

OUR TRUSTEES

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OUR SOCIAL ACCOUNTABILITY GROUP

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Anusandhan Trust is registered under the Bombay Public Trust Act 1950 (Registration No. E-13480, *Mumbai*) and under the Foreign Contribution Regulation Act, 1976 (Registration No.083780565). All Donations/grants to CEHAT must be in favour of the Anusandhan Trust-CEHAT.

CEHAT

CENTRE FOR ENQUIRY INTO HEALTH AND ALLIED THEMES
(Research Centre of Anusandhan Trust)



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CEHAT, is "Health" in Hindi. CEHAT is the research centre of Anusandhan Trust. We are involved in research, training, service and advocacy on health and allied themes.

OUR AIM

Socially relevant and rigorous academic health research and health action at CEHAT is for the well-being of the disadvantaged masses, for strengthening people's health movements and for realizing the right to health and health care. CEHAT acts as an interface between progressive people's movements and academia.

OUR STRATEGIES

- ✓ Undertake socially relevant research and advocacy projects on various socio-political aspects of health.
- ✓ Establish direct services and programmes to demonstrate how health services can be made accessible, equitably and ethically.
- ✓ Disseminate information through databases and relevant publications.

LIBRARY AND DOCUMENTATION UNIT

We have a well-organized and specialized library and Documentation Unit, with a collection of more than 15432 resources on Health, Public Health, Women's Health, Violence & Women, Human Rights. It includes books, journals, theses and dissertations, e-documents, reprints, posters, newspaper clippings and documentaries. The facilities are open to researchers, students, activists, journalists, social workers, public health workers and others free of cost. Users can view our collection online through our online catalogue (OPAC).

Course on Comprehensive Health Sector Response to Sexual Assault

This two-day course provides health care providers with an understanding of the dynamics of sexual violence and equips them with the perspective and skills to fulfill their therapeutic and legal responsibilities towards survivors of sexual assault.

Course on Responding to VAW through Feminist Counselling

This five-day course is aimed at building skills and perspectives of counselors and psychologists in responding to women facing violence with a feminist perspective. The mainstream psychology theory, which informs the practice of counselors, focuses on intrapsychic features and tends to ignore the social reality of inequities that perpetuate violence. This course helps participants to understand the gaps in mainstream psychology practice in domestic violence and helps them build skills to respond to Violence Against Women with a feminist approach.

OTHER CENTRES OF ANUSANDHAN TRUST

SATHI (Support for Advocacy and Training to Health initiatives)

SATHI is the action Centre of Anusandhan Trust evolved from CEHAT. The Community Health Worker Programme started in 1998 has given rise to Advocacy for Primary Health Care and Health Rights, Training on Health Rights and Community Health Initiatives and Action Research to highlight avoidable and unfair inequities in health.

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Involuntary Resettlement of a Slum Community in Mumbai - A Human Rights Perspective (2002)

This research study was an attempt to capture the experiences of resettlement from a human rights . The study documents people's experiences of the process of resettlement, the experience of shifting, experiences of life both individual and collective in the resettled colony.

Violence in Hindi Films and Television Serials (1998 - 1999)

This project was to review the depiction of violence and torture in Hindi films and television serials and its impact on children. A video film depicting violence from Hindi films along with a commentary has been produced.

Survey of Torture in Maharashtra (1997-1998)

This was a survey of the human rights situation and torture in Maharashtra in order to understand the need for treatment and rehabilitation of torture survivors.

COURSES OFFERED BY CEHAT

Course on Health and Human Rights in Collaboration with the University of Mumbai, Department of Civics and Politics This intensive course explores the linkages between health and human rights and builds skills in rights-based monitoring by the use of international and national instruments, designed for health and human rights activists.

Course on Violence Against Women and Role of Healthcare Providers

This national level course provides an understanding on Violence against Women (VAW) as a health and human rights issue and equips participants with the required skill and attitude to respond to specific needs of victims of violence.

