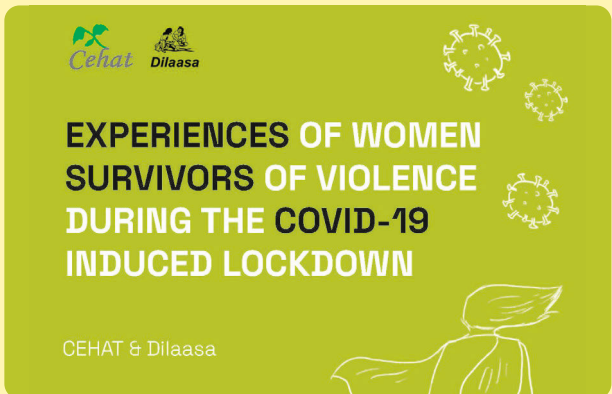
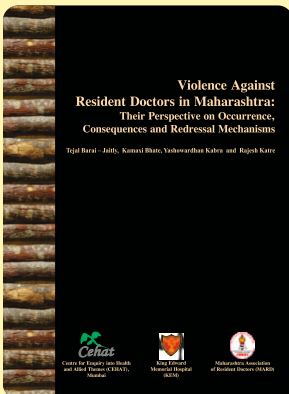
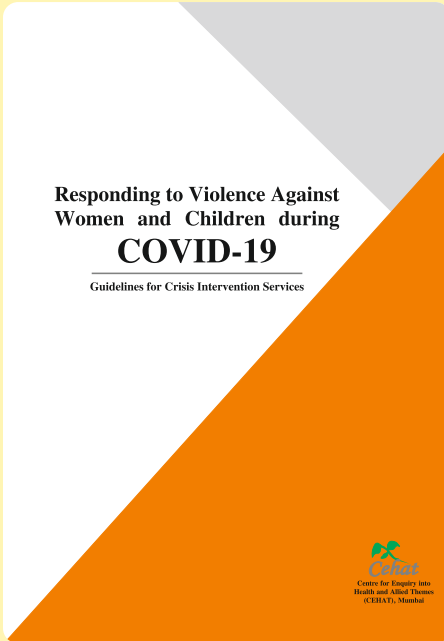
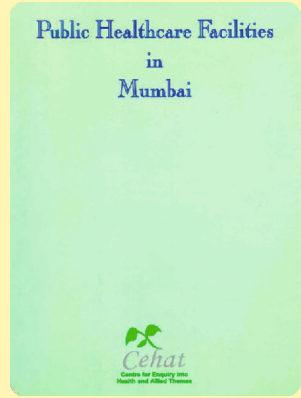
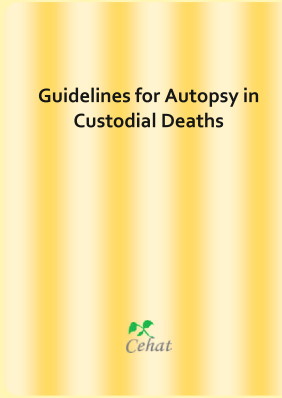
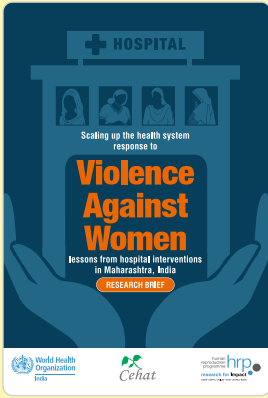




Cehat

AT A GLANCE





Centre for Enquiry into Health and Allied Themes (CEHAT) a Research Centre of Anusandhan Trust

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

CEHAT has through its work

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

CEHAT's work is organised around

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

health illness
medicine
wellness
affordability

care
surgery

Universal
Health OOP
Coverage

outpatient study

Health
Insurance

doctor
nursing

Out Of Pocket
Expenditure

diagnostics
equal access
disparity

welfare
justice

academia
pharmacy
malnutrition
fairness
health policy
equitable
inequity

services

Privatisation

empirical research

Public-private

Partnership

medical education

Outsourcing

ward

Rx

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Health Services and Financing



Focus of Programme

- Determinants of health, health problems and health-seeking behaviour
- The structure and functioning of healthcare services, health expenditure and financing
- Critically analysing health systems and government programmes through the lens of health equity

Outputs and outcomes

- Evidence on implications of public-private partnerships in the health sector and exposing its' effect on equity and access to services.
- Identifying from a gender perspective, hospital procedures and norms such as labour room practices, inimical to the healthcare of all.
- Focusing on under-researched areas such as the impact of the uneven distribution of health services by mapping the outcomes across social and economic groups that spotlights the severe paucity of services to the underserved, underprivileged and marginalized like migrant labour.

