

Gender, Sexual & Gender Based Violence (SGBV)

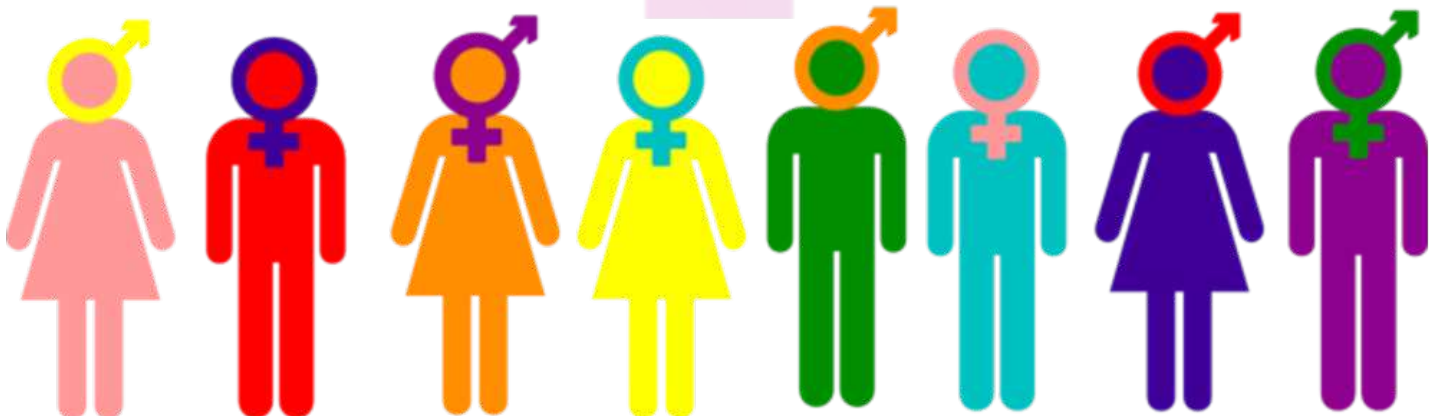
Technical Trainings for FPAP Health Service Providers and
paramedical staff, Punjab.



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Session 1 Introduction

COURSE OBJECTIVES & AGENDA

<p>Workshop Objectives</p> 	<p>By the end of “Gender, Sexual & Gender Based Violence (SGBV)” the training participants will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understand the basic gender concepts and social inequalities faced by women/girls and skills to address these inequalities. <input type="checkbox"/> Recognize the role of health practitioners on gender dynamics and importance of specific needs of women and girls and their role in supporting their access to health services. <input type="checkbox"/> Enhance the understanding of participants on types and issues of gender-based violence and analyze the approaches and support mechanism for GBV survivors.
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WORKSHOP AGENDA

	
<ol style="list-style-type: none"> 1. Introduction 2. Health is my “Right” Principles of Quality at Health Facility 3. Gender Concepts 4. Mainstreaming Gender 5. Gender Analysis 6. Day one closing remarks. 	<ol style="list-style-type: none"> Recap of Day 1 7. Gender Budget 8. Gender Based Violence (GBV) 9. GBV Referral Mechanism (WHO Draft) 10. Presentation by a GBV official 11. LIVES to save Lives 12. Certification & Close

Session 2 The Right Concept

THE “RIGHT” CONCEPT










“RIGHTS” OBLIGATIONS AT HEALTH FACILITY!


Respect	Protect	Fulfill
<p>Access to health facility is the fundamental right of any citizen of Pakistan and it's the responsibility of every health practitioner to respect this right by encourage this process by providing discrimination free necessary support and facilitation to patient for the access of required services.</p>	<p>The state should establish laws, policies, services and facilities (e.g. approach and accessible health facility, mobile units lady health workers (LHWs), maternity homes, etc). State should also introduce a comprehensive grievance mechanism to report of health services related issues.</p>	<p>This would involve all acts, which positively promote right – creating awareness and assisting in enforcing laws, training of health practitioners, monitoring services, etc. One of the major functions of a public health facility is to disseminate information of public health interest.</p>


EVOLUTION OF RIGHTS

How many Charter of RIGHTS do you know?




Sr.	Chartered	Detail
1	 Last Sermon	This Khutba (sermon in 11 Hijri) was the last one that the Prophet (PBUH) delivered. The Haj journey to Makkah and Arafat was the last and only one that the Prophet undertook. For this reason, the sermon that the Prophet (PBUH) gave on this occasion is called 'Khutba-e-hujjatul Wida' (sermon of the last Haj or the Farewell Address).
2	 UDHR	On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Following this historic act, the Assembly called upon all Member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories."
3	 Constitution of Pakistan	The 1973 Constitution of Pakistan is the supreme law of the country, and all laws passed should be in line with the Constitution. The basis of "fundamental rights" is laid out in Article 4 of the Constitution which states that 'it is the inalienable right (i.e. one which can never be taken away) of individuals (citizens wherever they may be as well as individuals currently in Pakistan) to enjoy the protection of law and be treated in accordance with law'. It also guarantees the protection of life, liberty, body, reputation & property of an individual.
4	 CEDAW	The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in political, civil, economic, social and cultural life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex are priority objectives of the International Community.
5	 CRC	Since children do not have a direct voice in shaping policies, or making decisions that affect them, it is obligatory for responsible adults to ensure that children's rights are adequately addressed. The UN General Assembly adopted Convention on the Rights of the Child in 1989 with a view to ensuring that every single child on the face of the earth receives similar consideration.
6	 Rights for the person with Disability	This Convention promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promotes respect for their inherent dignity. The Convention and its Optional Protocol were adopted by the United Nations General Assembly in December 2006, and opened for signature in March 2007.
7	 Labor Laws	The following core conventions were identified and given prominence in the conclusion of the World Summit for Social Development in 1995.

CONSTITUTION OF PAKISTAN ON EQUALITY AND IMPROVING STATUS OF WOMEN

	Guarantees of Equality & Non-Discrimination	Articles of 1973 Constitution: 25,26,27
<p>Article 25: Equality of Citizens</p> <ul style="list-style-type: none"> <input type="checkbox"/> All citizens are equal before law and are entitled to equal protection of law. <input type="checkbox"/> There shall be no discrimination on the basis of sex alone (exceptions: the state can make special provisions for the protection of women and children). <input type="checkbox"/> Nothing in this Article will prevent the State from making any special provision for the protection of women and children. <p>Article 26: Non-discrimination in Respect of Access to Public Places</p> <ul style="list-style-type: none"> <input type="checkbox"/> No discrimination in respect of access to public places – in respect to access to places of public entertainment or resort, not intended for religious purposes only, there shall be no discrimination against any citizen on the ground only of race, religion, caste, sex, residence or place of birth. <input type="checkbox"/> Nothing in clause above shall prevent the State from making any special provision for women and children. <p>Article 27: Safeguard Against Discrimination in Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> No citizen otherwise qualified for appointment in the service of Pakistan shall be discriminated against in respect of any such appointment on the ground only of race, religion, caste, sex, residence or place of birth. 		

	Selected Articles That Address the Status of the Women	Articles of 1973 Constitution: 32, 34, 35, 37(e), 38(a), 38(d)
<p>Article 32 - Special representation shall be given to women in local government institutions (i.e., local bodies).</p> <p>Article 34 - Steps shall be taken to ensure full participation of women in all spheres of national life.</p> <p>Article 35 - The state shall protect marriage, the family, the mother and the child.</p> <p>Article 37(e) - Make sure women are not employed in vocations unsuited to their sex, and that working women get maternity benefits.</p> <p>Article 38(a) - Secure well-being of the people, irrespective of sex.</p> <p>Article 38(d) - Provide basic necessities of life, irrespective of sex.</p>		

WHO IS RESPONSIBLE & ACCOUNTABLE?

State	Citizen/Individual	Institutions
		
it is state's responsibility to ensure the equality and protection of rights at all level. state should also ensure that the provision is not limited to certain individuals or groups. if such practice is exposed, the institutions will be held accountable.	It is the responsibility of every individual citizen of Pakistan to respect the human rights, aware others about the protection of their rights, identify and challenge the institutions who are not delivering their services as per their rights.	All public service institutions established for the service of citizen of Pakistan (inc. corporation, public organizations, foundations, education, protection and health institutions) are responsible to play their role in promotion and protection of 'human rights".

CONSEQUENCES IF THE “RIGHTS” ARE NOT PROTECTED

Pakistan's Gender Inequality Index rank is 153 out of 156 countries assessed for the “**Global Gender Gaps Index**”.

Infant Mortality

57.998 deaths
per 1000 live births

Literacy Rate¹

47% Women &
71% Men are literate

Bank Accounts (age 15)

5% Women
21% Men

Wage Gap

Women earn 34% less than men
on average

Media

Only 5% of journalists in
Pakistan are women

Voters in Pakistan

55% male, 45%- females and
0.002%-transgender

Political Participation

19% legislative assemblies
(no woman representation in Khyber
Pakhtunkhwa & Balochistan cabinets)

Participation in Agriculture

67% are involved in Agriculture
sector.

Economic

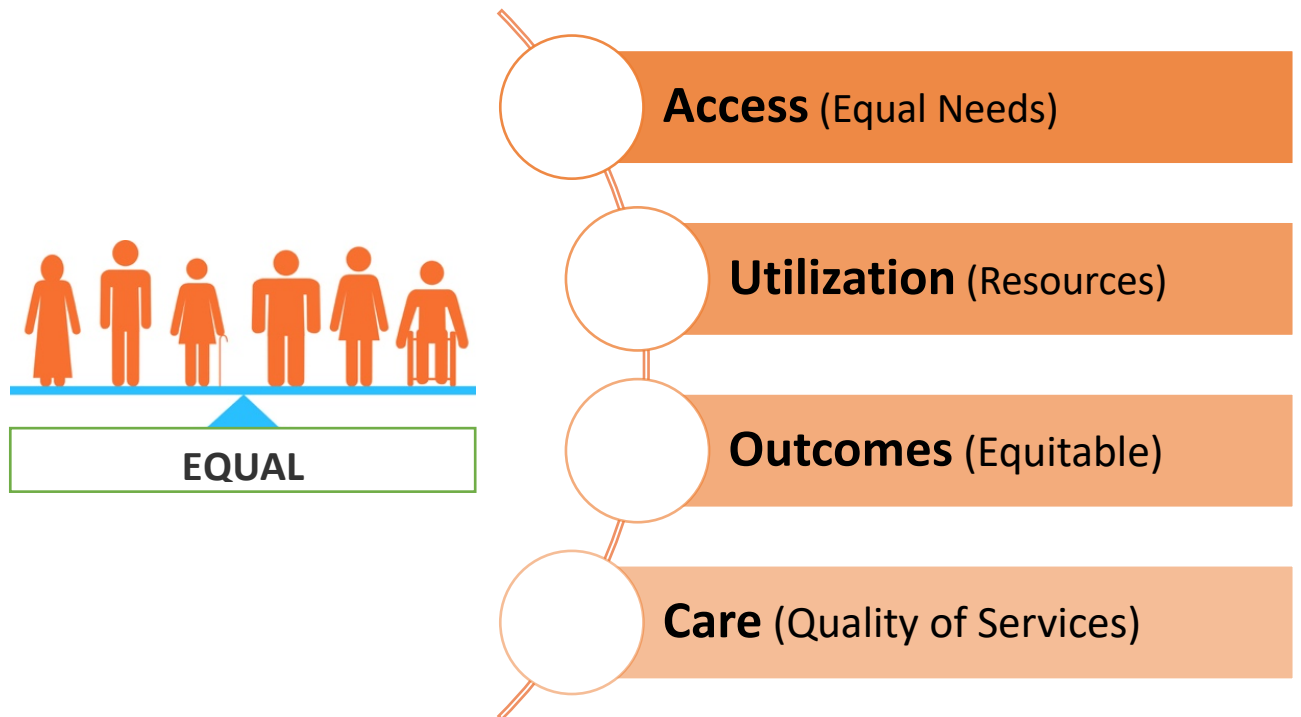
Only 25% of **women** with a
university degree are working in
Pakistan

Gender Based Violence

(Data below)










PRINCIPLES OF EQUALITY AT HEALTH FACILITY?