OUR SOCIAL RESPONSIBILITY

As a principle, we do not regard society as an object of experimentation and data collection merely for intellectual gratification. Our ethical guidelines for research are structured around informed consent, confidentiality and relaying information back to relevant segments of society. All projects are reviewed by an Institutional Ethics Committee. The Committee consists of four external members and one member from each of the institutions.

A Social Accountability Group comprising individuals other than the CEHAT team and Anusandhan Trust members, periodically evaluates our functioning as an institution.

OUR FUNCTIONING

We are a multidisciplinary team with 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. 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. The Coordinator and the Jt. Coordinator are appointed by the Trust and are ex-officio members of the WG. The Programme Development Committee is responsible for the review of CEHAT's work. It consists of external experts and internal staff members from the organization.

OUR INITIATIVES

CEHAT's projects are based on its ideological commitment and priorities, and are focused on four broad themes, (1) Health Services and Financing (2) Health Legislation, Ethics & Patients' Rights (3) Women and Health (4) Violence And Health.

(1) HEALTH SERVICES AND FINANCING

Publically Financed Health Insurance Schemes (ongoing)

The study aims to understand the implementation of the publicly financed health insurance scheme in Maharashtra. It will enquire into healthcare availability in the district and its geographical distribution, type of procedures performed at public and private hospitals, utilization pattern and experiences of the beneficiaries. It will also look at the private sector participation in the scheme.

Health Status of Youth in Urban India (2013)

This study provides an overview of the health of urban youth in India and looks at key health issues. The study was part of the larger study, State of Urban Youth in India by the IRIS Knowledge Foundation and UN-HABITAT that created the first knowledge base on youth in urban India.

Health of Muslims in Maharashtra (2012)

This paper was commissioned to CEHAT by the Maharashtra State Minorities Commission and was based on a review of existing studies and analysis of secondary data sources. It sought to provide a snapshot of health conditions of Muslims in the State, looking at key health indicators, availability of health services, utilization and experiences of Muslims with health facilities.

Background Paper on Health for the Maharashtra Human Development Report (2012)

This paper was commissioned to CEHAT by the Yashwantrao Chavan Academy of Development Administration (YASHADA), Government of Maharashtra. The paper reviewed the existing health and health care situation in Maharashtra, its progress over time and offered critical reflections and recommendations for future policy directions.

peripheral hospitals. The Dilaasa Model is now being replicated in other states such as Madhya Pradesh, Delhi, Karnataka and Meghalaya. CEHAT is building capacities of organizations working on VAW so as to equip them to engage with the health sector on the issue of Violence against Women. In Bangalore, CEHAT is collaborating with St. Johns Medical College to establish a response to GBV at the primary health care level, through training of primary care physicians and link workers.

Pehel Research and Training Initiative on Violence Against Women (2003 onwards)

An initiative 'Pehel' was set up in 2005 to create a resource centre on Violence against Women within CEHAT. Pehel is engaged in Research, Advocacy and Training in gender-based violence to create a comprehensive health care response. There has been research on the experiences of female health care professionals vis-a-vis violence, assessment of the role of health care providers involved in service provision at Dilaasa, mental health impact of domestic violence, documenting feminist practices in domestic violence counselling and a study of the case records of women who have accessed Dilaasa. Pehel has also been involved in training of community health workers as para-counselors to respond to domestic violence at the community level.

Safe Kit: Sexual Assault Care and Forensic Evidence Kit (1997-1998 and 2004-2006)

CEHAT developed the Safe Kit in 1998 for collection of medical and forensic evidence in cases of sexual assault on women. The development of the kit was followed by an assessment of the quality of services being provided to sexual assault survivors. It pointed to the need for not just better evidence collection, but also a change in perceptions towards the issue of sexual violence.

Response to Sexual Assault at a Tertiary Care hospital (2010-2011)

A qualitative study was conducted at a large tertiary care hospital to understand the management of cases of sexual assault and gaps therein. It explored the process of seeking consent, history, medicolegal examination, forensic evidence collection, treatment and other aspects related to the role of health professionals in dealing with survivors of sexual assault.