RECENT PROJECTS AND ACTIVITIES

A rapid survey to assess preparedness and functionality of public hospitals in Mumbai during the COVID 19 pandemic (2020)

The bulk of COVID 19 care was provided by public hospitals. Several reports related to the private health sector about denial of services, overcharging and other unethical practices surfaced. The COVID 19 pandemic has exposed the fault lines of the Indian public health system. Even in the course of the pandemic, the large, private health sector in Maharashtra, did not fulfil its' public health responsibilities. CEHAT conducted a study on the centrality of public hospitals during the pandemic and steps taken by them to manage COVID care.

A rapid assessment was carried out by CEHAT across 13 peripheral hospitals in Mumbai between May and June 2020 with different cadres to document their experiences in responding to the pandemic.

Findings reveal that despite limited resources and several challenges, the public health system was at the helm of the response, indicating an urgent need for investing in and nurturing the public health system. Female health workers faced a double burden during the pandemic as they were expected to provide care in hospitals as well as fulfil their domestic responsibilities

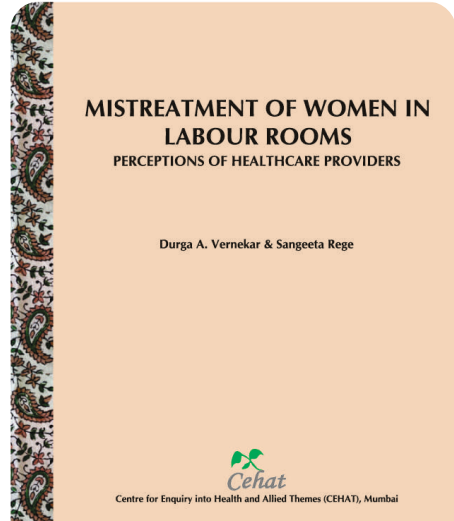
Mistreatment of women in labour rooms – perceptions of healthcare providers (2019)

There is mounting evidence, globally and in India, of mistreatment of women at the time of childbirth in health facilities.

Most research studies on the issue of disrespect and abuse of women during childbirth have been conducted from the women’s standpoint in assessing the prevalence rates of abusive behaviour. CEHAT’s study has focused on the healthcare providers’ perspectives on mistreatment of women in labour rooms with the object of bringing about a change in practices.

Findings indicate that these practices are deeply entrenched in the health system and there is an urgent need to create sensitive care and services for women in labour.

Healthcare providers unanimously rejected the term “labour room violence” and justified acts such as restraining the woman, shouting at and scolding her, as a necessity for better birth outcomes.



There is an urgent need to adopt a human rights lens while charting policies and guidelines to prevent labour room violence and change attitudes and practices of healthcare providers



Training of healthcare providers to prevent labour room violence

Violence against resident doctors in Maharashtra: Their perspective on occurrence, consequences and redressal mechanisms

Healthcare providers all over the world are vulnerable to violence in their professional lives. Violence against healthcare providers impacts their physical and psychosocial health adversely; some studies even indicate signs of post traumatic stress disorder in doctors who have faced violence. CEHAT

undertook a systematic study of violence on resident doctors in Maharashtra who form the backbone of the public health system. In collaboration with King Edward Memorial hospital and the Maharashtra Association of Resident Doctors, CEHAT's enquiry explored doctors' perceptions of violence.



