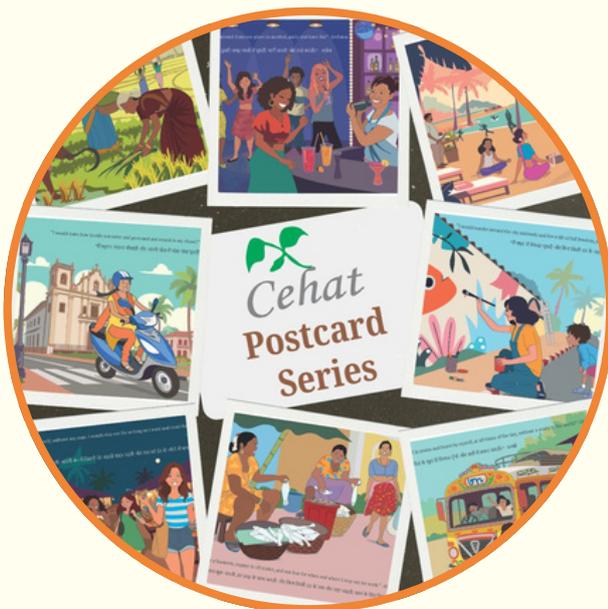


CEHAT

2024 -  
2025

# Annual Report

Centre for Enquiry  
Into Health &  
Allied Themes



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Cehat

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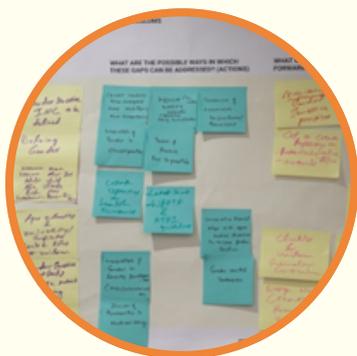
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# About CEHAT

## CEHAT is a Research Centre of Anusandhan Trust

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

## CEHAT has through its work

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

## CEHAT's work is organised around

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





# Research

major changes on Earth. We will visit several places of strategic interest and will discuss possible collaborations nationally.

Among other things will also discuss new measures on global security. Last time this meeting was very productive and has brought major changes on Earth. We will visit several places of strategic interest and will discuss possible collaborations nationally.

# Research at CEHAT

# a. Mainstreaming Gender in Medical Education in India

## i. Up-scaling Gender in Medical Education (GME) Project

CEHAT received a **Design Phase Grant to develop a systems-change strategy for integrating gender within India's undergraduate medical education framework.** This work builds on CEHAT's decade-long efforts to mainstream gender in medical curricula and clinical practice and responds to the persistent gaps of a biomedical and gender-blind system that inadequately addresses public health and gender-based violence.

**During the design phase, CEHAT developed a prospectus containing five modules that form the backbone of the systemic change strategy:**

1. **System of Today** – mapping the structural problems of medical education and documenting entrenched biases, out-dated forensic practices, and the invisibilisation of gender-based violence as a health issue.
2. **System/Institution of Tomorrow** – articulating a vision for a gender-sensitized medical education system, where survivor-centered and trauma-informed care is embedded in both curricula and clinical practice.
3. **Strategy to bring about the System/Institution of the Future** – identifying systemic barriers within the National Medical Commission framework, faculty development, Medical Education Units, and clinical practice, while setting out the shifts needed for long-term transformation.
4. **Organizational Readiness and Strengthening** – assessing CEHAT's own institutional capacities and roles (policy catalyst, implementation enabler, evidence generator) and the need for advisory structures and domain experts to sustain scale.
5. **Learning, Measurement and Evaluation (LME)** – designing a reflective and adaptive framework to track shifts at people, system, and organizational levels

# a. Mainstreaming gender in medical education in India

The rationale for developing these modules was to create a solid design document that systematically maps the present gaps, envisions the future, and specifies pathways of change. Together, **they provide a phased roadmap beginning with policy integration at the national level, piloting in Maharashtra and Gujarat, and scaling through state technical units, Medical Education Units, and clinical reforms.**

An important aspect of this phase was **CEHAT's engagement with the Bridgespan Group, a global, non-profit advisory firm** that provides strategy consulting, leadership support and research to help non-profits and philanthropists scale social impact. Their **technical support sharpened the articulation of system-level outcomes, theory of change, and measurement frameworks.** The process also enabled CEHAT to strengthen its organizational strategy for scaling—from curriculum development and faculty capacity-building to embedding survivor-centered protocols within public hospitals.

This design phase thus goes beyond developing modules; it represents a comprehensive blueprint for systemic transformation of medical education in India, with the potential to embed gender competencies into national directives, state-level implementation structures, and everyday clinical practice.

## ii. MoU with Bhaikaka University to Pilot GME Project in Gujarat

CEHAT **signed a Memorandum of Understanding (MoU) with Bhaikaka University, Karamsad, to implement the Gender in Medical Education (GME) initiative in Gujarat.** As part of this MoU, the **initiative will be piloted at Pramukhswami Medical College (PSMC),** affiliated with Bhaikaka University known for its progressive, community-engaged approach to undergraduate medical training.

This **collaboration marks CEHAT's first formal expansion of GME outside Maharashtra,** leveraging PSMC's academic environment and active Medical Education Unit to integrate gender perspectives into pre-clinical, para-clinical and clinical disciplines of undergraduate medical education.

# a. Mainstreaming gender in medical education in India

A mixed-method, **quasi-experimental study** titled “**Embedding Gender Sensitivity in Medical Education: A Quasi-Experimental Study at PSMC, Gujarat**” will be undertaken to assess the impact of gender-integrated teaching on MBBS students’ knowledge, attitudes, and perceptions. The study includes a comparison of intervention and control groups over three time points: pre-intervention, post-intervention, and one-year follow-up. A validated Gender Awareness Scale, adapted from N-GAMS, GEMS, and other instruments, will be used alongside qualitative tools such as FGDs and in-depth interviews with students and faculty. This initiative builds on CEHAT’s prior impact assessments and aims to generate critical evidence for institutional reform and national policy advocacy in medical education.