There is an enormous literature on equity in health and health care, written from every conceivable disciplinary perspective, and several principles of equity are commonly discussed. For example:



Session 3 Gender Concepts

GENDER TERMINOLOGIES

1	Sex and Gender 	The term “sex” is defined to mean the biological differences between women and men. “Gender” refers to the social relationships between women, men, girls and boys that vary from one
2	Gender roles 	Gender roles are learned from the time of birth and are reinforced by parents, teachers, peers and society. These gender roles are based on the way a society is organized and vary by age, class and ethnic group.
3	Gender norms 	Gender norms are the accepted attributes and characteristics of male and female gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Gender norms are ideas about how women, men, girls and boys should be and act. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.
4	Gender relations 	Gender relations have to do with the ways in which a culture or society defines rights, responsibilities and the identities of women, men, girls and boys in relation to one another. Gender relations refer to the balance of power between women and men or girls and boys.
5	Gender equality 	Gender equality is a transformational development goal. It is understood to mean that women (girls) and men (boys) enjoy the same status on political, social, economic and cultural levels. It exists when women (girls) and men (boys) have equal rights, opportunities and status.
6	Gender equity 	Gender equity is the process of being fair to both women (girls) and men (boys) in distribution of resources and benefits. This involves recognition of inequality and requires measures to work towards equality of women (girls) and men (boys). Gender equity is the process that leads to gender equality.
7	Gender parity 	Gender parity is a numerical concept. Gender parity concerns relative equality in terms of numbers and proportions of women and men, girls and boys. For example, the ratio of girls and boys enrolled in school.
8	Empowerment 	Empowerment is about women, men, girls and boys taking control over their lives: setting their own agendas, developing skills (including life skills), building self-confidence, solving problems and developing self-reliance. The process of empowerment enables women, men, girls and boys to question existing inequalities as well as act for change.
9	Gender analysis 	Gender analysis is an organized approach for considering gender issues through the entire process of programme or organizational development. This requires sex-disaggregated data and ensures that development projects and programmes incorporate roles, needs and participation of women, men, girls and boys.

10	<p style="text-align: center;">Gender mainstreaming</p> 	<p>Gender mainstreaming is the process of assessing implications for women, men, girls and boys of any planned action including legislation, policies or programmes at all levels. It refers to a strategy for making women's, men's, girls' and boys' concerns and experiences an integral dimension of design and implementation, monitoring and evaluating policies and programmes in all political, economic and societal spheres so that women and girls can benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.</p>
11	<p style="text-align: center;">Practical needs</p> 	<p>Practical needs are immediate perceived needs such as water, shelter, clothing, basic health care and food. They are based on women's and girls' existing roles (within the gender division of labour) and do not challenge their subordinate position. These needs arise from and reinforce women's and girls' reproductive and productive roles.</p>
12	<p style="text-align: center;">Strategic needs</p> 	<p>Strategic needs are long-term in nature and often related to structural changes in society. These are identified based on an analysis of women's and girls' subordination in society, and when addressed, should lead to the transformation of the gender division of labour and challenge the power relations between women and men, girls and boys.</p>

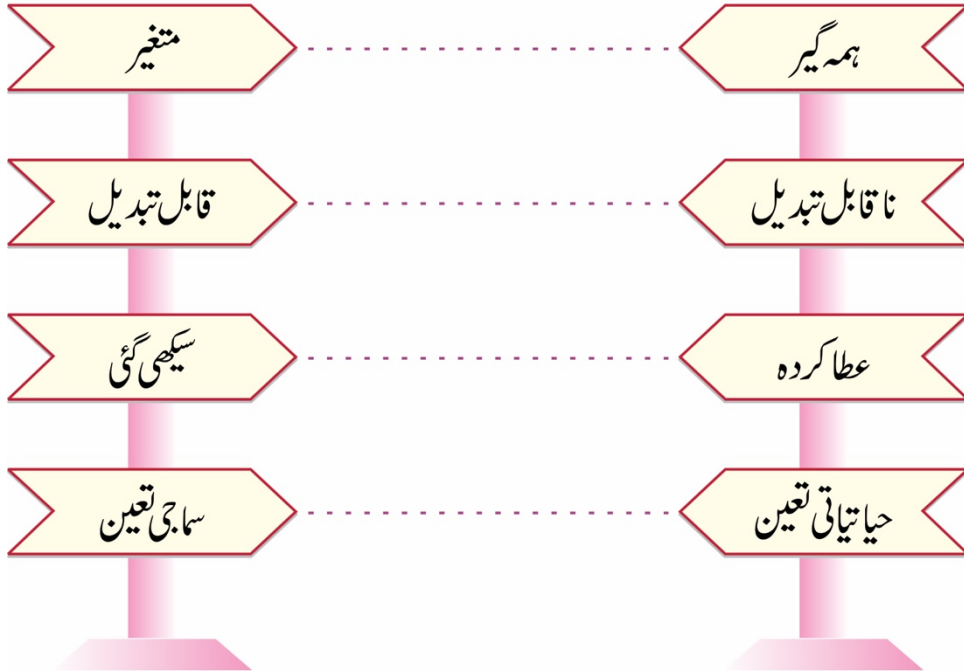
Source UNICEF

صنف اور جنس میں فرق



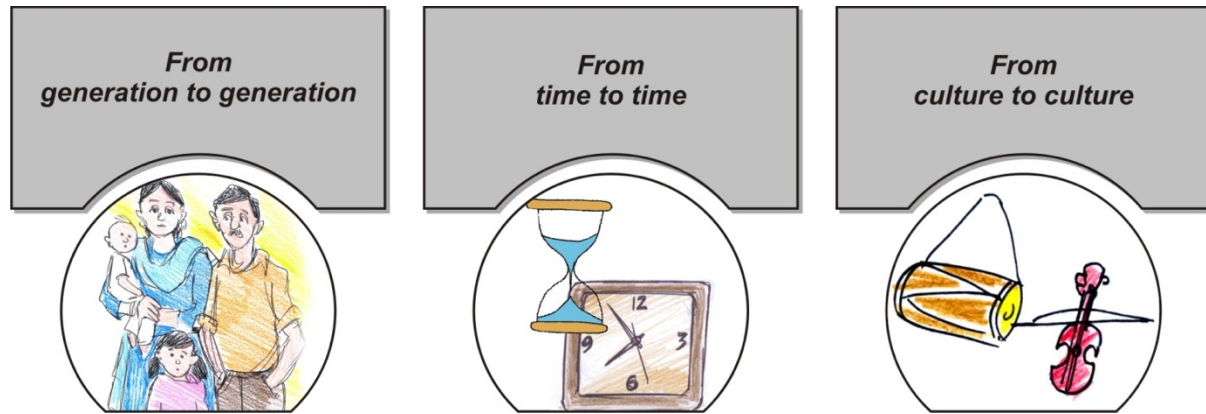
صنف سے مراد مردوں اور عورتوں کے وہ سماجی تعمیر کردار، طرز عمل اور سرگرمیاں ہیں جو انہیں ان کا مخصوص معاشرہ ان کے جنس کی بنیاد پر متعین کرتا ہے۔

جنس سے مراد قدرت کی طرف سے عطا کی گئی وہ حیاتیاتی اور جسمانی خصوصیات ہیں جو مردوں اور عورتوں کی وضاحت اور انہیں ایک دوسرے سے منفرد کرتی ہیں۔



GENDER ROLES VARY

Gender roles are created by societies, they are not biological and they vary from generation to generation, from time to time, from culture to culture. For example:



Consider how different Gurya's life is, as compared to that of her grandmother or even her mother. Perhaps the same applies to you and your grandmother or grandfather?

Have your own roles changed from the time you were a daughter or son, to when you became an adult, to perhaps when you are (or will be) a parent? You may often have heard your own parents say: 'when you become a mother (or father) you will know ...'.

When planning development interventions, most people assume that they know the best, whereas that knowledge may not be applicable.

Tasks associated with men in one place may be undertaken by women in another! It is important to understand that these variations exist, not only from one country to another, but also within a country from one region or cultural group to another!

WHY DO MEN & WOMEN PLAY VARIOUS ROLES & RESPONSIBILITIES?



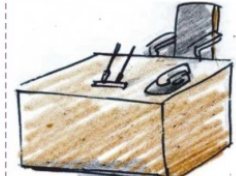
**Reproductive Activities ("INSIDE"):
Recognized as 'Natural'**



**Productive Activities ("OUTSIDE"):
Recognized as 'Work'**



**Productive Activities ("OUTSIDE"):
Recognized as 'Work'**



**Political Activities
("Outside"): Recognized as 'Work'**

**INSTITUTIONS THAT CONDITION PERCEPTIONS OF
'MAN' AND 'WOMAN'**



Family & Mohalla



School and Books



Religious Institutions



Workplace



**Media
(songs, radio,
poems, TV)**



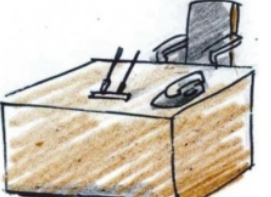
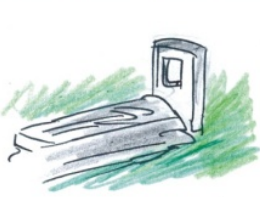
Political and Legal

**WHY DO MEN & WOMEN PLAY VARIOUS
ROLES & RESPONSIBILITIES?**



**Reproductive Activities ("INSIDE"):
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**Productive Activities ("OUTSIDE"):
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("Outside"): Recognized as 'Work'**

صنفي كردار اس وقت مسئلہ بنتے ہیں جب۔۔۔۔

صنفي مسائل اس وقت سامنے آتے ہیں جب صنف کے بارے میں لگے بندھے تصورات مردوں یا عورتوں کو اپنی بھرپور صلاحیتیں اور انسانی حقوق بروئے کار لانے کی راہ میں رکاوٹ بن جاتے ہیں! صنفي مسائل اس وقت ابھرتے ہیں جب صنفي كرداروں کے نتیجے میں.....

