Final Report

Multi-Sectoral Referral Pathways

for GBV Survivors in Punjab and Khyber Pakhtunkhwa, Pakistan

Towards strengthening health system response and psycho-social support services in intersections with the COVID-19 pandemic
to the survivors of gender-based violence.

September 2021

Content

Glossar....02
Acknowledgement....03
Executive Summary....04

Chapter 1 | Introduction

1. **Context 05**
2. **Legislative Frameworks on GBV in Pakistan 05**
   a. Constitutional Protection 06
   b. Legislation on Violence Against Women & Girls.... 06
   c. Support to GBV in Pakistan.... 07
3. **Multi-Sectoral Referral Pathways for GBV Survivors in Pakistan: Need and importance 08**

Chapter 2 | Rapid Assessment

1. **Assessment Methodology....09**
   a. Conceptual Framework.... 09
   b. Key Distinguishing Features of the MRSPs.... 10
   c. Complementary Material 10
   d. Assessment Methodologies.... 10

Chapter 3 | Findings of Rapid Mapping of Existing Multisectoral Services for GBV survivors in Pakistan

1. **Nature of GBV Cases Being Received 13**
2. **State of Health System in Punjab and KP for GBV Response....15**
   a. Health Facilities.... 16
   b. Security and Police Stations.... 20
   c. Protection Centers 22
   d. Private Shelter Homes 23
   e. Child Protection centers 26
   f. GBV Support Mechanism for Transgender Community 28
3. **Institutional Response to GBV Survivors during COVID-19 ....29**
4. **Gap Assessment and Key Findings....29**
   g. Instant Help.... 29
   h. Entry Points.... 30
   i. Support Services for GBV Survivors 31
5. **Barriers and Challenges 34**
6. **Recommendations 38**

Chapter 4 | Framework and Multi-Sectoral Pathway for Punjab and KP

1. **Proposed Multisectoral Referral Pathway for GBV Survivors 40**
2. **Guidelines for GBV Service Providers 41**
3. **Stakeholders' Suggestions for the Implementation of Proposed Multisectoral Referral Pathway....42**

Anexure

01 – Implementation Framework and Methodologies
02 - List of Documents Reviewed
03 - List of institutions visited and professionals interviewed

Glossary

DHQ	District Headquarters Hospital
Eps	a. External Pathways (EPs)
FPAP	Family Planning Association of Pakistan
FSW	Female Sex Workers
GBV	Gender Based Violence
IP	Internal Pathways (IP)
KP	Khyber-Pakhtunkhwa
MDM	Medicine De Monte
MNHSR&C	Ministry of National Health Services Regulation and Coordination
PDHS	Pakistan Demographic and Health Survey
MSM	Male sex with Male
MSNA	Multi sector needs assessment
MSRP	Multi Sectoral Referral Pathways
MSW	Male Sex Workers
NCSW	National Commission for the Status of Women
NITB	National Information Technology Board
PCSW	Provincial Commission on the Status of Women
PCSW	Punjab Commission for the Status of Women
PDHS	Provincial District Health Services
PLHIV	Person Living with HIV
SOPs	Standard Operating Procedures
TG	Transgender
WHO	World Health Organization
UNFPA	United Nations Population Fund
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women

Acknowledgements

This publication "Multi-sectoral Referral Pathways on Health System Response and Care Provision to Gender Based Violence (GBV) Survivors in Pakistan including psycho-social support services in intersections with the COVID-19 pandemic for Punjab and KP Provinces" is the technical assistance of the World Health Organization (WHO) to the Government of Pakistan including the Ministry of National Health Services, Regulation & Coordination (MoNHSR&C); the two relevant Provincial Health Departments and other Sectoral Departments. UNFPA Pakistan provided a financial contribution to this activity under its interagency partnership with the WHO for strengthening Health System Response to GBV in KP and Punjab Provinces.

The publication is the product of contributions made by several individuals, officials and representatives of multi-sectoral Ministries, as well as Departments from the Provincial Governments of Punjab and KP Provinces, the staff of health facilities and from other multi-sectoral facilities providing GBV related services. A range of stakeholders, both practitioners and organizations - including Departments of Health, health care providers from health facilities, Social Welfare Departments, Shelter Homes, *Darul Amans*, Child Protection Centers, Police Departments, lawyers , civil society and transgender community activists from both provinces, were interviewed. Focal persons from UN Agencies including UNFPA were extremely supportive in providing the data, information, feedback and insights that led to the development of these multi-sectoral referral pathways.

The publication was developed by Rahnuma -Family Planning Association of Pakistan (FPAP) based on WHO technical guidance and in aligned with the National Clinical Handbook for Care Provision to Survivors of GBV. FPAP's technical team included Dr. Anjum Rizvi , Mr. Sarfraz Hussain Kazmi and Mr. Shahzad Bukhari. Technical contributions to this publication were made by Ms. Masooma Butt from WHO Pakistan; Dr. Hala Sakr Ali and Ms. Ana Rita Ronzoni from WHO Regional Office for the Eastern Mediterranean.

Executive Summary

Despite legislation dating from 1921 to 2016 , the law still leaves women, girls, boys and transgender persons. vulnerable to gender-based violence. It remains very difficult for someone who has been physically and/or sexually assaulted to gain access to proper health and psychological care. While urban health facilities are usually well-equipped, it is difficult if not impossible to gain access to care in rural areas. The stigma of GBV is borne by the survivor, rather than the perpetrator. Many GBV survivors cannot go home, even if they do access survivor-focused care. The COVID-19 pandemic has exacerbated the frequency of GBV, as well as "aggravating key risk factors for violence against women, such as food shortages, early and forced marriages for young women, unemployment, economic insecurity and migration flows", in the words of an NGO worker.

The **objective** of the assignment was to design Multi-Sectoral Referral Pathways for GBV survivors. The Interagency Standing Committee Guidelines defines a referral pathway as "a flexible mechanism that safely links survivors to supportive and competent services and can include any or all of the following: Health, Psychosocial, Security and Protection, Legal/Justice, and/or Economic Reintegration support."[1] WHO identifies the interrelated components that make an effective Referral System as: an Initiating Facility, Receiving Facility, a Referral Register and a Directory of Services and Supervision and Capacity Building to ensure smooth coordination.

Methodology: The study began with background research into Pakistan's laws on domestic violence and workplace harassment, followed by the prevalence of GBV both prior to and during the COVID-19 pandemic, a gap assessment of existing services, and recommendations for strengthening the systems and the human capacities of those services. Interviews were held with over 50 members of Public Health facilities, Public Legal Facilities and Police Stations, NGOs and CSOs working on GBV issues, Social Welfare Departments, Provincial Commissions on the Status of Women, Women Development Departments, Shelter Homes and Crisis Centers (Public and Private) and Model GBV Centers for Women, Child Protection / Welfare Centers and a number of GBV Survivors (Male, Female, Children, TGs, and Persons with Functional Limitations).

Selected Findings from the Gap Assessment: Existing services are inadequate and disjointed. Where they do exist, they are 'modular', rather than constituting a coherent system. Staff with responsibilities for GBV survivors require specialized, expert response from other agencies or service providers, knowledge of which is often limited among the staff of the health facility where GBV survivors come first. Staff members are also likely to require additional awareness and capacity building in order to implement the Referral Pathways. This may require, *inter alia*, training on the law, ethics, psycho-social counselling and reporting and computer skills.

Following the WHO-recommended five steps for developing a multi-sectoral referral pathway for GBV survivors[2] and including the gap-assessment findings, the Consultant formulated the draft document. Over 50 GBV experts[3], health professionals, lawyers, civil society activists, social service providers and government officials were given detailed presentations on the final MSRP designed for their respective provinces. The Referral Pathway is formulated (1) to ensure that GBV survivors are able to access the care and support they need, at all stages of their journey through the system, and (2) to provide the institutional care providers with the tools needed to meet their objectives in providing that care. Details of the External MSRPs are given in **Chapter 4.**

[1] Inter-Agency Standing Committee (IASC) Guidelines for Integrating GBV Interventions in Humanitarian Action, IASC GBV Guidelines Introduction and Module 4: Responding to GBV Incidents (gbvguidelines.org)

[2] Source: WHO referral template tool (steps 1-5) and referral chart (in clinical handbook)

[3] List of participants of Punjab and Khyber Pakhtunkhwa is attached at Annex 04.

Recommendations: The recommendations in the report are from Rahnuma-FPAP and from stakeholders attending workshops on the MSRPs. The Rahnuma FPAP recommendations are summarised below and presented in detail in Chapter 3, Section 6 of the report. The recommendations were fed into the development of comprehensive multi-sectoral pathways for GBV survivors in Punjab and KP. Stakeholders attending a national workshop on the MSRPs echoed these recommendations.

- Digitalization: establish an MIS that integrates victim-specific GVB data with health facility data, to support policy decisions.
- Develop an App for GBV survivors that links them to the nearest Helpdesk and to external and internal pathways. Link the proposed App with the NITB App, which is designed to track the harasser's location via a built-in GPS. Develop a specialist web portal with all of this information.

a. Awareness & Capacity Building:

- Enhance Information about GBV reporting centers like Khidmat Centers in all health facilities through print, electronic and social media.
- Share the finalized Referral Pathways and associated institutional information with community and social organizations
- Orient all concerned departments and institutions on these referral pathways, stressing the correct sequence of accurate documentation.
- Introduce the proposed "GBV History Form" at least at the major public hospital to begin tracking each survivor's history and follow-up.
- Train core survivor-centered staff who directly manage GBV cases. Establish standards of ethical procedure to ensure the survivors' safety and privacy. and teach staff humane and effective counselling skills.

b. Networking for Timely Referrals

- Develop a structured referral mechanism between all the institutions identified in the internal and external pathways.
- Establish and support a GBV Forum at the provincial and national levels for policy discussions, and monitoring and evaluation of the services provided by each public institution with GBV responsibilities.
- Improve the internal mechanisms and use the proposed tracking method to link the institutions and GBV survivors' information.

c. Standardization of Protection Centers

- Establish a structured arrangement for child protection in KP.
- Encourage more provincial-level public private partnerships to increase the number of welfare homes for children and women.
- Establish specialized shelter houses for Transgender persons (as per Transgender Welfare Policy 2018) in areas where most TG persons live.
- Convert the existing infrastructure of the Darul Aman and Women Crisis Centers either to VAWCs (e.g. the Multan GBV center) or link them to existing SWD facilities.

Chapter 1 | Introduction

1. Context

Understood as **violence directed against a person because of their gender**,[4] Gender based violence (GBV) is a serious public health problem and a violation of a fundamental human right. In a society like Pakistan, patriarchal values and structures are deeply rooted and GBV issues do not receive the sort of public recognition that they should. The Public Health response to GBV is partially integrated into the health system of Pakistan at the policy, programme and service delivery levels.

The PDHS 2017-18[5] indicates that 34% of ever-married women have experienced physical, sexual, or emotional violence from their spouses. The most common type of spousal violence is emotional violence (26%), followed by physical violence (23%). Five percent of women have experienced spousal sexual violence. 26% of ever-married women who have experienced spousal physical or sexual violence have sustained physical injuries. Nine percent of women have experienced violence during pregnancy. 56% of Pakistani women never sought help or disclosed GBV due to socio-cultural and other problems regarding accessibility to health care and psycho-social support services. In KP and Punjab provinces GBV prevalence is 52% and 32% respectively. The extent of GBV in Pakistan can be gauged from the following statistics:

- *Domestic Violence occurs in every third household.*[6]
- *28% of women age 15-49 have experienced physical violence since age 15*[7]*.*
- *34% of ever-married women have experienced spousal physical, sexual, or emotional violence.*[8]
- *Women who exercised or attempted to exercise their own choice in partners were subjected to confinement, beatings, and life-ending violence by fathers and brothers.*[9]
- *The most common type of spousal violence is emotional violence (26%).*[10]
- *Punjab had the highest "honour" related crime, while Sindh, Khyber Pakhtunkhwa (KP) and Balochistan were second, third and fourth* [11]
- *At least 700 women were reported to have died in the name of 'honour' in 2017*[12]
- *56% of women who have experienced any type of physical or sexual violence have not sought any help or talked with anyone about resisting or stopping the violence.*[13]
- *In Khyber Pakhtunkhwa province, 94 women were murdered by close family members.*
- *5% of women have experienced spousal sexual violence.*[14]
- *In 2017, 70% of women and girls in Pakistan experienced physical or sexual violence*[15]

The COVID-19 Pandemic has increased the prevalence of GBV, particularly domestic and spousal violence, against women globally during the period when governments have been implementing social distancing and lock down measures to control the spread of COVID-19, which was first confirmed in February 2020 leading to nation-wide lockdown in April 2020. Since then, more than 620,000 confirmed cases have been detected as of

[4] What is gender-based violence? | EIGE (europa.eu) Accessed: February 20, 2021
[2] Coronavirus disease (COVID-19): Violence against women, World Health Organization, official website.
[6] https://www.who.int/news-room/fact-sheets/detail/violence-against-women
[7] Country Policy and Information Note Pakistan: Women fearing Gender Based Violence, February 2020
[8] Country Policy and Information Note Pakistan: Women fearing Gender Based Violence, February 2020
[9] HRCP, 'State of Human Rights in 2018', (pages 179-180), March 2019, url.
[10] Country Policy and Information Note Pakistan: Women fearing Gender Based Violence, February 2020 Pg 36
[11] Country Policy and Information Note Pakistan: Women fearing Gender Based Violence, February 2020 Pg 36
[12] Country Policy and Information Note Pakistan: Women fearing Gender Based Violence, February 2020, Pg 11
[13] Country Policy and Information Note Pakistan: Women fearing Gender Based Violence, February 2020, Pg 36
[14] Country Policy and Information Note Pakistan: Women fearing Gender Based Violence, February 2020, Pg 36
[15] Express Tribune, '93% of Pakistani women experience sexual violence', 8 March 2017, url.

March 21, 2021.[16] However, there is a significant gap in reliable data about the number and types of GBV cases during this period, in Pakistan.. The available information sources are only media reports, helpline case data and trend-based analysis.

Ms. Sabahat Riaz, a human rights lawyer, Dastak Shelter for Women, Lahore

The calls at our helpline have nearly doubled since the start of the coronavirus crisis, adding that the nature of complaints has also changed. "In the past, we mostly received calls from young women facing domestic violence, but now we are also getting calls from the elderly. In addition, neighbors concerned for women and children's safety also reach out to us.

The reported global increase in GBV is 20-40% while in the WHO's Eastern Mediterranean Region (EMR) the increase is 50-60%.[17] Pakistan comes under EMR region. Therefore, it is assumed the country, specifically KP and Punjab provinces are no exception. According to data from Helpline 1043 operated by the Provincial Commission on the Status of Women (PCSW) Punjab, 1,203 cases of domestic violence were reported between January-June 2020. According to the Rozan Counselling helpline, 199 and 38 cases of GBV were reported in Punjab and KP respectively during April-July 2020.

2. Legislative Frameworks on GBV in Pakistan

The legislative framework consists of Constitutional protection and various laws enacted in pursuance of the Constitution.

a. Constitutional Protection

The Constitution of Pakistan is the first country document that talks about the respect, liberty and protection of citizens. The following articles directly address these issues:

Article **25 - Equality of citizens**

(1) All citizens are equal before law and are entitled to equal protection of law.
(2) There shall be no discrimination on the basis of sex.
(3) Nothing in this Article shall prevent the State from making any special provision for the protection of women and children.

b. Legislation[18] on Violence Against Women & Girls

Pursuant to the Constitution, the federal and provincial governments have promulgated relevant laws. A 2018 report by the Pakistan Centre of Gender and Policy Studies, with support from the Canadian Government and UN Women Pakistan, on rural women in Pakistan cited a (non-exhaustive) list of legislation aimed at combatting violence against women and protecting women's rights:

1. Child Marriage Restraint Act, 1929
2. Foreigners Act, 1946 and Foreigners Order, 1951
3. Muslim Family Law Ordinance, 1961
4. Dowry and Bridal Gifts (Restriction) Act, 1976
5. Anti-Terrorism Act 1997
6. Prevention and Control of Human Trafficking Ordinance, 2002
7. Criminal Law (Amendment) Act, 2004
8. Protection for Women (Criminal Law Amendment) Act 2006.
9. The Protection Against Harassment of Women at the Workplace Act, 2010
10. Criminal Law Amendment Act, 2010
11. Criminal Law (Second Amendment) Act, 2011

[16] https://www.dawn.com/ (March 21, 2021)
[17] https://applications.emro.who.int/docs/EMHLP120E.pdf?ua=1
[18] UN Women Official Website

12. The Prevention of Anti Women Practices - Criminal Law (Third Amendment) Act, 2011
13. Domestic Violence (Prevention and Protection) Act, 2012
14. Anti-Honour Killing Laws (Criminal Amendment Bill) 2015
15. Anti-Rape Laws (Criminal Amendment Bill) 2016

c. Support to GBV in Pakistan

World Health Organization's Partnerships and support in Pakistan

In order to address the numerous challenges, the World Health Organization (WHO) Country Office in Pakistan has provided substantial technical support to the Government of Pakistan, Ministry of National Health Services Regulation and Coordination (MNHSR&C) and Provincial health departments to develop a nationally endorsed health system response to GBV and sexual violence under a package to be implemented as a multi-sectoral responsibility including clinical protocols or Standard Operating Procedures (SOPs) to provide care to GBV survivors. The package of interventions is complemented by WHO guidance covering a GBV prevention framework; as well as health system tools for strengthening the capacities of multi-disciplinary teams of care providers. The package also includes GBV related research and assessments of health facilities' readiness and response. It further includes a clinical handbook with SOPs and protocols for care provision to GBV survivors: these include identification, examination and clinical treatment, management of GBV (physical, sexual and psychological) cases, referral pathways, first line and psycho-social support with mental health treatments, medical legal care including legal interpretations, GBV case reporting and management of facility based registers. The package is being implemented at the field level.

The key interventions to implement the package include prevention and community outreach; policy advocacy; technical support for integration in essential health service packages and multi-sectoral coordination mechanisms. In addition, there is in-service training of health care staff including community health workers, practitioners and service providers from multiple sectors;, policy makers; GBV related research and integration into medical and public health education for pre-service capacity strengthening through WHO's core support and multiple interagency partnerships all over Pakistan.

In continuation the WHO and UNFPA have established partnership in piloting the implementation roll-out of the National GBV Response Package in Punjab, KP and Balochistan.

The roll-out included:

- training of health facility staff based on the Health system response to the GBV curriculum and handbook/protocols;
- health facility based assessments;
- IEC materials and visual aids,
- advocacy and strengthening multi-sectoral coordination and response mechanisms.

Taken together, these concepts, assessments, training activities and policy reforms constitute Referral Pathways for the Provision of Multi-Sectoral services for GBV survivors in KP and Punjab.

UN Interagency Essential Service Programme to Respond to GBV/VAWG for the Provision of Multi-sectoral services:

The UN Interagency Essential Service Programme (ESP) to respond to Gender Based Violence (globally as well as in Pakistan where it's piloted/started in 2018 with focus on KP province) is a platform to ensure the provision of multi-sectoral services - specifically health, social services, Police and Justice - to GBV survivors.. WHO is the lead for Health, UNFPA for Social Services ; UNODC for policing and justice and UNWOMEN for overall coordination.

The WHO provided technical assistance for the development of Pakistan specific/contextualized Clinical handbook/protocols on health care provision, with complete SOPs for health care providers. The clinical protocols and SOPs are essentially the contextualization of the health module of the ESP package in Pakistan. Since 2018 the clinical handbook and SOPs are being implemented all over Pakistan through partnerships and

collaboration as well as complemented by interventions in other sectors of social services, police and justice by other UN agencies to strengthen multi-sectoral response to GBV survivors through strong advocacy.

3. Multi-Sectoral Referral Pathways for GBV Survivors in Pakistan : Need and importance

All the statutory provisions enacted by the various governments encompass multiple sectors and service providers therein that need to work in synch with each other in order to provide an effective system-wide response that will address the psychological, social, legal, and economic needs of GBV survivors. In line with WHO's best practices, such a system-wide response should emerge from charting multi-sectoral referral pathways that identify points of entry in all sectors to give GBV survivors timely access to all the needed services beyond health[19].

The Interagency Standing Committee (IASC) Guidelines define a referral pathway as "a flexible mechanism that safely links survivors to supportive and competent services and can include any or all of the following: Health, Psychosocial, Security and Protection, Legal/Justice, and/or Economic Reintegration support"[20]

The WHO expands on this when it identifies interrelated components that make an effective Referral System.[21]

1. An Initiating Facility initiates the referral process
2. A Receiving Facility accepts the referral case
3. A Referral Register (and Directory of Services) maintains a record of the flow of cases between the facilities, and
4. Supervision and Capacity Building ensure smooth coordination based on the referral practicalities in the system.