Study on Burns reported by Women at a Tertiary Care Hospital (2010)

An analysis of burns cases at the hospital was undertaken, with the objective of comparing the profiles of men with those of women reporting burns at the hospital and to identify gaps in recording these cases at the hospital.

Study of Women's Prisoners (2007-2011)

The study aims to understand the status of women prisoners in the state of Maharashtra with the objective of developing concrete recommendations for the Inspector General of Prisons to take necessary action and improve their conditions. This study is supported by the National Commission for Women.

Dilaasa: Crisis Centre in a public hospital for Responding to Women Survivors of Domestic Violence: (2000 onwards)

Dilaasa, India's first hospital based crisis department was established in 2001 at Bandra Bhabha hospital. Another such department was started at Kurla Bhabha Hospital in 2006. Dilaasa provides psychosocial support to women facing domestic violence and trains health care providers to respond sensitively to women facing domestic violence. A training cell within the MCGM has been set up consisting of key trainers from five peripheral hospitals in order to institutionalize training on violence against women for all

Public Health Expenditure Tracking Survey (PETS) in two districts of Maharashtra as a tool (2010 onwards)

The study used PETS as a diagnostic tool to shed light on and build evidence about complex institutional structures and administrative processes governing resource and information flows in practice. The project also had an advocacy component of training partnering organizations from two districts to understand these structures and processes, in order to make timely interventions in budget processes, observing and monitoring the action taken by the government, local bodies and services providers, and exercise control over these.

Towards Strengthening Health and Health Care in India (2007 onwards)

The project generated evidence on neglected areas/issues like migrant's health and urban health. A study on the health and well-being of fish prawn harvesters raised issues of health rights of migrants. Another study looking at growth of health facilities in cities was undertaken using geographical mapping. Research on issues impinging on health policy, like User Fees and PPPs were undertaken. The Pregnant Mother-to-Child Transmission Programme which is being implemented through the public health system was reviewed through a gender lens and training curriculum for training of ICTC counselors on Gender, patriarchy, Sexuality and GBV was undertaken. The reports were used for advocacy through interactions with senior health officials and wider dissemination of findings. Training on understanding social sector budgets for civil society groups to support advocacy for resource allocation at the district level will be undertaken in two states.

Public Report on Health (2005 onwards)

Public Report on Health aimed at presenting the right to health from a peoples' perspective. It was a national level

initiative, a multi-centric study carried out in six states of India and coordinated by the Council for Social Development. CEHAT coordinated the study in Maharashtra. The study included household survey on morbidity, food consumption patterns and access to healthcare.

Establishing Health as a Human Right (2003- 2007)

This project undertook various activities through research, advocacy, campaigns and education to consolidate issues impinging on right to healthcare. This helped in advancing the agenda of health as a human right. It provided support and evidence for the Jan Swasthya Abhiyan's campaign on right to healthcare. A volume titled, Review of health care in India was published presenting the health situation and health statistics from the people's perspective with a view to strengthen the movement demanding a people's health policy for India. Several background papers on vulnerable groups and health status reports of two states (Assam, Maharashtra), papers on various issues related to health and human rights, have been published through the project. A Reader on HealthCare Case Laws in India has been published.

Mapping Healthcare Facilities in a District (2004)

This study was undertaken for the National Commission on Macroeconomics and Health and is part of an eight state multicentric study for formulating a strategy for reorganizing the healthcare system in the country. CEHAT has done the Maharashtra study in Jalna district. This study, a virtual census of all formal healthcare facilities in the district, collates basic information on the characteristics and functioning of these facilities.

Healthcare Development in Backward Districts of Maharashtra (2003)

The government commissioned CEHAT to undertake an

The study is being conducted in partnership with the Tata Institute of Social Sciences.