عورتوں اور مردوں کے موجود كرداروں کو شناخت کرنا ضروری ہے۔ اگر ایسا نہ کیا گیا تو دونوں میں سے ایک صنف غیر فعال یا اوجھل ہو جائے گی، مثلاً تولید کے شعبے میں عورتوں کا كردار؛ یا پیداواری شعبے میں عورتوں کی حصہ داری جیسے کھیتی باڑی، مویشی سنبھالنا، کھمبیاں چننا، وغیرہ شمار نہیں کیا جائے گا۔ اسی طرح تولیدی شعبے سے مردوں کی عدم موجودگی کا مطلب ہے کہ وہ دیکھ بھال اور قریبی تعلق سے محروم ہو جاتے ہیں؛ سیاسی شعبے سے عورتوں کی غیر حاضری کے باعث وہ فیصلہ سازی کے عمل میں نمائندگی سے محروم تھیں۔



کوئی ایک صنف
غیر فعال بن جائے

معاشرے میں اپنے مختلف كرداروں کی وجہ سے مردوں اور عورتوں کی ضروریات اور ترجیحات عموماً مختلف ہوتی ہیں۔ چنانچہ ترقی کے حوالے سے اقدامات مردوں اور عورتوں کو مختلف طور پر متاثر کرتے ہیں۔ مرد اور عورتیں انہی اقدامات میں دلچسپی رکھتی ہیں جو ان کی زندگیوں کو آسان بنائیں اور بوجھ کم کریں۔ مردوں اور عورتوں دونوں کی ضروریات اور ترجیحات پر توجہ دینے بغیر انسان پسندانہ، منصفانہ اور پائیدار ترقی ممکن نہیں۔



کسی ایک صنف پر
کام کا غیر مساوی بوجھ




صنفي مسائل اس وقت بھی ابھرتے ہیں جب ایک صنف کو وسائل تک زیادہ بہتر رسائی حاصل ہو، جیسے تعلیم، تربیت، زمین، قرضہ، صحت، مزدوری، آمدنی، ٹیکنالوجی، انفارمیشن، سیاسی قوت، ٹرانسپورٹ وغیرہ۔ اکثر منصوبے اس طرح تشکیل دیئے جاتے ہیں کہ خواتین کی وسائل تک رسائی میں اضافہ ہو سکے۔ لیکن خواتین وسائل کے انتظام سے متعلق فیصلہ سازی پر اختیار نہ ہونے کی وجہ سے ان وسائل سے فائدہ نہیں اٹھا سکتیں۔



وسائل تک غیر مساوی
رسائی اور کنٹرول

GENDER ISSUES AT HEALTH FACILITY

Review your health facility again and answer the following questions.

1	 A simple line drawing of a man with a mustache and a woman standing next to him. The man is wearing a blue shirt and a brown vest. The woman is wearing a white headscarf and a blue top.	<ul style="list-style-type: none">• Who remains invisible in your health facility?• Why should that be a problem with regard to right to health?
2	 A line drawing of a man riding a bicycle. A woman is sitting on the back seat, and a child is sitting on her lap. The man is wearing a blue shirt and shorts. The woman is wearing a pink top and a white headscarf.	<ul style="list-style-type: none">• Who is generally more burdened within the family in your health facility?• What issues can this inequality create at home or workplace?
3	 A line drawing of a man sitting at a table, eating a large meal. He is wearing a blue shirt and has a large, prominent nose. There is a plate of food, a glass of juice, and a bottle of water on the table. A woman is sitting at the table behind him, looking on.	<ul style="list-style-type: none">• Who has more access to, and control over, resources (such as money, decision making power, contacts and linkages, information and knowledge, mobility, etc.)?• What issues does this create in society?

GENDER NEEDS PRACTICAL OR STRATEGIC?

Practical Gender Needs (PGNs)

Gender needs of women arising from existing gender roles

PGNs are immediate, concrete and often essential for human survival, e.g. need for food, water, shelter, fuel, health care. Attention to PGN can address immediate disadvantages and inequality, but can also reinforce the gender division of labor by helping women and men perform their traditional roles better. Addressing PGN generally does not change traditional gender roles and stereotypes.

Strategic Gender Needs (SGNs)

Gender needs of women which change existing roles and status

SGNs are those needs that when met, will actually challenge the traditional gender division of labor that has relegated women to subordinated and vulnerable roles in society. Programs that address SGNs contribute to improved gender equality, but are generally long term and less tangible than PGNs.

Examples of addressing PGNs

- *Housing and household facilities*
- *Community health/medical centers*
- *Maternity care for mothers*
- *Day care centers*
- *Literacy and skills development*
- *Market facilities*
- *Provision of credit*
- *Efficient stoves*
- *Farm to market roads*
- *Health facilities for SRH needs*

Examples of addressing SGNs

- *Women's representation in political structures and decision-making bodies*
- *Policies/legislations against all forms of discrimination.*
- *Paternity leaves*
- *Removal of legal obstacles, e.g. discrimination in access to land, credit, public places, health facilities.*
-

***Both needs are important
and should be fulfilled
to obtain better results!***

EQUITY BASED SERVICE DELIVERY



***Do not just
Aim for equality...***

*but rather equal recognition
and status!*

It means that men and women have different needs and priorities in the society to enjoy equal **recognition** and **status**. Providing just the equal inputs may not be useful.

***Thinking for
Equity ...***

*To highlight and value
similarities and differences!*

It means that their similarities and differences are recognized and **equally valued** so that both can realize their **full human potential**, and **participate, contribute** to, and **benefit equally** from national, political, economic, social and cultural development.

***Ensuring Sustainable
Development***

*to ensure equally sustainable
outcomes and results.*

It's true that gender equality means equal outcomes for men and women, but in a resource deficit country like Pakistan it is also critical to ensure essential requirements for **equitable, efficient, effective and sustainable** development.

Example from health Sector

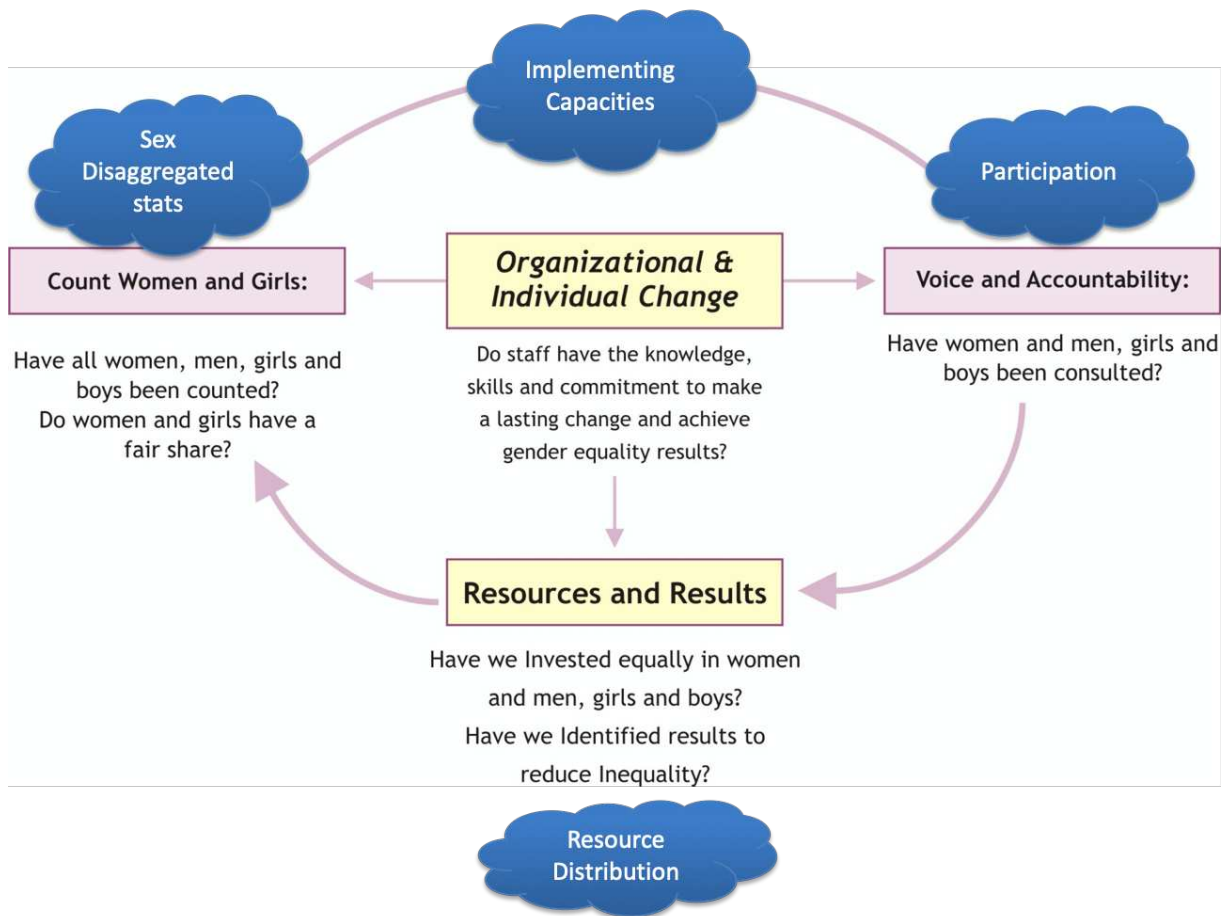
HEALTH FACILITY EQUALITY INDICATORS

Sr.	Indicators	Detail	Example (Gender Sensitive)
1	Effective	by providing evidence-based ¹ health care services to those who need them.	
2	Safety	by avoiding harm to the people for whom the care is intended	
3	People-centred	by providing care that responds to individual preferences, needs and values, within health services that are organized around the needs of people	
4	Timely	by reducing waiting times and sometimes harmful delays for both those who receive and those who give care	
5	Equitable	by providing the same quality of care regardless of age, sex, gender, race, ethnicity, geographic location, religion, socio-economic status, linguistic or political affiliation	
6	Integrated	by providing care that is coordinated across levels and providers and makes available the full range of health services throughout the life course	
7	Efficient	by maximizing the benefit of available resources and avoiding waste	

¹ Evidence based philosophies integrate a health professional's experience and knowledge with the best currently available clinical evidence (medicines, practices, dentistry, nursing, etc.). Safety of People, Place, Property.

Session 4 Gender Mainstreaming

WHAT DOES GM INVOLVE?



MAINSTREAMING GENDER IN HEALTH

Biological differences imply that women have particular health concerns and needs, especially related to sexual and reproductive health and rights. Increasing evidence from all fields of health research (concerning both biomedical and psycho-social mechanisms) also shows that risk factors, clinical manifestation, causes, consequences and treatment of disease may differ between men and women.

Prevention, treatment, rehabilitation, care-delivery and health promotion therefore need to be adapted to women's and men's differing needs, moving beyond a situation whereby men have traditionally been the only model. The effects of sex and gender differences must be taken into account in health policy planning, research, delivery of health services, and in the monitoring of these, in order to improve the quality, efficiency and effectiveness of health policies and health care services for both women and men and in order to achieve gender equality in the health sector.

GENDER MAINSTREAMING AREAS

<p style="text-align: center;">GM policy</p> <p>The first step is to make an explicit decision to mainstream gender in the workplace by formulating a GM policy and specific mainstreaming strategies for each sector, ensuring that all GM actions are tied to institution- wide directives and not optional guidelines.</p> <p style="text-align: center;"><i>For example:</i></p> <p><i>GM does not replace the need for targeted, women-specific policies and programs or positive legislation, nor does it substitute for gender units or focal points.</i></p>	<p style="text-align: center;">Capacity Building</p> <p>Integrate the gender perspective into all training programs; provide ongoing education on the subject for the entire team (including those in the upper hierarchical echelons); provide special training for gender experts to enhance their strengths.</p> <p style="text-align: center;"><i>For example:</i></p> <p><i>every effort be made to enhance the capacities of the practitioners and broaden the participation of women at all levels of decision-making.</i></p>
<p style="text-align: center;">Budgeting</p> <p>Assign budget categories specifically to GM.</p> <p style="text-align: center;"><i>For example:</i></p> <p><i>Clear political will and the allocation of adequate and, if need be, additional human and financial resources for GM from all available funding sources are important for the successful translation of the concept into practice.</i></p>	<p style="text-align: center;">Data</p> <p>Disaggregate data by sex and age, as well as other variables as the context requires; conduct specific gender-related surveys.</p> <p style="text-align: center;"><i>For example:</i></p> <p><i>Establish sex disaggregated data collation system to promote gender equality and health equity by addressing the broader determinants of health for men and boys, women and girls base on the statistics.</i></p>