**GME initiative in Maharashtra has been for more than a decade**, it have been **expanded to more than 7 states in India over the last 5 years**. This expansion has prompted us to develop materials in a manner that can enable the implementation of the materials related to engendering medical education across medical colleges. The **5 modules developed in 2017** are being implemented by CEHAT team. The idea of **adapting the content of GME modules into audio – visual (AV) format** was strongly supported by the project advisors and mentors, to expand this initiative and ensure its broader availability. **AV content will empower medical educators to effectively train their students and fellow faculty members**. GME team identified 6 different themes based on the content spread across 5 modules and 82 lectures on which the films will be based. CEHAT has partnered with Agents of Ishq in developing these films.



## b. Mapping interventions addressing GBV in public spaces in India

CEHAT is conducting a research with the **primary objective of synthesising the knowledge of civil society organisations that aim to address GBV in public spaces.** Despite its pervasiveness and intensity, GBV in public spaces is often trivialised and normalised. It affects women, girls, and trans queer people differently, and limits their mobility, access to resources, and participation in public life. The negative impacts are further compounded by intersecting socio-economic identities, the diversity of public spaces, and the varied forms in which violence occurs.

The **study aims to highlight these intersectional vulnerabilities that underscore experiences of GBV in public spaces, and capture the range of grassroots strategies** developed to address them. By studying home grown interventions and initiatives, the research seeks to build an inclusive and practice-based definition of GBV in public spaces and document the associated risk factors.

To achieve the objectives of this exploratory study, the CEHAT team has adopted a staggered approach, wherein the outcome of each stage of data collection informs the methodology of the subsequent stages.

### Mapping Interventions

At Stage 1, **CEHAT carried out a Google survey** for a period of three months (between January–April 2024) that allowed interventions to self-report their work on GBV in public spaces. A total of **51 programs from 47 organizations across 16 states** were thus identified. The survey facilitated the creation of a repository of Indian interventions and captured the basic profiles of their work— such as geographical areas of operation, key stakeholder groups, and the range of public space GBV addressed, including sexual harassment, physical assault, online abuse, witch-hunting, and identity-based hate crimes. The **survey findings were shared with peer organisations working on reducing sexual harassment in public spaces at two Round Table Discussions convened by Akshara Centre**, where their comments and reflections further enriched our understanding of interventions.

Based on the **survey findings and insights from practitioners, the CEHAT team designed a written questionnaire and a participatory workshop** method as key tools for data collection in Stage 2 of the study. These tools will help meaningfully investigate and analyse the emerging themes, grassroots activities and common strategies developed for preventing or responding to GBV in public spaces.

## c. Building stronger evidence on gender-based violence towards young girls and women at grassroots level in India

The project is focused on **strengthening grassroots organizations' capacity to document, manage, and analyze service-related data on gender-based violence (GBV)**. By doing so, the initiative aims to generate evidence that could inform interventions, amplify survivors' voices, and influence systemic responses to young girls' and women's vulnerabilities in India.

CEHAT's work with grassroots organisations including **Stree Mukti Sanghathan (SMS), AALI, RJVS (Rajsamand Jan Vikas Sansthan), Sahjani Shiksha Kendra (SSK), Nazariya, Jagori and Anandi** is focused at building their capacity to maintain and analyse their service data effectively. This essentially contributes towards strengthening their work with young girls and women as the evidence from the data will feed into work of organisations. For example, categories like age, marital status, caste, sexuality, help seeking and response of formal and informal providers are crucial data points of all the grassroots organisations. The **learnings from this data helped organisations to develop an intersectional approach in their work with young girls and women**. In case of **SSK, analysis of data** of an education program for adolescent girls **showed the need to have different strategies for girls from Adivasi community** to enable them to continue their education. A preliminary analysis of helpline data of **Nazariya indicated need to have shelter homes that can cater to needs of queer women**. Data indicated that the existing shelter homes are not designed to cater the needs of the queer persons and often individuals end up facing discrimination in these institutes.

# d. Scaling up Health system Response to and Prevention of Domestic Violence in Aurangabad, Maharashtra: A Randomised Control Trial

Violence against women (VAW) is a serious public health issue, gender inequality concern, and human rights violation. The World Health Organization's Clinical and Policy Guidelines on Responding to Intimate Partner Violence and Sexual Violence against Women (2013) recommend the integration of violence response into primary healthcare systems. However, there is limited evidence from low- and middle-income country settings on how such integration can be achieved effectively, especially at the primary healthcare level and through the engagement of community health workers (CHWs) in prevention. This is a **collaborative project between CEHAT and MASUM**, with CEHAT serving as a research partner overseeing research activities and MASUM leading the intervention component & **technical support from World Health Organization (WHO) & George Washington University (GWU)**. Project aims to **strengthen the health system's response to and prevention of VAW in Maharashtra**, India, by embedding WHO-recommended practices into primary healthcare services. Various research activities including a formative research, baseline cross-sectional survey, baseline knowledge, attitude and practice survey of health worker and baseline facility readiness was carried out.

## Formative Research:

A formative research was **carried out with ASHA workers** and key informants to understand the routine work of ASHA, challenges faced by ASHA and also to identify the opportunity for integration of VAW messages in their routine work. A total of **6 in- depth interviews with ASHA workers**, 2 focus **group discussions with VHSNC members** and 3 key- informant interviews with **Gram Panchayat members and Police Patil** were carried out.

# d. Scaling up health system response to and prevention of domestic violence in Aurangabad, Maharashtra: A randomised control trial

## Baseline Cross- sectional Survey:

The purpose of the cross- sectional survey is to estimate the baseline prevalence of different forms of domestic violence experienced by women accessing health facilities. The survey also captures the help seeking by survivors and their attitude towards violence. A similar survey is planned after 18 months of implementing the intervention to assess its impact on prevalence and help seeking by survivors. **A total sample size of 12, 400 has been collected from two intervention and two control blocks.**

## Baseline Knowledge, Attitude and Practice Survey:

**A pre and post KAP survey has been carried out with about 240 health workers in intervention arm and about 214 health workers in control arm.** The KAP survey was self-administered before the start of the training and post test was done at the end of the 2- day training. A similar survey is planned at 18 months to see the retention of change in KAP of health workers due to training.