Developing a Comprehensive Healthcare Response to Sexual Violence (2007 - 2012)

CEHAT has developed a comprehensive model of response to sexual assault at the level of the health system including sensitive evidence collection, provision of psychosocial support and appropriate testing and prophylaxis for sexually transmitted diseases. A comprehensive proforma and instructional manual for documenting history, examination findings, evidence collection and treatment has been developed. Routine sensitization and capacity building of health professionals on the issue of sexual violence is being carried out. This model is being implemented at three municipal hospitals in Mumbai and efforts are being made in Delhi to implement the same. CEHAT has also intervened in a public interest litigation in the Bombay High Court, demanding uniform, gender sensitive protocol and provision of treatment to survivors of sexual assault.

Evolving 'good practice' for responding to attempted suicide in hospitals (2009 - 2012)

A study was conducted in collaboration with the KEM hospital to understand the psychiatric response at public hospitals in Mumbai. This exercise brought to light the fact that "abuse" is not understood as a violation but as an "altercation", differences of opinion between the couple, problems in adjusting to a new environment after marriage and the like. Thus the current model was found to be restricted to a biomedical approach. Based on this study, renowned psychiatrists and representatives of civil society across India were consulted to present these findings and also evolve comprehensive ways of responding to the issue of attempted suicide amongst women living in abusive relationships.

prosecution and judges for their interface with the health sector on the issue of sexual violence. A policy document on the role of health systems in responding to VAW will be drafted in collaboration with MoHFW.

Building Evidence from intervention research on violence against women (2013 onwards)

The objective of this project is to produce evidence-based analysis on domestic violence and sexual assault to feed into building a comprehensive, gender sensitive health care response to sexual assault.

Building evidence on the health sector response to violence against women (2012 onwards)

CEHAT has implemented a comprehensive health care model to respond to sexual violence survivors in three Municipal hospitals since 2008. The model equips health care providers with the knowledge and skills in administering a gender sensitive proforma, which entails seeking history, collecting relevant evidence and detailed documentation pertaining to sexual violence and providing a reasoned medical opinion. The model also equips health professionals to provide psychological first aid and medical care inclusive of prophylactic treatment.

Response of hospitals to the 26th November Mumbai Terror Attacks (2010-2012)

This study is an effort to document how public hospitals responded to the Mumbai terror attacks. Interviews were conducted with providers to understand how decisions were made, manpower was mobilized, roles were allocated, supplies and drugs arranged for, medicolegal procedures performed, information disseminated, security ensured and care provided to patients. The study also explores the providers' knowledge of the disaster management plan and any training that they may have undergone as part of this.

assessment of health and nutrition in the three most backward districts of Maharashtra, namely Yavatmal, Jalna and Nandurbar as a follow up to issues which had emerged in the Human Development Report 2002. The assessment identified key issues of concern in health and nutrition based on field assessment across the districts and suggested a strategy for action. This study was part of a larger study which looked into a wide range of social and development issues and was coordinated by the Indira Gandhi Institute of Development and Research.

Study on Demand for a Public Hospital in Mumbai (2002)

This study brings out the importance of the municipal healthcare system in metropolitan cities. It shows that non-availability of public hospitals and inadequate dispensaries in the vicinity push people to seek care from the private health sector.

Public Health Facilities in Mumbai (2002)

CEHAT's interaction with the public healthcare system generated the need for a comprehensive and portable directory on the public healthcare facilities in Mumbai city. This directory was disseminated widely.

Maharashtra Human Development Report (2001-2002)

CEHAT was invited by the Maharashtra Government to write a chapter on Health and Nutrition for the first Human Development Report of the state. This was published in 2002.

Maharashtra Health System Report (2001)

This report is on Health and Development in Maharashtra for 1961-2001. It contains comprehensive information and data on the health sector in Maharashtra and is a useful reference document.

Review of Private Health Sector Studies in India (1999-2000)

This was an initiative to review and document studies on private health services and financing to identify crucial areas for policy intervention. This was done collaboratively with the Foundation for Sustainable Development, IIT Chennai, Centre for Social Medicine and Community Health, JNU New Delhi.

Database in Health (1998 onwards)

CEHAT has a computerized database of time series data from 1951 on health indicators, infrastructure, human power, finances and government expenditure. This database has state and All-India level information on the above indicators. The database has been updated till 2006-2007.