<p style="text-align: center;">Gender analysis</p> <p style="text-align: center;">Integrate gender analysis throughout the entire programming process</p> <p style="text-align: center;"><i>For example:</i></p> <p style="text-align: center;"><i>Gender neutrality should not be assumed. Issues across all areas of activity should be defined in such a manner that gender differences can be diagnosed.</i></p>	<p style="text-align: center;">Operational (documents and process)</p> <p style="text-align: center;">Produce gender-sensitive guidelines and checklists for programming.</p> <p style="text-align: center;"><i>For example:</i></p> <p style="text-align: center;"><i>Strengthen health systems and primary health care approaches. GM must be institutionalized through concrete steps, mechanisms, and processes in all parts of the institution.</i></p>
<p style="text-align: center;">Monitoring and evaluation</p> <p style="text-align: center;">Establish mechanisms and instruments for monitoring and evaluation, as well as methodologies for assessing the gender impact of actions.</p> <p style="text-align: center;"><i>For example:</i></p> <p style="text-align: center;"><i>involve women and men in health decisions that directly affect their lives; develop, implement and monitor gender-responsive health policies and programmes; and engage in multisectoral activities and dialogue towards addressing gender and gender inequality as determinants of health.</i></p>	<p style="text-align: center;">Accountability</p> <p style="text-align: center;">Establish pertinent mechanisms.</p> <p style="text-align: center;"><i>For example:</i></p> <p style="text-align: center;"><i>Responsibility for translating GM into practice is system-wide and rests at the highest levels. Accountability for outcomes needs to be constantly monitored.</i></p>

GM CONSIDERATIONS IN PUBLIC HEALTH FACILITY

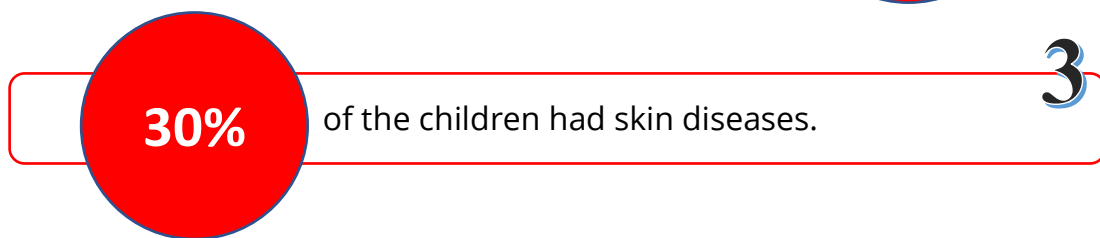
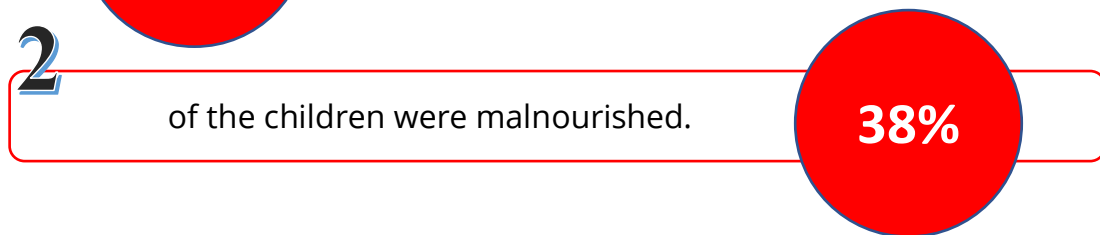
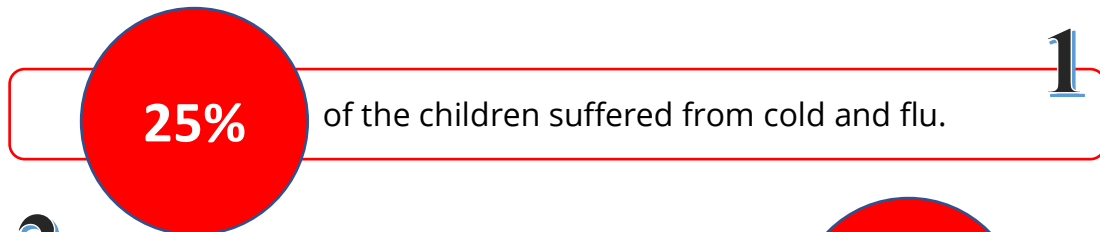
In your groups use the same facility map you made yesterday and advise, what additional measurement can be made to ensure women's access to these resources?

Sr.	Facilities	Additional Measures for Women and vulnerable groups	
		For Visitors	For Staff
1	Registration		
2	Waiting Area		
3	Counselling		
4	OPD		
5	Consultation		
6	HIV		
7	Vaccination		
8	Forensic		
9			
10			

SEX DISAGGREGATED DATA

CASE SCENARIO

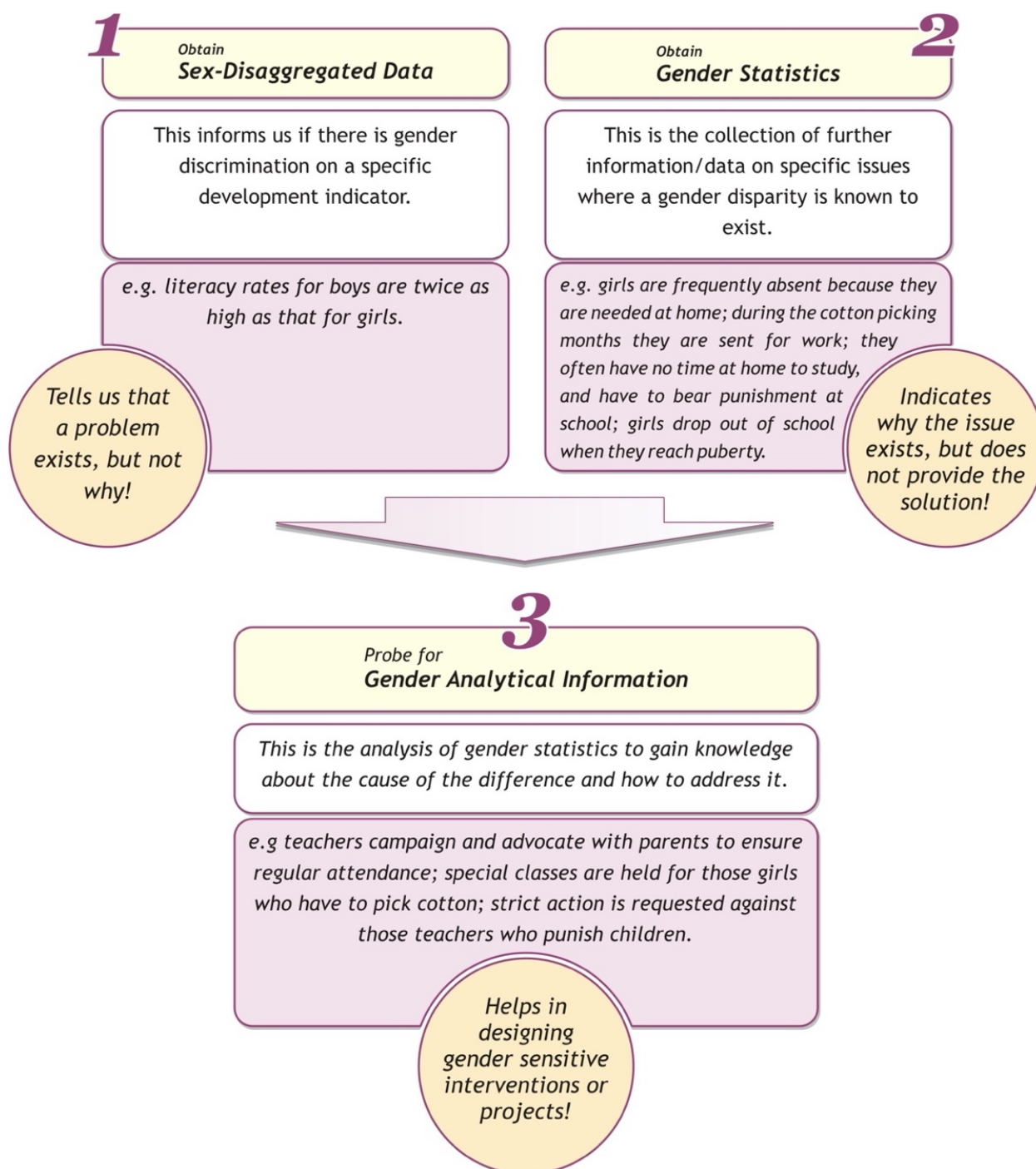
A study was conducted in a remote area to determine the kinds of illnesses that affected the children from 1-12 in that area. A report was generated as follows:



Is the above data sufficient to propose effective interventions? What additional questions would you ask from a gender perspective?

IS SEX DISAGGREGATED DATA IS ENOUGH?

When information is collected for any policy, program or project, the following must be ensured:



Unless these three steps are undertaken, information may not be helpful in bringing about a real change.

**Remember to
obtain the:
STORY BEHIND
THE NUMBERS!**

ANALYSING GENDER

Gender analysis is defined in different ways in different contexts. At its most basic level, **gender analysis is the collection and analysis of quantitative data (numbers, percentages, proportions, ratios) and qualitative information (preferences, beliefs, attitudes, behaviours, values, scope, etc.) through gender lens.**

2. WHY conduct a gender analysis?



Gender analysis is useful to reveal the nature and extent of gender inequalities and discrimination against women and girls including men and boys. In concrete, gender analysis supports:

1

To avoid making assumptions about the lives of women and men, girls and boys; instead understanding their different needs, roles, status, access to resources, interests, capacities, power and priorities.

2

To understand why those differences exist and obtain a thorough understanding of an issue and/or situation, in which all groups within a population are considered.

3

To understand how the cultural, economic and legal environment places women and girls (or men and boys) at a disadvantage in terms of opportunities throughout their lives, and the linkages between inequalities at different societal levels.

4

To understand how these differences may prevent women and girls as well as men and boys from participating in or benefiting from programmes/projects.

5

To recommend specific actions to meet the needs of women, men, girls and boys in an equitable manner including addressing gender discrimination, gender-based violence (GBV) and discriminatory gender norms.

6

To monitor and evaluate the progress achieved in closing the gaps between women and men, girls and boys in their ability to access and benefit from an intervention as well as reducing gender discrimination.



10 KEY QUESTIONS OF GENDER ANALYSIS

Link the question with expected outcome

Who does what? why?	What is the basis for Rules and laws/Norms/Customs this situation?
How? With what?	Distribution
Who owns what?	Redistribution
Who is responsible for what?	Access to resources
Who is responsible for what?	Ownership of assets
Who controls what?	Power
Who decides what?	Income and spending power
Who gets what?	Roles and responsibilities
Who gains-who loses?	Activities
Why?	Ownership of assets



GENDER & BUDGETS

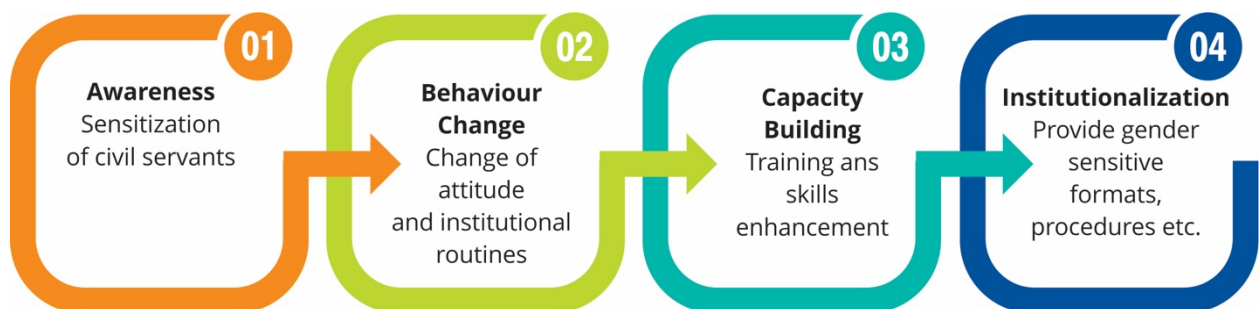
If your monthly income is Rs. 50,000, how you will distribute this in the following accounts.