## Baseline health facility Readiness:

**A baseline health facility readiness survey was carried out in 16 intervention facilities and 19 control health facilities.** This survey assessed the preparedness of health facilities in terms of infrastructure, supplies, and supportive leadership to respond to issue of violence against women

## e. Deepening health system response for violence against women / girls (VAW/G)

The project aims to deepen CEHAT's existing work with the health system to ensure a gender sensitive and comprehensive healthcare response and quality of care to survivors of Violence against Women/Girls (VAW/G). The work focuses on demonstrating feminist crisis intervention services to survivors through **'Dilaasa' centres in 12 public hospitals in Mumbai**, in the form of psychosocial counselling, safety planning, medico-legal support, multi-stakeholder coordination and referrals to needs-based services. Monitoring of the services through regular visits and meetings as well as capacity building of health care providers (HCPs) and the Dilaasa teams to ensure effective service provision is also undertaken.

### i. Paper Presentation on CEHAT's Practice-Based Research

CEHAT team presented a paper on **"Health Systems Response to Violence Against Women and Girls: Emerging evidence from CEHAT's Practice Based Research"** at the 'International Conference on Practice Research in Social Work & Allied Social Sciences in a Global Context' organised by the College of Social Work (Empowered Autonomous), Nirmala Niketan Institute, Mumbai on 28<sup>th</sup> and 29<sup>th</sup> November 2024. The paper demonstrated CEHAT's engagement with the health system and the elements of the practice based research mechanism developed for monitoring the quality of care offered by hospitals to survivors of violence.

### ii. Analysis of calls received on CEHAT's 24x7 GBV Helpline

The team is currently conducting an **analysis of the calls received on CEHAT's 24x7 helpline** for the period of January 2023 to May 2025 to understand the nature of the calls, the type of support sought and the intervention provided.

## f. Strengthening ecosystem for gender equality: Prevention and response to gender-based violence in Goa

CEHAT, aimed to build coordinated, survivor-centred responses to GBV over 13 months, It combined capacity-building, service strengthening, advocacy, and community-led initiatives. Key interventions included **training OSC staff** and multi-sectoral Gender Champions to deliver survivor-centred interventions, developing a standardized **MIS for OSCs**, piloting **SHG-led safety audits**, and convening **multi-stakeholder consultations on gendered safety in public spaces** from a **safe tourism lens**.

A literature review on gender and safety audits was conducted, tracing the history of such methodologies globally and in India, and adapting them for Goa's tourism and community context. This research led to the creation of participatory tools such as safety walks, surveys, and key informant interviews. The **project trained 17 women SHG leaders in Taleigao** Panchayat to lead participatory audits in their own communities. Using surveys, **safety walks, and interviews, audits were conducted in three localities**; Taleigao Market, Essar Junction, and Vodlem Bhat. Interviews were conducted with over 100 local women. **Findings revealed widespread harassment, unsafe infrastructure, and low formal reporting**. The process empowered SHG women as local change agents and also demonstrated an open-source set of safety audit tools that can be used by community members.

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# Training & Education

# a. Gender sensitisation workshops with Medical Educators

The **Training of Trainers (ToT)** workshops under CEHAT's GME initiative has equipped medical faculty with tools to integrate gender perspectives into curricula, using experiential learning methods to challenge biases. **Over 200 + educators across six states were trained**, fostering a network of gender champions in medical institutions.



**Few of the medical colleges that collaborated with CEHAT for workshops were:**

1. In April 2024, **Vydehi Institute of Health Sciences, Bengaluru**. The workshop were well attended by thirty faculty members from various department.
2. A three-day workshop in June 2024, with **Pramukhswami Medical College, Karamsad**, was attended by faculty members from various medical colleges across the state, including representatives from Karamsad, Rajkot, Ahmedabad, and Vadodara
3. Engendering Medical Education in collaboration with **Gandhi Medical College, Bhopal**, in July 2024. Approx thirty PG students participated from various medical colleges across the state.
4. A comprehensive three-day workshop in the month of August which gathered around twenty-eight faculties from various **AIIMS** (All India Institutes of Medical Sciences) institutions across the country.

# a. Gender sensitisation workshops with Medical Educators

5. **Atal Bihari Vajpayee Government Medical College, Vidisha**, organized a Pre-Conference CME on the theme "Navigating the Labyrinth of Medical Law with Forensic Insight" on 26th September 2024. The event brought together more than 50 faculty members from Forensic Medicine and Toxicology across Madhya Pradesh and neighbouring states.

6. **BJ Medical College, Ahmedabad**, and the Indian Association of Preventive and Social Medicine (IAPSM), Gujarat Chapter, to organize a Training of Trainers (ToT) workshop for medical educators from October 15-17, 2024. Thirty medical educators from various colleges across Gujarat participated in the workshop.

7. Continuous Professional Development (CPD) department of **AIIMS Rishikesh**, conducted a two-day gender sensitization workshop on March 24-25, 2025, aimed at integrating gender perspectives into medical education and practice. Thirty medical educators from various colleges across Uttarakhand participated in the workshop.



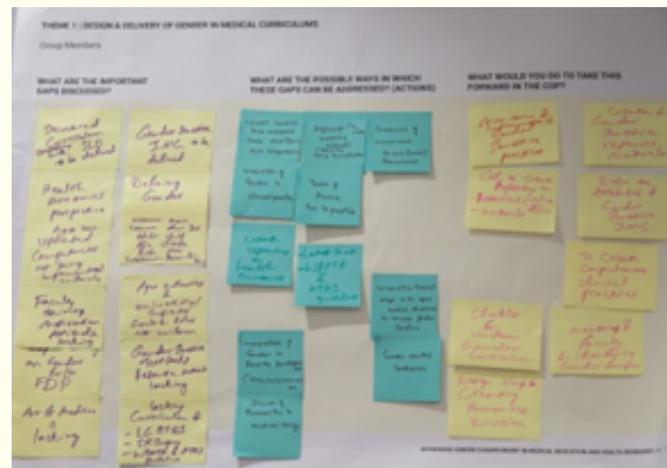
The initiative also **engaged undergraduate and postgraduate students** through debates, poster competitions, and workshops, making gender discourse accessible and engaging. For example, student-led activities at Pramukhswami Medical College highlighted creative ways to address gender disparities. These efforts have transformed traditional didactic teaching into a participatory, reflective learning process, empowering future healthcare providers to deliver equitable care.

## b. Capacity building of grassroots organisations

In the last year, CEHAT has worked towards expanding the cohort of the grassroots organisations for building their capacity on data management and analysis. CEHAT engaged with Jagori, Nazariya, and Anandi team members to understand their different programs, sources of data, documentation formats and existing MIS.