Patients' Satisfaction in a Public Hospital (1996)

This is a study of in-patients' satisfaction with services in the context of their socioeconomic background and the availability of basic facilities in a public hospital in Mumbai.

Private Health Care Sector in India (1995)

This document critiques the nature of private health sector studies, emerging trends within it and recommends that it should be brought under the ambit of planning and regulation.

Health Expenditure across States (1995)

This initiative was undertaken to compile the database on health financing and analyze state expenditure on health care. This was released through the Economic and Political Weekly in the Special Statistics Section.

Financing of Disease Control Programmes (1994-1995)

This study analyzed the disaggregated financial data of

in the garment and leather industry (Tamil Nadu), grape farming (Maharashtra) and slum conditions (Mumbai).

Research and Advocacy for Improving Quality of Abortion Care (1997- 2000)

This study critiques the MTP Act from the women's point of view, lays down norms for quality of care including medical and non-medical aspects. The quality of abortion care in registered and non-registered centres in two districts was assessed using this model. Advocacy for improving access to quality of abortion care in Maharashtra was undertaken and efforts towards this continue.

Women and Health Care (1996-1999)

This study examined women's health problems, use of health services and expenditure in 1600 households in Mumbai City and Nashik district of Maharashtra. It provides gender sensitive quantitative methodology and analytical tools to understand women's health issues.

AIDS Awareness (1994-1997)

In collaboration with Prayas, Pune a gender sensitive slide show in Marathi for AIDS awareness was prepared.

Women's Abortion Needs and Practices in Rural Maharashtra (1994-1996)

This was a sociocultural study of women seeking abortion, their choice of providers and expectations from them. A slide show was developed for education and awareness purposes.

(4) VIOLENCE AND HEALTH

Policy advocacy and inter-ministerial work on Violence Against Women (VAW) and Health (ongoing)

The project aims at developing guidelines for police,

Abortion Rate, Care and Cost: A Community Based Study (2000-2003)

This Maharashtra state level sample household survey was undertaken to arrive at abortion incidence rates. The study also endeavours to examine women's choice of abortion provider, to understand the expenditure patterns on abortion care and reasons for seeking abortion in the light of their sociocultural milieu.

Women's Health Project (2003-2004)

This was an outcome of the research done on Abortion Access. An effort was made to place it in the larger context of Gender, Women's Access to Health Care and Women's Rights. Four workshops were organized in rural Maharashtra culminating in a dialogue with decision makers.

Reproductive Health Services Research in 1990s - an Annotated Bibliography (1999-2000)

This compilation primarily aimed to take stock of research in this area to help identify research gaps so as to give direction to and sharpen the perspective for future research in reproductive health.

Aarogyacha Margavar: Violence and Women's Health (1998-2002)

This research study was conducted to understand the extent and patterns of domestic violence, women's perceptions about its nature, causes, coping mechanisms, help seeking behaviour and community response to domestic violence.

Women, Work Environment and Health (1998 -2000)

This study examines the work and environmental factors and their impact on women's health in the context of liberalisation and structural adjustment programmes. This study also examines women's work and their state of health

major disease control programmes such as Malaria, Tuberculosis, Leprosy, Blindness and AIDS, across states, for the period 1989-90 to 1994-95.

(2) HEALTH LEGISLATION, ETHICS & PATIENTS' RIGHTS

State Aided Charitable Hospitals in Mumbai (2011-2013)

This study is based on the history of state aided charitable hospitals in Maharashtra, data on free and subsidized patients submitted to the Charity Commissioner by the state aided charitable hospitals of Mumbai. It revealed that the degree of non-compliance to the scheme was very high. Most of the hospitals never allotted the mandatory 20% beds for treating the poor; Indigent Patient's Fund (IPF) was unutilized and in surplus to the extent of crores of rupees. Yet, there was not a single instance of disciplinary action or penalty on the offending hospitals.

