductive-health-services-india/
10	Maharashtra Medical Council takes 15 years to respond to a complaint, dismisses it in one go	Mumbai Mirror	https://mumbaimirror.indiatimes.com/mumbai/other/maharashtra-medical-council-takes-15-years-to-respond-to-a-complaint-dismisses-it-in-one-go/articleshow/77164040.cms
11	Left in the Lurch	IndiaLegalLive.com	https://www.indialegallive.com/cover-story-articles/focus/left-in-the-lurch/
12	Covid curbs bring down abortions in Mumbai by 50%	The Times of India	https://timesofindia.indiatimes.com/city/mumbai/covid-curbs-bring-down-abortions-in-mumbai-by-50/articleshow/78084661.cms
13	Forcible cremation by the state is against the law: Indira Jaising	BoomLive.in	https://www.boomlive.in/videos/fact-file/forcible-cremation-by-the-state-is-against-the-law-indira-jaising-10011
14	Hathras rape case: Right to medico-legal care for survivors has a long way to go…	The Leaflet.in	https://www.theleaflet.in/hathras-rape-case-right-to-medico-legal-care-for-survivors-has-a-long-way-to-go/#
15	हाथरसचे धडे काय?	महाराष्ट्र टाइम्स	https://maharashtratimes.com/editorial/article/dr-mohan-des-article-on-hathras-gang-rape-case-and-investigation/articleshow/78531251.cms
16	Medical evidence in rape cases and poor court outcomes	The Leaflet.in	https://www.theleaflet.in/medical-evidence-in-rape-cases-and-poor-court-outcomes/#
17	Abuse begins at home	The Indian Express	https://indianexpress.com/article/lifestyle/life-style/domestic-abuse-pandemic-national-commission-for-women-7062579/
18	43% of married women in state face spousal violence	The Times of India	https://timesofindia.indiatimes.com/city/patna/43-of-married-women-in-state-face-spousal-violence/articleshow/79414476.cms

19	वैद्यकीय पुराव्याचा आग्रह किती?	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/sehat-organizations-play-an-important-role-in-helping-rape-victims/articleshow/79514863.cms
20	अत्याचारांच्या तक्रारी नोंदवण्याचे प्रमाण वाढले	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/eliminating-violence-against-women/articleshow/79541753.cms
21	वैवाहिक अत्याचार चार भिंतींतच बंदिस्त	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/most-of-women-facing-domestic-violence-cases-after-marriage-in-india/articleshow/79557504.cms
22	राज्यात जळित घटनांमध्ये घट	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/in-maharashtra-decline-the-medical-treatment-accident-and-burn-patients-in-corona-period/articleshow/79713141.cms
23	Maharashtra: Shakti bill could've had devastating effect on society, says activists	The Times of India	https://timesofindia.indiatimes.com/city/mumbai/maharashtra-shakti-bill-couldve-had-devastating-effect-on-society-say-activists/articleshow/79752407.cms
24	Maharashtra's New Act on Sexual Violence: A Misdirected Legislation	The Leaflet.in	https://www.theleaflet.in/maharashtras-new-act-on-sexual-violence-a-misdirected-legislation/#
25	महाराष्ट्र लसीकरणासाठी तय्यार! राज्यात पूर्वतयारी कशी सुरू?	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/maharashtra-health-minister-rajesh-tope-exclusive-interview-by-sharmila-kalgutkar/articleshow/80195258.cms
26	What Rape Survivors Want? Change In Mindsets & Accountability	TheDialogue.co.in	https://thedialogue.co.in/article/dcX0UcU62K5NP5rpJCNo/what-rape-survivors-want-change-in-mindsets--accountability
27	Healthcare providers sensitised on violence against women	Deccan Herald	https://www.deccanherald.com/city/top-bengaluru-stories/healthcare-providers-sensitised-on-violence-against-women-960969.html

BLOGS

Sr. No.	Article Title	Publisher	Link
1	Coping with the 'Shadow Pandemic': Responding to Violence against Women during COVID-19	SVRI	https://svri.org/blog/coping-%E2%80%98shadow-pandemic%E2%80%99-responding-violence-against-women-during-covid-19
2	Redressing violence against women in COVID 19: Experiences of hospital-based centres in Mumbai, India	SVRI	https://svri.org/blog/redressing-violence-against-women-covid-19-experiences-hospital-based-centres-mumbai-india