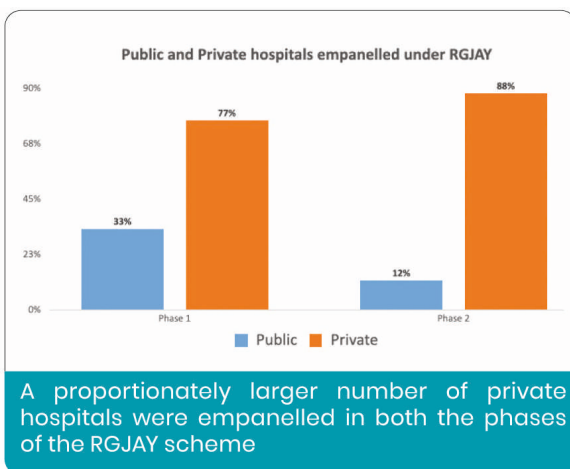
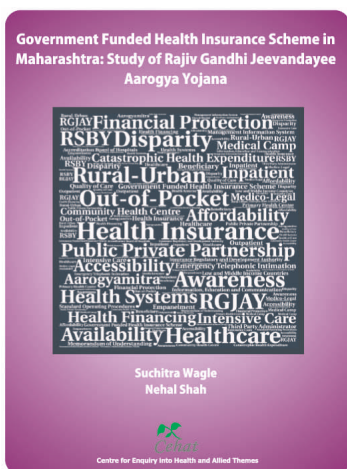
62 per cent of resident doctors who participated in the study had either faced or witnessed violence by patients, their relatives and escorts

Exposure to violence significantly affected the resident doctors. 35 per cent reported having lost the motivation to work. About 72% of doctors recommended training on communication skills for healthcare providers

Publicly financed health insurance schemes in Maharashtra: Study of Rajiv Gandhi Jeevandayee Arogya Yojana (2017)

Among the numerous health insurance schemes launched by state and central governments, CEHAT selected Maharashtra's Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) to assess its implementation and impact. The study provides insights into several lacunae within the scheme

that thwart the objective of universal health coverage, including the fact that the private sector was maximising profits by selective promotion; out of pocket expenses remained high and there was no evidence of any expanded access to healthcare services in rural areas.



affordability
Policy
wellness
Right to Health
health illness

medicine
Malpractices
health system
doctor
study
Patient-Centric
coverage
availability
fairness
health policy
equitable
Medical Negligence
Regulation

Clinical nursing
Establishment
Act outpatient
diagnostics
equal access
Subsidies

empirical research
Implementation
Intensive Care
Patient Rights
medical education
Legislation

A stylized medical illustration in shades of orange and brown. It features a large, rounded rectangular shape on the left, resembling a clipboard or a medical chart, with several horizontal lines inside. To the right of this shape is a stylized human figure, possibly a patient, with a bandage or medical device on its chest. The background is a solid orange color.

Health Legislation, Ethics and Patients' Rights

Focus of Programme

- Functioning of private healthcare sector, with a special focus on regulation and public-private partnerships
- Patients' rights in health settings and in the delivery of state-managed services, their documentation and reform
- Drawing public attention to ethical issues in healthcare; assisting in the documentation and standardisation of ethical guidelines in the conduct of research and practice in healthcare and health research

Outcomes and Impact

- CEHAT has used legal strategies from time to time to bring in reforms in the health sector like a public interest litigation (PIL) was filed in 2010 to seek a revoking of harmful medical practices in rape examination.
- One of the important studies conducted was on the functioning of charitable trust hospitals and their flouting of legal obligations. The study findings helped CEHAT in advocating for the effective implementation of legal obligations for charitable hospitals
- CEHAT's research captures the uneven growth of the private sector and the indirect support that the government provides in the guise of concessions and subsidies and such programmes through Public Private Partnership models. Such incontrovertible evidence is useful in pressuring the state to examine the situation more critically
- CEHAT worked with the Indian Council for Medical Research in 2016 in the drafting of national guidelines for biomedical and health-related research involving human participants
- CEHAT is firmly positioned today as a capacity-building institution for establishing ethical frameworks, guidelines and processes in social science research
- AnusandhanTrust, CEHAT's parent body has established a multidisciplinary, independent, institutional ethics committee provisionally registered with the Department of Health Research National Ethics Committee Registry for Biomedical and Health Research. This committee not only reviews all the research conducted by CEHAT but also on request conducts reviews of research of other institutions

Ethical guidelines in social science research and interventions

CEHAT has made concerted efforts since 1999 to bring together a variety of experts on this subject, conduct in-depth reviews of relevant international guidelines and collate the ethical concerns in social science research as well as in psycho-social interventions.