Sr.	Heads	Amount
1	Health	
2	Education	
3	Entertainment	
4	Transportation	
5	Communication	
6	Socialization	
Total		

GENDER RESPONSIVE BUDGET



Stages of Implementation





SENSITIZE YOUR BUDGET

If you have to distribute the same budget for male and female members based on their needs and priorities, how you will re-organize the budget amounts.

Sr.	Heads	Male members	Female Members
1	Health		
2	Education		
3	Entertainment		
4	Transportation		
5	Communication		
6	Socialization		
Total			

What were the key considerations:

Session 5 Gender Based Violence

FACTS ABOUT GENDER BASED VIOLENCE (GBV)

- The prevalence of GBV is 32% in Punjab with highest “honour” related crime.*
- At least 700 women were reported to have died in the name of ‘honour’ in 2017.*
- Domestic Violence occurs in every third household.*
- 70% of women and girls in Pakistan experienced physical or sexual violence.*
- 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%)*
- 23% Survivors faced physical violence.*
- 05% of women have experienced spousal sexual violence.*
- 26% of ever-married women who have experienced spousal physical or sexual violence have sustained physical injuries.*
- 09% of women have experienced violence during pregnancy.*
- 56% of Pakistani women never sought help or disclosed GBV due to socio-cultural*
- 28% of women age 15-49 have experienced physical violence.*
- 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.*

Sources:

- PDHS 2017-18
- Country Policy and Information Note Pakistan: Women fearing Gender Based Violence
<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- Express Tribune, ‘93% of Pakistani women experience sexual violence
- HRCP, ‘State of Human Rights in 2018’, (pages 179-180)

WHAT IS GENDER BASED VIOLENCE

Sexual assault:

- This refers to forced sex or rape; it can be by someone a woman knows (partner, other family member, friend or acquaintance) or by a stranger.

Intimate partner violence:

- This refers to ongoing or past violence and abuse by an intimate partner or ex-partner —a husband, boyfriend or lover, either current or past. Women may suffer several types of violence by a male partner: physical violence, emotional/psychological abuse, controlling behaviours, and sexual violence.

Physical violence:

- This includes causing injury or harm to the body by, for example, hitting, kicking or beating, pushing, hurting with a weapon.

Emotional/psychological abuse: This can include many types of behaviours such as:

- criticizing her repeatedly
- calling her names or telling her she is ugly or stupid
- threatening to hurt her or her children
- threatening to destroy things she cares about
- belittling or humiliating her in public.

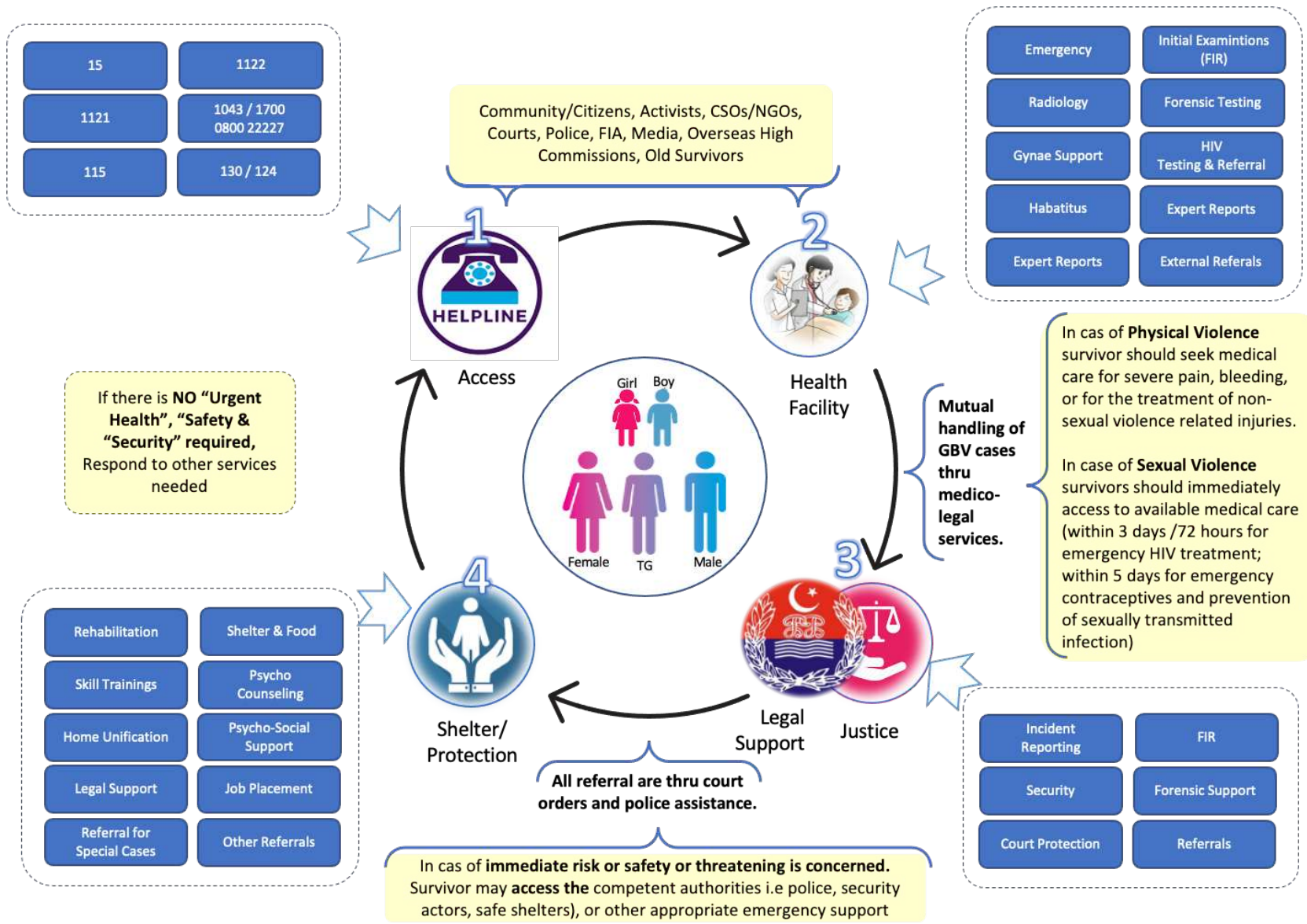
Controlling behaviours: This includes, for example:

- not allowing a woman to go out of the home, or to see family or friends
- insisting on knowing where she is at all times
- often being suspicious that she is unfaithful
- not allowing her to seek health care without permission
- leaving her without money to run the home.

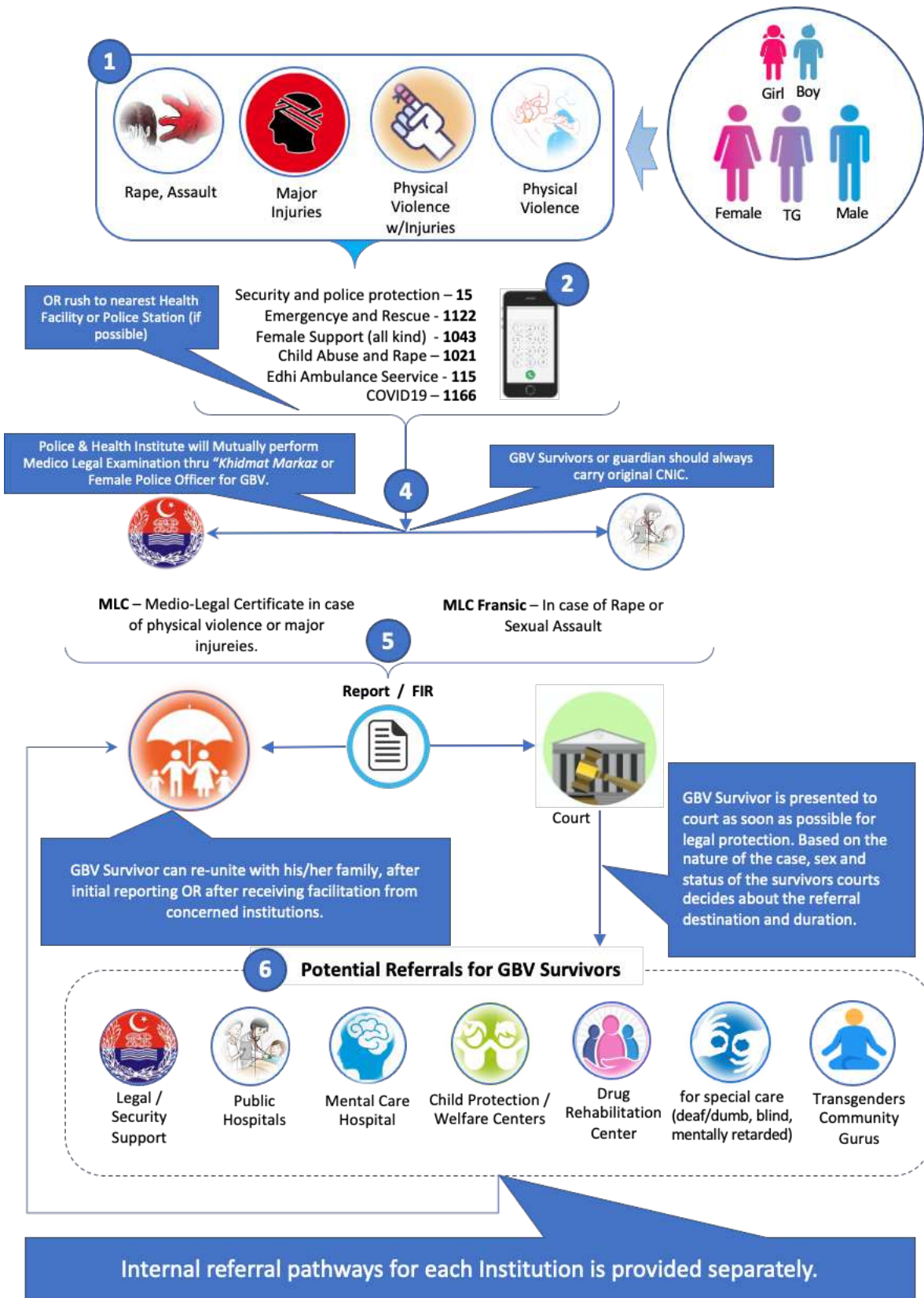
Sexual violence: This includes:

- forcing her to have sex or perform sexual acts when she doesn't want to
- harming her during sex
- forcing her to have sex without protection from pregnancy or infection.

GBV SURVIVORS JOURNEY



IN CASE OF A VIOLENCE



WHAT DO I DO IF I SUSPECT VIOLENCE?"

- Never raise the issue of partner violence unless a woman is alone. Even if she is with another woman, that woman could be the mother or sister of an abuser.
- If you do ask her about violence, do it in an empathic, nonjudgemental manner. Use language that is appropriate and relevant to the culture and community you are working in. Some women may not like the words "violence" and "abuse".
- Cultures and communities have ways of referring to the problem with other words. It is important to use the words that women themselves use.
- Do not pressure her, and give her time to decide what she wants to tell you.
- Tell her about services that are available if she chooses to use them.
- Offer information on the effects of violence on women's health and their children's health.
- Offer her a follow-up visit.

LIVES² to Save Lives

First-line Support involves 5 simple tasks. It responds to both emotional and practical needs at the same time. The letters in the word “LIVES” can remind you of these 5 tasks that protect women’s lives.