Health service providers and health facilities are the first point of entry (i.e. the Initiating Facility), for GBV survivors. Once they have been provided medical aid they need to be referred to other service providers and caregivers who act as the Receiving Facility and provide required legal, social protection, security or livelihood rehabilitation support towards eventual recovery and re-integration.

It has been found that Pakistan's health sector has weak coordination and referral mechanisms with other support sectors and service delivery departments for an effective and holistic service provision, as envisioned in the laws and regulation already enacted for GBV. Strengthening and enhancing the health system's response to comprehensively address GBV is a key area of intervention. Health is a critical point of entry. The development of multisectoral referral pathways (MSRPs) would facilitate coordination and response among all actors and service providers for GBV survivors.

There are both government-run and NGO-managed facilities for GBV survivors. There appears to be some variation in the philosophy, norms and underlying practices of service providers (NGO, Govt. etc.) working with survivors of GBV. It is a well-recognized fact that the perceived helplessness and desperation experienced by the survivors, as well as attitudes and practices which are not survivor-centered, often subject them to direct or indirect neglect/mistreatment, and even exploitation, at the hands of the service-delivery organizations. Actors who work to support survivors are also confronted with a number of challenges, including:

1. Managing confidentiality in the current social environment which is characterized by a lack of respect and safety and security for survivors and service providers.
2. Identifying what constitutes unnecessary probing and what is justifiable information-gathering in order to support the needs of survivors in a safe and ethical manner.

---

[19] Strengthening health systems to respond to women subjected to domestic spouse violence or sexual violence, A manual for health managers, World Health Organization, 2017

[20] Inter-Agency Standing Committee (IASC) Guidelines for Integrating GBV Interventions in Humanitarian Action, IASC GBV Guidelines Introduction and Module 4: Responding to GBV Incidents (gbvguidelines.org)

[21] Referral Systems, a summary of key processes to guide health services managers (www.who.int › management › Referral notes)

3. Determining whether or not efforts to highlight the issue of GBV through the media actually do more harm than good by encroaching on the safety/security and privacy of the survivor.
4. Lack of understanding of the survivor-centered approach.
5. Upgrading support services tools and job aids to handle Covid-19.

The WHO chose the Family Planning Association of Pakistan (FPAP) to document current practices, identify gaps in them and develop MSRPs based on global best practices and ground realities. The details of the Rapid Assessment undertaken are described in **Chapter 2.**

Chapter 2 Rapid Assessment

1. Assessment Methodology

a. Conceptual Framework

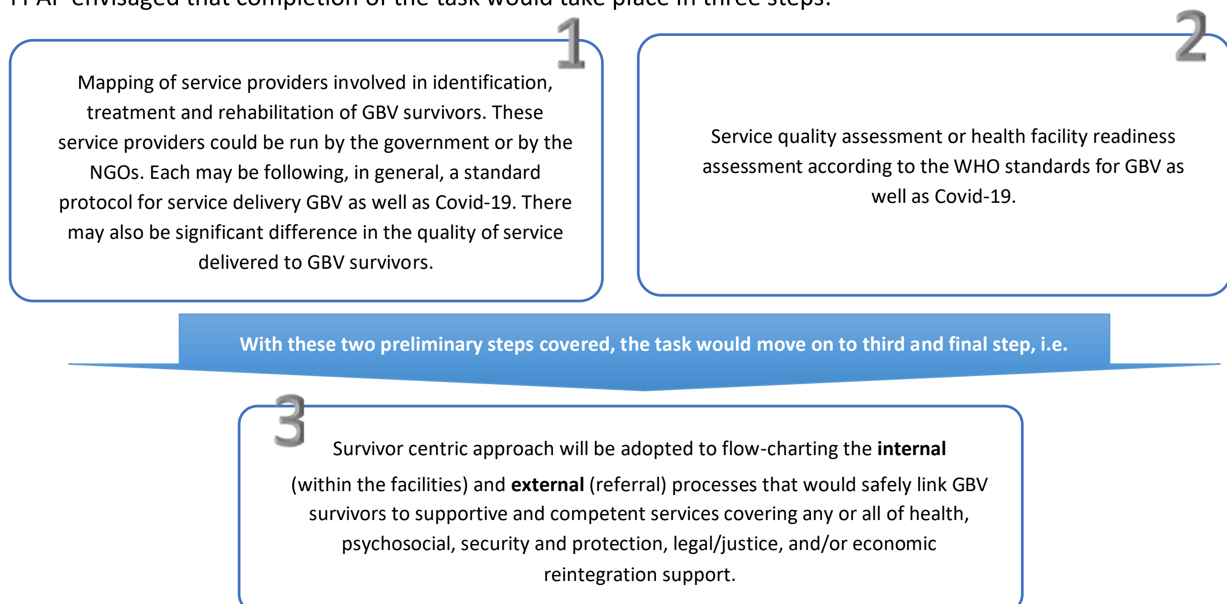
The development of Multi-Sectoral Referral Pathways for survivors of gender-based violence in Punjab and KPK is based on three primary considerations:

i. Documenting the current flow of referrals and assessing it in the light of global best practices especially WHO recommendations for development of pathways;[22]

ii. Incorporating the impact of Covid-19 into MSRPs, that is, referral pathways need to account for the intersection of GBV and Covid-19 in all support services especially those delivered at the health centres; and

iii. Integrating survivor-centric approaches throughout all MSRPs.

FPAP envisaged that completion of the task would take place in three steps:



FPAP covered both the internal as well as the external pathways into MSRPs

a. External Pathways (EPs)	b. Internal Pathways (IP)
The external pathway (EP) gives a bigger picture and map to the GBV survivor from one service provider to the next for referral or consultation on the needed service. Two EPs have been developed, one each for Punjab and KP. Each EP has all the possible entry points with brief information about the referrals within the system.	Within each EP, there are several internal pathways (IP) that show flow of the required documentation, information and services provided to the GBV survivors at the respective service delivery outlet or organization. IPs are supplemented with SOPs, job aids and a directory of services for better coordination and timely referrals.

[22] WHO | Health care for women subjected to intimate partner violence or sexual violence

b. Key Distinguishing Features of the MRSPs

In this document, MSRPs have been developed for transgender persons as well. This is definitely for the first-time in Pakistan and, probably, for the first time in the world as well. MSRPs have been made to account for differences in rural and urban settings of GBV survivors.

c. Complementary Material

The MRSPs have been complemented with the following additional information:

- **Nature, Terminologies Stages of GBV:** A brief note about the type and nature of GBV survivors[17] has been developed for capacity building and awareness of service providers and survivors themselves. Information regarding different stages of GBV has also been added following suggestions from fieldwork and consultations.
- **Prior to Referral Consideration:** Prior to deciding and approaching the first point of entry for GBV, special considerations are required for different survivors i.e., female, girls, boy, male or transgender communities. A quick note on this has been added in the pack.
- **Guiding Principles for the Service Providers:** Caregivers to GBV survivors may need to be more considerate, cautions and careful when it comes to providing services for women, girls and transgender persons. A list of guiding principles has been included in the pack for a quick orientation.

The proposed framework[23] for the development of MSRPs was implemented in four stages as given in the inception report attached as Annex .

d. Assessment Methodologies

Review and Assessment: A detailed review of GBV survivors, their needs and best practices across the globe regarding referral pathways for various categories of GBV survivors was collected, reviewed[24] and consulted for the development of **standard** referral mapping for GBV survivors in Punjab and Khyber Pakhtunkhwa provinces. The Statutory Provisions, legal framework and national instruments promoting support for GBV survivors were also consulted.

Development of Templates: Standard referral map based on global best practices were converted into contextualized templates for Punjab and KP.

Selection of Institutions for Field Assessment: The professionals at the following institutions[25] (from Punjab and Khyber-Pakhtunkhwa) were visited and interviewed for their inputs into the initial template of MSRPs:

1. Public Health facilities
2. Public Legal Facilities and Police Stations
3. NGOs and CSOs working on GBV issues
4. Social Welfare Departments
5. Provincial Commissions for the Status of Women
6. Women Development Departments
7. Shelter Homes and Crisis Centers (Public and Private) and Model GBV Centers for Women
8. Child Protection / Welfare Centers
9. GBV Survivors (Male, Female, Children, TGs, Persons with Functional Limitations).

Data Collection and Validation: Data were collected by means of on-site observation at health centers, shelter homes, child welfare centers, social welfare departments and other facilities. Qualitative interviews were held with **34** key informants and experts and GBV survivors.

[23] Implementation Framework and Methodologies proposed in Inception Report is attached as **Annex 01**
[24] List of Documents, **Annex 02**
[25] List of institutions visited and professionals interviewed is attached as **Annex 03**

Field Assessments & Stakeholder Consultation: A detailed field assessment was held in Punjab and KP. The field assessment took place at **12** institutions where their referral SOPs, contact databases and Directory services were compared with the initial template based on global best practices.

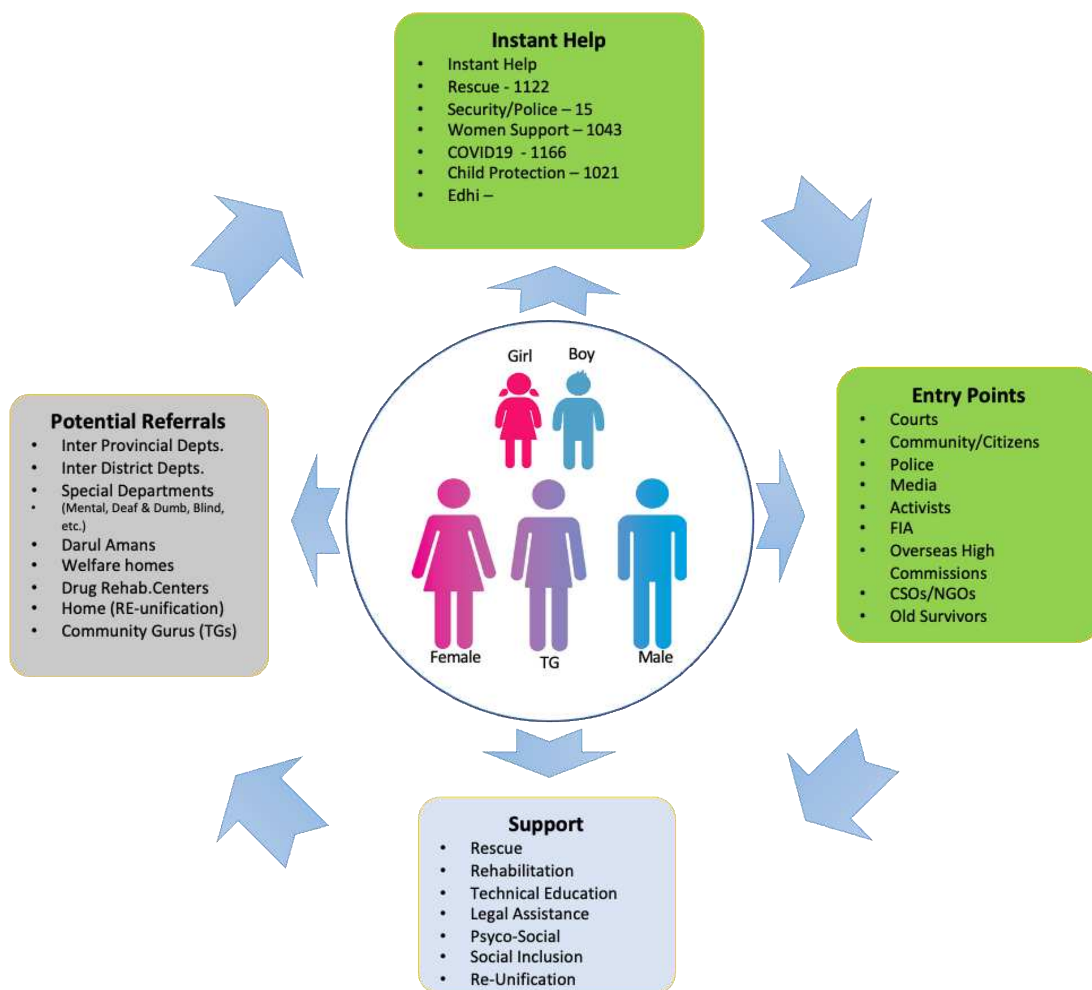
- **Provincial Consultations:** Upon completion of the first of the MSRPs two stakeholders' consultation will be held for validation and improvement of the MSRPs.
- **National Level Consultation:** After two provincial consultation workshops, a national level presentation was held in Islamabad to present the draft referral map with comments and suggestion provided by the agencies and institutions for final inputs and suggestions.

Chapter 3 Findings of Rapid Mapping of Existing Multisectoral Services for GBV survivors in Pakistan

1. Nature of GBV Cases Being Received

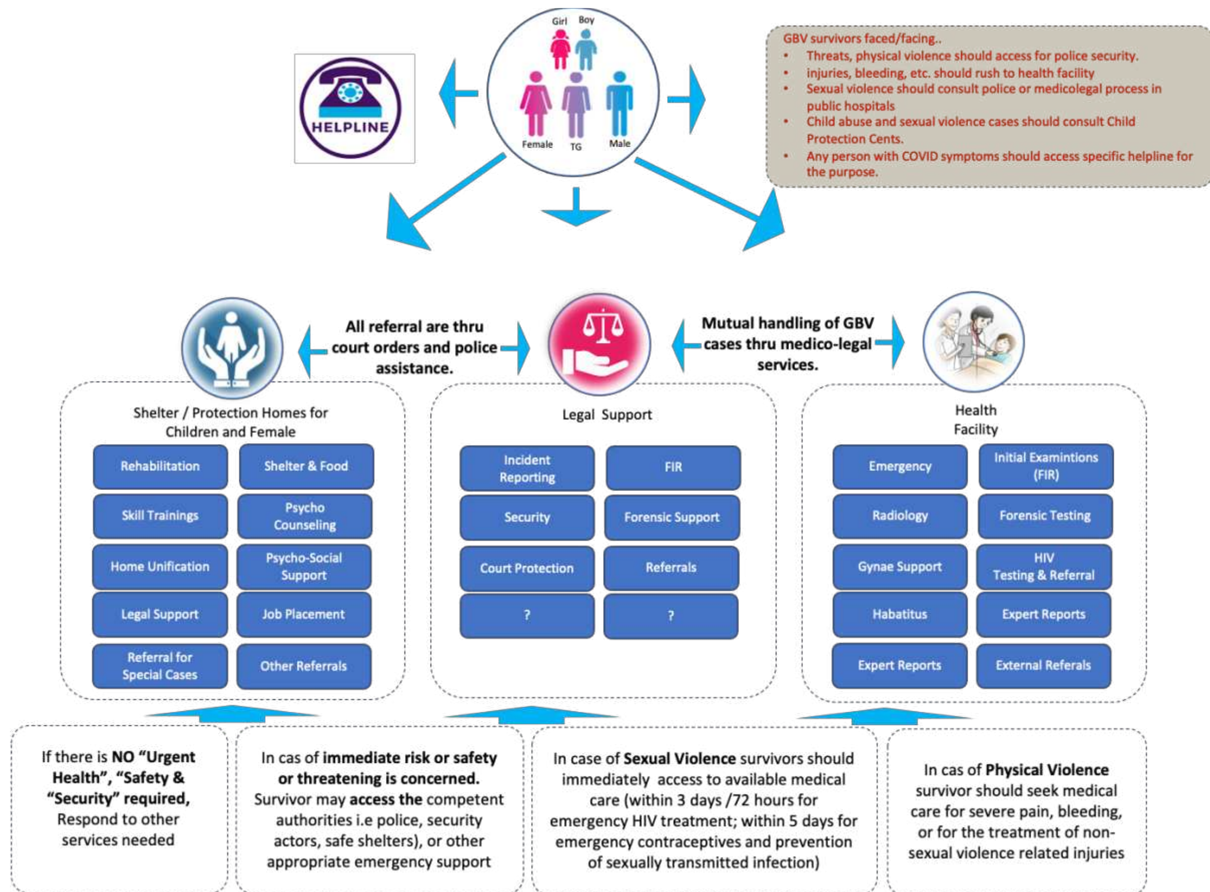
As per the Constitutional protection mandate, Punjab and Khyber Pakhtunkhwa have mechanisms for GBV survivors. These mechanisms cover information on re-unification and referrals. Following are the standard four stages for seeking and obtaining help for GBV survivors from entry to exit, where all the referral points come under these points.

Survivor's Journey (in case of any GBV Emergency)



External Pathways and Services Available to GBV Survivors in Punjab and Khyber Pakhtunkhwa

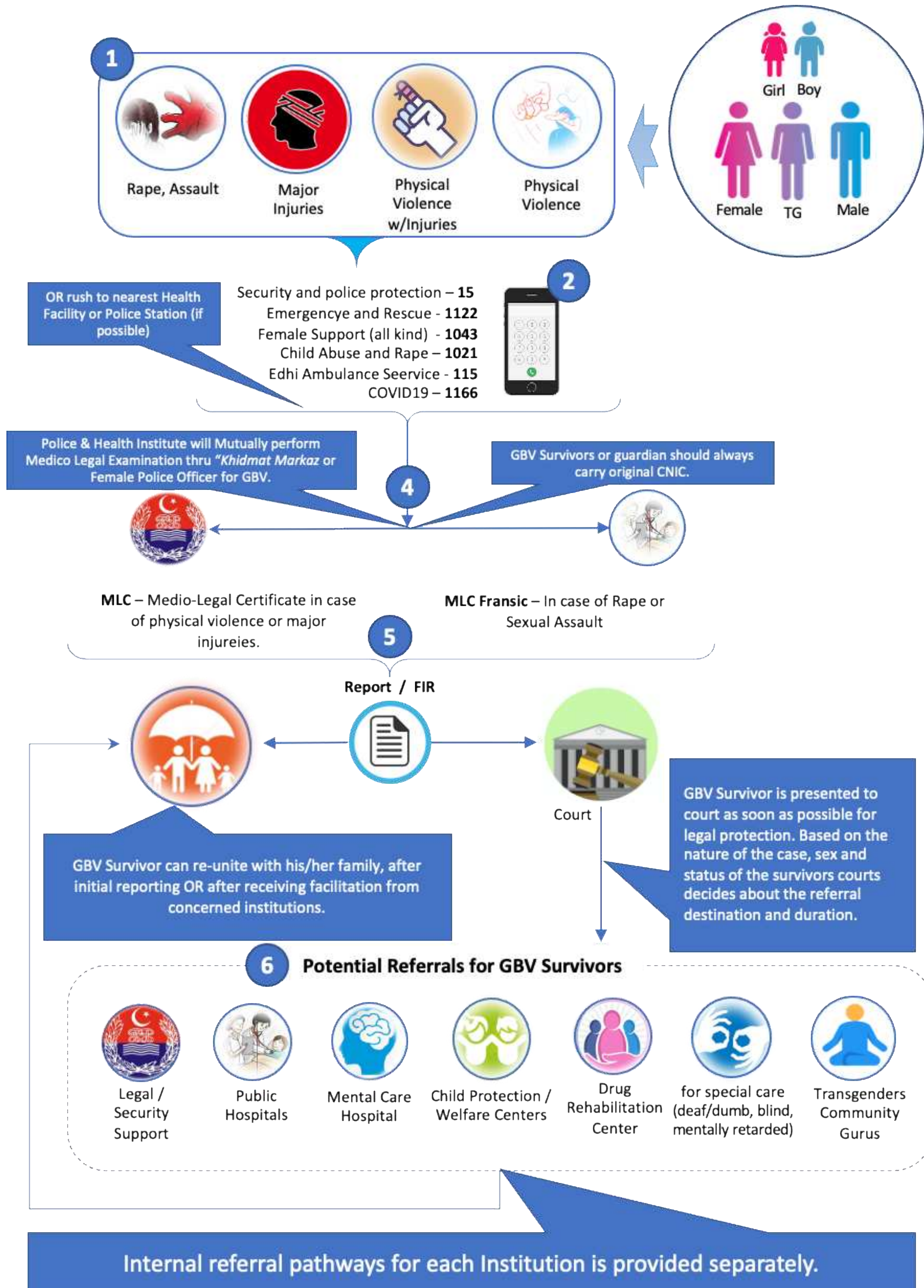
The external pathways for Punjab and Khyber Pakhtunkhwa are the same. The approach and facilities are almost the same in both provinces except for the helpline numbers and support mechanism in referral institutions.



2. State of Health System in Punjab and KP for GBV Response

All relevant departments and stakeholders (for Women, Children and transgender persons) are working at their own capacities and providing required help to survivor groups.