Ethical Guidelines for Counselling Women Facing Domestic Violence




Centre for Enquiry into Health and Allied Themes

Ethical Guidelines For Social Science Research in Health

National Committee for Ethics
in
Social Science Research in Health


Centre for Enquiry into Health and Allied Themes

CEHAT, in consultation with an expert committee, has also developed guidelines to inform counselling practice in the best interest of the survivors of violence. The guidelines are focused on sensitizing counsellors, protecting the rights of survivors, promoting standards in counselling via ethical self-regulation, improving the quality and credibility of counselling and making ethics an integral part of counselling practice.

Advocating for patient's rights

CEHAT has also worked on advancing and advocating for the rights of patients.



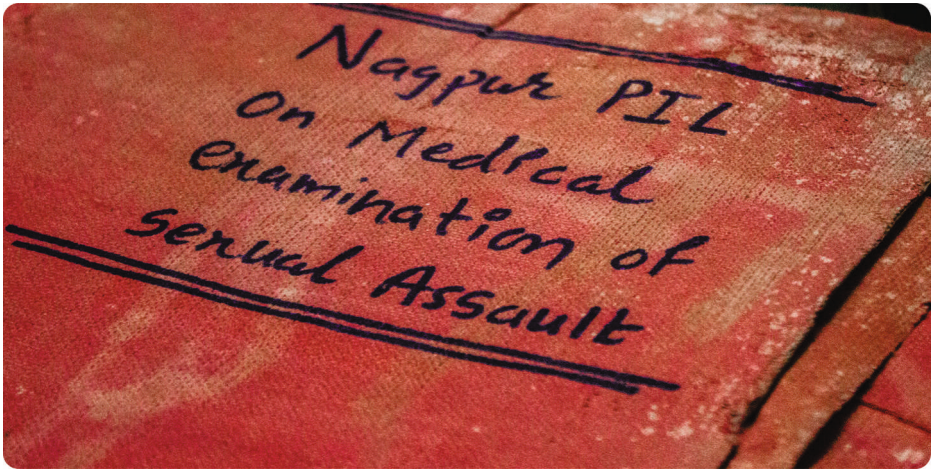
CEHAT has worked consistently to expand and strengthen patients' rights. CEHAT's research and work has pointed to the weak regulatory and institutional mechanisms across health sectors that contribute to a number of issues directly affecting patient care and people's access to care. To inform patients about their rights, CEHAT launched various initiatives, one of which is an interactive website. A calendar in 2016 also focused on this theme.

In 2017, taking on an activist role, CEHAT intervened in a case of kidney transplant, highlighting the issue of power imbalance between the donor and hospital authorities, the exploitative nature of transactions and gaps in scrutiny expected from hospital authorities.

Right to healthcare for survivors of sexual assault: Public Interest Litigation

CEHAT has deployed legal strategies from time to time to bring in reforms in the health sector. In 2010, CEHAT filed an intervention petition in the Nagpur High Court in a public interest litigation (PIL) against Union of India. The PIL focused on advocating for removing harmful medical practices in rape examination and advocating for right to healthcare for survivors of sexual violence. CEHAT made

two key prayers through its intervention application - the first prayer demanded that the state government stop the use of their archaic proforma with immediate effect and replace it with a gender sensitive proforma. The second prayer asked the state government to ensure the provision of immediate medical treatment along with psychosocial services at the hospital level.



The decade-long PIL comprised of several strategies to demand scientific and gender sensitive care for rape survivors. It ranged from seeking a technical opinion from the World Health Organisation headquarters to setting up an expert committee to review gaps in the Maharashtra state protocol and garnering support from service medical providers and civil society organisations across India. After decades of legal advocacy and CEHAT approaching the Supreme Court with Lawyers Collective

as its legal counsel, the Maharashtra government was compelled to withdraw the old proforma and implement the Ministry of Health and Family Welfare (MoHFW) proforma in 2014. This was achieved due to a watershed moment created by the Criminal Law Amendment of 2013 that expands the definition of rape in the law and the MoHFW formulating a protocol and guidelines for medico legal care for rape survivors in a health setting.