A 10-member team of **Jagori** comprising of interventionists and researchers visited CEHAT office for a day long workshop. Jagori is **involved in providing counselling and support services to survivors of violence through their helpline and community based centres**. During this workshop, a detailed discussion was carried out on the challenges faced by interventionists in documenting the cases of violence, entering and analyzing the data. An **intake form and validated excel sheet as MIS format were the outcomes of this workshop** with Jagori team.

Two team members from **Nazariya** also visited CEHAT office for a two- day workshop. Nazariya is a Delhi based a queer feminist resource group working on issues of gender-based violence, livelihoods, education, and health from a queer perspective through service provision, capacity building, and advocacy. Nazariya team worked with CEHAT team in the two-day **workshop to develop an intake form and MIS for their helpline**.



A similar workshop was also organised for three team members of **ANANDI** in Mumbai to strengthen their **documentation formats and data entry systems for their programs on gram sangathan, health, nutrition and gender based violence in rural areas of Gujarat**.

We continued providing capacity building support to organisations including Association for **Advocacy and Legal Initiatives Trust (AALI)**, **Stree Mukti Sanghathan (SMS)**, **Rajsamand Jan Vikas Sansthan (RJVS)** and **Sahjani Shiksha Kendra (SSK)** for data cleaning and analysis

## c. Training of CEHAT team for cross-sectional survey

A **four-day training** was organised in Mumbai at CEHAT office in first week of October for training of CEHAT staff on cross-sectional survey. **Dr. Sarah Meyer from World Health Organisation** facilitated this training and discussed various aspects of cross-sectional survey and its ethical implications. The training also helped in **identifying revisions required in the cross-sectional survey**. Mr. Khurshed Nosirov from World Health Organisation also joined virtually during the training to build team's understanding about the aspects of electronic data collection and management.



## d. Training of field investigators

A **five-day in-person training** was conducted by the CEHAT team in Chhatrapati Sambhaji Nagar from 11th to 15th November, 2024 for newly appointed field investigators and field managers. These field investigators were primarily responsible for collecting data for cross-sectional survey. Twenty-four (24) participants attended and participated in the training. **Dr. Saini Das from George Washington University and Dr. Soe Soe from World Health Organisation** were present during the training for supporting CEHAT team. The training aimed to build an overall understanding of field investigators on issue of violence against women (VAW) and its significant connection to public health, focusing on both the immediate and long-term health impacts on women. The participatory sessions emphasized that VAW particularly intimate partner violence (IPV) and sexual violence, is a public health crisis with the effects on women's physical, sexual, reproductive, and mental health. The training also covered important **concepts related to VAW including sex & gender, patriarchy and intersectionality**. The last two days of the training were utilized to provide hands-on experience to field investigators to fill the survey on tablets.

# e. Gender Champions Program in Goa

A key exercise was the needs assessment of **One Stop Centres (OSCs) in North and South Goa** and other justice sector stakeholders. This revealed critical challenges: lack of integration of OSCs with health systems, inadequate inter-agency coordination, and lack of uniform documentation practices. Findings shaped the development of tailored training modules and the Gender Champions program. For **OSC staff, a two-day training module** was developed **covering survivor-centred counselling, psychosocial support, medico-legal processes, safety planning, and coordination with justice and health systems**. This was delivered on-site at OSCs in North and South Goa.



The project also launched the **Gender Champions Program, a Training of Trainers (ToT)** initiative engaging 18 representatives from **seven departments including Health, Police, Prosecution, Panchayats, and the State Women's Commission**. Workshops emphasized gender, patriarchy, intersectionality, survivor-centred practices, and multi-agency coordination. Advanced sessions tackled medico-legal documentation, statutory rape provisions, and handling complex domestic & sexual violence cases.



These **trainings employed participatory methods such as case studies, reflective exercises, and experiential group work, ensuring deeper engagement**. The approach prioritized quality over numbers, creating strategically placed champions to drive systemic change from within institutions. Overall, the trainings not only built individual capacity but also laid the foundation for institutional protocols and cross-sectoral collaboration.

This dual focus on frontline OSC functionaries and higher-level departmental representatives ensured capacity-building at both operational and policy levels, **strengthening Goa's GBV response ecosystem** in a sustainable and replicable manner.



# f. Training of HCPs on recognising and responding to VAW/G

CEHAT conducts **periodic trainings for Healthcare Providers (HCPs) across 12 peripheral hospitals in Mumbai, which have Dilaasa crisis centres** for survivors of violence. Given the frequent transfer of HCPs across hospitals, continuous induction of new staff into **clinical identification of violence against women and girls (VAW/G)** and appropriate referral pathways, is crucial. In the period between April 2024 and March 2025, 10 orientation trainings were conducted across 8 hospitals. The trainings aim to equip HCPs—including **doctors, nurses, and other medical staff**—with the knowledge and skills to recognize clinical signs and health consequences of violence.

Other components include **psychological first aid using the WHO-LIVES** framework, and an introduction to the services provided by Dilaasa centres. One of the 10 trainings was on comprehensive health system response to survivors of sexual violence, including proper medico-legal examination and documentation according to the guidelines by the Ministry of Health and Family Welfare (MoHFW). In total, **252 HCPs** participated in these trainings. Some of these HCPs have now started co-facilitating trainings in their hospitals and also proactively sensitising other hospital staff towards VAW/G, ensuring regular training and participation from others.



# g. Monitoring Committee Meetings

The **Monitoring Committee Meetings** (MCMs) create a space for the HCPs and the Dilaasa teams to discuss the **response of the hospital to cases of VAW/G** and assess the **quality of care provided**. The committee at each hospital comprises of doctors and nurses from key departments as well as the Dilaasa and CEHAT teams. CEHAT also conducts a review of the medico-legal examination of sexual violence proformas in consultation with the HCPs to understand any gaps in the protocols or documentation and suggest ways to address them. CEHAT facilitated eight MCMs across 5 hospitals during this period. These meetings have enabled the hospitals to bring about changes in their procedures and practice.



## Examples of changes in practice:

1. In multiple hospitals, survivors of sexual violence were not being discharged till the police gave a NOC letter. During the MCM, it was clarified that no such procedure is legally required; the patients can be discharged if they are medically fit and the police only needs to be informed verbally. **Post the meeting- the practice was gradually stopped.**
2. Few hospitals, **staff nurses** were refusing to sign as **witnesses during medical examinations of survivors of sexual violence**. After discussions, it was clarified that it was their medical and legal role and a circular was passed to that effect.