Existing Health System for GBV Survivors in Punjab & Khyber-Pakhtunkhwa

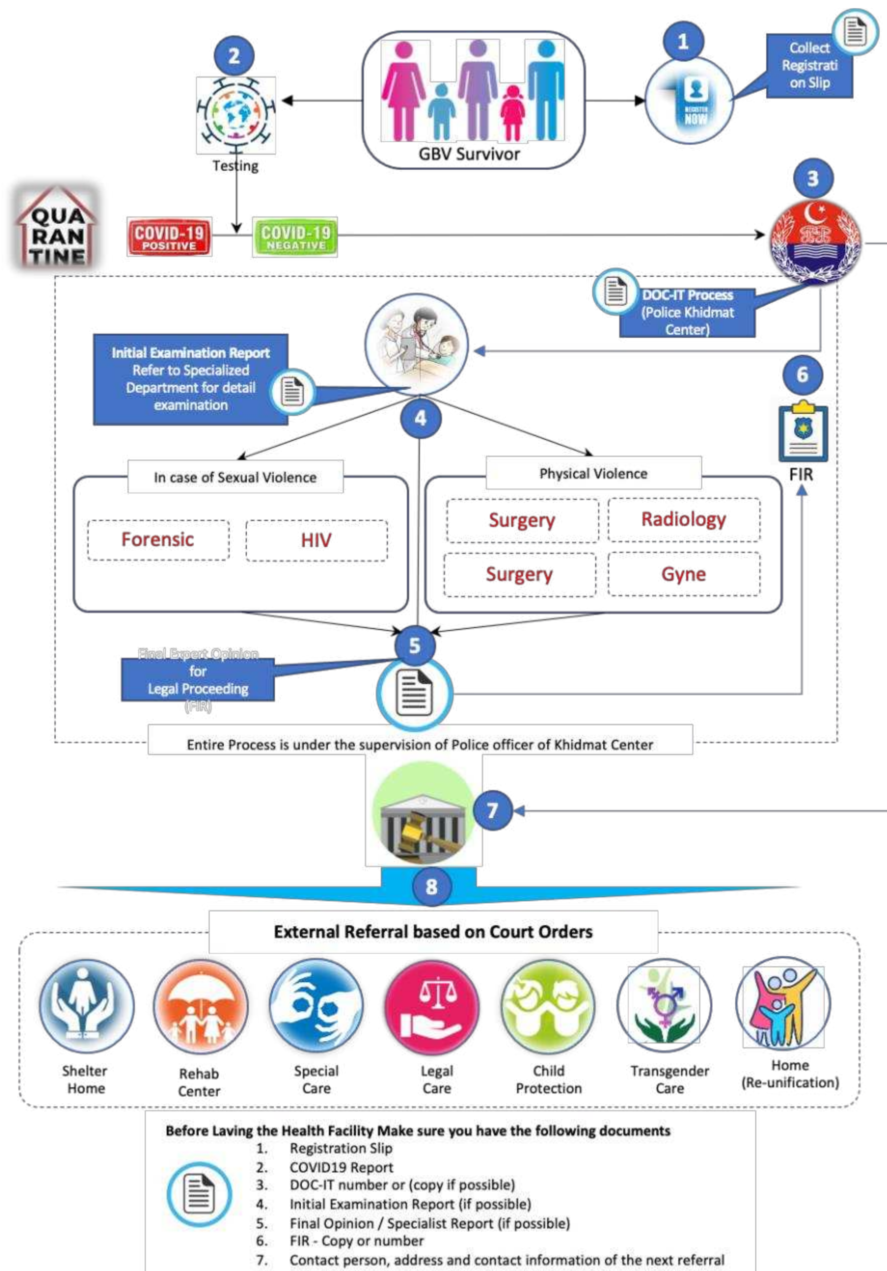


Existing Referral Pathways and Institutional Coordination for GBV Survivors, Punjab

a) Urban Health Facilities

Although GBV support is a recognized service under the health policy[26] providing treatment and support is the health department's responsibility. A medico legal department and an officer are available to support GBV survivors for their treatment and for further complaint and FIR process if they agree to do so. The urban health departments are usually equipped with all required facilities from first aid to specialized testing i.e., Forensics, HIV Aids testing, Radiology and Gynecology. A Social Welfare office is also available in the public hospitals but his role with respect to GBV cases is neither defined nor clear. Police *Khidmah* Counters are also introduced in District Headquarters Hospitals as a part of an Integrated System to facilitate citizens for getting Medico Legal Certificates easily and visiting their respective Police Stations. It will not only save time but also bring transparency into the system.

Existing Referral System for GBV Survivors at URBAN Health Facilities in Punjab



[26] As per Dr. Khalid Mahmood, Director, Health Department, Punjab

Existing Referral Pathway for GBV Survivors at URBAN Health Facilities in Khyber-Pakhtunkhwa

GBV Survivor

1 Collect Registration Slip

2 Testing

QUARANTINE

COVID-19 POSITIVE

COVID-19 NEGATIVE

3 DOC-IT Process (Police Khidmat Center)

Initial Examination Report - Refer to Specialized Department for detail examination

4

In case of Sexual Violence: Forensic, HIV

Physical Violence: Surgery, Radiology, Surgery, Gyne

6 FIR

5 Final Expert Opinion for Legal Proceeding (FIR)

Entire Process is under the supervision of Police officer of Khidmat Center

7

8

External Referral based on Court Orders

Shelter Home | Rehab Center | Special Care | Legal Care | Child Protection | Transgender Care | Home (Re-unification)

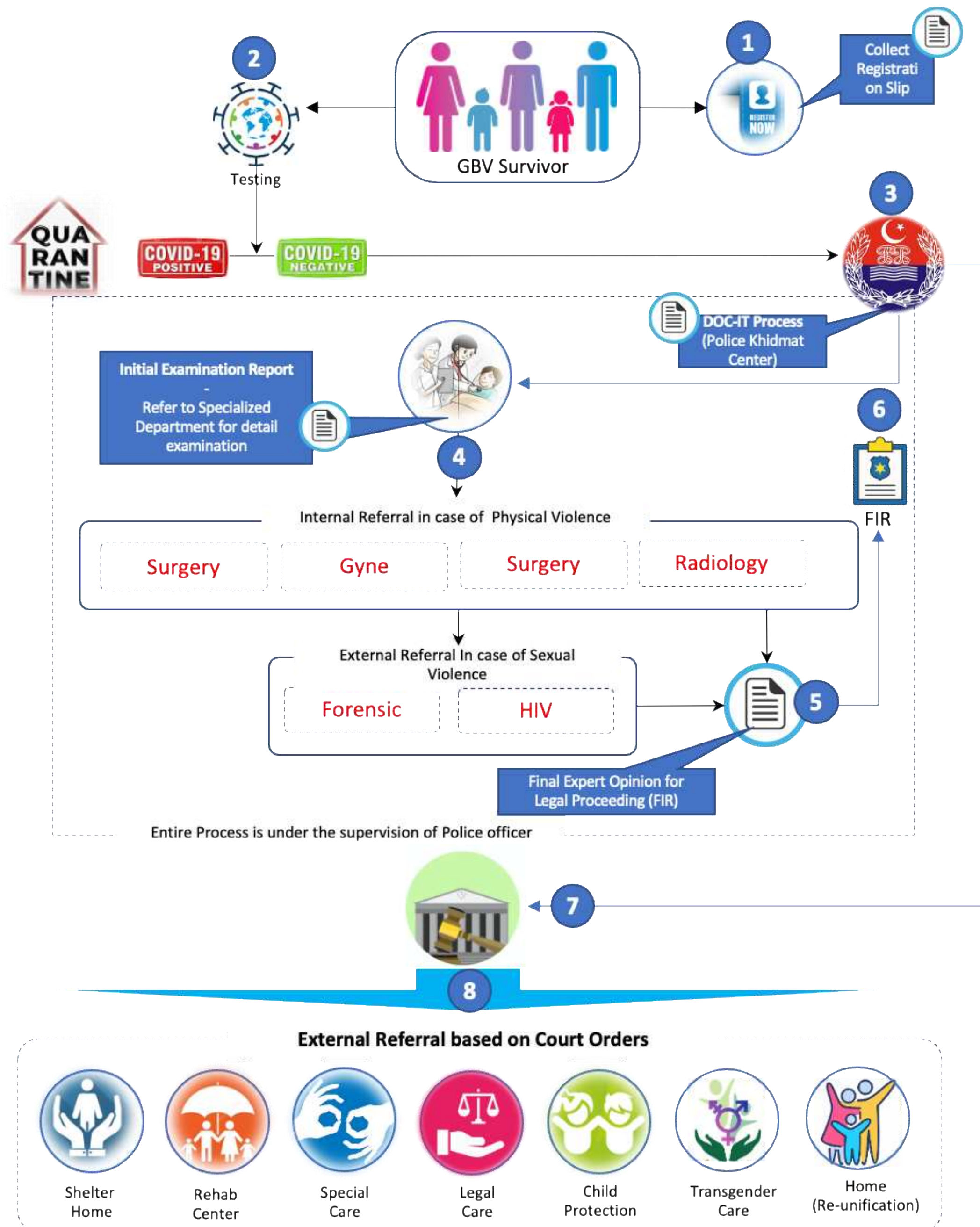
Before Laving the Health Facility Make sure you have the following documents

1. Registration Slip
2. COVID19 Report
3. DOC-IT number or (copy if possible)
4. Initial Examination Report (if possible)
5. Final Opinion / Specialist Report (if possible)
6. FIR - Copy or number
7. Contact person, address and contact information of the next referral

b) Rural Health Facilities

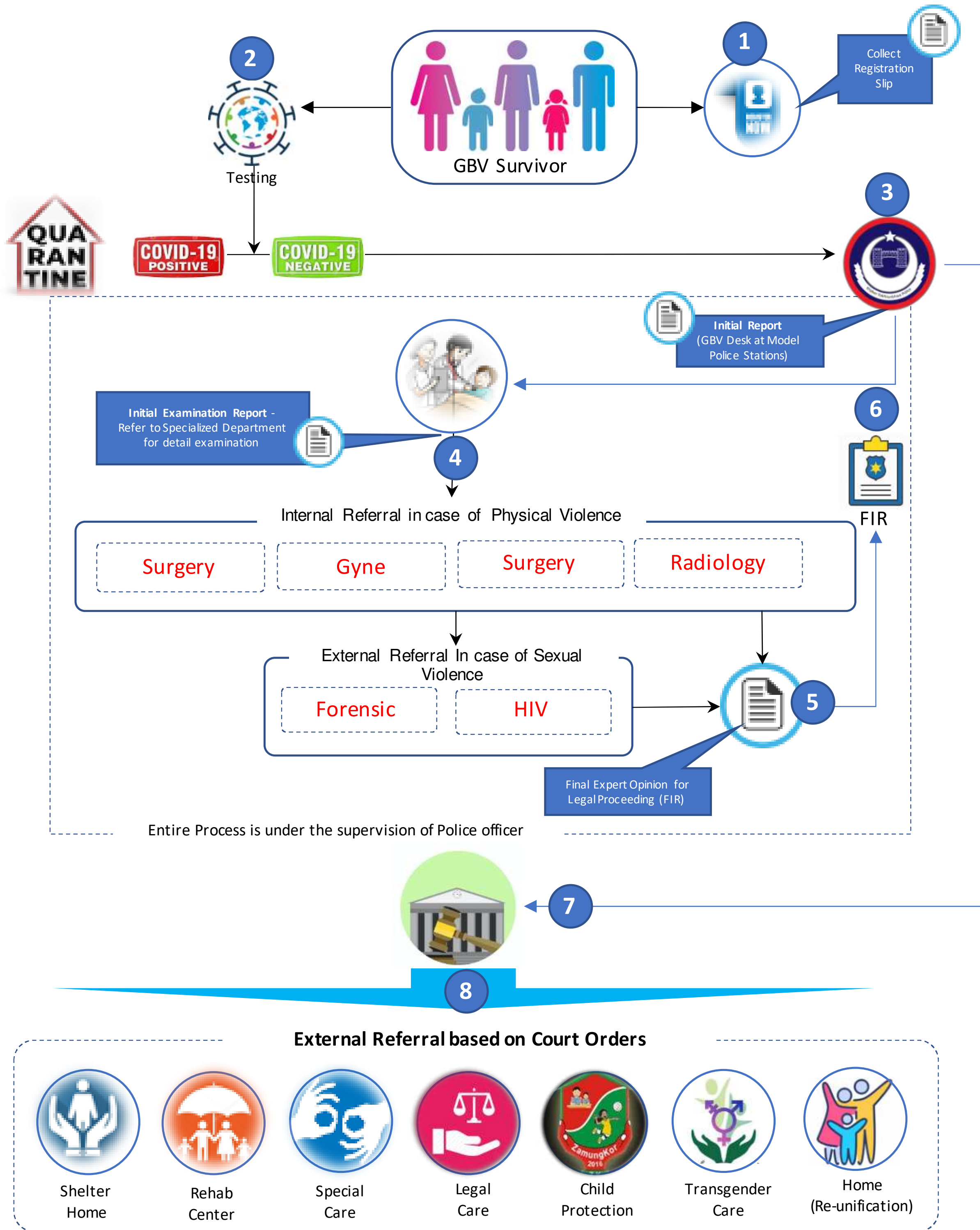
The quality and level of required services in rural health facilities is not available in the THQs and DHQs. They may have to refer the GBV survivors in case of forensic, HIV Aids or major surgery is required. A Social Welfare officer is also available in the public hospitals but his role with respect to GBV cases is not clearly defined. . This facility of Police Khidmat Centers will be extended to Tehsil Headquarters Hospitals in the near future.

Existing Pathways for GBV Survivors at Rural Health Facilities (THQs/DHQs), Punjab



The best option for a survivor is to call "15" or "1122" for instant help, the team will lead them to respective facility.

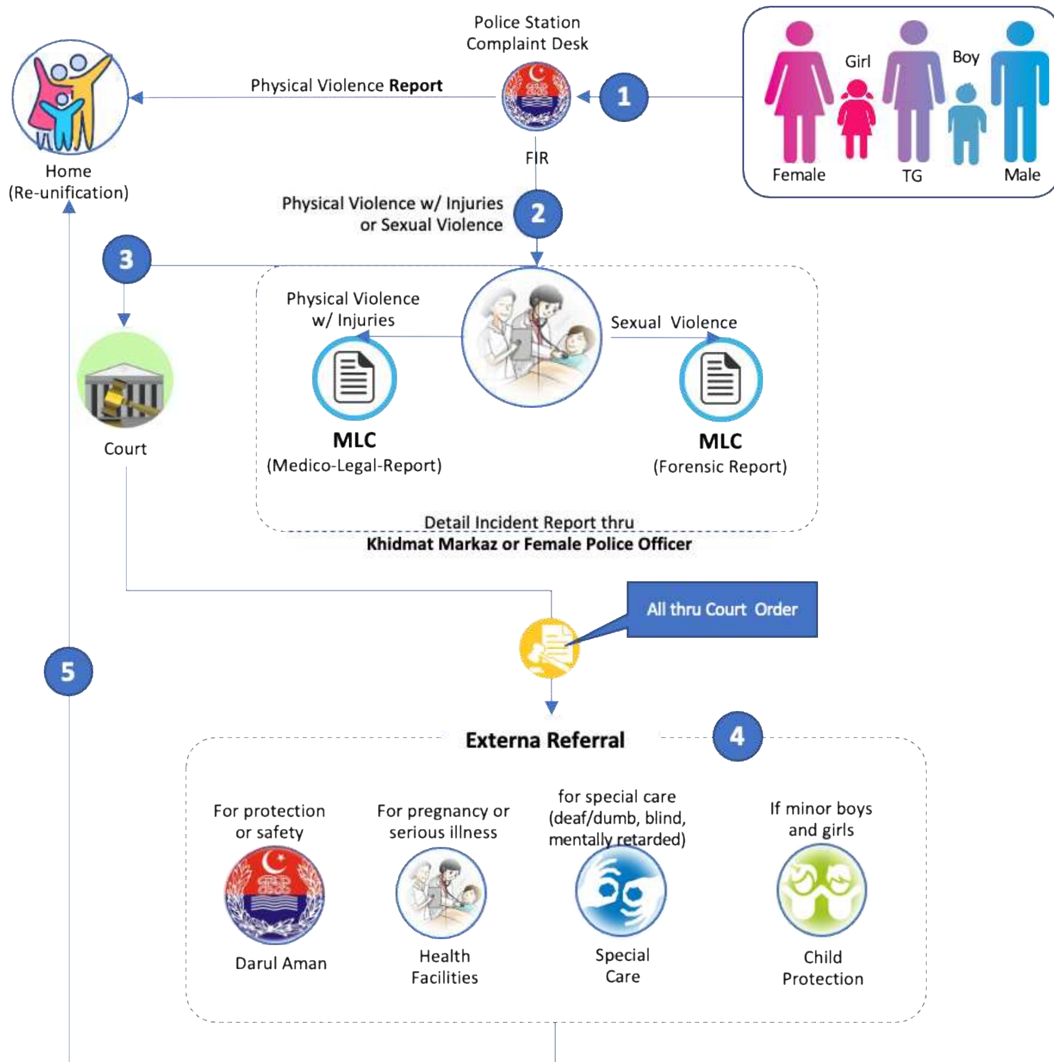
Existing Referral Pathways for GBV Survivors at RURAL Health Facilities (THQs/DHQs) in Khyber-Pakhtunkhwa



c) Security and Police Stations

For specific support, privacy and rapid response, a female Constable is appointed in all police stations to provide required support to GBV survivors.

Existing Referral System for GBV Survivors at Police Stations, Punjab

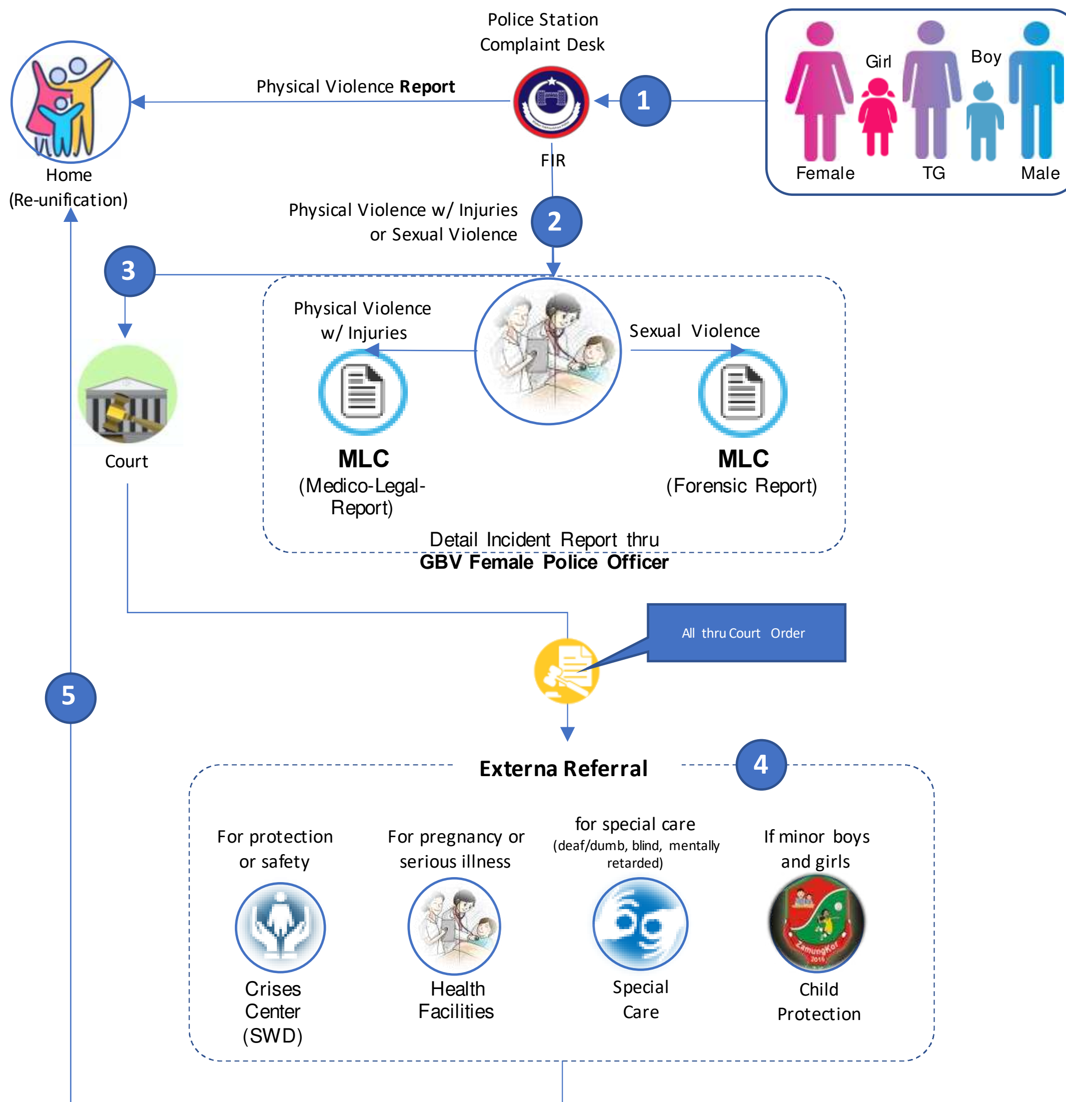


Facilities at Police Station

- For hearing or visual impaired, seek the help of siblings or special school teacher (as the case may be)
- *Khidmat* Counter / Centre at public facilities
- No specific facility, but priority is given to person with functional limitation.
- Transgenders treatment and follow-up process is based on their sex identify in MLC

The GBV Survivors can call Police Helpline "15" for any support or security, the Mobile Unit of contact nearest Police Station to reach the survivor.