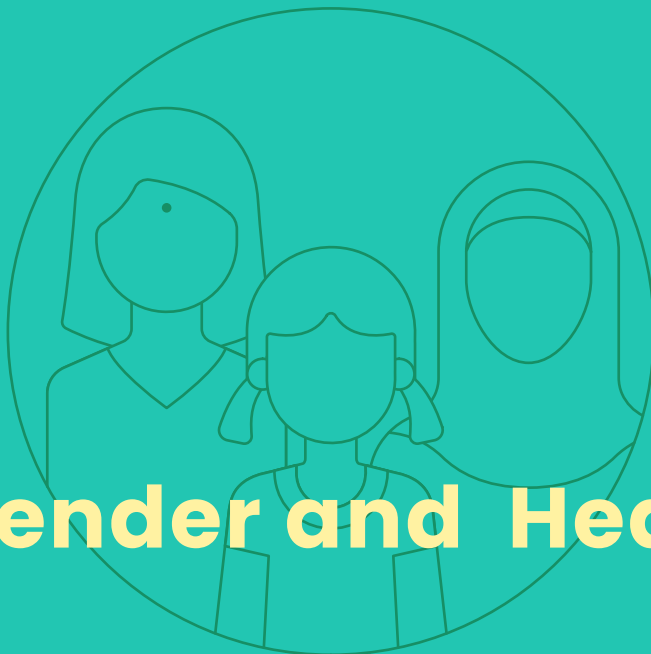
Training of resident medical officers on comprehensive healthcare response to sexual violence

Two-finger Test
medicine
Abortion
affordability
Respectful
Maternity
Care health

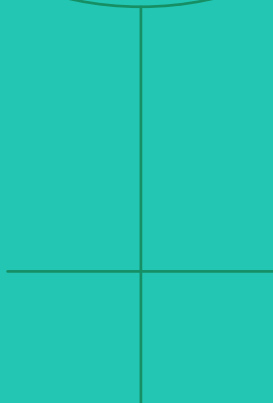
financial protection
doctor nursing
outpatient study
Labour Room
Violence
diagnostics
equal access
Rural-Urban

public health
Medical
Practices
coverage
pharmacy
availability
fairness
health policy
equitable
inequity
solutions

Contraceptives
empirical research
illness
Medical
Curriculum
medical education
Gender Sensitivity
justice



Gender and Health



Focus of programme

- Gender reviews of policies and practices in the healthcare system and in areas that impact women's access to healthcare.
- Examining the inherent institutional and ideological biases in the conceptualisation and delivery of health care for LGBTQIA+ communities.
- Designing and delivering training modules and practices towards a systemic transformation.

Outcomes and Impacts

- Well documented evidence that exposes multiple forms of discrimination against women, girls and LGBTQIA+ communities by the health system.
- Developing a rights-based and intersectional approach to prevent discrimination against minorities and other underprivileged persons.
- Recognising the merits and success of CEHAT's gender sensitisation of the undergraduate programme, the Medical Council of India (MCI) in 2019 released a Competency Based Undergraduate Curriculum focused on creating doctors who are patient-centric and gender-sensitive.

RECENT PROJECTS AND ACTIVITIES

Eliminating gender insensitive medical practices: Building medical educators' capacities to integrate gender concerns (2021)

CEHAT in collaboration with Directorate of Medical Education and Research, Maharashtra and Maharashtra University of Health Sciences has initiated a programme to integrate gender and other social determinants of health in the MBBS programme. A pilot project (2015-2019) yielded a positive shift in knowledge, attitudes and perceptions of medical students. CEHAT has now expanded the programme across medical colleges in seven states. The project includes the training of medical educators and evolving protocols for

rolling out gender-sensitive curriculum and services across five core MBBS disciplines – gynaecology and obstetrics, forensic medicine, internal medicine, psychiatry and community medicine.





Delivery of gender integrated lectures to MBBS students by medical educators



Gender-integrated modules for five disciplines approved by Maharashtra university of Health Sciences

Engaging medical educators to influence research in area of gender and health

There is a paucity of medical research with a gender perspective in India. Gender is often misunderstood as sex, though gender is a social determinant of health. Hence CEHAT is promoting

gendered research in neglected areas of medical research in collaboration with trained medical educators to generate evidence on gender impacts in health.

affordability
LIVES
wellness
Health
System
Strengthening

medicine
financial

Violence protection doctor inequity **Domestic**

Against Women study health policy **Violence**

outpatient health system response **Rape**
coverage
equitable
availability
Multi-
sectoral
coordinated response
Public Health Issue
psychosocial
Medico-legal
medical education
access to **Counselling**
Suicide
Health Impact
equal access
Torture