L	I	V	E	S
LISTEN	INQUIRE ABOUT NEEDS AND CONCERNS	VALIDATE	ENHANCE SAFETY	SUPPORT
Listen to the woman closely, with empathy, and without judging.	Assess and respond to her various needs and concerns— emotional, physical, social and practical (e.g. childcare)	Show her that you understand and believe her. Assure her that she is not to blame.	Discuss a plan to protect herself from further harm if violence occurs again.	Support her by helping her connect to information, services and social support.

First-line support cares for emotional needs

First-line support may be the most important care that you can provide, and it may be all that she needs. First-line support is care for emotional and practical needs.

Its goals include:

- identifying her needs and concerns
- listening and validating her concerns and experiences
- helping her to feel connected to others, calm and hopeful
- empowering her to feel able to help herself and to ask for help
- exploring what her options are
- respecting her wishes
- helping her to find social, physical and emotional support
- enhancing safety.



Remember !!

When you help her deal with her practical needs, it helps with her emotional needs. When you help with her emotional needs, you strengthen her ability to deal with practical needs.

You do not need to:

- solve her problems
- convince her to leave a violent relationship
- convince her to go to any other services, such as police or the courts
- ask detailed questions that force her to relive painful events
- ask her to analyse what happened or why
- pressure her to tell you her feelings and reactions to an event

² Selected from WHO's Clinical Handbook

Tips for managing the conversation

- Choose a private place to talk, where no one can overhear (but not a place that indicates to others why you are there).
- Assure her that you will not repeat what she says to anyone else and you will not mention that she was there to anyone who doesn't need to know. If you are required to report her situation, explain what you must report and to whom.
- First, encourage her to talk and show that you are listening.
- Encourage her to continue talking if she wishes, but do
- not force her to talk. ("Do you want to say more about that?")
- Allow silences. If she cries, give her time to recover.



Remember !!
Always respect her wishes.

Listen

Purpose	Means
To give the woman a chance to say what she wants to say in a safe and private place to a caring person who wants to help. This is important to her emotional recovery. Listening is the most important part of good communication and the basis of first-line support. It involves more than just hearing the woman's words.	<ul style="list-style-type: none"> • being aware of the feelings behind her words • hearing both what she says and what she does not say • paying attention to body language – both hers and yours including facial expressions, eye contact, gestures • sitting or standing at the same level and close enough to the woman to show concern and attention but not so close as to intrude • through empathy, showing understanding of how the woman feels.

Active listening dos and don'ts


<i>How you act</i>	
Be patient and calm.	Don't pressure her to tell her story.
Let her know you are listening; for example, nod your head or say "hmm...."	Don't look at your watch or speak too rapidly. Don't answer the telephone, look at a computer or write.
<i>Your attitude</i>	
Acknowledge how she is feeling.	Don't judge what she has or has not done, or how she is feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived", or "Poor you".
Let her tell her story at her own pace.	Don't rush her.
<i>What you say</i>	
Give her the opportunity to say what she wants. Ask, "How can we help you?"	Don't assume that you know what is best for her.
Encourage her to keep talking if she wishes. Ask, "Would you like to tell me more?"	Don't interrupt. Wait until she has finished before asking questions.


Active listening dos and don'ts


Dos	Don'ts
Allow for silence. Give her time to think.	Don't try to finish her thoughts for her.
Stay focused on her experience and on offering her support.	Don't tell her someone else's story or talk about your own troubles.
Acknowledge what she wants and respect her wishes.	Don't think and act as if you must solve her problems for her.

Learn to listen with your Eyes – giving her your undivided attention

Learn to listen with your

 **Eyes** – giving her your undivided attention

 **Ears** – truly hearing her concerns

 **Heart** – with caring and respect

Inquire About Needs and Concerns

Purpose: To learn what is most important for the woman. Respect her wishes and respond to her needs. As you listen to the woman's story, pay particular attention to what she says about her needs and concerns – and what she doesn't say but implies with words or body language. She may let you know about physical needs, emotional needs, or economic needs, her safety concerns or social support she needs. You can use the techniques below to help her express what she needs and to be sure that you understand.

Techniques for interacting	
Principles	Examples
Phrase your questions as invitations to speak.	"What would you like to talk about?"
Ask open-ended questions to encourage her to talk instead of saying yes or no.	"How do you feel about that?"
Repeat or restate what the person says to check your understanding.	"You mentioned that you feel very frustrated."
Reflect her feelings.	"It sounds as if you are feeling angry about that..." "You seem upset."
Explore as needed.	"Could you tell me more about that?"
Ask for clarification if you don't understand.	"Can you explain that again, please?"

Help her to identify and express her needs and concerns.	<p>“Is there anything that you need or are concerned about?”</p> <p>“It sounds like you may need a place to stay”.</p> <p>“It sounds like you are worried about your children.”</p>
Sum up what she has expressed.	“You seem to be saying that....”



Things to avoid

- Don't ask leading questions, such as “I would imagine that made you feel upset, didn't it?”
- Don't ask “why” questions, such as “Why did you do that...?” They may sound accusing.

Validate

Purpose	Things to Consider
<p>To let her know that her feelings are normal, that it is safe to express them and that she has a right to live without violence and fear.</p> <p>Validating another's experience means letting the person know that you are listening attentively, that you understand what she is saying, and that you believe what she says without judgment or conditions.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> “It's not your fault. You are not to blame.” <input type="checkbox"/> “It's okay to talk.” <input type="checkbox"/> “Help is available.” [Say this only if it is true.] <input type="checkbox"/> “What happened has no justification or excuse.” <input type="checkbox"/> “No one deserves to be hit by their partner in a relationship.” <input type="checkbox"/> “You are not alone. Unfortunately, many other women have faced this problem too.” <input type="checkbox"/> “Your life, your health, you are of value.” <input type="checkbox"/> “Everybody deserves to feel safe at home.” <input type="checkbox"/> “I am worried that this may be affecting your health.”

Helping women cope with negative feelings

The feeling	Some ways to respond
Hopelessness	“Many women do manage to improve their situation. Over time you will likely see that there is hope.”
Despair	Focus on her strengths and how she has been able to handle a past dangerous or difficult situation.
Powerlessness, loss of control	“You have some choices and options today in how to proceed.”
Flashbacks	Explain that these are common and often become less common or disappear over time.
Denial	“I'm taking what you have told me seriously. I will be here if you need help in the future.”
Guilt and self- blame	“You are not to blame for what happened to you. You are not responsible for his behaviour.”
Shame	“There is no loss of honour in what happened. You are of value.”

Unrealistic fear	Emphasize, “You are in a safe place now. We can talk about how to keep you safe.”
Numbness	“This is a common reaction to difficult events. You will feel again—all in good time.”
Mood swings	Explain that these can be common and should ease with the healing process.
Anger with perpetrator	Acknowledge that this is a valid feeling.
Anxiety	“This is common, but we can discuss ways to help you feel less anxious.”
Helplessness	“We are here to help you.”

Enhance safety

Purpose	Actions
<p>To help a woman assess her situation and make a plan for her future safety.</p> <p>Many women who have been subjected to violence have fears about their safety. Other women may not think they need a safety plan because they do not expect that the violence will happen again.</p> <p>Explain that partner violence is not likely to stop on its own: It tends to continue and may over time become worse and happen more often. Assessing and planning for safety is an ongoing process – it is not just a one-time conversation.</p> <p>You can help her by discussing her particular needs and situation and exploring her options and resources each time you see her, as her situation changes.</p>	<p>Assessing safety after sexual assault:A woman who is assaulted often knows the person who assaulted her, and it often happens at home. If it was someone she knows, discuss whether it is safe for her to return home.</p> <p>Assessing immediate risk of partner violence: Some women will know when they are in immediate danger and are afraid to go home. If she is worried about her safety, take her seriously.</p> <p>Other women may need help thinking about their immediate risk. There are specific questions you can ask to see if it is safe for her to return to her home. It is important to find out if there is an immediate and likely risk of serious injury.</p> <p>If there seems to be immediate high risk, then you can say “I’m concerned about your safety. Let’s discuss what to do so you won’t be harmed.” You can consider options such as contacting the police and arranging for her to stay that night away from home.</p>

Questions to assess immediate risk of violence

Women who answer “yes” to at least 3 of the following questions may be at especially high immediate risk of violence.

- Has the physical violence happened more often or gotten worse over the past 6 months?
- Has he ever used a weapon or threatened you with a weapon?
- Has he ever tried to strangle you?
- Do you believe he could kill you?
- Has he ever beaten you when you were pregnant?
- Is he violently and constantly jealous of you?

If it is not safe for the woman to return home, make appropriate referrals for shelter or safe housing, or work with her to identify a safe place she can go to (such as a friend’s home or church).

Making a safety plan

Even women who are not facing immediate serious risk could benefit from having a safety plan. If she has a plan, she will be better able to deal with the situation if violence suddenly occurs. The following are elements

of a safety plan and questions you can ask her to help her make a plan.

Safety planning	
Safe place to go	If you need to leave your home in a hurry, where could you go?
Planning for children	Would you go alone or take your children with you?
Transport	How will you get there?
Items to take with you	Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential?
	Can you put together items in a safe place or leave them with someone, just in case?
Financial	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there a neighbour you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

Discuss how to stay safer at home

If she cannot avoid discussions that may escalate with her partner, advise her to try to have the discussions in a room or an area that she can leave easily.

Advise her to stay away from any room where there might be weapons.

If she has decided that leaving is the best option, advise her to make her plans and leave for a safe place BEFORE letting her partner know. Otherwise, she may put herself and her children at more risk of violence.

Avoid putting her at risk

Talk about abuse only when you and she are alone. No one older than age 2 should overhear your conversation. Never discuss it if her husband or other family members or anyone else who has accompanied her—even a friend—may be able to overhear. You may need to think of an excuse to be able to see the woman alone, such as sending the person to do an errand or fill out a form. If her children are with her, ask a colleague to look after them while you talk.



Remember !!

....to maintain the confidentiality of her health records. Keep such documents in a safe place, not out on a desk or anywhere else that anyone can see them. Discuss with the woman how she will explain where she has been. If she must take paperwork with her (for the police, for example), discuss what she will do with the paper.

Support

Purpose	How to Help
To connect a woman with other resources for her health, safety, and social support.	<ul style="list-style-type: none"> <input type="checkbox"/> Ask her what issues are most important to her right now. You can ask her, "What would help the most if we could do it right away?" <input type="checkbox"/> Help her to identify and consider her options. <input type="checkbox"/> Discuss her social support. Does she have a family member, friend, or trusted person in the community whom she could talk to? Does she have anyone who could help her with money?
Women's needs generally are beyond what you can provide in the clinic. You can help by discussing the woman's needs with her, telling her about other sources of help, and assisting her to get help if she wants it.	

Possible resources

Find out what support and resources are available to the woman in the community. It can help if you have a personal contact to send her to at each place.

- helpline
- support groups
- crisis centre
- legal support
- mental health counsellor
- social worker
- psychologist.

It will usually not be possible to deal with all her concerns at the first meeting. Let her know that you are available to meet again to talk about other issues.

Do not expect her to make decisions immediately.

It may seem frustrating if she does not seem to be taking steps to change her situation. However, she will need to take her time and do what she thinks is right for her. Always respect her wishes and decisions.

Referrals

Often women do not follow up on referrals from health-care providers. You can help make it more likely that she gets the help that you have recommended.