Right to Healthcare for Survivors of Sexual Assault: Public Interest Litigation (2010 onwards)

CEHAT filed an intervention petition in the Nagpur High Court on 9th September 2010 in a Public interest litigation (PIL) filed by Dr.Ranjana Pardhi and others against the Union of India in 2009. The Lawyers Collective is representing CEHAT for this petition. CEHAT made two key prayers through its intervention application - the first prayer demanded that the state government should 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 Nagpur bench of the Mumbai High Court concluded this PIL in favour of the Maharashtra Health Department on 29th January 2014.

CEHAT has filed a SLP (Special Leave Petition) with the Supreme Court against the order of the Nagpur HC.

Appropriate Role for Private Sector in Health Care in India (2012)

The paper describes the changing political economy in India with a focus on the growth of the private health sector and provides a sound evidence-based critique of the existing situation. The paper discusses various ways in which the state itself has provided direct and indirect support to the private sector - in medical education, in the form of concessions and subsidies to private medical professionals and hospitals, through PPPs. The paper also looks at PPP arrangements in healthcare critically and identifies policy gaps therein. The paper is particularly important as it raises issues of regulation of the private health care sector, which assumes greater significance in the context of the recommendations by the High Level Expert Group (HLEG) Report on UHC as well as the Steering Committee on Health for the Twelfth Five Year Plan. If UHC means contracting with private providers on an even larger scale without reining them in, it would inevitably result in cost-escalation, large scale corruption and eventual failure.

Fostering Reforms in the Private Health Sector (2005-2009)

This project was a research and advocacy initiative to regulate the private health sector. The research involved a study of standards of care in private nursing homes in 11 districts of Maharashtra. The study findings will be useful for promoting standards for private nursing homes. The project also involves advocacy and training of private providers on standards for care and self-regulation in collaboration with stakeholders.

India, IMCH-Uppsala University, IPAS and Population Council. The project aims to demonstrate the feasibility of providing safe and quality abortion services at all levels through service delivery and communication interventions in two states. It will facilitate effective implementation of the law and existing policies across the two states and address policy and advocacy issues at the state and national level on abortion rights.

Advocacy on Key Issues for Better Reproductive Health in Maharashtra (2005)

CEHAT, in collaboration with the Maharashtra Government, was involved in advocacy on issues impinging on reproductive health in the State including age at marriage, gender equity, gender based violence and sex selection. Some advocacy material was prepared and disseminated. The project ended abruptly following a decision by the Government of Maharashtra.

Abortion Assessment Project India (2000-2004)

This is a multidimensional and multicentric research initiative coordinated by CEHAT and Health Watch. A wide range of quantitative and qualitative studies looking at various dimensions of the abortion issue from profiling abortion services, quality of care, methods of abortion to cost of abortion services, decision making in abortion, sex selection, pregnancy outcomes, informal providers etc. were undertaken in 16 different states by 24 research institutions. The findings from these studies have also been widely disseminated in 24 states through consultations involving a wide range of stakeholders including policy makers, health program managers, medical professionals, women's groups and NGOs.

Campaign against Forced and Coerced Sterilization (2010 onwards)

As the Regional Focal Point of the International Federation of Health and Human Rights Organizations (IFHHRO), CEHAT has been a part of its campaign against forced and coerced sterilization. Review of guidelines for sterilizations in India, particularly on quality of care and consent was undertaken. An analysis of circulars pertaining to sterilization issued by the Government of Maharashtra was carried out. A working group consisting of experts was constituted, that deliberated over these issues and a statement on female sterilization was prepared for endorsement by the Forum of the Obstetricians and Gynecologists Society of India (FOGSI).

Conflict and Health (2008-2011)

This project looks at the impact of armed conflict on women's health and the role of the health systems in responding to it. With the rise in religious politics during the last two decades, India has seen some of the worst communal conflicts and the spaces for religious minorities have been steadily shrinking. In this context, a Qualitative study based in Mumbai has been conducted to understand Muslim women's access to health facilities and document the religious discrimination faced by women at these institutions. Along with organizations in Jammu and Kashmir, CEHAT conducted capacity building workshops for health professionals in responding to VAW in conflict. In the coming years, we aim to develop a response to sexual assault in conflict through a consultative process involving civil society representatives and health professionals.