Existing Referral System for GBV Survivors at Police Station, Khyber-Pakhtunkhwa



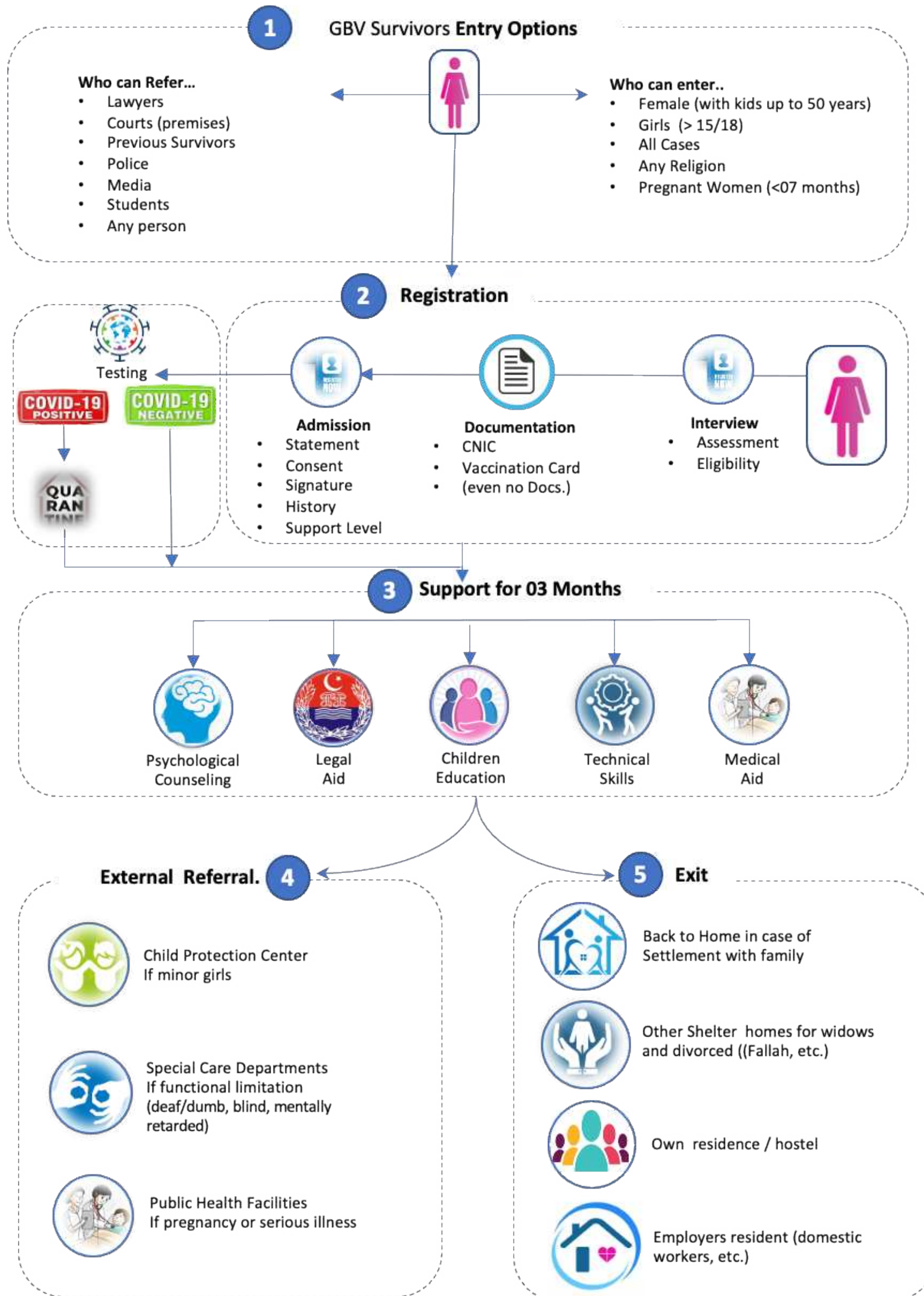
Facilities at Police Station

- For hearing or visual impaired, seek the help of siblings or special school teacher (as the case may be)
- *GBV Counter with female Inspector at Model Police Stations*
- No specific facility, but priority is given to person with functional limitation
- Transgenders treatment and follow-up process is based on their sex identify in MLC.
- There is not referral mechanism for their shelter, they decide their own about their shelter and protection.

d) Protection Centers

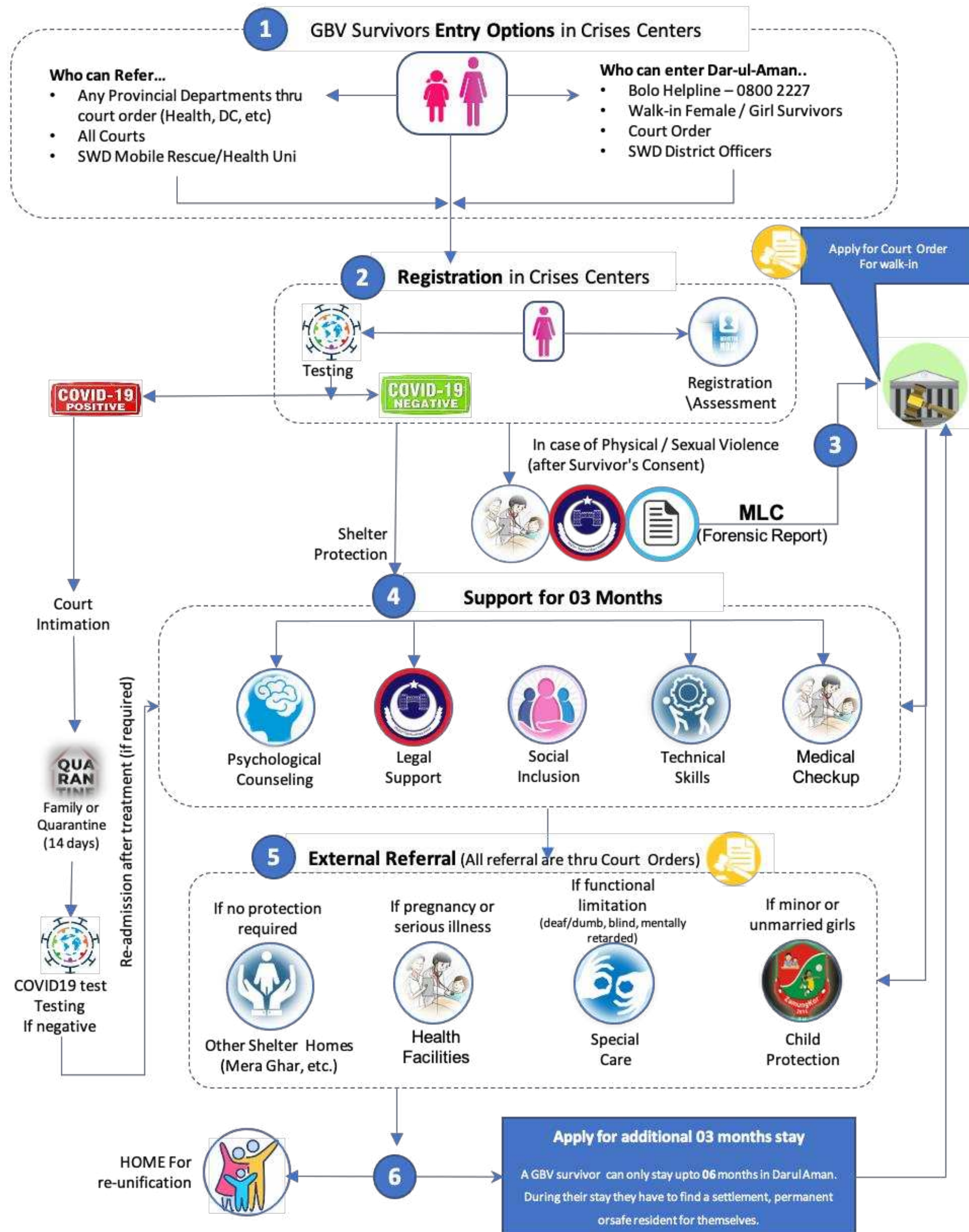
In **Punjab**, the Social Welfare Department (SWD) spearheads GBV response with the help of 35 centers, shelter homes and health facilities across the province. This response is complemented by civil society that not only supports the SWD but also run similar facilities either on their own or in partnership with SWD. For example, Medicine de Monde (MDM) has closely worked for the betterment of (selected) *Darul Amans* since and has developed and published a detail guidebook for Darul Amans[22].

Existing Referral System for GBV Survivors at Private Shelter Homes, Punjab



Existing Referral System for GBV Survivors at Women Crisis Centers, Khyber-Pakhtunkhwa

The Women Crisis Centers also exist in nine major cities of **Khyber-Pakhtunkhwa** under the supervision of the Social Welfare Department. Keeping in mind the cultural issues, female mobility, levels of information, this number is extremely low, which result in discouraging the GBV survivors to consider moving out of their homes. Although a Social Welfare staff person is also available in each District to respond to the Helpline requests to rescue a GBV survivor, the availability and efficiency of the staff may need to be measured and improved. There were three (3) Darul Kafalas are also functional in **Khyber-Pakhtunkhwa** Province. The main objective of the Darul Kafala is to rehabilitate male and female beggars most of whom are orphans, by providing various services in order to help and economically sustain them.

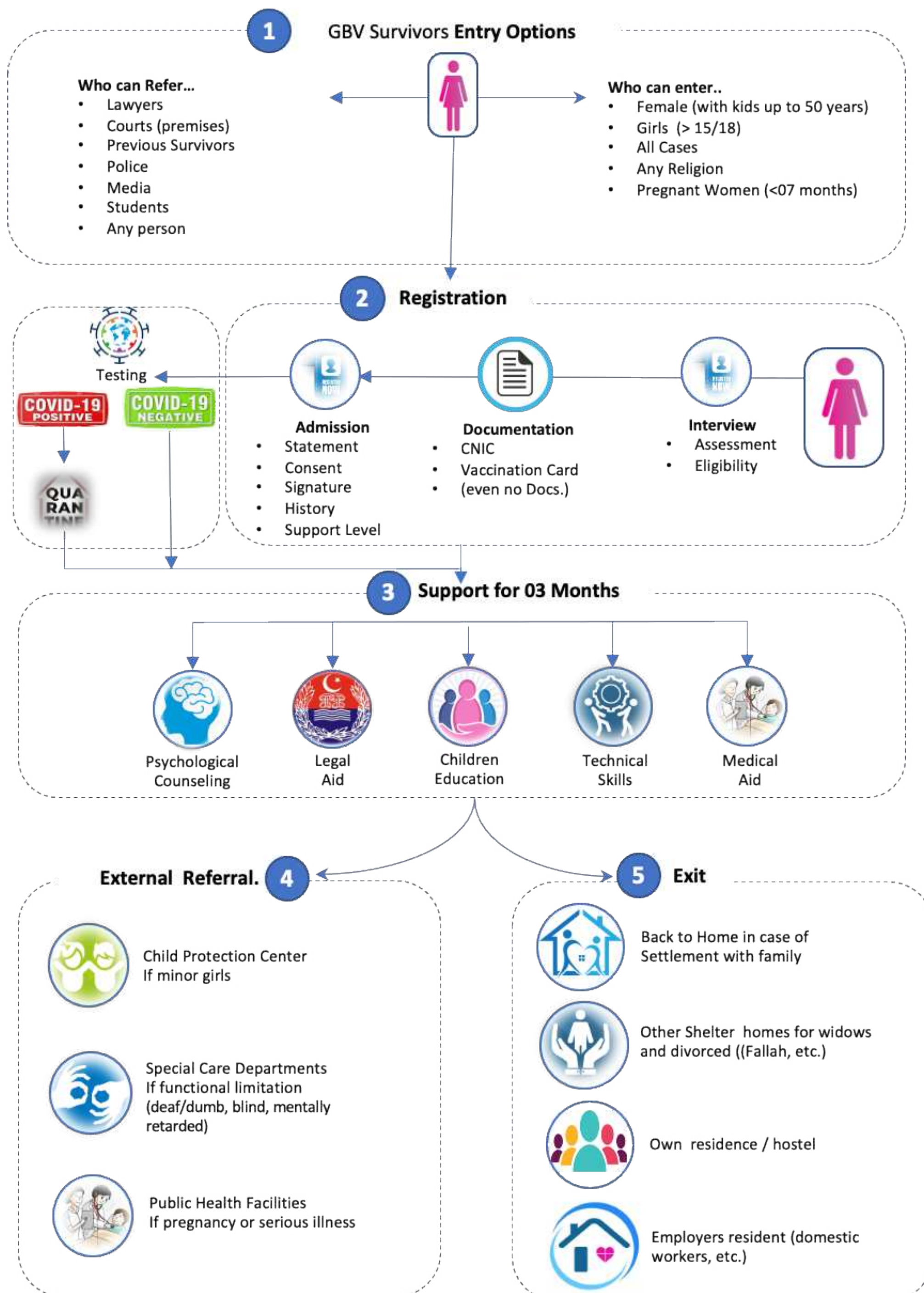


There is a Social Welfare Officer in each district of Khyber Pakhtunkhwa (who is accessible through the Bolo Helpline) for the support and rescue of GBV survivors in respective districts.

e) Private Shelter Homes

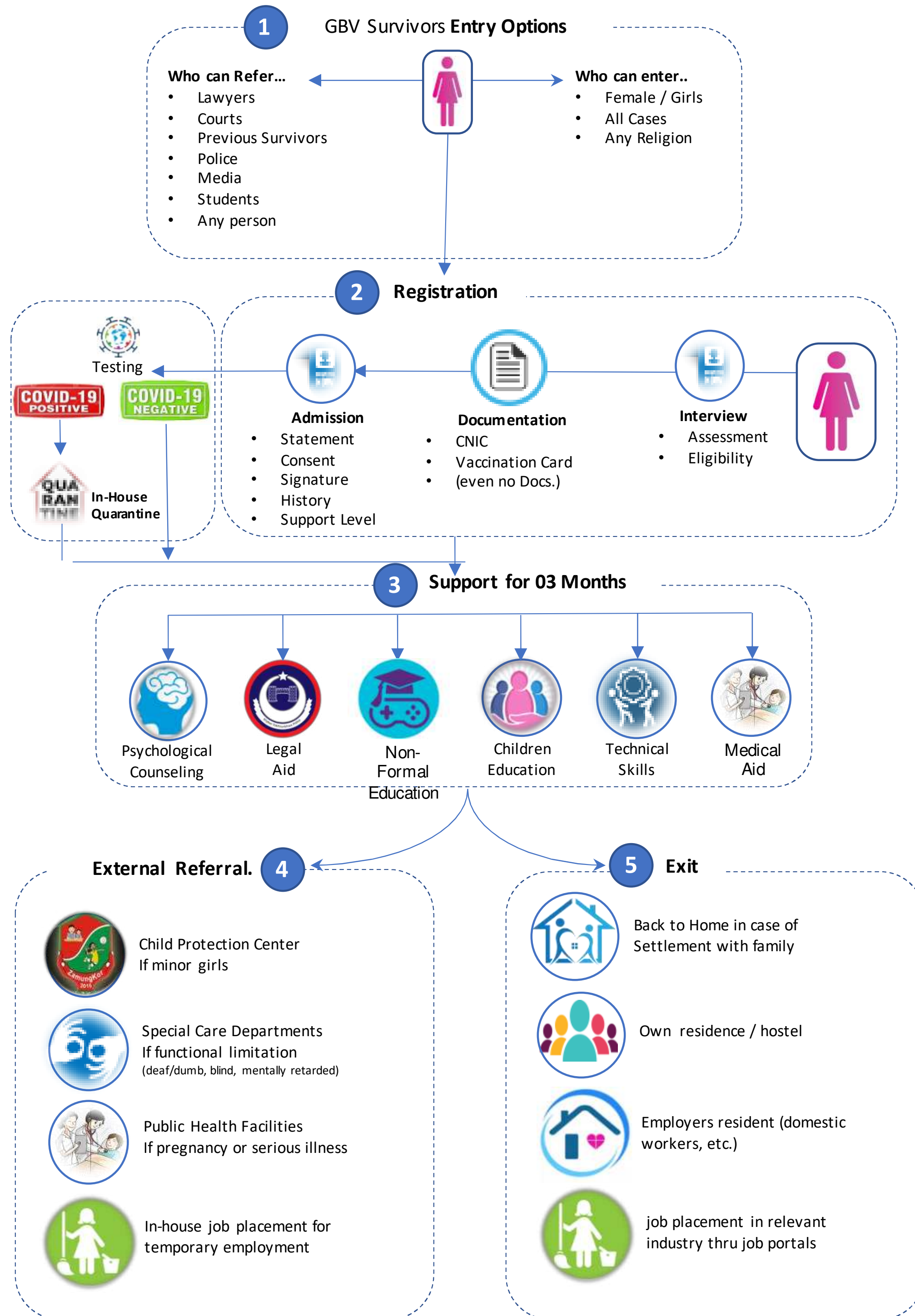
Existing Referral System for GBV Survivors at Private Shelter Homes, Punjab

Private Shelter homes are also in practice by local philanthropists. **Dastak** in Lahore (founded by Asma Jehangir) is managed by expert lawyers who provide all legal support to survivors of GBV. **Bali-Memorial** is another shelter home operated by a local trust in Lahore. The trust also provides all required supports - including shelter, skills and economic support - except for legal assistance.