# h. Capacity building of Dilaasa teams through case presentations

Regular **case presentations** are conducted as a capacity building exercise for the **Dilaasa teams**, with the objective of monitoring the quality of services provided and facilitating a peer learning process. The **teams share their experiences and challenges while dealing with cases of VAW/G and receive inputs from their peers, facilitators and external resource persons**. Ideas, suggestions and best intervention practices are generated through the discussion. Eight case presentations were conducted during this period across themes such as challenges with the Police, Joint Meetings, responding to cases of attempted suicide and challenges with Protection of Women from Domestic Violence Act, 2005 (PWDVA, 2005).

## Examples of case presentation discussions:

1. A frequent challenge that survivors face is that the police refuses to file an FIR for cases of domestic violence, either calling it a 'private matter' or asking them to go from one police station to another police station citing jurisdictional limitations. During the case presentations, the resource person discussed alternate strategies, including escalating the issue to the senior police official of the area and asking the **survivor to file a 'Zero FIR'**. Some of the counsellors shared their own cases where these strategies worked and the FIR was filed.
2. For the theme on 'Joint Meetings', a role-play technique was used where the teams presented mock joint meetings based on their cases. The **role-play helped them identify that their role is that of a facilitator and the survivor must be prepared to speak and put across her points during the meeting**. The importance of the pre-meeting counselling and preparation of the survivor was discussed and the counsellors shared examples of how the meetings had at least helped the survivor negotiate for her needs.



# i. Capacity Building training on responding to VAW for DMHP counsellors at Nongpoh, Meghalaya

Through CEHAT's sustained advocacy, existing hospital counsellors were integrated into the response system to deliver psychosocial support to survivors of domestic violence. This initiative was pivotal in institutionalizing a health system response to VAW/G at the Civil Hospital in Nongpoh, Meghalaya. Towards this, CEHAT conducted a **2-day training for DMHP counsellors at the Civil Hospital in Nongpoh, Meghalaya** from 18th to 19th March 2025 to enhance their understanding of various forms of VAW/G, including domestic violence (DV), intimate partner violence (IPV), and sexual violence (SV). Participants explored prevalence data from NFHS-5 and its sources, along with the health impacts of violence through case studies. The session also covered feminist counseling principles, debunked myths surrounding DV, and introduced Psychological First Aid (PFA). **Practical exercises included discussions on survivor support, the cycle of violence, mock counseling sessions, and the use of an intake sheet.** Additionally, participants were oriented with first-line support using the LIVES approach—Listen, Inquire, Validate, Enhance safety, and Support.



## j. Training on responding to VAW for PCI - Odisha

A **3-day Capacity Building training** on responding to Violence against Women/Children (VAW/C), for **13 District Coordinator Cum Counsellors (DCC) of Project Concern International (PCI) - ODISHA** from 31st July to 2nd August at YMCA International, Mumbai. Participants were sensitised to integrate gender perspective in responding to cases of violence against women and children. The DCCs were oriented to the concepts of VAW/C, myths related to violence, psycho-social intervention, and a visit to the Dilaasa centre. Participants **showed keen interest in implementing feminist counselling and engaging with the health system in addressing cases of violence.**



## k. Efforts to engage the primary health system to respond to GBV Training

Women in SRHR are more likely to reach maternity homes, and if the staff of these maternity homes were equipped to recognise signs and symptoms, then they can identify violence at an early stage. Under MCGM's initiative to strengthen early identification and intervention in cases of violence, **CEHAT conducted training of the staff at 17 maternity homes in Mumbai** in April and May 2024. The training equipped over **250 doctors and nurses to recognize signs and symptoms of VAW/C**, understand its health implications, offer first-line psychological support, and facilitate timely referrals to the nearest Dilaasa center. As a result, **a structured system was established wherein Dilaasa counselors now operate from each maternity home twice a week**, providing on-site psychosocial care and strengthening support for survivors.

# I. Training of Trainers (ToT) at Health Posts

As part of the expansion of the linkages to Dilaasa by the MCGM, CEHAT conducted **Training of Trainers (TOT) for around 80 Assistant Medical Officers (AMOs) from Health Posts across central and western suburbs of Mumbai** in September 2024. The half-day trainings focused on sharing information about Dilaasa and VAW/G with the AMOs, who then subsequently trained the Community Health Volunteers (CHVs) and Accredited Social Health Activist (ASHA) workers at their respective health posts on delivering health talks and awareness sessions in the community.



## m. Global Campaign against VAW: A Transformative Approach & Response Workshop

CEHAT presented its health systems intervention at the Global Campaign against VAW workshop organised by Urja Trust in collaboration with the Department of Women and Child Development, Mumbai. Protection officers, ASHA and Anganwadi workers, and social workers associated with various state and civil society programs were present at the workshop. This workshop was an opportunity for CEHAT to reach out to stakeholders in Mumbai who work beyond the health systems. The **CEHAT team emphasised the importance of acknowledging and responding to the health consequences of gender-based violence, irrespective of the site and level of intervention.** The participants were oriented to the **overt and covert signs and symptoms of violence, medico-legal obligations of healthcare providers,** and rights of survivors of violence in their interaction with health systems.

**INTERVENTION**

# **Intervention & Service Provision**

# a. Psycho-social interventions at Dilaasa crisis centres, Mumbai

CEHAT plays an important role in assisting **Dilaasa** counsellors in **Mumbai** as well as counsellors in sites where the Dilaasa initiative is being replicated. The **team provides technical guidance on feminist and crisis counselling methods, sharing practical strategies through case-based interventions and ongoing mentoring.** CEHAT is also engaged in direct service provision in one of the oldest Dilaasa centres. In addition, the team also assists in challenging cases handled by the other Dilaasa centres. This often requires on-site support, where CEHAT team members work alongside Dilaasa counsellors to navigate particularly sensitive or challenging situations.

The **Dilaasa teams across hospitals handled more than 2500 new cases of domestic violence and sexual violence** in the given year. Additionally, they conducted routine follow ups with survivors of ongoing cases and **reached out to more than 5000 women and girls** through screening, health talks, and IEC material to encourage them to seek support services and linking them to resources.