Violence and Health



Focus of programme

- Human rights dimensions of healthcare
- Medico-legal issues that impact healthcare and its delivery
- Special focus on young people and their health needs

Outcomes and impact

- CEHAT has developed evidence based models in strengthening health systems' response to VAW and Low & Middle Income Countries (LMIC)
- Consistent advocacy by CEHAT has now led to the on-boarding of several states in India to implement a health system response to violence against women. CEHAT is a technical partner, assisting state health departments to develop Standard Operating Practices and bring about system level changes to sensitively address VAW
- During the COVID lockdown and humanitarian crises that resulted from the pandemic, CEHAT set up a national, 24x7 helpline. CEHAT developed a set of guidelines for creating a response to violence against women and children in crisis times.

RECENT PROJECTS

Guidelines for medico-legal examination in police custody and autopsy in custodial deaths

An important but neglected area under this theme has been the dearth of comprehensive guidelines and protocols for medico-legal examination of victims of torture. Similar observations have also been made in context of protocols for autopsies of suspected deaths. Though the law mandates a medical examination of persons in police custody, India lacks standard protocol for medico legal examination of persons in custody and hence police torture often goes

unnoticed. Similar lacunae have also been found in instances of medico-legal examination of unnatural deaths of persons in custody as well as victims of rape. In order to address these concerns, CEHAT set up an expert advisory committee comprising of medico-legal experts, lawyers and human rights advocates to co-create protocols for examination and treatment of torture as well as comprehensive guidelines for autopsies.

Advancing health sector response to violence against women

The project aims at providing technical support to the upscaling of 12 Dilaasa centres in the Municipal Corporation hospitals of Mumbai. These centres provide services to more than 2500 survivors of domestic and sexual violence every year. CEHAT has helped train providers enabling them to deepen care response through training programmes and informative posters. CEHAT provides various kinds of support to the Dilaasa centres.

Technical support is in terms of equipping core groups of healthcare providers with the tools to deepen the healthcare

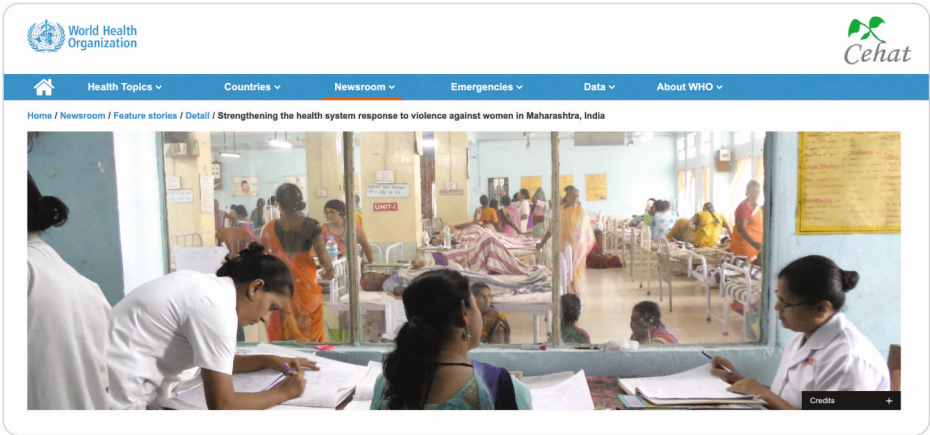
response in their hospitals. Training programmes, meetings, poster displays are used to create awareness, building capacities to monitor quality of care for survivors of violence against women.

CEHAT supports the Dilaasa centres, working closely with incremental trainings and assisting them in advocating for sensitive healthcare to survivors.

CEHAT has assisted several states in establishing a health sector response to violence against women working with civil society organisations and departments of the government:



Strengthening health system's response to violence against women – an implementation research project in Aurangabad and Miraj-Sangli tertiary hospitals (2020)



The aim of this collaborative project 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 healthcare providers' response to violence against women. Considering our work of over two decades on violence against women, we

collaborated with WHO to implement the project in two medical colleges of Maharashtra. The project focused on establishing how a systems approach can be implemented by addressing barriers faced by healthcare providers, building their capacity, establishing protocols and designing models of care.