Existing Referral System for GBV Survivors at Private Shelter Homes, Khyber-Pakhtunkhwa

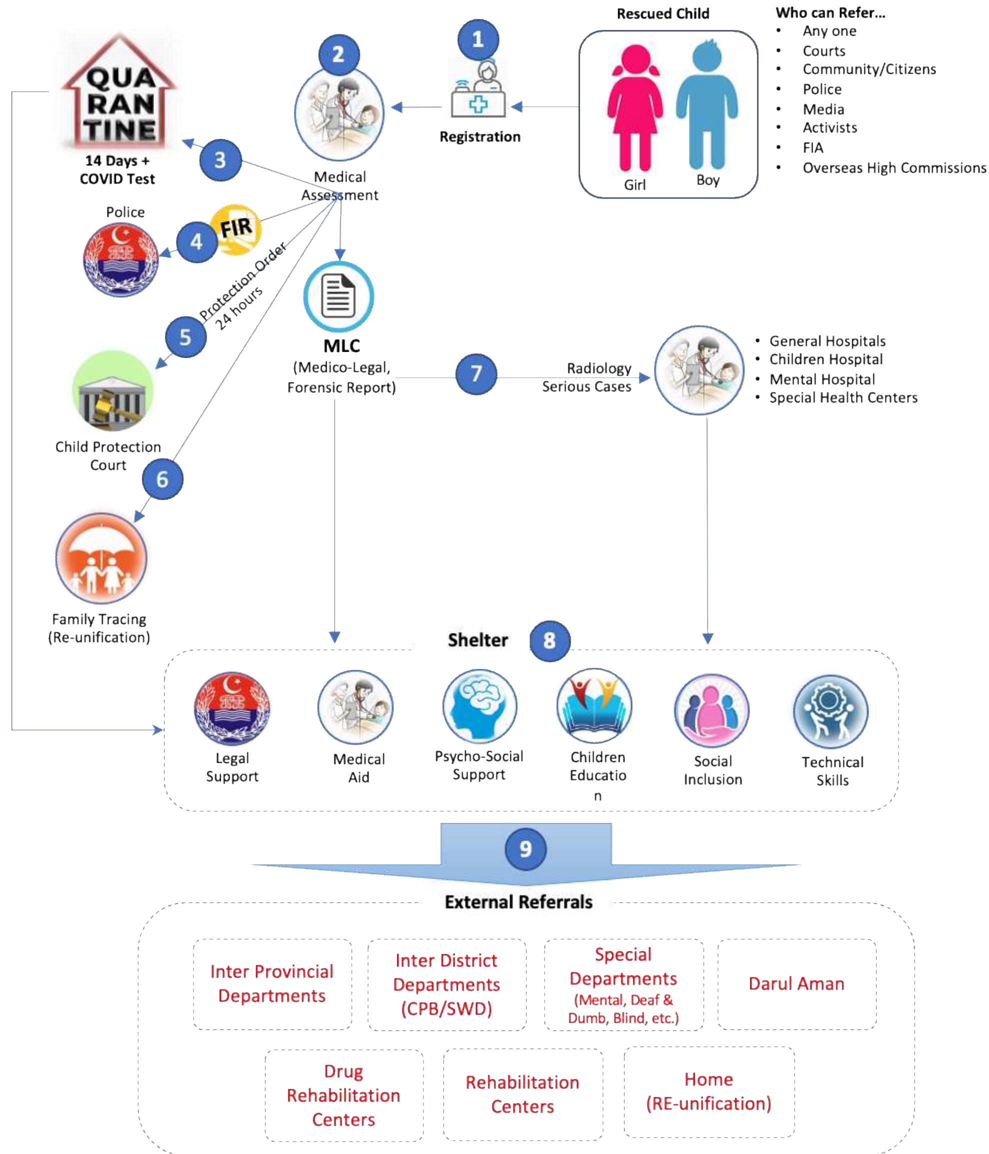
Mera Ghar, under the Noor Education Trust in Peshawar, is the only private shelter home in Khyber Pakhtunkhwa. It provides shelter and legal support to GBV survivors and helps them find permanent livelihoods during and after the need for shelter. Noor foundation is the only recognized shelter home in Peshawar. The center is well known due to is supports and services including, shelter, legal, psychosocial and economic sustainability.



f) Child Protection centers

In order to provide care, rehabilitation, education and training to destitute and neglected children, the Government of the Punjab established (09) **Child Protection and Welfare Bureau** in March, 2004. This institution not only provides food and shelter but also imparts education and skills to these children to make them useful citizens. In addition, a Child Protection Court has also been established which addresses issues of custody and legal reunification of the children with their parents.

Existing Referral System for GBV Survivors at Child Protection Centers, Punjab



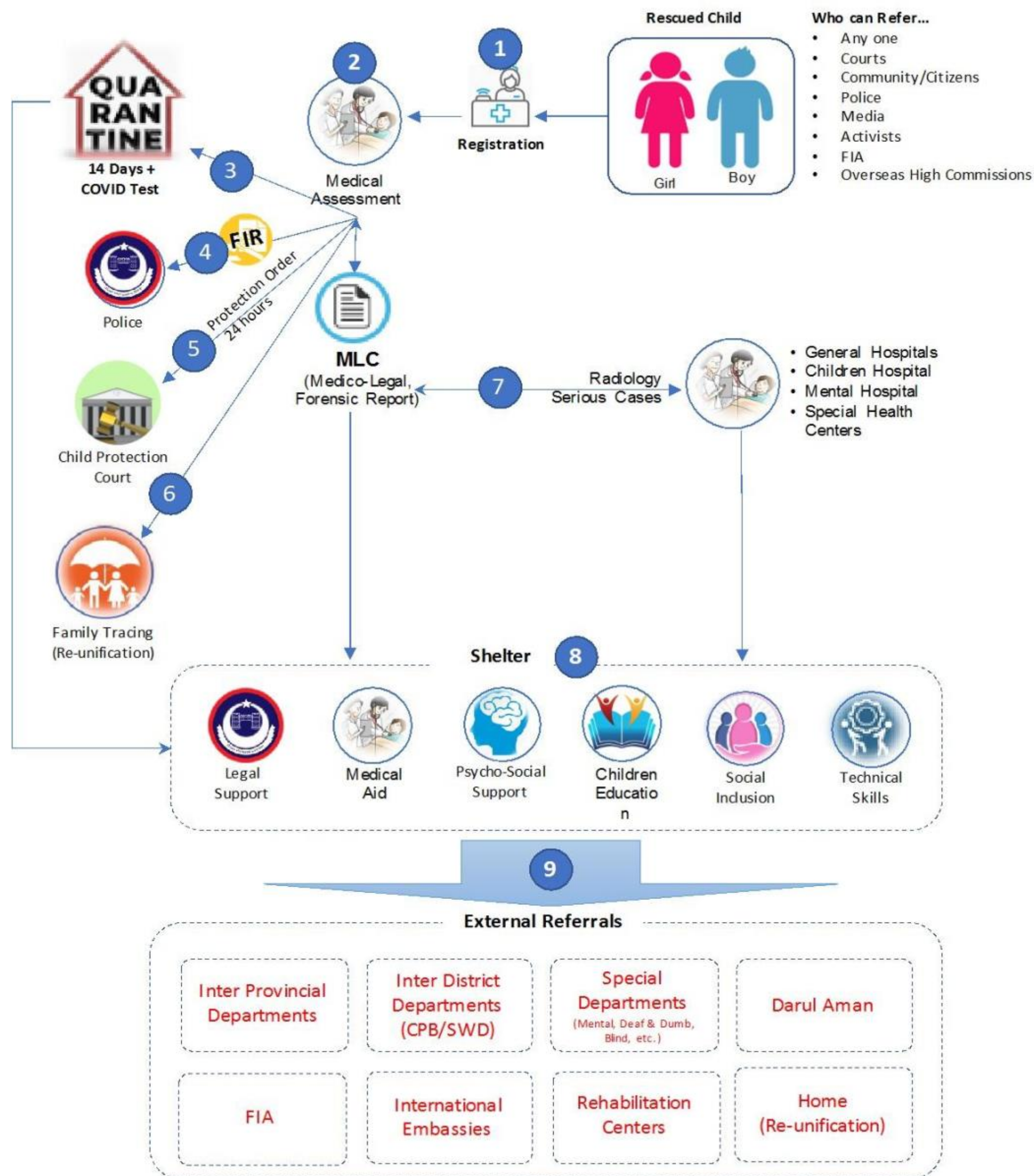
No case of transgender found in the history. The community GURU take care of their kids themselves.
Sepcial/disable and drug addicts kept under emergencey until handed over to respective departments.

The parent or guardians of the survivor child may call "1121" for instant help and rescue services.

Existing Referral System for GBV Survivors at Child Welfare Homes, Khyber-Pakhtunkhwa

In **Khyber-Pakhtunkhwa, 06 Child Welfare Homes** are functional under Social Welfare Department who provide the similar services as in Punjab. There were twelve (12) Welfare Homes in the province (9 regular and 3 ADP funded). A child helpline is also available to provide guidance, help and coordination for their rescue and protective custody. The Child Welfare Centers are also providing support to the children rescued during child trafficking from out of the country in collaboration with embassies, Ministry of Overseas Pakistani and FIA.

The situation of Khyber Pakhtunkhwa is quite discouraging. There are only 05 welfare homes for children and 09 shelter homes for women in the entire province. There is no doubt in services and support by each institution as per their mandate but unfortunately when it comes to networking, referral and coordination is either weak or missing. District Courts are the only structured referral mechanism for GBV survivors. An informal referral mechanism is available between the departments and institutions but a structured mechanism for MIS is missing.

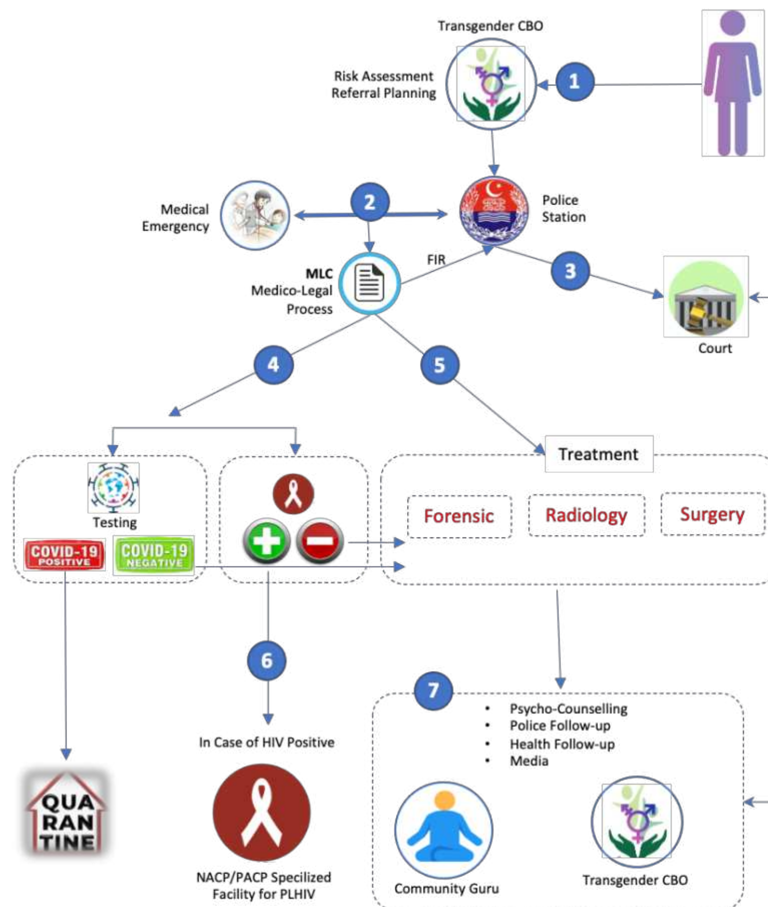


No case of transgender found in the history. The community GURU take care of their kids themselves.
Sepcial/disable and drug addicts kept under emergencey until handed over to respective departments.

g) GBV Support Mechanism for Transgender Community

The Government of Pakistan passed the **Transgender Persons** (Protection of Rights) Act in May 2018 for the protection of rights, relief and rehabilitation of transgender persons and other related matters. In response, Punjab Social Protection Authority, Govt. of Punjab introduced the first ever Policy for Transgender / Khawaja Sira community in 2018, which is the most vulnerable group in Pakistan. According to the policy all responsibilities were bind with registered gurus and organizations providing shelter to the transgender children and taking care of these children for maintaining minimum standard of living. As per policy, the government will also institute mechanisms for regular monitoring of living arrangements of transgender persons. A special cell for the welfare of transgender persons was also promised in the policy and responsibility was given to Social Welfare Department. This cell will be responsible for overall welfare of the transgender community including their education, training, employment, business, health, shelter, and legal help etc. Other departments and government functionaries such as Deputy Commissioners of respective districts will support SWDs, where required. Transgender shelters were to be gradually built in every district where homeless transgender persons are able to live with dignity. Unfortunately, the community is still at the embryonic stage of recognition and registration process, the shelter homes are a dream which no one know, when will come true. The only hope for shelter and support in the transgender community is their gurus.

Existing Support System for Transgender GBV Survivors, Punjab & Khyber-Pakhtunkhwa



In case of....

- Public **Quarantine**, no specific ward required due to COVIC19 isolaiton process.
- **Hospitalization**, ward is advised based on sex determination by the specialist.
- **HIV-Aids**, refer to specialized facilities by national/provincial aids control programs.

The situation and level of support to transgender persons in Khyber-Pakhtunkhwa is more discouraging than in Punjab due to local culture and acceptability of trans community.

2. Institutional Response to GBV Survivors during COVID-19

The COVID pandemic has directly impacted the life of women and girls and the support system for responding to GBV. Institutions have had to allocate additional resources to respond to this pandemic. All the institutions adopted the GOPs and health practitioners advised SOPs including sanitizers arrival gates, compulsory use of mask for staff and visitors, use of sanitizers, washing hands, social distancing and performed duties on alternate schedule. Unfortunately, the community (especially women) at the grassroots has the dual challenge during this period including ensuring the safety of their family from this pandemic and at the same time facing the violence at home in the form of access work at home due to lock-down and pressure of no or low earnings.

Women of brick kiln workers at "16 Days of Activism against Gender-Based Violence" workshop, Lahore

Women (in brick kiln sector) are facing the domestic violence, discrimination in education and cultural discrimination in their day to day life. The COVID-19 pandemic has aggravated key risk factors for violence against women, such as food shortages, unemployment, economic insecurity, migration flows, etc.

3. Gap Assessment and Key Findings

All relevant Departments and stakeholders (for Women, Children and , Transgender Persons) are working at their own capacities and providing required help to survivor groups. Based on the number of GBV cases (especially children) the quality of response is neither sufficient, nor appropriate. Punjab has nine Child Protection Centers at the region level and a female shelter home in each district (36). The situation of Khyber Pakhtunkhwa is quite discouraging. There are only 05 welfare homes for children and 09 shelter homes for women in the entire province. There is no doubt that each institution provides services and support as per their mandate but unfortunately when it comes to networking, referral and coordination is either weak or missing. District Courts are the only structured referral mechanism for GBV survivors. An informal referral mechanism is available between the Departments and institutions but a structured mechanism for MIS is missing.

Following is the standard three stages for seeking and obtaining help for GBV survivors from entry to exit, where all the referral points comes under these points.

a. Instant Help

- **Help Lines:** An instant help line with a rapid response is available for all the residents i.e., "**15**" in case of security and "**1122"** for rescue and emergencies throughout the province. In case of minors and children "**1121"** is the specific helpline to provide all possible support to children irrespective of their sex, ethnic groups, religious and economic class. Women and girls are given more priority than any other group with the provision of additional specific helpline "**1043**" for their support and information in Punjab and **080022226** (Women Crises Centre) and **031299919500** (helpline under Mera Ghar, Noor Education Trust), beside "15" and "1122". Unfortunately, there is no specific helpline for transgender community but they can also use "**15", "1121", or "1122"** based on the nature of the incident. A national helpline 1166 is also available for all the residents in case of information and support required for COVID19 situation.

- **Mobile App** : Khyber Pakhtunkhwa Commission for the Status of Women (KPCSW) has launched a new smartphone application (with the help of Trócaire), to

assist women experiencing gender-based violence and improve the services offered by KPCSW. It contains features like text, voice and video messages, and MMS, to help women report cases of violence. People can also access useful information regarding laws protecting women and how to approach KPCSW for help. The Punjab police has also launched an 'women safety' application in an effort to leverage technology to enhance policing for women's safety. After immense and justified backlash in the aftermath of the horrific motorway gang-rape incident, it is not surprising that the Punjab police is attempting to implement women-centric reform.

- **Mobile Crisis Unit:** The **social Welfare Department, Khyber-Pakhtunkhwa** has introduced (3) mobile health units to respond GBV cases in the province. The units are linked with SWD GBV help line and social welfare officers across the province. (in Punjab) has also launched a mobile crises response units to transport the victim to service providers, they project was initiated by ***Jaag Welfare Society***. The unit was accessible through phone calls. The mobile Crisis Unit is also used as Awareness Van on GBV issues. The project was started in three Districts of Southern Punjab with the help of overseas Pakistanis.

b. Entry Points

- **Police Station with Special Provision for Women and GBV Survivors**
  Women Police Stations/Officers were established between 1993 and 1996 with the objective of providing relief for those women victims who are reluctant to approach male police stations to lodge their complaints. Police Khidmat Counters were introduced in District Headquarters Hospitals as a part of Integrated System to facilitate citizens for getting Medico Legal Certificate without hassle and visiting their respective Police Stations. It will not only save time but also bring transparency in the system. This facility will be extended to Tehsil Headquarters Hospitals in near future. PKM provides facility to get Legal Aid and report incidents of violence against women which are assigned to relevant Women Police Station. Once the report is initiated, the assigned investigative officer from relevant police station will respond to it accordingly.

COVID19 Response (Police Stations)

As per Supreme Court instruction and advice, all Police stations irrespective of their location and size has to adopt the GOPs guidelines for the prevention of COVID-19, which was quite evident during the visits in both provinces. Special staff is allocated at the entry points for sanitizers and COVID-19 testing, referral arrangements for quarantine places specified by the authorities.

- "**Special GBV Units at Police Stations**:
  The police depart in Punjab has initiated the special GBV units the gender-based crime units are being raised to help women in 10 districts[27] initially after the successful pilot in Muzaffargarh. These units will provide immediate help and relief to female victims of crime such as rape, acid throwing, and honour killing. It will be the exclusive responsibility of the gender based crime cell to bring the culprits to justice. The cases of child rape will also be sent to this new police unit for quick action and justice. This specialized police unit will

[27] The Punjab districts with the most reported GBV cases including Lahore, Gujranwala, Rawalpindi, Faisalabad, Multan, Rahim Yar Khan, Sahiwal, Muzaffargarh, Sheikhupura and Gujrat - https://www.punjabpolice.gov.pk/node/7224

also provide psychological, legal, and medical aid to women and children. There are 19 Model police stations in Khyber Pakhtunkhwa who has appointed female police officer to respond, register and investigate the female GBV cases.

Ms. Zaman Women Police Officer, Peshawar	*Ms. Zaman (Women Police Officer, Peshawar) feels the women's desks are a step in the right direction, as they encourage women to speak openly and comfortably about sensitive issues such as rape and harassment. The establishment of these desks has also bolstered the number of women police recruits in the province, which now boasts 628 female officials.*

Ms. Nadia Bukhari In charge Town Police Station, Peshawar	*Ms. Nadia Bukhari, in charge of the desk at the Town police station, Peshawar since 2014, elaborates on their success saying that women police officials effectively understand and handle female complainants far more prudently than their male counterparts.*

Published in Dawn, November 11th, 2016	*Ms. Rizwana Tofail, station house officer at a women's police station in the city's Central Police Office, who feels the Khyber Pakhtunkhwa police department took an exemplary step in setting up these desks.*

Police in Kurram Agency have launched the first female reporting center in Khyber Pakhtunkhwa's tribal districts, with a hope to expand women's access to justice in a region where they had been traditionally deprived of it.

Kurram District Police Officer (DPO) Muhammad Quraish Khan, Arab News	*I observed that women were reluctant to approach police stations with complaints, so I decided to launch a separate reporting center for them,"* *"Women are hesitant to complain, especially when their problems involve domestic issues," Khan confirmed.*

Police stations and health facilities (in both provinces) is the first entry point for the GBV survivors. The survivors and their caretakers have fears and reservations for accessing these points, which include, lack of privacy, social structure, publicity of incident, abusive behaviour and abuse (especially in the case of children and transgenders), etc. The addition of female police officer (in both province) has a positive impact on access to these points. Psychologically, women and children feels more confident and safer while explaining the incident and situation In front of women in a private room rather Infront of a male police office or physician.

Transgender persons are the most vulnerable segment of the society when it comes to access the services of legal or health institutions. Their identity is the first and the most critical fact and the major hurdle in incident reporting and provision of health facilities. The minor (boys and girls) are also found reluctant to access the police stations due to the fear of abuse and harassment. Although, all the institutions and departments have their own SOPs and standards but there is still considerations required to improve the services

c. Support Services for GBV Survivors

- **Public Protection / Crises Centres**

  In Punjab, the **Social Welfare Department** spearheads GBV response with the help of 36 centers **(Darul Amans shelter homes)** and health facilities across the province. This response is complemented by civil society that not only supports the SWD but also run similar facilities either own or in partnership with the SWD. Medicine de Monde (MDM), an international organization, has closely worked for the for the

betterment of (selected) Darul Aman. MDM has also developed and published a detail guidebook for Darul Amans.

The women crises centres also exists in major cities (09) of **Khyber-Pakhtunkhwa** under the supervision of Social Welfare Department. Keeping the cultural issues, female mobility, level of information, there number of protection houses are extremely low, which in result discourage the GBV survivors to even think of moving out of their houses. Although there is a social welfare staff is also available in each district to respond the helpline request to rescue a GBV survivor but the availability and efficiency of the staff may need to be measure and improved. There were three (3) Darul Kafalas for beggars are also functional in **Khyber-Pakhtunkhwa** province. The main objective of Darul Kafala is to rehabilitate beggars male and females mostly orphan by provision of various services in order to help and economically sustained them.