# b. Psycho-social interventions at Muktha crisis centre, Bengaluru



The **Muktha Crisis Centre** teams, operating across **five hospitals in Bengaluru, Karnataka**, have actively **intervened and supported a total of 1,534 survivors of domestic and sexual violence** during the reporting period. 2501 women and children were informed about the Muktha crisis centres. As part of ongoing efforts to strengthen service delivery and skill-building initiatives, regular case presentations have been conducted with Muktha counsellors. These sessions focus on identifying service delivery gaps and strategizing interventions to address them. Additionally, **Information, Education, and Communication (IEC) materials were developed and disseminated** within hospital settings to promote awareness about Muktha services.

In **collaboration with Nyaaya, a legal support organization**, Muktha Counsellors have been able to facilitate access to justice mechanisms for survivors. This partnership has enabled better legal awareness and support for survivors of domestic and sexual violence.



# c. CEHAT 24x7 Gender-Based Violence Helpline

CEHAT Gender-based  
Violence Helpline

Call 9029073154

24x7 Support & Assistance

**CEHAT counsellors received 629 calls** from April 2024 to March 2025 on the 24x7 helpline. The callers included survivors facing domestic violence or sexual violence or their family members, health care providers, and social workers/counsellors from other organizations. Few of the calls were from survivors in a crisis situation and requiring urgent support. Most of the other **calls were regarding reporting a case of violence and queries on police not filing complaints of the abuse.** Other reasons included survivors seeking legal advice for their ongoing case in the court, abuser getting bail and a fear of re-occurrence of violence from him.

**Calls from health care providers were primarily related to medical examination; documentation related to medical procedures; and questions about advanced pregnancies and legal recourse for survivors,** especially past the legal 24-week period. Other organizations contacted the helpline mainly for **referral support to Dilaasa centres.** The round the clock helpline service has been of use to survivors as well as HCPs as stated by the number of calls received.



# Advocacy

## a. Building a community of practice to integrate gender in health systems

CEHAT's advocacy has been a sustained effort over several years, working to establish gender sensitivity as a core concern within medical education policy rather than a peripheral or "soft" issue. Through **consistent engagement with policymakers and medical institutions, CEHAT has positioned gender integration as essential for equitable healthcare.**

In June 2024, in partnership with Quicksand and Oxford Policy Management (OPM), **CEHAT hosted a Gender Champions Roundtable in Mumbai.** The event brought together stakeholders from diverse fields including medical education institutions, public health research organizations, state health resource centers, international development agencies, and academic bodies to deliberate on building a community of practice (CoP) for Gender Champions within the health system. The **discussions explored themes ranging from curriculum reform and faculty capacity-building to survivor-centered healthcare, underscoring the critical need for deeper engagement and actionable strategies to advance gender integration across the health system.** Since then CEHAT has been taking initiative forward with conducting bi-yearly CoP meetings.

## b. Efforts towards improving the working conditions of Resident Medical Officers

Further in March 2025, to **address the conditions faced by Resident Medical Officers (RMOs) in India,** CEHAT conducted a signature campaign, rallying support from 85 medical professionals, resident doctors, and faculty members. Based on a 2019 study conducted by CEHAT and support gathered from the campaigning, a letter of suggestions was mailed to the Honourable Supreme Court of India, urging immediate action to improve RMO work environments. Advocacy also **extended to research dissemination, with published case studies and blogs** influencing academic and policy discourse.

## c. Evidence building on GBV through advocacy & networking

CEHAT is aiming to strengthen evidence-building on GBV through a combination of standardized documentation and advocacy. To harness the full potential of service data and generate contextual insights on GBV and monitor progress of interventions, the **team analyzed case intake forms from 12 grassroots organizations**. This process led to the development of a set of common minimum data variables— including survivor demographics, perpetrator profile, nature of violence, referral pathways, interventions, expectations and outcomes— for uniform case documentation. These **findings were shared at the AMAN National Network meeting, to encourage wider adoption of the common or uniform minimum variables to generate robust and rigorous GBV data nationwide**. Such commonalities of data tools will also enable better tracking of programs' progress indicators and contribute to national and international advocacy for evidence-based GBV interventions and policy reforms.

Alongside these efforts, CEHAT **engaged actively in network-building and advocacy on evidence-building on GBV** through platforms such as UN Women's convening on women's safety, the AMAN Network, and civil society consultations marking 30 years of the Beijing Platform for Action, to advance knowledge-sharing across the feminist networks.

## d. World Suicide Prevention Day



The Dilaasa teams regularly deal with cases of “accidental” poisoning which turn out to be suicide attempts. On **World Suicide Prevention Day on 10th September 2024, Dilaasa teams conducted awareness activities in their hospitals**. Building on the triennial theme for 2024-2026 - "Changing the Narrative on Suicide" with the call to action "**Start the Conversation**", the teams focused on gender-based violence and its link to suicidality.

## e. One-Day National Consultation on Child Sexual Abuse

CEHAT team attended a **One-Day National Consultation on “Child Sexual Abuse: Contemporary Realities and Challenges”** organized by Center for Women Centered Social Work, School of Social Work, Tata Institute of Social Sciences November 14<sup>th</sup> 2024. The **discussion centred around the challenges in the prevention of child sexual abuse and the implementation of the POCSO Act.** The CEHAT team shared their own **experiences from the work with the health system and reiterated that the child must be at the center of the intervention.**

## f. Data-driven advocacy

As a result of our **ongoing work with grassroots organizations**, the insights from the **data have enabled organizations to work with young girls and women in enabling them to advance their rights.** For example, findings from data of RJVS have questioned the customary practices of Naata Pratha and Mautana and have highlighted the ways in which they impact the lives of the women. The organization has been able to work with women of self-help groups to prevent these practices in the community. Another example is **CEHAT’s analysis of medico- legal records of cases of adolescents and young girls accessing abortion.** CEHAT has been able to contribute these findings on challenges faced by girls in the advocacy work of a coalition working on universal access to safe and quality abortion.

