



# World Bank/SVRI Development Marketplace: Innovations for Addressing Gender-based Violence Updates

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## Continuing to address Violence Against Women during COVID 19: Experiences of Hospital-based Centres in Mumbai, India

SANGETA REGE, PADMA BHATE DEOSTHALI, SUJATA SYARKAR, ANUPRIYA SINGH, AND ANAGHA PRADHAN | DECEMBER 7 2020

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The COVID 19 pandemic has killed thousands of people, disrupted lives, and caused economic misery across the world, including India. The lockdown as a public health strategy helped contain the spread of infection but it also disrupted access to essential support services like health, justice and psychosocial support for women facing violence.

In India, the National Commission for women (NCW) an autonomous body of department of women and child welfare Government of India reported 528 distress calls in the month of March 2020 – a phenomenon that their helpline had not experienced in pre-COVID era. Health systems have continued to be an important point of contact for survivors of violence against women VAW, and it is imperative that they receive adequate budgets, appropriate infrastructure, have trained personnel and set up teams equipped to provide psychosocial/crisis intervention services. Continuing to actively run intervention services in health settings during the COVID crisis, sends a vital message that VAW during humanitarian crisis require immediate and ongoing attention.

[Dilaasa](#), a crisis intervention program for survivors of violence against women in Mumbai, is making efforts to mitigate the impact of violence against women during the pandemic. Through the World Bank/SVRI 2019 Development Marketplace: Innovations to Address Gender-Based Violence, researchers from Centre for Enquiry into Health and Allied Themes (CEHAT) have been reviewing the scale-up of Dilaasa centres, a hospital-based flagship program of Ministry of Health and Family Welfare.

In March, [Dilaasa](#) was recognized as “essential services,” thereby remaining open during the lockdowns to provide critical services to women. But during the lockdown the Dilaasa centres adapted service delivery methods to better address the needs of survivors during the pandemic— for example, they offered remote counselling to those who could not access face-to-face services at the hospital-based centres.

Between April and July 2020, Dilaasa centres in 13 public hospitals assisted nearly 500 women and child survivors - lower than in pre-COVID-19 time. Dilaasa centers and the health sector have adapted to provide a continuum of care through remote services – as in telephonic counselling and coordinating multi-sector partnerships – in addition to the in-person centres. In hospitals

without Dilaasa centers, anecdotal evidence suggests that women were not able to access necessary sexual and reproductive health services.

Through the increased use of phone-based counselling services, Dilaasa counsellors found that forced sex, negotiating for safe sex, physical abuse, and verbal abuse are main concerns among women using the service. Negotiating with partners for safe sex particularly proved to be a challenge for survivors.

While a multi sectoral approach is known to be most effective especially in humanitarian crisis, collaboration across sectors was limited during lockdown. Critical services such as shelter homes, one Stop Centres, police and legal services did not have joint protocols for providing safe services. For example, COVID test reports mandatory prior to entry by shelter homes across India, even though they are expensive and outside the reach of most women. Most One Stop Centres – which are services run by the Women and Child Department - were too afraid to admit women in their temporary shelters due to COVID infection fears. Police did not have the bandwidth nor inclination to respond to reports of VAW, as a number of women disclosed that they could not even get their complaints recorded with the police.

Dilaasa centers attempted to bridge the gap by working with police, private transport providers, community housing committees, and shelter homes to facilitate travel and access to safe places. To illustrate - in one instance when the woman refused to have sex, her husband walked around naked and refused to wear clothes while at home. When the woman protested, he assaulted her - and sought help at a hospital to get stitches. The woman refused to live with the abuser and Dilaasa counsellors negotiated safe passage for her to stay with her brother.

In another instance, a woman walked 10 kilometres to her parents' home, leaving her infant behind because her partner would verbally abuse her and threaten to throw her out of the house. She left her infant behind because of lack of transportation due to the lockdown but once she contacted a Dilaasa, the center involved the police, ultimately helping reunite the child with her mother.

The experience of the Dilaasa centres underscores the importance of the continued provision of services for VAW and VAC survivors in hospitals even during a pandemic and the recognition of VAW as a public health issue. A more coordinated multi-sectoral response to this pandemic would have increased support for survivors through an effective and consistent set of network services.

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## AUTHORS

SANGETA REGE | CEHAT Coordinator

PADMA BHATE DEOSTHALI | Independent researcher and a senior advisor to CEHAT

SUJATA SYARKAR | Local crisis counselor, Mumbai

ANUPRIYA SINGH | Local crisis counselor, Mumbai

ANAGHA PRADHAN | Senior VAW research officer, Mumbai