COVID19 Response (Shelter Homes)	*The Darul Amans in Punjab have a policy to allow only COVID-19 negative survivors in the center. Corona testing report was made compulsory by the referring authority or institution due to no place for quarantine in shelter homes. The Crises Centers in KP do accept all the visitors without any conditions, but strict observation of SOPs is the pre-condition for the entry in the crises centers.*

The **Punjab Protection of Women against Violence Act** (PPWVA) was passed to protect women against violence including domestic violence (physical and mental torture), economic abuse, and harassment and cybercrimes. The main objective of the PPWVA is to provide justice and to protect women from all type of violence and give them a secure life where they can work properly and spend respectful life with their families. The Government has provided them special centers/shelter homes (Violence Against Women Center, Multan was established under Women Protection Authority, two additional shelter homes in Lahore and Rawalpindi are in pipeline by Social Welfare Department, Punjab), to establish a protection system for effective service delivery to women victim to reconciliation and resolution of disputes.

- **Private Protection Centres**
  - **Private Shelter** homes are also in practice by local philanthropists. **Dastak** in Lahore is managed by expert lawyers (founded by Asma Jehangir) provide all legal support to survivors of GBV.

COVID19 Response (Private Shelter Homes)	*The private shelter homes also adopted the maximum SOPs during COVID-19 situation both for the existing and new survivors. DASTAK has installed sanitizers at the entrance and kept face mask for all the visitors and staff. They are keeping the survivors in quarantine for 14 days and do the testing and SOPs at the same time. Due to the space issue, they also refer some GBV survivors to other shelter houses to maintain the social distancing. The Bali memorial trust has vacated the entire building for quarantine purpose for newcomers, allocated additional resources for the application of SOPs but did not restrict the admission of GBV survivors, and fortunately, not a single COVID-19 positive case was registered.* Our management has vacated the entire building for quarantine purpose. All new commers are kept in that building for 14 days prior to entering the women shelter home (Ms. Aqsa Naqvi, Manager, Bali Memorial Trust, Lahore)

- **Bali-Memorial** is another shelter home operated by local trust in Lahore. The trust also provide all required supports including shelter, skill and economic support except legal assistance.

- **Mera Ghar, under Noor Education Trust**, in Peshawar is the only private shelter home in Khyber Pakhtunkhwa who not only provide the shelter and legal support to the survivors but help them finding their permanent livelihood during and post shelter situation.

- **Child Protection and Welfare Homes**

In order to provide care, rehabilitation, education and training to the destitute and neglected children, Government of the Punjab established (09) **Child Protection and Welfare Bureau** in March, 2004. This institution not only provides food and shelter but also imparts education and skills to these children to make them useful citizens. Not only this but a child protection court has also been established which addresses the issues like custody and legal reunification of the children with their parents.

COVID19 Response (Child Protection Centers)

Punjab has also resumed the standard protection services for the children without any discrimination or restriction in COVID19 situation. They have also allocated different rooms and blocks where they keep the new coming children for quarantine for 14 days before they are mixed with other resident children. The Child Welfare Center in KP has similar practices under the guidelines provided by the Social Welfare Department.

In **Khyber-Pakhtunkhwa, 06 Child Welfare Homes** are functional under Social Welfare Department who provide the similar services as in Punjab. There were twelve (12) Welfare Homes in the province (9 regular and 3 ADP funded). A child helpline is also available to provide guidance, help and coordination for their rescue and protective custody. The Child Welfare Centers are also providing support to the children rescued during child trafficking from out of the country in collaboration with embassies, Ministry of Overseas Pakistani and FIA.

- **Transgender Community**

The Government of Pakistan recently passed **Transgender Persons** (Protection of Rights) Act in May 2018 for the protection of rights, relief and rehabilitation of transgender persons and other related matters. In response, Punjab Social Protection Authority, Govt. of Punjab introduced the first ever Policy for Transgender / Khawaja Sira community in 2018, which is the most vulnerable group in Pakistan. According to the policy all responsibilities were bind with registered gurus and organizations providing shelter to the transgender children and taking care of these children for maintaining minimum standard of living. As per policy, the government will also institute mechanisms for regular monitoring of living arrangements of transgender persons. A special cell for the welfare of transgender persons was also promised in the policy and responsibility was given to Social Welfare Department. This cell will be responsible for overall welfare of the transgender community including their education, training, employment, business, health, shelter, and legal help etc. Other departments and government functionaries such as Deputy Commissioners of respective districts will support SWDs, where required. Transgender shelters were to be gradually built in every district where homeless transgender persons are able to live with dignity. Unfortunately, the community is still at the embryonic stage of recognition and registration process, the shelter homes are a dream which no one know, when will come true. The only hope for shelter and support in the transgender community is their gurus.

COVID19 Response (Transgender Community)

Only one COVID19 case was found in transgenders community (Lahore).That person was quarantined in a public specified quarantine place as there is no sex disaggregation required in isolation places. As per the FGD respondents during the

assessment exercise, they prefer to stay with their guru in case of COVID-19 positive situation.

- **Persons with Functional Limitations**
  Person with functional limitations, particularly when they are women and children, are more vulnerable to different forms of GBV during emergencies, as they are more likely to remain without a proper caretaker, or services do not meet their specific needs, including protection. The health, security and shelter homes do welcome these individuals but the required support is not available in these centers e.g., ramps, toilets, attendants, etc.

Respondents during focus group in FPAP

*Majority of the person with functional limitation facing urine infections and kidney issues, **just** because they cannot access the toilet at the right time due to their limitation, no assistance, no proper infrastructure and fatigue of going thru this activity.*

The maximum available support is the wheel chair, which may not be sufficient to a person who become more special after a GBV incident.

COVID19 Response (Person with Disabilities)

The SOPs and guidelines are as similar for these members as others based on the equality principle, but this group may need a little extra and equity based support than others. E.g., if a COVID19 person has to quarantine, s/he always prefer to stay home due to flexibility with his/her own environment and rely on their own traditional support (siblings, parents, attendants). The situation is more critical when a GBV incident happens with a person with functional limitation during COVID19; hospitals and quarantine places are not fully equipped with their needs (toilets, ramps, service providers, attendants and staff)[28].

4. Barriers and Challenges

As per the Constitutional protection mandate, Punjab and Khyber Pakhtunkhwa have a comprehensive mechanism for GBV survivors from information to re-unification and referrals. All relevant departments and stakeholders (for women, children, transgenders) are working at their own capacities and providing required services? to their respective groups. Individual institutions are providing service and supporting GBV survivors. However, inter-institutional networking, referral and coordination is either weak or missing. For example, Referring and receiving units are partially performing their roles and responsibilities as seen in the light of WHO Referral Template (Job Aid 8.1) of the Clinical Handbook. Receiving units are performing all four roles while the referring units are performing only three of the seven roles: client identification, onsite treatment and referral to out-side services. They are not performing proper record maintenance, active follow-up with clients on receiving end (especially severe health emergencies), proper referral documentation, and quality assurance.

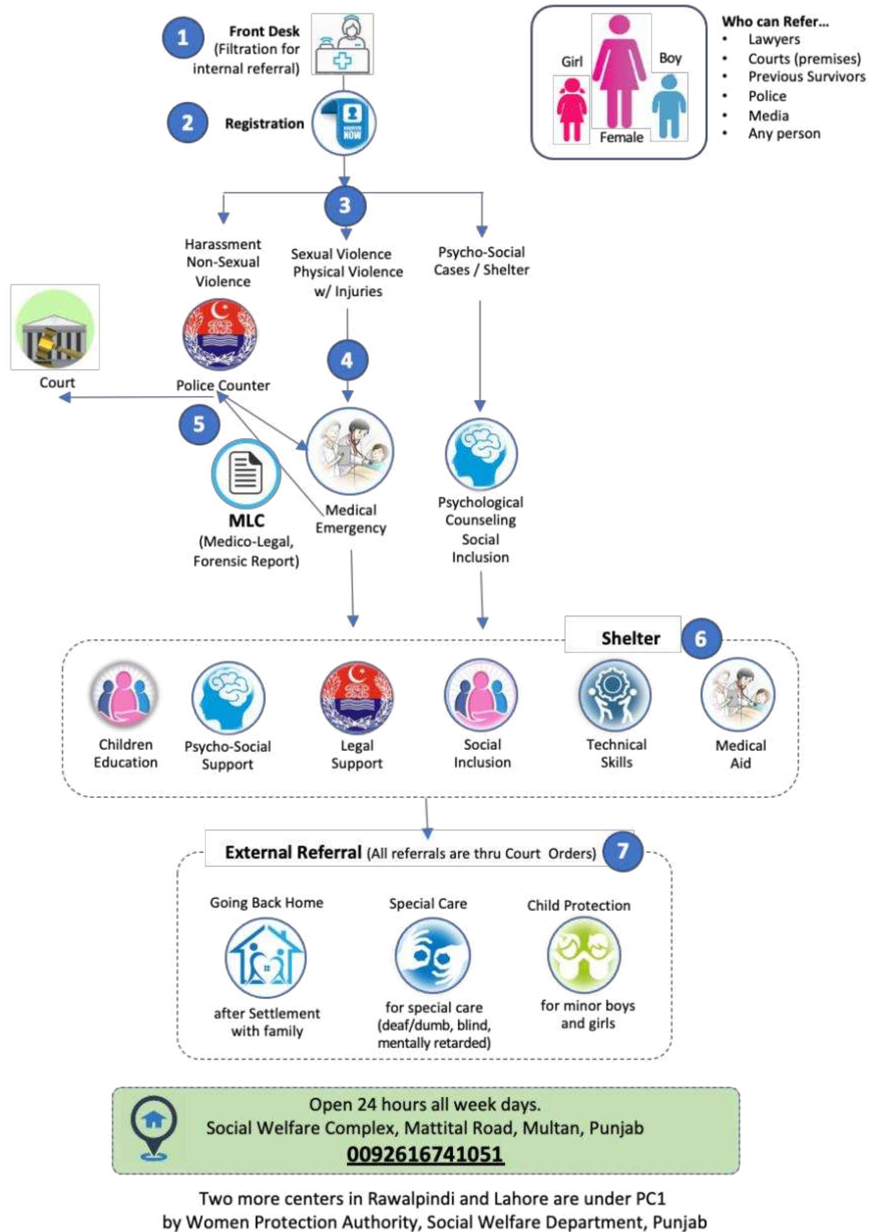
While the Government of Pakistan has passed various laws to prevent violence and support those affected by it, the conviction rate is very low for violence against women. Resources and services for women survivors of GBV remain scarce. When encountered by a case of GBV, relief workers are often at a loss as to how to best respond given that there are few referral and response mechanisms in place to address their immediate or on- going needs. Often the staff, who interact with the survivor of GBV are not aware of the severe and long- lasting health, emotional and psychosocial problems that survivors face. Such multifaceted challenges require specialized, expert response from other agencies or service providers, knowledge of which is often limited among the staff of the health facility where GBV survivors come first.

[28] A functionally limited person responded during focus group discussion in Lahore

Responding to sexual violence in particular requires significant degree of sensitivity on part of well-trained individuals who are responsible for directly dealing with cases. This would require putting in place minimum standards for ethically and safely addressing GBV by organizations working specifically on GBV. Such standards are also necessary to prevent further victimization of the survivor by the service providers. It is well-recognized that abuse of power, lack of respect for human rights and the perceived helplessness and desperation experienced by survivors of violence often subjects them to direct or indirect neglect/mistreatment, and even exploitation at the hands of the service-delivery organizations and service providers, as local populations become more dependent on others for their survival and thus more vulnerable to sexual exploitation and abuse. Incidences of GBV are on the rise in Pakistan (Annex 1 depicts the state of GBV in Pakistan). Pakistan has sought to deal with GBV with a range of laws and regulations that seek to bring about system-wide positive change in terms of effective prevention and post-incidence response.

5. One-Stop-Shop - Best Practice for GBV Survivors, Multan, Punjab

The **Punjab Protection of Women against Violence Act** (PPWVA) was passed to protect women against violence including domestic violence (physical and mental torture), economic abuse, and harassment and cybercrimes. The main objective of the PPWVA is to provide justice and to protect women from all type of violence and give them a secure life where they can work properly and spend respectful life with their families. The Government has provided them special centers/shelter homes (Violence Against Women Center, Multan was established under Women Protection Authority, two additional shelter homes in Lahore and Rawalpindi are in pipeline by Social Welfare Department, Punjab), to establish a protection system for effective service delivery to women victim to reconciliation and resolution of disputes.



Two more centers in Rawalpindi and Lahore are under PC1
by Women Protection Authority, Social Welfare Department, Punjab

6. Recommendations

During the course of developing the MSRPs, FPAP learned that there are several gaps at every stage within the MSRPs that need to be resolved to make the pathways truly responsive to the needs of the GBV survivors. FPAP's recommendations in this regard are shown below.

a. Digitalization

- GBV integrated MIS to collect data for policy making and GBV related initiatives with respect to specific survivors i.e., Men, Women, Boys, Girls or transgender persons, will be very helpful. The existing MIS under health facilities can be modified and information about "GBV-Survivor or victim" column can be added in the registration, which can be used in the future for the GBV policy makers.
- An APP for GBV survivors/Victims can be developed. The GBV multisectoral external and internal maps can be linked with App and GBV survivors can be escorted to nearest helpdesk without any difficulty. The proposed application may also be very helpful in basic data collection for GBV survivors without asking. All relevant department will have basic data through this app.
- Under the e-police feature, the NITB launches app to confront sexual harassment at Federal Level.

  The above proposed application can also be linked with this application to have all solutions at one click. The application has an excellent feature to track Harasser's location via a built-in global positioning system (GPS), which will be very useful in the case of Sexual harassment and assault cases.
- A specialist web portal with all this information will be an asset for all the stakeholders of both provinces.

b. Awareness & Capacity Building

- More awareness and mass communication about GBV reporting centres like Khidmat Centres in all health facilities should be enhanced through print, electronic and social media.
- The final version of these Referral Pathways and associated institutional information should be shared with respective community and social organizations for awareness and understanding.
- All concerned department and institutions should be oriented on these referral pathways to understand the sequence and importance of each point and its documentation process.
- The proposed "GBV History Form" can be introduced at least at the major public hospital to start the track of each survivor with history and follow-up.
- Responding to sexual violence may need core survivor-centered training for individuals who are responsible for directly managing GBV cases. This also requires putting in place minimum standards for ethically and safely addressing GBV by organizations that choose to work specifically on GBV and to prevent further victimization of the survivor by service providers. Topics could include:
  - Effective counselling skills (working with women and children)
  - Managing stress and burnout
  - Ethical considerations
  - Conflict resolution
  - Understanding the psychological impact and needs of clients who have experienced domestic violence; sexual assault; and women, children and adolescents, commercial sex workers; and children living in especially difficult circumstances
  - Handling aggressive and/or manipulative survivors and aggressive children, etc.
  - Orientation on medico legal procedures
  - Para legal training
  - Crisis management
  - Gender sensitization
  - Standard referral mechanism in respective districts and provinces

c. Networking for Timely Referrals

- All institutions mentioned in the external and internal pathways are directly or indirectly interconnected with each other, but, the structured referral mechanism or documentation between the institutions with proposed actions and follow up is entirely missing, which may be initiated and introduced to synchronize the services and productive system for GBV survivors.
- A GBV forum (at provincial and national level should be available for policy level discussions, monitoring and evaluation of the services (under each public institution for GBV).
- Improve the internal mechanism thru formal or informal structure. A tracking or history sheet (as proposed) can be used to link the institutions and GBV survivor's information for various purpose.

d. Standardization of Protection Centres

- A proper or structured arrangements for the protection of children is required in KP. The UNICEF supported facilities are not functional anymore, more public private partnership can be encouraging at provincial level to increase the number of welfare homes for children and women.
- Specialized shelter houses (as per Transgender Welfare Policy 2018) should be established at least at the most TG populated areas.
- The existing infrastructure of Darul Aman and Women Crises Centres can either be convert to VAWCs (Multan GBV center) or interlinked with SWD's existing facilities. The arrangements can be made under "Women Protection Authority" who is already in process of making two more Model Shelter homes in Lahore and Rawalpindi.

These recommendations have been fed into the development of comprehensive multi-sectoral pathways for GBV survivors in Punjab and KP.

Chapter 4 Framework and Multi-Sectoral Pathway for Punjab and KP

1. Framework used for Multi Multisectoral Referral Pathway for GBV Survivors

WHO-recommended five steps for developing a pathway for GBV survivor[29] were used to formulate the framework for development of the multi-sectoral pathways. The document below will provide detail external and internal pathways for Punjab and Khyber Pakhtunkhwa with a brief detail at each point for GBV survivors, their guardians and service providers.

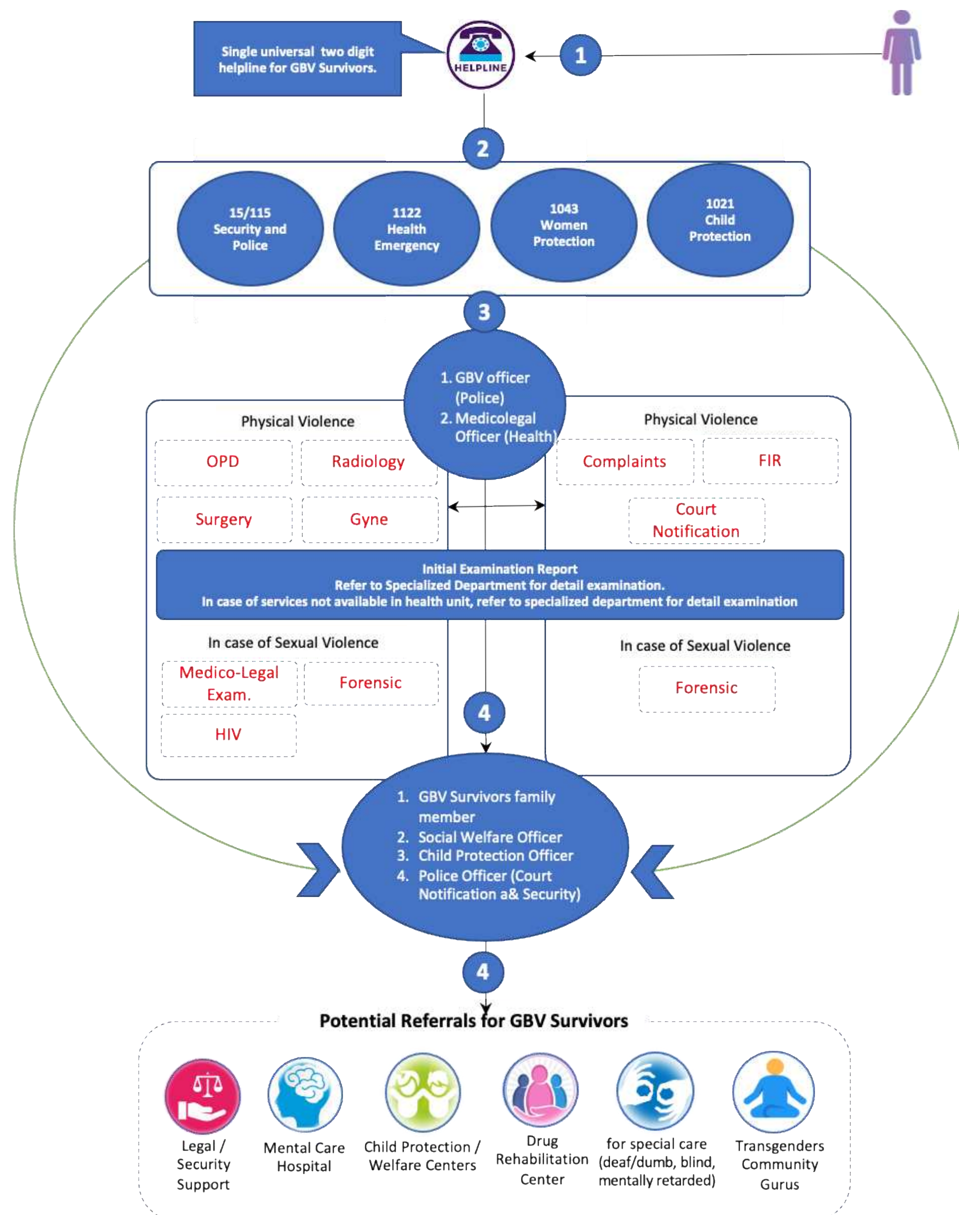
WHO Recommended Steps for RPs		Summary of gap assessment	Framework Inputs for MSP in Punjab and KP
1	Entry points for GBV survivors within health system (primary, secondary and tertiary)	There are two entry points for GBV survivors: • Health system in case of injury, bleeding and/or rape cases, • Police station in case of no injury but harassment and security threats	No change in current physical entry points required Introduce one national help-line instead of multiple helplines for GBV survivors
2	Entry point of referral linkages: a. With government agencies and services and b. Private sector organizations/services	Either direct walk-ins into protection centers or referred by the courts after medico-legal examination	No change is needed in current entry points of referral linkages
3	Coordination for access to care and services	Intra-departmental coordination and documentation mechanisms are in place but inter-departmental coordination and referral documentation is weak or limited.	Strengthen inter-departmental coordination and referral documentation
4	Roles and responsibilities of referring and receiving units/agencies/institutions	Receiving units found performing all four required roles whereas the referring units found performing three of the seven roles (client identification, onsite treatment and referral to out-side services) No SOPs/ MOUs exist between receiving and referring units.	Have written MOUs for formal linkages with other government and private services providers Strengthen roles performed within the referring units.
5	Sequence of referral within multisectoral pathway	The sequence of services required by a GBV survivor and in place and functioning well but there is room for improving job roles and responsibilities of Social	Improve job descriptions of SP and GBV Officers.