Increasing Access to Comprehensive Abortion Care Services in India (2007 onwards)

This project is being implemented by a consortium for safe abortions in India consisting of ARTH, CEHAT, FOGSI, FPA

Formulating Rules under the Bombay Nursing Home (2006-2007)

CEHAT was invited by the Government of Maharashtra to facilitate the process of formulating Rules for the Bombay Nursing Home Registration Act (Amendment) 2005. This was done through an extensive consultative process involving representatives of medical associations, consumer groups and health rights groups.

Women's Commission study on Implementation of the PCPNDT Act (2006- 2007)

This study was supported by the National Women's Commission, Government of India to study the cases registered under the PCPNDT Act in Maharashtra to understand the gaps in the implementation of this legislation.

Prenatal Diagnostic Techniques (PNDT) Act (Legal advocacy against sex selection) (2000-2004)

CEHAT along with MASUM and Sabu George (independent activist) filed a Public Interest Litigation (PIL) in the Supreme Court to review the 'Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act - 1994'. The case had reasonable success with improved implementation by states, a national debate regarding the issue of declining sex ratio and an amendment to the PNDT ACT. Answers to Frequently Asked Questions have been framed to clarify legal and ethical issues regarding the practice for lay persons, doctors and appropriate authorities.

Organizational Options for Quality Assurance (2000)

This study was done for the National Panel on Quality Assurance under the Ministry of Health and Family Welfare to develop a framework for the National and State Councils on quality in healthcare.

Ethical Guidelines for Research in Social Sciences and Health (1998-2000)

Through a national level initiative which was coordinated by CEHAT, ethical guidelines for conducting social science research in health were evolved. Efforts were made to promote these guidelines among research institutions, universities, NGOs, government and donor agencies.

Private Hospitals and Nursing Homes: Need for an Accreditation System (1997-1999)

The research involved doing a situational analysis of the private hospitals and nursing homes in Mumbai for reviewing the existing standards of care, and in the light of the findings, it recommended improving the quality of care. It also assessed the need and feasibility of an accreditation system for the private health sector.

Market, Medicine and Malpractice (1997)

This book covers issues and case studies based on the work of Medico Friends Circle (Mumbai Group) on medical malpractices. It was first published in English by CEHAT and Society for Public Health Awareness. The book has been translated into Marathi and published by CEHAT and Akshar Prakashan in 2007.

Medical Ethics for Self-regulation of Medical Profession and Practice (1995)

This project examines the meaning of self-regulation, the code of ethics, the evolution of laws establishing Councils for health professionals in developed countries and India, their actual functioning, and provides certain recommendations for initiating change.

Laws for Health Care Providers (1994-1995)

This project reviews health laws and legislation in India. It advocates comprehensive legislation for ensuring right to

health care and universal access to services.

Physical Standards in Private Sector Hospitals and Nursing Homes (1994-1995)

This was a study on the physical standards of healthcare in the private hospitals and nursing homes in Satara district of Maharashtra. It recommends minimum physical standards for hospitals and nursing homes with less than 30 beds.

(3) WOMEN'S HEALTH

Integrating Gender in Medical Education (ongoing)

In collaboration with the Directorate of Medical Education and Research (Govt. of Maharashtra) and the Maharashtra University of Health Sciences, this project aims to integrate gender perspectives in medical teaching and curriculum in Maharashtra by training faculty members from state medical colleges from five disciplines, namely, Obstetrics/ Gynaecology, General Medicine, Psychiatry, Preventive and Social Medicine and Forensic Medicine. The focus is on issues related to violence against women and sensitization of medical students and professionals.

Policy Research on Maternal Health (ongoing)

Review of maternal health policies and programmes at the state level for Bihar and Odisha. Some of the common findings for the two states were poor state of public health infrastructure and staff shortage affecting the availability and quality of service, Out-Of-Pocket Spending (OOPS) despite schemes to prevent it, unavailability of abortion facilities, poor quality of ANC & PNC services and issues with temporary methods of contraception and coercion of women to undergo sterilization.