Tips on giving referrals

- Be sure that the referral addresses her most important needs or concerns.
- If she expresses problems with going to a referral for any reason, think creatively with her about solutions.
- Problems you might discuss:
 - No one to leave the children with.
 - Her partner might find out and try to prevent it.
 - She doesn't have transport.
- If she accepts a referral, here are some things you can do to make it easier for her:
 - Tell her about the service (location, how to get there, who she will see).
 - Offer to telephone to make an appointment for her if this would be of help (for example, she does not have a phone or a safe place to make a call).
 - If she wants it, provide the written information that she needs – time, location, how to get there, name of person she will see. Ask her to think how she will make sure that no one else sees the paper.
 - If possible, arrange for a trusted person to accompany her on the first appointment.



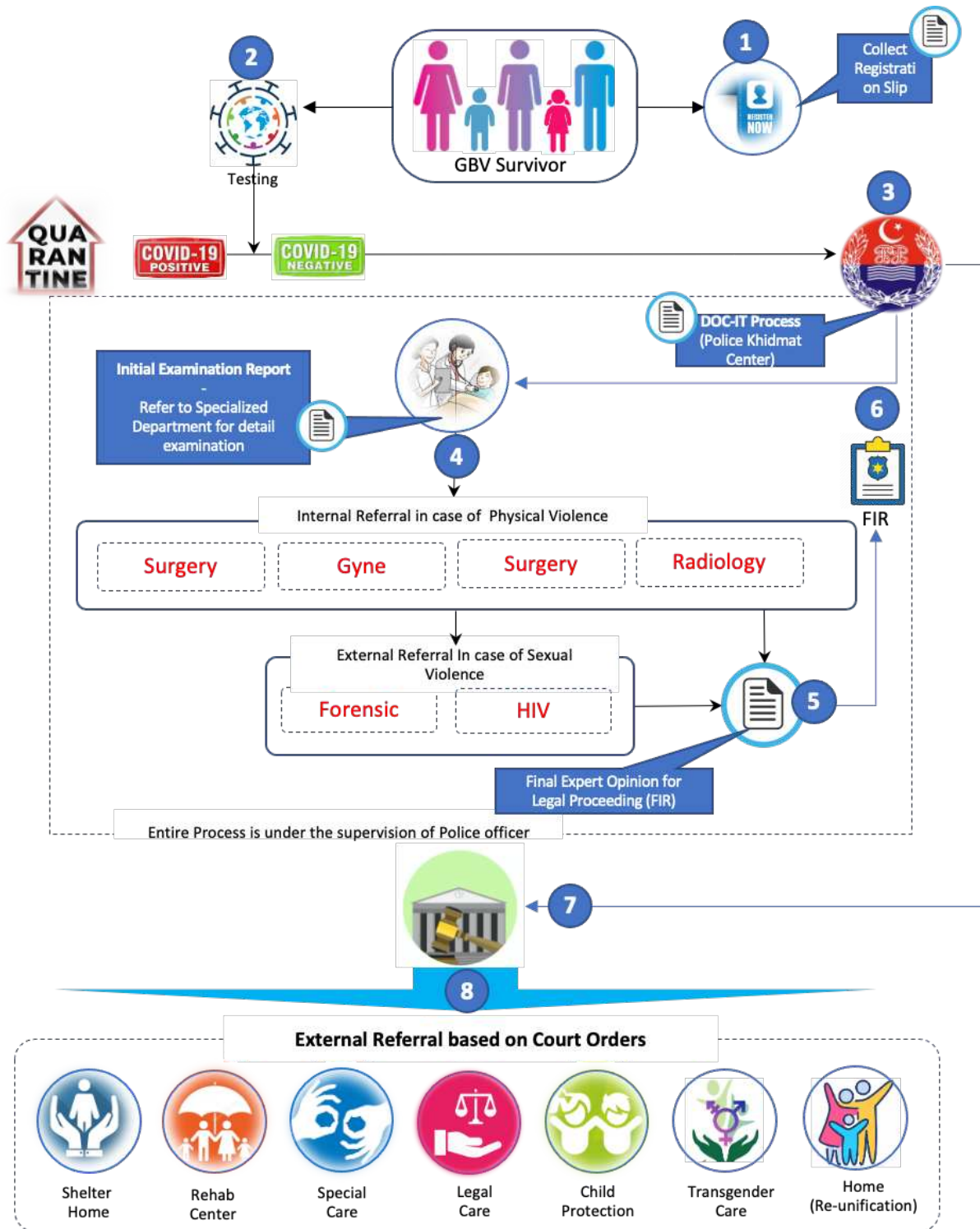
DIFFICULTIES FACED BY THE SURVIVORS

رانی ایک نو عمر لڑکی ہے جس کے ساتھ اس کے ہمسائے نے اس کے ساتھ جنسی زیادتی کا ارتکاب کیا ہے۔ اس کی والدہ نہیں جانتی کے اس صورت میں اسے کیا کرنا چاہیے۔ وہ سب سے پہلے باجی کے پاس جاتی ہیں اور اپنی کہانی سناتی ہیں:

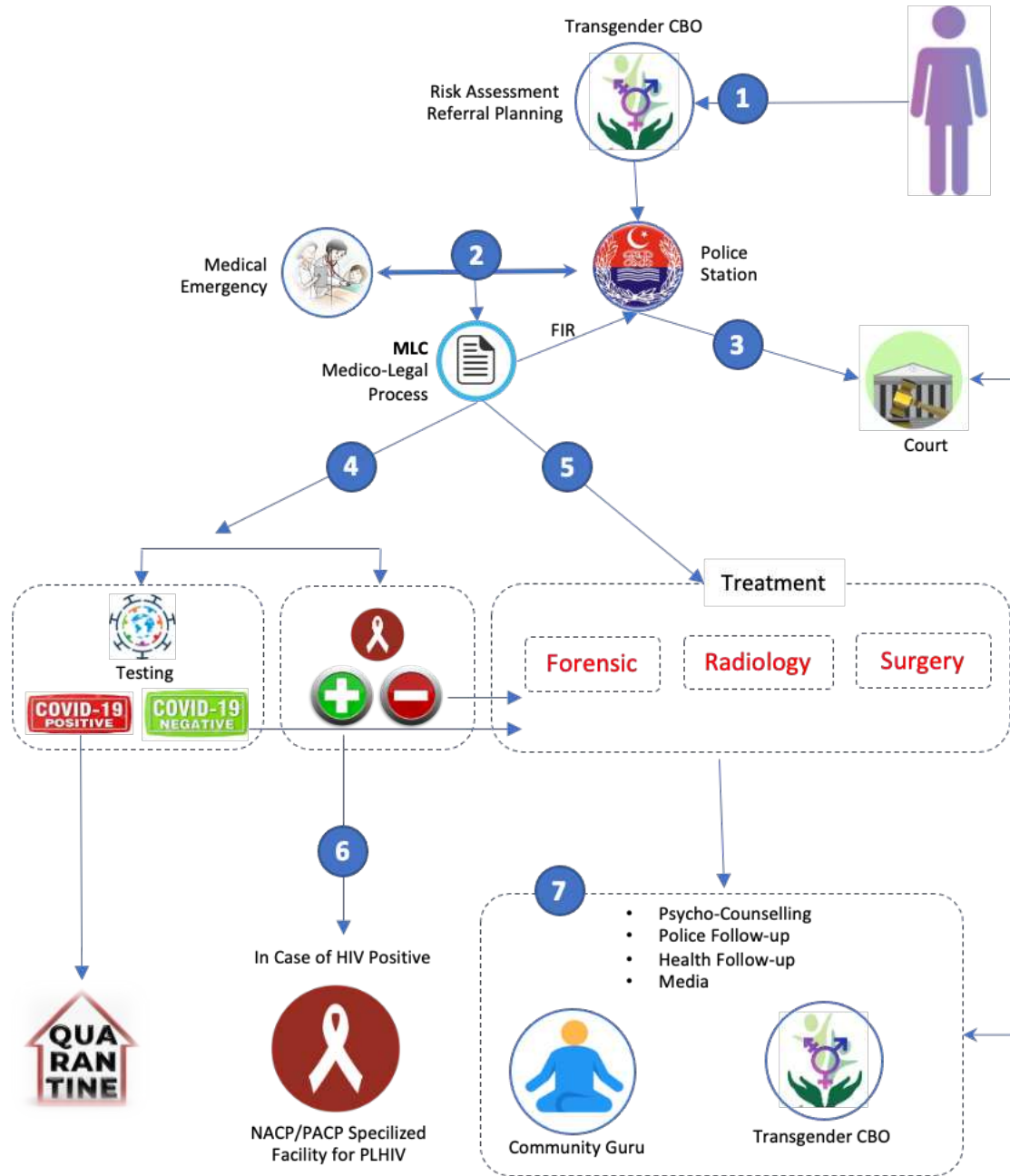
کردار

ماں	بیٹی	باجی (خاتون لیڈر)	حکیم
ماں اپنی بیٹی کو لیکر باجی کے پاس جاتی ہے اور ہمسائے کی زیادتی کے بارے میں بتاتی ہے۔	بیٹی روتے ہوئے اپنی ماں کا ہاتھ چکڑے منہ کو چھپاتے چلتی ہے۔	باجی ماں اور بیٹی کو کسی حکیم کے پاس جانے کا مشورہ دیتی ہے۔	حکیم ماں سے کہتا ہے کی لڑکی کے ساتھ جنسی تشدد ہوا ہے۔ میں درد کم کرنے کیلئے دوا دے دیتا ہوں مگر آپ کو وکیل سے مشورہ کرنا چاہئے۔
قانونی مشیر (وکیل)	نرس	پولیس آفیسر	ڈاکٹر
وکیل ان کی کہانی سنتا ہے اور انہیں معائنہ کیلئے ہسپتال جانے کا کہتا ہے۔	نرس لڑکی کا معائنہ کرتی ہے اور مشورہ دیتی ہے کی وہ پولیس آفسر کے پاس جائے۔	1. ماں پولیس آفیسر کے پاس جاتی ہے، وہ پوری کہانی سنتا ہے اور کہتا ہے کہ وہ معاملے کی تحقیق تک جانے کا مگر آپ کو پہلے ڈاکٹر سے میڈیکل سرٹیفکیٹ لینا ہو گا۔ 2. ماں سرٹیفکیٹ لیکر پولیس آفیسر کے پاس واپس جاتی ہے وہ اسے کارروائی کی یقین دہانی کراتا ہے۔ 3. پولیس آفیسر اسے بتاتا ہے کہ وہ اس کی تحقیق نہیں کر سکتا کیونکہ اس کے پاس کوئی سواری نہیں ہے۔	ماں بیٹی ڈاکٹر کے پاس جاتی ہیں، پوری کہانی سناتی ہیں، ڈاکٹر ان کا جسمانی معائنہ کرتا ہے اور پولیس کیلئے میڈیکل سرٹیفکیٹ دیتا ہے۔
ہمسایہ	سماجی کارکن	پروسیکشن ورکر	NGO کا نمائندہ
ہمسائے کو پتہ چلتا ہے تو وہ ماں بیٹی کو دھمکانے پہنچ جاتا ہے۔ کیونکہ اسے پتہ چلا ہے کہ وہ پولیس کے پاس گئے تھے	ماں مدد کے لئے سماجی کارکن کے پاس جاتی ہے۔ سماجی کارکن اسکی روداد سن کر اسے دوبارہ پولیس کے پاس جانے کو کہتا ہے۔	پروسیکشن ورکر ان کی کہانی سنتا ہے، تحفظ کی یقین دہانی کراتا ہے اور کسی NGO کے پس جانے کو کہتا ہے۔	نمائندہ تمام روداد سنتا ہے اور خدمات کے طریقہ کار کا بتاتا ہے جس سے ان کو مدد مل سکتی ہے۔ وہ ماں اور بیٹی کو بتاتا ہے کہ اور بھی لڑکیوں کے ساتھ ایسا ہوا ہے۔ وہ مشورہ دیتا ہے کہ اپنی کہانی اور بھی لوگوں کو بتائیں تاکہ ایسے واقعات دوبارہ نہ ہوں۔