[29] **WHO referral template tool (step 1-5) and referral chart (in clinical handbook)**

		Protection Officer and GBV Officer.	
6	Forms and documentation	Current documentation flow does not allow tracking of the GBV survivor though out the system. The court order is the only document found in use for referral in the system. Inter-departmental referral forms that track a GBV survivor throughout the pathway needs to be in place.	Create an MIS / documentation flow that tracks GBV survivor from entry to exit and eventual social inclusion.

2. Proposed Multisectoral Referral Pathway for GBV Survivors

The following referral mechanisms are prepared in consultation with respective professional and practitioners based on the facilities and services available in their institutions and best practices around the country. There may be a difference in sequence and SOPs in different institutions. The document is not the blue print for all but a proposed draft for adoption, practice and improvement at similar facilities.



Actions and Responsibilities (by Proposed Steps)

4. Step 1: All existing helplines (15, 1122, 1043,1021, 115, etc.) will be linked with GBV exclusive helpline. The GBV helpline operator will assess the case and link the respective helpline for immediate action.
5. Step 2: The respective officer will get alert in advance (thru Helpline) to provide required support as per their department mandate and prepare necessary documentation and arrangements.
6. Step 3: The concerned officers will take action as per data received thru helpline and MIS. Concerned officer will provide support and notify the situation, response and note for the receiving referral unit.
7. Step 4: The receiving units will receive the survivors based the helpline/MIS information to proceed further.

3. Stakeholders Consultations for the Implementation of Proposed Multisectoral Referral Pathway for GBV Survivors

After the development of the MSRPs, two consultations were held, one each in Punjab and KP, to seek stakeholders' feedback on the MSRPs for their respective provinces. Details on the two provincial consultative workshops as follows:

Province	Punjab	Khyber Pakhtunkhwa
Host City	Lahore	Peshawar
Venue	Health Department	FPAP Office / Virtual
Date	Apr, 2021	May, 2021
Participants	20 (10 M/10F)	38 (20M/18F)

In all over 50 GBV experts[30], health professionals, lawyers, civil society activists, social service providers and government officials were given detailed presentations on the final MSRPs designed for their respective provinces. (They were also briefed on the process followed).

Participants of both provincial consultation workshops highly appreciated the efforts and endorsed the proposed referral maps. They also raised pertinent questions, such as

- who will own this initiative,
- where will this initiative be based
- who will look after and monitor the system,
- who will be operat the helpline and who will train staff members to the required level,
- how will all service providers gain knowledge of the system
- who will build their capacity with respect to GBV,
- who will initiate and manage the coordination and other details?

In addition, participants made very useful comments and gave feedback.[31] While conducting the content analysis of the transcriptions of both workshops, it emerged that the overall feedback can be divided into either endorsement of the MSRPs or suggestions for improvement. These are summarized in the table below.

[30] List of participants of Punjab and Khyber Pakhtunkhwa is attached at **Annex 04.**

[31] The original transcripts of provincial consultative workshops are attached as Annex 04.

Summary of Stakeholders Endorsements and Suggestions

Endorsements	Suggestions
• All stakeholders appreciated the efforts and suggested pathways. • The integrity of the GBV survivors will be ensured through this system. • They appreciated the efforts put in and liked the designed MSRPs for GBV survivors • They especially liked the idea of a single, specific helpline that would be easy for GBV survivors to remember and thus prove helpful for them to get timely responses. • The MIS would be a great source of information for policy makers to investigate and design GBV related initiatives. • They also realized that effective GBV response indeed involves multiple stakeholders. Timely and effective coordination between them is missing yet definitely needed.	• The specific helpline should be helpful and easy for GBV survivors to remember. • The MIS would be a great contribution for the collection of GBV data and policy initiatives. • The integration of services is a good idea • The facility/institution should have 24/7 working hours to accommodate any GBV survivor any time. • The GBV initiative should be stationed in an institution which is open and available to all, irrespective of their sex, age, ethnicity or class. • The facility/institution should have a basic MIS to integrate the GBV initiative. • The staff and officials of the institutions should have adequate understanding of the GBV response. • Their capacity should be built to operationalize the MSRPs and its MIS.

After the two provincial consultations, a National Consultation was held on 13th August, 2021. Approx. 00 participants[32] from Punjab, KP and Islamabad participated in person and through Zoom. The GBV assessment process was presented with the draft multisectoral referral pathway for GBV survivors in KP and Punjab. The suggestions and recommendations provided by the participants of the provincial stakeholders' workshops were also shared with the national forum for their endorsement and comments. The following are the participants' key comments.[33]

1. The social welfare agencies you describe are part of the Women's Crisis Centers, which do not have much power but rely heavily on the management of the Women's Crisis Centres to play their roles.
2. The journalist authority bill is currently under consultation, and I believe we should be able to offer our recommendations and proposals at this platform, as GBV reporting by the print and electronic media must preserve the privacy of the survivors.
3. I believe that the GBV referral pathway should be more accommodating and flexible in order to accommodate survivors who are powerless and without support.
4. There should be a step-by-step guide or guidebook to help people understand GBV and how to get access to the referral system. A letter should be sent to PEMRA so that we can distribute booklets, create websites, and run advertisements to promote the GBV referral system throughout the districts and other locations.
5. If we become (all stakeholders) an ally and collaborate with the people of crisis centers, helplines, welfare agencies, FIA, Cybercrime, and so on, they should all be aware of how to secure the survivor's safety in all possible ways.
6. In our society, culture and family bonding play a role in normalizing toxic behavior by in-laws that should not be tolerated. To address these difficulties, information distribution at the grass roots level is required and should be prioritized.

[32] List of participants of National Consultation is attached as Annex 05.

[33] Comments and suggestions by the participants of the national consultation session are also attached as Annex 05.

7. The population department, can be a valuable component if our service department staff is trained and strengthened in the concept of supporting survivors of sexual abuse and harassment. Channeled programmes, such as those for breast cancer or other challenges that arise, can motivate us to contribute to the system.

Concluding Recommendations by the Consultant

So far the two provincial consultations have provided the following recommendations to ensure that the MSRPs are effectively implemented as per the global best practices recommended by WHO.

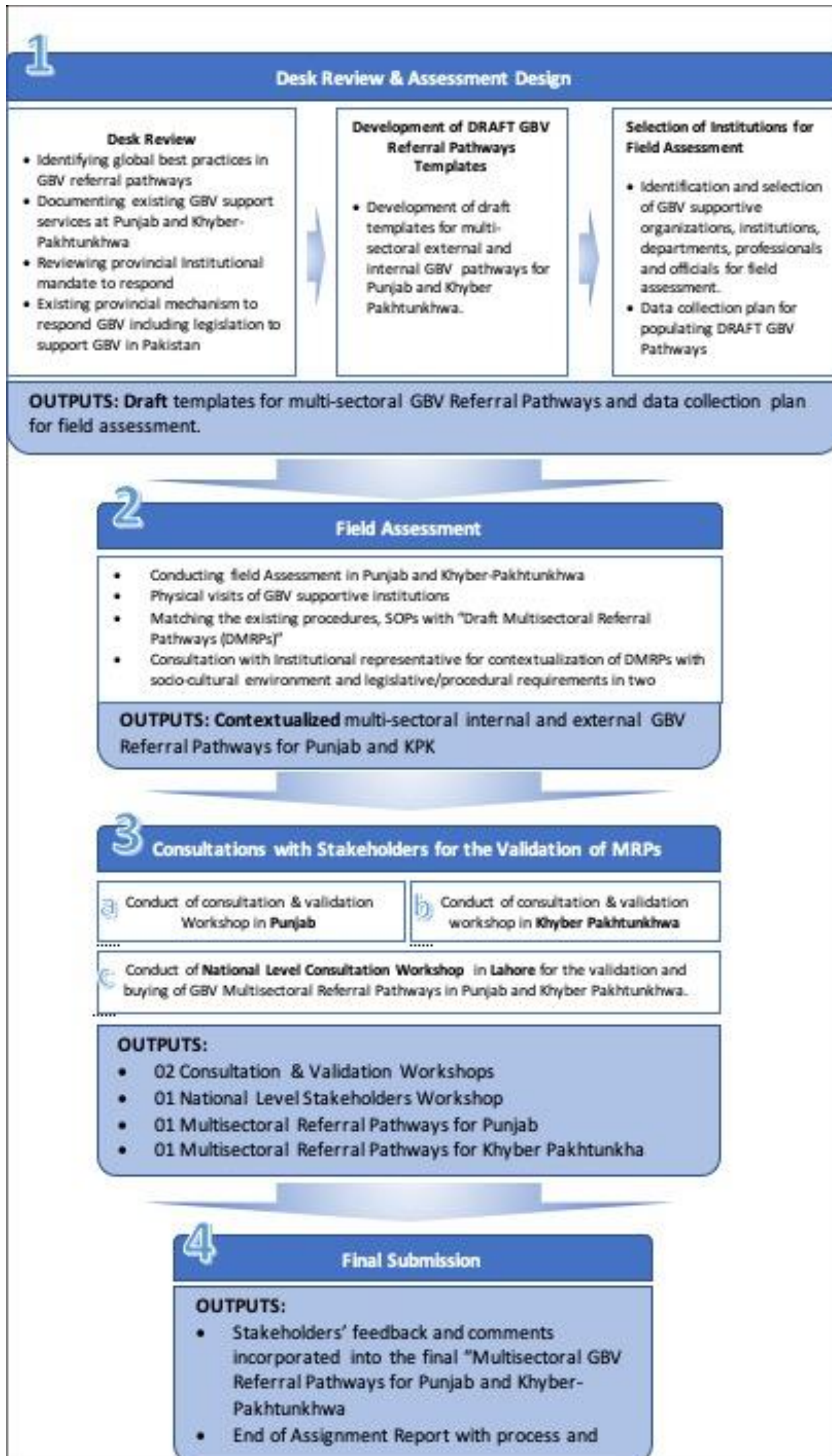
The health systems of both Provinces are the most suitable institutions or departments in which to station the GBV initiative. This is because the majority of GBV survivors are physically injured and psychologically shocked and need first aid, for which they have to rush to the nearest hospital, which is the first point of entry into care for the GBV survivor.

The WHO has already conducted awareness sessions on GBV and has produced a "clinical handbook". However, capacity building efforts need to be focused on operationalizing the MIS for the MSRP in the respective provinces. Stakeholders should be linked with each other and be able to coordinate their responses digitally.

A co-ordination campaign can be initiated with all the relevant stakeholders, who are already providing services to GBV survivors (Social Welfare Department, Child Protection Bureau, Women Crisis Centers, Shelter Homes, Dar-ul-Amans, private shelter homes, etc.) and those (Population Department, FPAP, Marie Stopes Society, Green Star, etc.) which indirectly useful in communicating the GBV messages and support.

Annex 01

Implementation Framework and Methodologies



Annex 02

List of Documents Reviewed

1. Challenging Gender Based Violence in Pakistan Program - Independent Evaluation Report, Ulla Keech-Marx and Rukhsana Rashid 24 May 2017
2. Country Policy and Information Note, Pakistan: Women fearing gender- based violence, February 2020
3. Gender-Based Violence Working Group Bahamas Emergency Response
4. Transgender Person Welfare Policy 2018, Punjab
5. Health care for women subjected to intimate partner violence or sexual violence, A Clinical Handbook, WHO, Pakistan
6. Mapping Matrix for ESP – sectoral gaps and actions to be taken
7. Clinical Handbook on the Health Care of Survivors Subjected to Intimate Partner Violence and/or Sexual Violence, WHO, Namibia
8. Misc. Job aids for Gender Based Violence, WHO
9. Multi-Sectoral Coordination Mechanism for Prevention and Response to Gender-Based Violence, Consensus building meeting- Punjab (Meeting Notes)
10. Referral Pathways, District Peshawar (Directory of Service provider, KP)

Online Resources

11. Department of Women Development Centre, Peshawar (http://sbbwu.edu.pk/sbbwu/Department/index/women_development_centre)
12. Child Protection and Welfare Bureau, Punjab (https://cpwb.punjab.gov.pk/)
13. The News - https://www.thenews.com.pk/print/597355-crisis-centre-for-women-without-a-lawyer
14. Ministry of Information and broadcasting, Pakistan (http://www.moib.gov.pk/)
15. Punjab Moves to Provide Equal Rights to Transgender Students in Schools (https://academiamag.com/punjab-transgender-students/)

Annex 03

List of Organizations & Persons Met

(Punjab)

Sr.	Organization	Person	Designation	Contact
1	Services Hospital	Dr. Rubina Sohail	Head of Department	
2	Services Hospital	Dr. Asifa Noreen	Services Hospital	0321 8300625
3	Services Hospital	Dr. Kahlid Mahmood	Head of Medical Legal Department	03014401370
4	Medicine Du Monte (MDM)	Ms. Roohi Mahboob	Manager, Darrul Aman Project	03364666907
5	Violence Against Women Center, Social Welfare Department	M. Irshad Waheed	Director General	03236290990
6	Dar-ul-Aman, Lahore	Ms. Misbah Rahseed	In charge, DUA, Yateem Khana	03004491909
7	Dastak – Shelter Home	Ms. Sabahat Manager Women Center	554, D block, Canal View Housing Society	+92 333 4161610 +92 333 4169696
8	Child Protection Bureau	Mr. Shafique Sial	Assistant Director	03008625333
9	Multan GBV Center – One-stop-shop	Ms. Shamshad	Coordinator	03027617828
10	DHQ, Rahimyar Khan	Dr. Masood Jehangir	Doctor	0689230163
11	Police Station, Rahimyar Khan	Mr. Abdul Khalid	In charge	03007733981
12	Transgender Organization	Ms. Moon	Khawaja Sara Society	0321 4038829
13	Transgender Representative	Ms. Zanaya Chaudhry	Transgender Community	0322 4595343
14	Bali Memorial Trust	Ms. Aqsa Naqvi, Manager	Lahore	03098881503
15	Search for Justice	Mr. Iftikhar Mubarak	Lahore	0300 8161901
16	Labor Education Foundation	Mr. Khalid Mahmood	Harbanspura, Lahore	0321 9402322

List of Organizations & Persons Met

(Khyber Pakhtunkhwa)

Sr.	Organization	Person	Designation	Contact
1	The Shaheed Benazir Bhutto Centre	Ms. Sobia Karamat	Manager	9224728
2	The Shaheed Benazir Bhutto Centre	Arzoo Farhad	Manager	9224781
3	Women Crisis Centre, SWD	Ms. Sehar	Project Manager, Crices Centers	0919224253
4	Women Help Line (SWD)	Ms. Salma	Referral Coordinator	0919224253
5	Meera Ghar (Noor Education Trust)	Ms. Saeed Khattak	In charge	03029623984 03179991499 03179991500
6	Da Hawwa Lur (TG/ Women Rights)	Ms. Shahwana Shah	Director Programs	03335929797
7	Da Hawwa Lur (TG/ Women Rights)	Ms. Khursheed Bano	Chief Executive	03005945077
8	Social Welfare Department	Mr. Habib Khan Afridi	Director	0919224253
9	Child Protection Center	Mr. Bilal Khan	Director	03025947437
10	Child Protection Center	Mr. Tahir Mohd. Khan	Assistant Chief Admin	03018887770
11	Child Protection Center	Mr. Ijaz Khan	Director	0919217122/9217055
12	GBV Survivors - TGs	Ms. Arzoo Khan	President	03129988262
13	Model Police Station	Ms. Rukhsana Waqar	GBV Help Desk Officer	03127479519
14	Pakhtunkhwa Center for the Commission of Women (PCSW)	Mr. Abdul Qadir	Officer	0919276097

Annex 04

Consultative Meeting, Punjab, May 2021

Sr.	Participant	Comment
1	**Ms. Hameeda**	Dr. Shahzad pointed out a considerable point i.e when a victim reports their case, is there any possible amendments that can be done in the GBV System? Like a child protection case where usually women and children are unable to speak up in the first place when faced with such an issue. Is there a chance of the system being amended at any step? Considering if someone is willing to add to their case. Perhaps, I feel if a system like this is made I believe it will be helpful, with one click we will be able to find data about how many cases with related issues are being reported in a district. However, reporting is limited by these victims. Secondly, I'm concerned to know if my district is Chakwal, will this system be able to runhere since many people don't use phones.
2	**GBV Specialist**	Sir, I'd like to address the table shown that illustrated the GBV health-line operators who will divert the initial cause according to demand. I wanted to know will they be well enough aware that they're able to hear the victims on call and decide where to divert the case like health, is it direct to social welfare, are there any injuries etc. Secondly, what will be the ownership department? There are two main reasons to visit healthcare departments. Either people go in healthcare departments for treatment or for forensic reports. Such issues do not arise is these departments. Issues that do arise could be when a patient is treated. So I'm concerned about the tagging patients and the department that gives them shelter/home, probably that will be the social welfare department; I think initially when the health line operators are dealing with patients, they can be tagged with their particular departments, a number can be assigned to them so when they visit the hospital the staff should know when the treatment is over, without wasting any time the patient should be referred to their specific department. Hence from the beginning of the medical treatment till the end of the process, the department should be identified and the patient must be tagged accordingly. Thank you.
3	**Ms. Dilshad Pari**	Thank you very much so let me start with my introduction, I'm Dilshad Pari, I'm working with UNFPA country of this year and closely working with WHO on this work, first of all thank you very much to WHO and partners in Punjab for this amazing work. UNFPA is basically working on this GBV prevention and response with WHO and other relevant departments in Punjab and other provinces, as well as national level so we are putting together a number of efforts which some of them will be talking to the findings of the assessments and their referral pathway work which FPAP has done. So, looking forward to a lot of work in Punjab but I am coming to the presentation straight forward. Specifically, to some of the recommendations I may add. One recommendation I'm making is like Punjab Safe City Authority is really active and addressing this issue so please include that in the referral pathways because PSCA is linking the survivors and those who face harassment like sexual harassment, violence (any form of violence) to the relevant services and departments, so please add that. Secondly, on your recommendation having dedicated helpline and 2-digit helpline, I want to flag that we do have these helplines in provinces. While making recommendations we just have to see that how we can leverage on existing resources of government e.g. Punjab Commission on this status if women have this helpline so how that can be of more cost effective way of leveraging other helplines. Please take that into account and before I conclude I quickly want to respond to Zahida's comment as well. As per evidence and practice you know that a lot of survivors who end up in different departments e.g. a good proportion of GBV survivors end up in health system because health system is kind of an easy or by default a natural entry point for a lot of GBV survivors. The role of the other departments like social welfare department because of their services e.g. police.. so that is equally important. If we think of coordination mechanism, of course it is really important and UNAP is offering support to Punjab Government for this work. In the initial stages we will be doing more work. However, we can't really say that all these services can come in one place or one department can be the custodian of all these survivors. That's how the referral pathway becomes more and more important. So the survivors can navigate easily through these services which they are in need of. Sometimes a survivor is in need of one service but other times they may need coping services so the referral pathway is going to make the whole journey smooth for the survivor. Thank you so much, looking forward to a lot of work together.
4	**Ms. Ayesha Humayun**	I would like to congratulate the Government of Punjab and partners for this wonderful workshop. It is a much needed workshop like the previously attended workshops. I'm professor of public health community in medicine and I've done a PhD in health services management. From the point of view of planning and management of any service that you establish, like Ma'am Zahida's and other participants highlighted that there should be a central body, that oversees, monitors, coordinates and imparts training. Like we were talking about the training of operators and the people involved in this that will link these helplines. Hence there must be one body where all sectors participate, their representatives are active and their training is also multi-disciplinary.