CEHAT actively participated in the various coalitions on adolescent girls’ sexual and reproductive health and rights including age at marriage, laws governing rights of adolescents, access to abortion and so on. **CEHAT as a part of National Coalition Advocating for Adolescent Concerns participated in a consultative workshop** on The Adolescent Question: Celebrating feminist co-learning journeys and mapping next steps where in representatives of several organisation working with young girls participated. **CEHAT presented evidence on interface of adolescents with health systems and also built capacity of representatives in navigating the medico – legal procedures related to sexual and reproductive health of adolescents.**

# g. International Women's Day Celebration

On **8th March 2025**, the Dilaasa teams **observed International Women's Day** by **honouring the strength of women**, the courage of survivors of violence and the dedication of the health care providers. The **teams engaged in street plays, awareness drives, health talks, fun activities and celebrations with survivors and health care providers.**

CEHAT also celebrated the growth, journey, and resilience of the Dilaasa teams. From **tales of overcoming the trauma of growing up in violent households to navigating the challenges of arriving in an unfamiliar city like Mumbai**, to sharing joyous memories with colleagues and experiencing the deep satisfaction of helping survivors of violence, the teams shared how their work at Dilaasa has profoundly transformed them as individuals. It was **a day brimming with smiles, touched by a few heartfelt tears, and filled with joy and laughter.**



# h. International Day for the Elimination of VAW and 16 Days of Activism against GBV

To mark the **International Day for the Elimination of Violence Against Women on 25th November 2024**, Dilaasa teams mobilized across 12 public hospitals in Mumbai, **engaging departments such as Gynaecology, Medicine, Psychiatry, Paediatrics, Orthopaedics, ENT, Surgery, and more—any space that may interface with survivors of domestic violence.** Teams sensitized healthcare providers to the medical signs and symptoms of violence and emphasized the importance of timely referrals to Dilaasa. **Echoing the UN’s theme, the message was clear: #NoExcuse not to refer.**



Throughout the **16 Days of Activism against Gender-Based Violence**, Dilaasa teams **conducted awareness programs at maternity homes linked to their hospitals, spotlighting the vulnerability of women during pregnancy.** Recognizing the critical role of police in survivor support, Dilaasa teams also visited neighbouring police stations to strengthen collaboration. They **also reached out to schools, ICDS centres, and child-focused NGOs to raise awareness about Violence Against Women and Girls (VAW/G) and Sexual and Reproductive Health Rights**, ensuring that prevention and protection begin early.

## i. National Dissemination of the 2024 SDG Gender Index

CEHAT was invited to present their reflections on “gender-based violence” at the National Dissemination of the 2024 SDG Gender Index on organised by SAHAJ and Feminist Policy Collective at Delhi. The CEHAT representative responded to the Equal Measures 2030 report, unpacking the policy landscape around gender-based violence in the past decade and assessing India’s response to the issue. **CEHAT emphasised the importance of investing in gender-based violence prevention and response** in a participatory manner, making legal and policy paradigm more inclusive and intersectional, maintaining fidelity of best practices when they are adopted by state, and **looking towards gender-based violence data beyond administrative sources.**



## j. Continued State engagement

We have successfully extended our **Memorandum of Understanding (MoU) with NHM Karnataka** for an additional **three years, ensuring continued collaboration.** The state leadership remains highly interested in **integrating Muktha services** into the upcoming budget, which has prompted ongoing discussions with the Ministry of Health and Family Welfare (MoHFW), to identify and finalise a sustainable mechanism for implementation.



# k. Multi-stakeholders engagement to strengthen GBV prevention & response in Goa

Advocacy was pursued through **multi-stakeholder consultations and policy-oriented dialogues**. The project convened **three state-level consultations**. Themes included “**SMART Cities as Safe Cities,**” “**Safe and Inclusive Tourism for Women,**” meeting on strengthening the GBV ecosystem. These events drew diverse **participation from government departments, civil society, academia, and private sector bodies** such as the **Hotel and Tourism Associations**. Recommendations spanned sectors: gender-sensitive urban planning, development of a women-friendly tourism policy, survivor-centred SOPs for gender-based violence, medico-legal documentation reforms, and gender-sensitization training for police and tourism staff.



Importantly, the **hospitality sector engagement reframed GBV** as part of “**Safe and inclusive tourism,**” encouraging private actors to adopt bystander interventions, safer transport, and workplace inclusion measures. **Grassroots advocacy was embedded through the SHG-led safety audits**, which empowered community women to push for improvements in lighting, sanitation, and policing. The consultations not only disseminated project learnings but also seeded a draft state action plan with department-wise recommendations. By anchoring advocacy in both grassroots evidence and multi-sectoral dialogue, the project ensured its influence extended beyond direct training activities into shaping long-term policy, institutional reforms, and private sector accountability.

# k. Multi-stakeholders engagement to strengthen GBV prevention & response in Goa

A State-level consultation and a final dissemination meeting on strengthening gender-based violence prevention and response ecosystem was held in Goa. The consultation was the culmination of a year-long program focused on collaborative ideation and action against the issue of gender-based violence in the state. We hoped to encourage discussion on best practices and multi-stakeholder strategies to address gender-based violence prevention and response. More than **50 representatives from government departments from Women & Child Development, Prosecution, Police, Transport etc. and civil society joined the consultation.** Through two panels centred on prevention and response, we explored current successes, gaps, and opportunities to foster an environment that will continue to enhance the safety and inclusion of women in the years to come.





# Documentation & Publication

# a. Handbook on Sex, Gender and Health



i. A chapter on “**Gendering healthcare: Situational analysis of clinical practices in five medical colleges of Maharashtra, India**”, has been published in Springer. It aims to apply a gender perspective to assess public teaching hospitals in Maharashtra, focusing on comprehension of sex and gender, GBV, female bodily autonomy & gender stereotyping.

ii. “**Mistreatment of women in labour room: Perceptions of healthcare providers**” another chapter has been published in Springer. It is about a study conducted in two public hospitals of Maharashtra, towards prevention of violence during childbirth

# b. Blog on SRHR of Adolescents published in SVRI

The post delves into the **ethical complexities surrounding adolescent girls’ access to reproductive healthcare in India, especially within cases of consensual relationships**. It sheds light on the practical challenges arising from legal mandates and societal stigmas, which often prioritize legal compliance over the wellbeing and autonomy of adolescents.



# c. Documentation guidelines for Goa

The project invested in **systematic documentation and knowledge sharing to ensure sustainability and replicability**. Key outputs included the model OSC intake form and Excel-based MIS, accompanied by process notes and ethical documentation guidelines. These resources reflect a careful review of OSC and CSO practices and align with Mission Shakti reporting requirements.