A TYPICAL HEALTH FACILITY



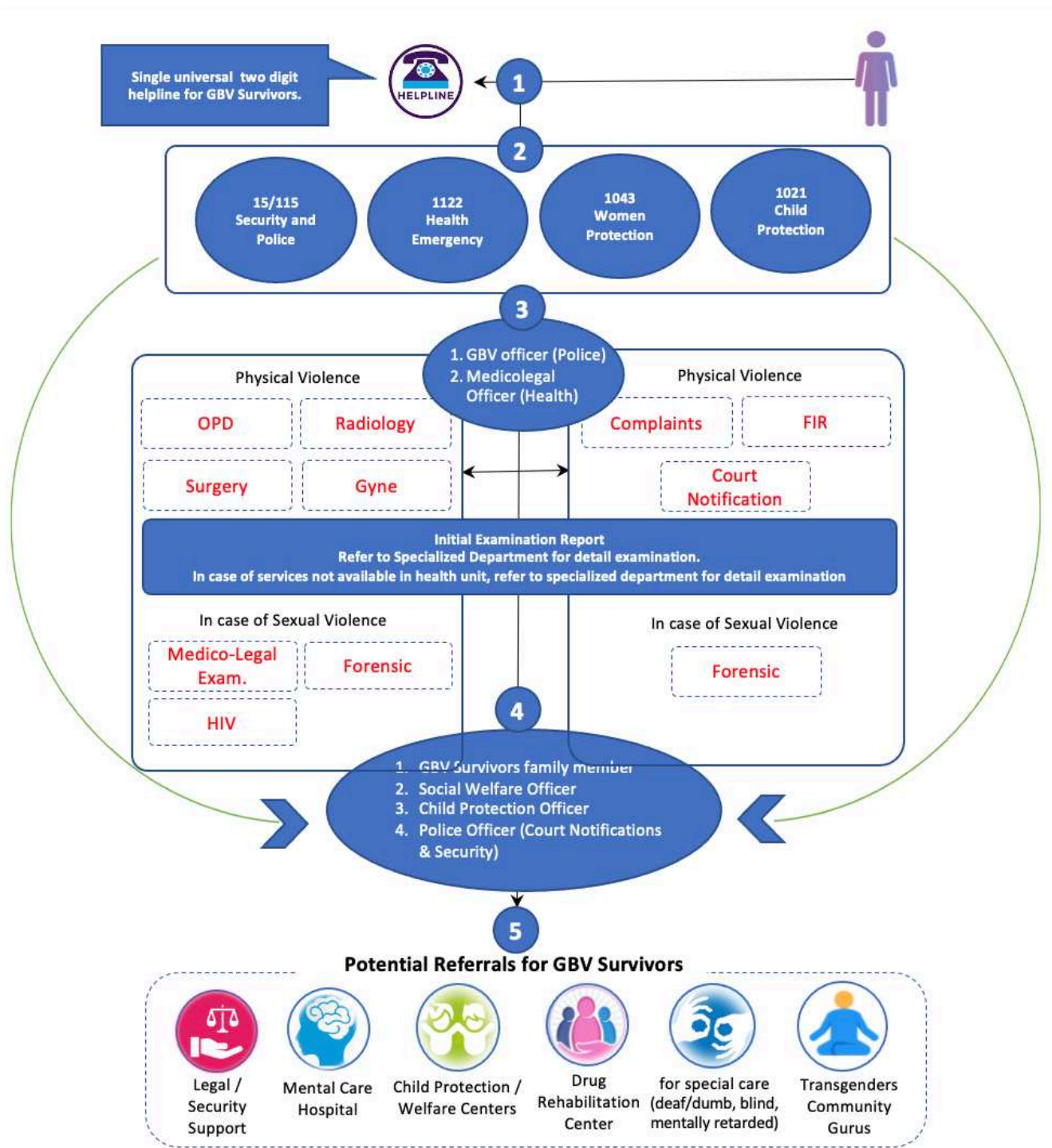
IN CASE OF TRANSGENDER GBV SURVIVOR



In case of...

- **Public Quarantine**, no specific ward required due to COVID-19 isolation process.
- **Hospitalization**, ward is advised based on sex determination by the specialist.
- **HIV-Aids**, refer to specialized facilities by national/provincial aids control programs.

PROPOSED MULTISECTORAL REFERRAL SYSTEM FOR GBV SURVIVORS



HEALTHCARE PRACTITIONERS & SERVICE PROVIDERS PROFESSIONAL MANDATE³

The healthcare management is the key emphasis for a GBV survivors, including women, girls, boys/men and transgender. The equality of treatment in providing services and quality of care is the professional mandate of healthcare providers. Access to high quality, confidential, integrated healthcare services is a critical and life-saving component of a multi-sector response to GBV in emergencies. The healthcare service providers are at the front line officers to respond the GBV emergencies with highly confidential and non-discriminatory manner by considering their sex, gender, age and any specific needs in specific GBV situation.

Protect a Survivor				
Listen	Inquire	Validate	Enhance Safety	Support
Listen to the survivors closely, with empathy, and avoid judgements.	Assess and respond to their various needs and concerns— emotional, physical, social and practical (e.g., childcare)	Show them that you understand and believe them. Assure them that they are not to blame.	Discuss a plan to protect them from further harm if violence occurs again.	Support them by helping them connect to information, services and social support towards their ultimate rehab.

Support a Survivor
<ul style="list-style-type: none"> <input type="checkbox"/> Identifying their needs and concerns <input type="checkbox"/> Listen and validate their concerns and experiences <input type="checkbox"/> Help them feel connected to others, calm and hopeful <input type="checkbox"/> Empower them to feel able to help themselves or ask for help <input type="checkbox"/> Exploring what options, they have <input type="checkbox"/> Respect their wishes <input type="checkbox"/> Help them to find social, physical and emotional support <input type="checkbox"/> Enhance and ensure their safety

Care Considerations for Various GBV Survivors		
<p>Pregnant Women</p> <p>Pregnant women may face a higher risk of miscarriage, pregnancy induced hypertension, premature delivery and infections, including hepatitis and HIV. These survivors will need special counselling and referral to specialized gynaecological services. The health service provider should also ensure that the medical drugs that are prescribed for the clinical management of rape have no side effects (or contraindications) on the pregnancy.</p>	<p>Adolescent Girls</p> <p>Given their age, lack of decisionmaking power and limited access to care, inform their parents or guardians immediately for the potential long-term reproductive health implications of denying medical treatment to adolescent survivors. It is important to ensure that female health service providers are available to provide counselling and treatment. Service provision should be non-judgmental and nondiscriminatory. Health systems should be supported to tailor protocols for service provision to adolescent girls.</p>	<p>Male</p> <p>: Men and boys can also experience GBV in emergencies, including rape and other forms of sexual violence. GBV can cause significant and longlasting impacts on physical and mental health and well-being as well as the socio-economic status of male survivors and their families. Male survivors also have specific needs regarding treatment and care that should be addressed by health care providers. It is important that health staff members understand and are trained to identify indications of GBV in men and boys.</p>
<p>Child survivors</p> <p>Children are more vulnerable than adults to exploitation and abuse, due to their age, size and limited participation in decision-making. Depending on the context, girls and boys may face specific protection risks related to their age and gender. Health service providers, teachers, parents, caregivers and others should be aware of the signs and symptoms of child abuse, as girls and boys will often remain silent. Child survivors and their families have specific needs and require a tailored response and</p>	<p>Transgenderers</p> <p>Transgenderers are the most vulnerable segment of the society especially in case of GBV emergencies. Services should be provided in a non-discriminatory manner, with their informed consent or their Guru. Confidentiality and respect is also mandatory to report all cases of physical and sexual violence. Immediate care and safety should be primary consideration based on Transgenderers' sexual identify and best interest. Transgenderers care,</p>	<p>Person with Functional Limitations</p> <p>Functional limitation could be one of the key factor in GBV emergency. Assess the limitation and make necessary arrangement for the survivors to feel safe and comfortable, prior to any process. The special person have special needs, assess and analyze them before treatment e.g., wheel chair, special gadgets, medicines, mobility, access to toilet, special beds, ramps, etc. Make sure to have an interpreter for special cases like. speaking, hearing, understanding, etc.</p>

³ Conceived from Clinical Handbook, WHO; Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, UNFPA

specialized services. Children should be interviewed and treated in an environment where they feel safe, using child-friendly communication techniques.

recovery and healing should be built upon their community support networks.

ACTION

Arrival Checklist

There is a need to establish special protocols for GBV emergencies and adopted by the paramedical and support staff at healthcare facilities. Following is checklist with key actions and considerations for a GBV survivors upon their arrival, care and exit from the health facility. Please **ENSURE.....**

Sr.	Considerations	Availability Check
1	... the availability of a GBV focal point in health facility	
2	... GBV survivors have access to high-quality, life-saving health care, including post-rape treatment.	
3	... women and adolescent girls have immediate access to priority reproductive health services in case of pregnancy.	
4	... GBV trained professional to respond special cases especially, pregnant women, adolescent girls and other at-risk groups.	
5	... train service providers to understand and identify male survivors of GBV and to provide services that are responsive to the specific needs of men and boys.	
6	... to have trained paramedial and support staff to respond GBV survivors and referrals mechanism.	
7	... to enhance the capacity of health providers, including midwives and nurses, to deliver quality care to survivors through training, support and supervision, including on GBV prevention and response.	
8	... health actors are integrated into SOPs and included in the referral pathway.	
9	... information sharing and coordination between health institutions and GBV referral institutions.	
10	... the staff is trained to provide services and support that are appropriate to the survivor's age, sex and nature of incident.	
11	... to have sufficient health kits, including post-rape treatment supplies and other clinical commodities to viable health centres, mobile clinics and health staff.	
12	... to provide extra, need based support to person with special requirements (hearing impaired, visual impaired, mobility limitations, mental disorder, transgender community, etc.)	
13	... to collect sex and age-disaggregated including the data on pregnant, transgenders and persons with disabilities, etc.	



Exit and Referral Support

The healthcare staff may help the GBV survivors in providing information, documents, contacts and support upon leaving the facility for next destination:

- Necessary Examination Reports (COVID19, hepatitis b/c, HIV, etc.)
- Medico-legal examination or injury reports
- Information about the next referral (name, contact, address, etc.) destination.
- Medical prescriptions and list of medicines (in case of pregnancy and treatment continuation)
- Blood bank and transfusion centers information (in case of such diseases)
- Coordinate with Social Welfare Staff or designated officer for shelter, if required
- Ensure women, girls and other at risk groups (including persons with disabilities and transgenders) are informed of referral pathways and GBV response services.
- Arrange transport (ambulance) in case of injuries or such support required.



Take Care Yourself

Your needs are as important as those of the women you are caring for. You may have strong reactions or emotions when listening to or talking about violence with women. This is especially true if you have experienced abuse or violence yourself – or are experiencing it now.

Be aware of your emotions and take the opportunity to understand yourself better. Be sure to get the help and support you need for yourself.

Keys

10 Key Questions of Gender Analysis

Sr.	Questions	To Analyze
1	Who does what? why?	Activities
2	How? With what?	Access to resources
3	Who owns what?	Ownership of assets
4	Who is responsible for what?	Roles and responsibilities
5	Who is responsible for what?	Roles and responsibilities
6	Who controls what?	Income and spending power
7	Who decides what?	Power
8	Who gets what?	Distribution
9	Who gains-who loses?	Redistribution
10	Why?	What is the basis for Rules and laws/Norms/Customs this situation?

(Sources: UN and Tearfund UK)