		Secondly, the pathways must be smooth, like a participant suggested about the amendments made to initial reports by the victims. Even if we do amend it, can this be labeled in terms of manipulation? If anything is missing, can we add it to the report? My personal opinion about the different version of the report is the original version of the report shouldn't be deleted, any additional changes should be saved with this version so at the end we will have multiple versions available. This will limit any **mal of ID.** Secondly, from the overall planning point of view, after the completion of this service only then we can identify some hindrance and loop holes. When we pilot this service and evaluate it, the final recommendations or modifications can be done in these pathways. Moreover, Coordination is very important between different sectors. The overseeing body must have proper policies and plans or strategies. Evaluation should be done to cater the problematic areas whether it is functioning correctly or not. Fixing of roles and responsibilities mentioned in the presentation was very well elaborated. So it is important to define the roles to everyone in all sectors. Stakeholders' involvement: Right now we're at the planning stage and only higher level is involved but when this service is piloted, awareness should also be created by this body. Wings of this body must provide protection to these survivors as their cases are extensive and tedious, therefore they should be provided with shelters/support. Whether it is child care centers or national level centers or even national level centers can have district level shelters for them. Thank you very much for inviting me, Insha'Allah I'd like to hear the conclusion and final decisions.
5	**Ms. Huma Khan**	Firstly, I like to thank you for inviting me. My name is Huma Khan, I've been working with since past 10 years, as a monitoring manager and GBV coordinator. Subsequently I'm also a member of KPK provincial status of women. I've been provided with a good platform to recommend a few things. I've been working with GBV survivors since 10 years and we are well aware of their issues starting from FIR reporting, medical and legal certificates and other laws procedures. According to the criminal justice system in Pakistan, women have to face many problems. Speaking of acid and burned survivors. They have severe issues e.g. ID card problems and they are not available to them so it leads to other problems for not being able to avail these services. In a recent life program, CM announced centers that were given to burnt and acid survivors. After meeting their department and survivors we came to know the survivors were expecting a special package for them that provides extra facilities related to their treatment. My point here is that I what if the difference between the processes of these services. The centers for burnt and acid survivors get their treatments done and their reports are sent by the staff members to Women Protection Authority Punjab for feedback. Results are sent from PAP to see how these patients can be helped. Reason for sharing my experience is to question is how is the equipment and procedures different from this Life Program? GBV health services have a mindset that is very irritating for these survivors. I want to recommend the WHO members and other participants that there must be a contract under multi-sectorial pathways where GBV survivors are being responded in the best way possible. Therefore the filing officers and other staff should have capacity building and training to treat the survivors respectively. We need to change how they treat these survivors because these victims are already at loss. We have practiced this in Islamabad and KPK already with women and child sexual abuse victims. The filing officers gave a favorable feedback and positive response. Thank you, a great step is taken.
6	**Dr. Masooma But**	Thank you, very useful and interesting comments. I only request the participants to give us the track of the referral pathway. This coordination track would be for the survivors in terms of accessing services to the referral pathway as well as the coordination track meantime simultaneously with the in terms of inter departmental coordination who are providing these services. So please explain these two concerns while responding to the question. Secondly, I want to highlight the issue that wasn't captured in the presentation regarding the data. Reporting and recording of the GBV cases. Any survivor that wants to avail these services, what is this referral pathway contributing to in terms of reporting and recording and documentation of the case with confidentiality. It is not reporting to the police, it's reporting of the case in terms of the storage of the record so that we can get an idea of what type of services are required particularly at the health facility level. Thank you for the comments, we will take note of this and we will address it with the help of the department.
	Dr. Tahir	Thank you Mr. Usman Ghani. I feel enlightened to hear the experts on Gender Based violence and others. I'm not an expert at this subject but it is a pleasure to hear you. Personally, I feel the participation of the health department is not at satisfactory level so I'm pleased this meeting is held to cater such issues. I completely agree with all the comments with other participants. I am concerned with the complexity of the entire issue particularly about the referral pathways and unification of helplines and how this coordination mechanism will carry out and how one person can call and then linked or merged with other departments. I wonder how all these helplines will coordinate as it is an uphill task but it is a good beginning. I'm happy to be part of this exercise. One thing I must say is why do we call such people who go through gender based violence as 'survivors'. They are victims because what if they arrive and are unable to survive? That's all I have to say.

7	**Dr. Rubina**	I would like to point out to Dr. Tahir's comment that we call them survivors because we don't want to call them victims. Other than this the material presented has been very relevant and must contribute to this initiative, we need to push it, we need to ensure the level of the facilities of integrated services are available are of high quality because those services available are shown in the data. The quality of the services needs a lot to be designed. Then the referral pathway has to be reinforced as it has been highlighted and we are there to support you. Thank you.
8	**Dr. Yahya**	Firstly, the presentation doesn't do justice each time for how much effort was put in documentation. I have some queries related to the gaps identified in the presentation. Do we see any legal or legislative constraints in this mapping? Secondly, can we identify any gatekeepers in this referral pathway? Like people mentioned central body. We need gate keepers at every point which can also help us in the accountability when it comes in the implementation phase. Overall, regarding this document these are my suggestions. Thank you.
9	**Dr. Anjum Rizvi**	Actually I wanted to clarify on the use of the word survivor. They are the people who come forward while not all victims come forward to speak up. Hence they face these challenges and take legal action against it. That's the reason why we have a difference between a victim and a survivor.
10	**Dr. Masoma Butt**	I wanted to comment on the identified gaps in the map, the report has some recommendations as well. While responding to the questions, if we go through the recommendations then it will be useful for us.

Participants of Provincial Consultative Workshop, Punjab

Sr.	Name	Organization	Participation
1	Dr. Haroon Jehangir	DG Health	Physically
2	Dr Anjum Rizvi	FPAP	Physically
3	Mr. Sarfaraz Kazmi	FPAP	Physically
4	Mr. Shehzad Bukhari	FPAP Consultant	Physically
5	Mr. Usman Ghani	DGHS	Physically
6	Mr. Shahid Magsi	Dir M&E DGHS	Physically
7	Miss Etaas Sandhu	FPAP ,Youth Officer	Physically
8	Dr Yahya	WHO Punjab	Physically
9	Prof Dr Robina Sohail	SIMS	virtually
10	Miss Deeba Shahnaz	Rescue 1122	virtually
11	Miss Zahida Manzoor	UNICEF	virtually
12	Prof. Ayesha Humayun	Sheikh Zayed Medical Complex	virtually
13	Miss Masooma Butt	WHO	Virtually
14	Miss Huma Khan	ACID Survivor Foundation	virtually
15	Dr Mateena	DHQ Muzaffargrah	virtually
16	Miss Dilshad Pari	Gender	virtually
17	Miss Hameeda	Bedari Chakwal	virtually
18	Mr. Aqeel	GBV Coordinator PMO Chakwal	virtually
19	Miss Fizza Mumtaz	GBV Police	virtually
20	Dr Maria Rasheed Gynecologist	DHQ Muzaffargrah	virtually

Provincial Consultative Meeting, Khyber Pakhtunkhwa, 04 May 2021

Sr.	Participant	Comment
	Ms. Mehar Sultan, Advocate and Former MPA	This referral program is really great. Like Shahzad was telling us there's a structure in KPK through which we can take actions against gender violence with the help of the government in each period. The question that pops up in my mind is there is no coordination. There are numerous reasons for no coordination. The GBV program that has been presented is a great initiative and I personally know how it feels when there's a casualty and the person asking for help isn't in a position to dial phone numbers. The main issue arises who to ask help for. If we make such helplines viral like 1122 is already, similarly for GBV referral system to be successful, people will be aware of how to act in difficult situations. Like Shahzad mentioned the first person to come in contact with the survivor, should be much trained to understand the situation and get a grasp of everything that needs to be done. There should be no repetition of questions that will be asked in the latter as this can cause problems like change of narrative of the situation presented by the survivor.Secondly, the actions that are needed for the survivor(s) should be taken on spot e.g. whether they need to approach the healthcare, the police or other legal systems. Hence the process should be precise and to the point. The procedure should be satisfactory.
	Ms. Riffat Sardar, **PCSW KP**	I wanted to add something to the presentation. In KPK we're working on two federal laws currently made. The domestic violence act requires prediction committees to be conducted. These are the legal mechanisms at district level. They will be looking into GBV cases. It is a comprehensive law and it has mentioned the reintegration of survivors. They also provide government funds for this. The prediction committees will be headed by the deputy commissioners and other government officials including psychologists, gynecologists, doctors, people from the civil society etc. Their main purpose is to look after GBV cases. There is a time limit set for the cases by the judiciary i.e. 4 months. During this period if the survivor doesn't have any shelter then the judge can pass an interim order to give them facilities. These facilities are provided at the doorstep. The role of prediction committees and reintegration is essential for the survivors.The other law is about anti rape ordinance. Through the home department we have formed a committee and we're working on it. In each GHQ, anti-rape cellars will be formed, forensic evidence based labs will be formed which will provide reports within 6 hours. This is a great step forward for the health system. The government is funding to fuel these services. Most importantly, all the prediction committees are reporting to me, all the data is compiled in my office, the annual report will be analyzed and the information will be streamlined. When I first mentioned Dar ul Amaan, they initially did not have any legal cover; the situation was not under control. Through GBV act it has received the legal cover it needed and it is now a legal entity. They should also follow the SOPs that are made for them.
	Mr. Farrul Saqlain, **DG PWD KP**	I'm presenting the population welfare department. The steps taken by the GBV referral pathway are great. I agree to most of the points but my only concern is with the helpline you're providing. The service providers is the main key feature of this system, their competency, potential and training, everything depends on them.Secondly, we need to create awareness in people through the help of media, SMS etc. People should be aware of how and who to contact in such difficult times. Moreover, people in our societies identify these problems exist but they are not ready to accept. GBV needs to address religious scholars that can bring awareness and play this important role. Another problem can arise is the system errors due to weak signals or Wi-Fi. Similar issues can be transferring data, recording data etc. To reduce such online issues we must have a reference slip device. The survivors summarized information should be part of the slip so in case of any data transfer error, the respective departments are still able to revive information on time. In this way not only the services can be provided, but the survivor's privacy and dignity is also maintained.
	Mr. Ijaz Khan, Child Protection KP	I'm working as a deputy chief in Child Protection and welfare commission department. I want to update you with the child protection and welfare plays a huge role and since we're working in 4 regions, 12 districts at the moment. It is a child protection unit system approach, which is mandatory according to the law since 2010; we have child protection officers, psychologists available etc. We also provide a system at grass root level for child protection, there are committees formed, imams from mosques, social workers and elders of the community at local level, are all combined. So basically it is a triple layered system, 1. Provincial level: child welfare and protection commission 2. District level: child protection unit 3. Grass root level: child protection committees We have 1066 volunteers currently working with us. The existing evidence based data we have is of 10 years (12 districts). Government has established 8 court for child protection on the basis of this data, in different regions. In addition, CP services like Dar ul Amaan, welfare homes, destitute and literacy centers, for all these UNICEF is supporting us. We are providing a regulatory framework for these service centers for each province where SOPs are being followed in all public and private centers. A government system is monitoring it to regulate and control these. We have updated our child protection helpline with the help of UNICEF. It is 1121, works 24/7, open for all, has text messaging service. We are doing an assessment of the concerned departments that include health, police, prison, education departments. This is to connect our Child protection system with other departments to improve interdepartmental relationship. This is to urge a cross coordination of the GBV referral system and external departments to overcome the lack of coordination which can be a serious issue if it is unresolved.
	Ms. Khurshid Bano,	I'm heading the HawaLur Organization. The idea of the presentation and strategies is really thoughtful but the main thing is to engage the referral partners. How are we managing and engaging all the referral partners in KPK? There are 25 districts here and it requires a lot of monitoring of public and private sectors. The laws are beneficial for everyone but most importantly, awareness must be created. Let's

	CEO Da Hawwa Lur	suppose in harassment cases, some survivors have no clue where to go and who to address. The first person in the GBV referral system coming in contact with the survivor should be highly trained and aware of the laws to cater the case. Especially at grass root level so in case of different organizations are working on the same case, there is no duplication of data. Hence coordination is necessary.
	Mr. Ayub Khan, Program Manager Blue Veins	I wanted to add to the discussion, when we talk about coordination, we should also highlight sensitization. For example People with disabilities should be treated dignity. They should be catered services in a manner that is convenient for them, they should not wait in queues. Anyone from marginalized communities accessing the referral system should be treated with dignity and respect.
	Ms. Syeda Nudrat, Gender Specialist, SWD, KP	I'm from Indus specialist department in KPK. The presentation was marvelous. The services of our organization at every relevant and related to GBV services; we have a Bolo Helpline where we facilitate GBV survivors; currently we have 6 Dar ul Amaan's functioning mostly in Chitral and Bannu. Our child and women protection units are also well functioning. Women commission has been established recently. Apart from these services, the main concern is how the linkages are interlinked and interconnected. How are we supposed to implement such a mechanism is the main question. Catering to the needs of the different survivors accordingly can be a lengthy process which is a hurdle for us. Therefore a mechanism for the referral pathway needs to be implemented.
	Mr. Akber Zaman Principal Education Department,	I'm a principal at the Education department. My question related to the GBV referral system is how it is going to ensure protection for primary and secondary school children. How are they going to access these services; inside or outside the education system? A mechanism should be built to cater these needs with the coordination of our field officers and directors.
	Ms. Dilshad Pari, UNFPA	I want to add to Riffat's point that the existing BOLO helpline and UNFPA is already technically supported and engaging it in number of ways. We will be capitalizing on this assessment for the strengthening of this helpline even more. Secondly the GBV system is part of the bigger pathway as it is multi sectorial to prevent and stepsons to Gender Based Violence. A mechanism at provincial level and engaging with numerous departments like WHO, UN women, social welfare departments, health departments, Home department and others. All these joint initiatives will be contributing to the bigger picture and shared outcomes.

Participants of Provincial Consultative Workshop, Khyber Pakhtunkhwa

Sr.	Name	Organization	Participation
1	Mr. Shahzad Bukhari	GBV Specialist, FPAP	Physical
2	Mr. Gohar Zaman	Regional Director, KP, FPAP	Physical
3	Ms. Mehr Sultan – Advocate	Former MPA	Physical
4	Ms. Khurshid Bano	CEO Da Hawwa Lur	Physical
5	Mr. Nabeel Rahman	Coordinator Manzil (Transgender) Foundation	Physical
6	Mr. Nizar Khan	ACC Coordinator Blue Veins	Physical
7	Mr. Akbar Zaman	Education Department, KP	Physical
8	Mr. Fazal Wahab	Education Department, KP	Physical
9	Ms. Naila Arif	Master Trainer Khwendo Kor	Physical
10	Mr. Tahir Ullah –	Regional Program Manager, KP, FPAP	Physical
11	Dr. Anjum Rizvi	Director, PMD, FPAP	Virtual
12	Mr. Sarfraz Hussain Kazmi	Regional Director, Punjab FPAP	Virtual
13	Mr. Ijaz Khan	Child Protection KP	Virtual
14	Mr. Farrul Saqlain	DG PWD KP	Virtual
15	Mr. Malik Maqsood Shah	Director Human Rights KP	Virtual
16	Ms. Masooma Butt	WHO	Virtual
17	Ms. Sayeda Nudrat	-	Virtual
18	Ms. Amna	SWD KP	Virtual
19	Mr. Aimal Rasheed	Women Protection group KP	Virtual
20	Mr. Jalil Ahmad	PCSW KP	Virtual
21	Ms. Shumaila Zaib	UNFPA KP	Virtual
22	Ms. Sidra Khan	Noor Education Trust	Virtual
23	Dr. Tanveer Inam	Deputy Director Department of Health, KP	Virtual
24	Dr. Saeed Gull	Department of Health, KP	Virtual
25	Mr. Ayub Khan	Program Manager Blue Veins	Virtual
26	Ms. Ayesha Ahmad	Area Manager GSM	Virtual
27	Ms. Sabiha Ashraf	PRCS	Virtual
28	Ms. Sana Ahmad	Advocate High Court	Virtual
29	Mr. Ahmad Abbas	US AID	Virtual
30	Ms. Dilshad	UNFPA	Virtual
31	Ms. Mahjabeen Qazi –	UNFPA	Virtual
32	Mr. Ahmad Gul	IG Office Police Department , KP	Virtual
33	Ms. Riffat Sardar	PCSW KP	Virtual
34	Ms. Warda Khattak	PCSW KP	Virtual
35	Dr. Amberin	Director PWD KP	Virtual
36	Mr. Akbar Khan	Principle, Education Department, KP	Virtual
37	Ms. Syeda Nudrat	Gender Specialist, SWD, KP	Virtual
38	Mr. Abdul Wahab	Vice Principle, Education Department, KP	Virtual

National Consultative Meeting, Islamabad, 04 May 2021

Sr.	Participant	Comment
1	**Mr. Kaiser Mehmood (GMIS Divisional Coordinator)**	My question is that the international social welfare department handles GBV cases, but the social welfare department in Punjab, as well as several federal institutions that came under the 18th amendment, were entrusted to us afterwards. These social welfare agencies you described are part of women crisis centres, which do not have much power but rely heavily on the management of these centres to play their roles.
2	**Ms. Rizwana Bashir (Benazir Bhutto Human Rights Centre for Women)**	When discussing Dar ul Aman in terms of social welfare ministries, crisis centres were overlooked. On a single platform, women crisis centres serve women in need of financial assistance, as well as victims of assault, stress, and harassment. Moreover, cases are formally registered by management and investigated thoroughly by the team. Client privacy is protected and documented. Because the referral system is comprehensive and non-repetitive, it is a go-to system for referring clients in need.
3	**Mr. Adil Rauf**	The journalist authority bill is currently under consultation, and I believe we should be able to offer our recommendations and proposals as GBV reporting by the print and electronic media must preserve the privacy of the survivors.
4	**Mr. Baba M. Shafiq Dogar (President, Star Welfare Organization)**	We have been running a Hawwa shelter house in Sarghoda since 2006. Typically, survivors who contact us have their ID cards, shoes, or other important possessions stolen from them. This complicates the procedure for them when they seek assistance. Similar incidents have occurred in Islamabad and Rawalpindi. We are giving them with legal assistance on our own. I believe that the GBV referral system should be more accommodating and flexible in order to accommodate survivors who are powerless and without support. Therefore, there should be a step-by-step guide or guidebook to help people understand GBV and how to get access to the referral system. A letter should be sent to PEMRA so that we can distribute booklets, create websites, and run advertisements to promote the GBV referral system throughout the districts and other locations.
5	**Mr. Adil Mehmood**	Capacity building for workers is critical in the current COVID-19 situation. Due to this crisis, interaction between managers and employees has been constrained. Linkage development must be invigorated in order to cater to and collaborate with other offices and departments. Most officers did not acquire NOCs; we have not received adequate finances to control the system for the past 4-5 years, and the government is not as keen to assist and invest as it should be. As a result, in order to streamline management, we must focus on capacity building. This is required for any survivor who contacts us so that we may provide them with a charter of demand while keeping their information secure and the data safe. Subsequently, if we become an ally and collaborate with the people of crisis centres, helplines, welfare agencies, FIA, Cybercrime, and so on, they should all be aware of how to secure the survivor's safety in all possible ways.
6	**Mr. Zahid**	We need to raise awareness on a larger scale because we have a low literacy rate. Most individuals lack access to knowledge, and even if they have, they are unable to comprehend the serious issues in the context of the GBV system. Following, in our society, culture and family bonding play a role in normalizing toxic behavior by in-laws that should not be tolerated. To address these difficulties, information distribution at the grass roots level is required and should be prioritized.
7	**Dr. Saima Rasheed (District Representative, Population Welfare Department)**	I'm a population department district representative. Awareness campaigns, capacity-building workshops, and connection development with coordination must be prioritized. Infact, we can be a valuable component if our service department employees are trained and strengthened in the concept of supporting survivors of sexual abuse and harassment. Channeled programme, such as those for breast cancer or other challenges that arise, can motivate us to contribute to the system. In context to medical and psychological support, at Benazir Bhutto Hospital, we have a clinical psychologist who works with post-traumatic patients/survivors. This can be used to raise awareness in schools and colleges in order to sensitize people who are affected by GBV.

Participants of National Consultative Workshop, Islamabad

#	Name	Designation
1	Mr. Rana Qaiser Mehmood	Divisional Coordinator WDD
2	Ms Rizwana	Manager Women Crises Center RWP
3	Mr. Adnan Shahzad	Social Welfare Officer
4	Dr. Saima Murtaza	DO-PWD
5	Mr. Junaid Ahmed	M&E Officer, Health Department
6	Mr. Anjum Adeel	PC - Pathfinder
7	Mr. Israf	PC- Marie Stopes Society
8	Mrs. Ayesha Rehman	President DIA Association
9	Mr. Shafiq Dogar	President Star Welfare Organization
10	Mr. Sarfraz Kazmi	Regional Director Punjab Region R-FPAP
11	Mr. Zahid Ali	Regional Director Federal Region R-FPAP
12	Mr. Adil Rauf	Project Coordinator Federal Region R-FPAP
	Mr. Shahzad Bukhari	Consultant, GBV Advisor, FPAP

The End