## d. Resource Directory on Gender-based violence



A **GBV Resource Directory for Goa** was compiled through extensive outreach, **listing services such as police units, OSCs, shelter homes, legal aid, health facilities, and counselling services.** Resource directory was designed, published, and disseminated as a practical tool for survivors and service providers alike

## e. Postcard series



The postcard series, “**Raat-Beraat, Beparwah, Bewaqt,**” captured the aspirations of women in Taleigao for a world where public spaces are free of violence and equally accessible to all. Rather than focusing on challenges, **the series projected a vision of freedom, where women could move without fear, at any hour, and claim public spaces with confidence.** Co-created with SHG leaders, the postcards became a creative expression of hope and a call for equitable, inclusive futures.

# CEHAT Staff as on 31<sup>st</sup> March 2025

Sr. No.	Employee Name	Male / Female	Designation	Period
1	Aarohi Damle	Female	Sr Research Associate	16-03-2023 till date
2	Ajinkya Deshmukh	Male	Sr Research Associate	03-05-2021 till date
3	Amruta Bavadekar	Female	Research Officer	05-07-2021 to 30-06-2024
4	Amruta Bavadekar	Female	Director	01-07-2024 till date
5	Ashwini Chougule	Female	Sr Research Associate	09-05-2022 till date
6	Anirudh Narayanan	Male	Research Associate	01-08-2024 till date
7	Anshit Baxi	Male	Sr Research Associate	03-06-2024 to 31-03-2025
8	Dhananjay Khandagale	Male	Sr Research Associate	05-04-2024 to 28-08-2024
9	Heena Sinha	Female	Research Associate	02-04-2024 till date
10	MD Uruj	Male	Research Associate	10-10-2024 till date
11	Pramila Naik	Female	Sr Administrative Officer	09-10-2000 till date
12	Prarthana Lohia	Female	Sr Research Associate	14-08-2023 to 01-01-2025

Sr. No.	Employee Name	Male / Female	Designation	Period
13	Pratikshya Priyadarshini	Female	Research Officer	01-03-2023 till date
14	Radha Mishra	Female	Secretary	18-11-2013 to 30-04-2024
15	Rajeeta Chavan	Female	Research Associate	27-07-2009 till date
16	Sangeeta Rege	Female	Director	02.05.2013 to 31-12-2024
17	Sanjida Arora	Female	Sr Research Officer	04-07-2014 till date
18	Shobha Kamble	Female	Office Assistant	14-12-1999 till date
19	Sudhakar Manjrekar	Male	Office Assistant	15-11-2000 till date
20	Swati Pereira	Female	Junior Admin Officer	16-07-2015 till date
21	Uvika Durani	Female	Sr Research Associate	18-03-2024 till date
22	Yogita Shivankar	Female	Admin Assistant	01-03-2023 till date
<b>Consultant with CEHAT</b>				
23	Pooja Kulkarni	Female	Consultant	24-03-2025 till date
24	Pooja Salian	Female	Consultant	16-07-2024 till date
25	Pradnya Ovhal	Female	Consultant	27-11-2023 till date
26	Prarthana Appaiah	Female	Consultant	02-11-2020 till date
27	Sayyedali Shaikh	Male	Consultant	18-06-2024 till date

## CEHAT Publications April 2024 – March 2025

### 1. Journal Article:

1. Provision of sensitive medico-legal care to sexual violence survivors in a tertiary public health facility of Maharashtra (2024) – Gadappa, S.; Deshpande, S.; Gaikwad, R.; Arora, S.; Gaddikeri, M.; Muralidhar, K. & Deshmukh, A. – The Journal of Obstetrics and Gynecology of India

### 2. Books / Reports:

1. Gendering healthcare: Situational analysis of clinical practices in five medical colleges of Maharashtra, India (2024) - Bavadekar, A.; Bhowmick, M.; Thomas, D.; Deshmukh, A.; & Vernekar, D. – In Handbook on Sex, Gender and Health: Perspectives from South Asia by TK Sundari Ravindran, M. Sivakami, Anjana Bhushan, Sabina Faiz Rashid & Kausar S. Khan (Eds.), Springer, ISBN: 978-981-19-9265-0
2. Mistreatment of women in labor room: Perceptions of healthcare providers (2024) – Rege, S.; Bavadekar, A.; & Vernekar, D. – In Handbook on Sex, Gender and Health: Perspectives from South Asia by TK Sundari Ravindran, M. Sivakami, Anjana Bhushan, Sabina Faiz Rashid & Kausar S. Khan (Eds.), Springer, ISBN: 978-981-19-9265-0

### 3. Resource Materials:

1. Gender-based violence services: Resource directory: Goa 2025 (2025) – CEHAT
2. Postcard series on “Raat-Beraat, Beparwah, Bewaqt,” theme (2025) – CEHAT

### 4. Blogs:

1. A case for building research capacities at the grassroots (2024, July 9) – Damale, A. – IDR Online
2. Balancing protection and autonomy: Navigating sexual and reproductive healthcare for adolescent girls in India (2025, March 25) – Lohia, P. & Baxi, A. – Sexual Violence Research Initiative (SVRI)

## CEHAT Publications April 2024 – March 2025

### 5. Media Coverage:

1. 'Sick of hearing that husbands don't rape': Activists and lawyers speak out on the need to criminalise marital rape in India (2025, February 23) By Bhosale, A. – Mid-Day
2. Jamshedpur SDO orders deployment of night guard at One Stop Centre (2025, February 05) By The Avenue Mail
3. Engendering Medical Education | A Case Study on MGIMS, Sevagram (2025, February 04) By GenderCollab – YouTube.com
4. What it means to run a helpline in India (2025, February 02) By Rege, S. – The Week
5. How helplines are providing comfort and clarity to people on the brink (2025, February 02) By Biraia, P. – The Week
6. Confronting domestic violence (2024, September 16) By Sachdeva, S. – The Tribune
7. Empowering medical education through gender integration: A personal journey (2024, August 8) By Angeline, G. N. – Nivarana.org
8. वैद्यकीय शिक्षणात लिंगभाव (2024, July 13) By Tiwale, S. – लोकसत्ता, चतुरंग
9. मासूम आणि सेहत संस्थेतर्फे छत्रपती संभाजीनगरात कार्यशाळा (2024, July 10) By सामना
10. कार्यशाळा: महिलांवरील हिंसा आणि आरोग्य सेवांचा प्रतिसाद; महिला सुरक्षा हा विकासाचा महत्वाचा पेलू (2024, July 10) By संजयवार्ता



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ALLIED THEMES