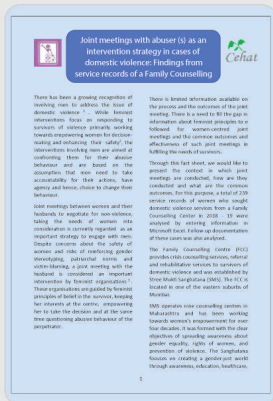
The project also provided crucial evidence on design, implementation and impact of interventions aimed at improving the health systems' response to violence against women in low and middle income countries.

Building evidence on violence faced by young women and girls

Working with three grassroots organisations engaged in diverse contexts with young women and girls, this project aimed to build their research capacities so that the rich data could effectively inform their interventions and also be utilised to influence policies. The project also developed a sustainable Management Information System (MIS) for each of the organisations so that their

data could be recorded even after the tenure of the project, sustaining their research capacities. CEHAT is working with AALI, Jan Sahas and Stree Mukti Sanghatana.

CEHAT also worked on strengthening its own MIS and analysis based on domestic and sexual violence records.

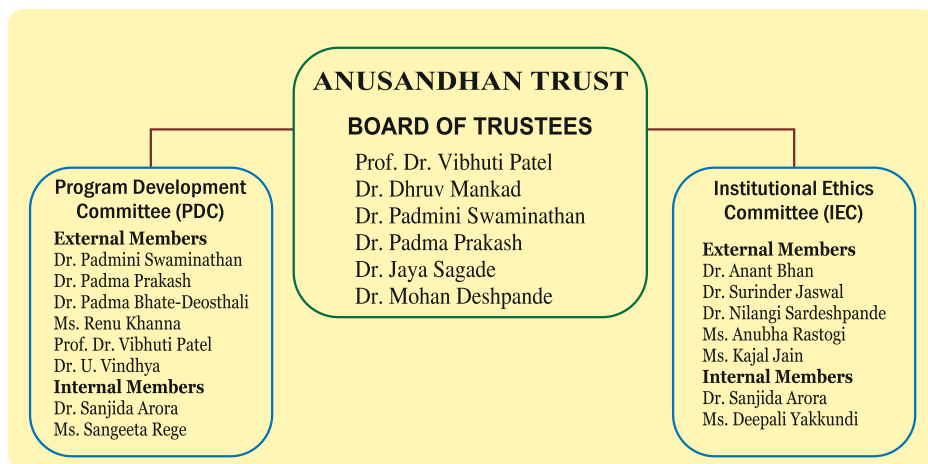


The analysis of case records helped in building evidence on joint sessions as an intervention strategy in cases of domestic violence, adolescent pregnancy among survivors of sexual violence and role of community based workers in addressing gender based violence in marginalised communities

HOW WE FUNCTION

We are a multi-disciplinary team with formal training and experience in Medicine, Life Sciences, Economics, Social Sciences, Social Work, Journalism, Library & Information, Science and Law.

We have a democratic and participatory mode of decision-making for facilitating which a number of groups and bodies have been set up.



While trustees of the Anusandhan Trust constitute the Governing Board, the Working Group elected by the staff members directs the day-to-day functioning of CEHAT.

Program Development Committee provides programmatic direction to CEHAT. It monitors and maintains the quality of CEHAT's work and assesses the Centre's work in the light of the organisation's overall objectives.

Anusandhan Trust - Institutional Ethics Committee is a multi-disciplinary independent body which reviews all its research activities as defined in the Standard Operating Procedure.

Capacity Building

1. National Course on Comprehensive Healthcare Response to Survivors of Sexual Assault
2. Violence Against Women and Role Of Health Care Providers: National Course For Health Professionals
3. Responding to VAW through Feminist Counselling
4. Gender in Medical Education Training Program for Medical Educators



Attempted Suicides & VAW: A training session



A course on Gendering Medical Education



National Conference on Health Insurance and Universal Health Care



National Course: VAW & Healthsector



www.cehat.org

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Under:

Anusandhan Trust is registered under The Maharashtra Public Trust Act, 1950 (Registration No. E-13480, Mumbai) and under the Foreign Contribution (Regulation) Act, 2010 (Registration No. 083780565). All Donations / grants to CEHAT must be in favour of the **Anusandhan Trust - CEHAT**.