

MORE THAN SHELTER

NEEDS ASSESSMENTS OF DAR UL AMANS
& SHELTERS IN PAKISTAN



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MESSAGE FROM NCHR

The National Commission for Human Rights (NCHR) is an independent statutory body created to investigate matters pertaining to all forms of violations of human rights within the territorial jurisdiction of Pakistan, under the National Commission for Human Rights Act, 2012. Under its broad mandate, NCHR has worked extensively to protect the rights of Pakistani women, and NCHR believes that the need for comprehensive and effective support systems for women facing violence has become more pressing than ever.

Earlier this year, a young woman was sexually assaulted in Fatima Jinnah Park, in the heart of the capital. This incident was a harrowing reminder of the dangers our women face in public spaces. A similar narrative surrounds offices: workplace harassment is on the rise, with professional groups such as women journalists battling physical and online threats, as revealed by NCHR's Complaint Cell for Women Journalists. In the absence of Federal legislation against domestic violence, NCHR has also noted an alarming increase in cases of domestic violence against women and girls. Each case represents a story of profound suffering, injustice, and vulnerability that demands our immediate attention and action. These cases reveal the unsettling reality that our women are not safe in recreational spaces, in their places of work, and even in their own homes.

NCHR believes that the maintenance and improvement of Dar-ul-Amans is an integral and urgent matter. There is a critical need to ensure that women and girls are provided with free, easily accessible spaces where they may feel secure and rehabilitated, without fear of bias or harassment of any kind. Women's shelters serve as beacons of hope, empowering women to reclaim their agency and rebuild their lives, free from the shackles of fear and abuse.

With this in mind, NCHR and UN Women are publishing "**More than Shelter: Needs Assessment of Dar ul Aman's and Shelters in Pakistan,**" a comprehensive report detailing the conditions of Dar-ul-Amans across Pakistan. This report aims to serve as more than just an information resource: it is a call to action for reforming and strengthening our women's shelters. I extend my heartfelt gratitude to all those who have contributed to the realization of this report, especially the courageous women who have entrusted us with their stories.

NCHR stands resolute in its commitment to safeguarding the rights and well-being of women in Pakistan, and NCHR firmly believes that the enhancement and sustained improvement of Dar-ul-Amans are central to this commitment. Together, let us champion the cause of women's safety, ensuring that Dar-ul-Amans evolve into sanctuaries of hope, resilience, and empowerment.

Rabiya Javeri Agha

Chairperson
National Commission for Human Rights (NCHR)



MESSAGE FROM UN WOMEN

Violence Against Women is a manifestation of power inequalities and discrimination. It is a heinous human rights violation.

One in three women in the world have experienced intimate partner violence. Numbers in Pakistan are not too far from the global trends. VAW impacts women regardless of age, socioeconomic status, geographic location, or ethnic or cultural background, throughout their lives. Once violence occurs, a majority of survivors choose to remain silent for a variety of reasons - as many as 56% of women do not even share the incident with their family. Reporting to official authorities is extremely low, and when a survivor steps out to seek justice, she has to go through many links in the justice sector chain to follow her pursuit. More often than not, she experiences a lack of support, negative attitudes like stigma and victim-blaming, threats of further violence, and re-traumatization, that compel her to give up the case. A recent study found that a woman is raped in Pakistan every two hours, against which backdrop only 1,301 cases were heard in 44 Pakistani courts in 2022. Only 4% of the cases proceeded to trial and the conviction rate remained at an appalling 0.2%.

Shelters are an essential link in this chain and are meant to provide support to safe abode for survivors of violence. They help them recover physically and mentally from the trauma and serve as a safe space for residents from where they can be facilitated to access all the other services they need. However, in Pakistan, most shelters are unable to provide quality, responsive, and survivor-centric services as outlined in the UN's flagship global program on Essential Services Package for Women and Girls Subject to Violence.

A study conducted by UN Women on the Journeys of GBV Survivors through the Justice System in Punjab found that while most shelters did provide a safe space to the residents, other services did not meet their needs. Although 5 of the respondents of this longitudinal qualitative study had stayed in shelters during their pursuit of justice, and some continued to reside there due to the threat of violence, shelters did not feature as a significant point of discussion in any of the interviews. This can perhaps be attributed to the physical, psychological, and financial toll the other institutions took on them during their journey, thereby pushing their shelter experience into the background and simply as a place of protection. However, the study found that the absence or inadequate nature of services provided at shelters greatly impacts the quality of the survivors' rehabilitation and is also a deciding factor of whether or not they stick through till the conclusion of their case.

In order to examine the situation on the ground, both for identifying challenges faced by government-run shelters and recommending solutions, the National Commission for Human Rights (NCHR) and UN Women jointly undertook this study with Aurat Foundation as the research partner. It also benefitted from the support and commitment of shelter staff and officials of the parent departments, without whose cooperation it would not have been possible, and with whom we plan to take concrete steps to address the challenges. We are proud to present this report: "More Than Shelter - Needs Assessment of Dar ul Amans & Shelters in Pakistan", which delves deep into the pivotal role of shelters in providing refuge and services to survivors of violence.

The report, which uses the mixed methodology of quantitative as well as qualitative tools, highlights a concerning trend, with 70% of residents being young females (14-30 years), facing a grim panorama of physical, psychological, sexual, and financial abuse. An overwhelming majority of residents (90-100%) at all shelters

reported experiencing domestic violence. While the SOPs under which shelters operate, mandate them to provide shelter, food, medical and legal aid, psychological counselling, vocational training, and childcare and education facilities for residents' children, the study found that food and shelter were the only services available at all shelters. Further, the lack of safe transitional housing poses risks, as leaving shelters can lead to further violence, stigmatization, and even fatalities.

This collaborative effort underscores our commitment towards understanding and improving the conditions within shelter homes, elevating the quality of support available to survivors, and reinforcing our dedication to empowering them. By addressing the multifaceted aspects of shelter services, we can contribute significantly to the rehabilitation and resilience of women overcoming the harrowing experience of gender-based violence.

In conclusion this report not only sheds light on the challenges but also presents a roadmap for tangible improvements. It is a call for urgent action to design and implement collaborative and comprehensive measures to enhance the services provided by shelters by improving budget allocations, infrastructure, and human resources; developing effective implementation mechanisms; and improving coordination with multi-stakeholders to provide seamless facilitation to the survivors. UN Women, along with our partners, is poised to drive positive change, advocating for the rights and well-being of women in shelters and contributing to a society where every survivor of violence can seek refuge, rebuild her life, and flourish in society. Together, let us transform the challenges identified into opportunities and pave the way for a more inclusive and supportive future for women in Pakistan!

Sharmeela Rassool

Country Representative
UN Women Pakistan.



MESSAGE FROM AURAT FOUNDATION

Violence against women and girls (VAWG) is a fundamental human rights violation, originating from unjust and unequal power dynamics and gender structures within our societies. In Pakistan, significant changes in laws, policies, and practices have occurred to address this menace.

The report “More than Shelter - Needs Assessment of Women’s Shelters in Pakistan” investigates causes and forms of VAWG and its remedies. The report is informed by the lived experiences of women whose lives are impacted by VAWG. The data and insights presented in this report are a result of extensive research, capturing knowledge and insights of stakeholders, including policy makers, provincial government officials, including social welfare and women development departments, and women machineries, duty-bearers, experts, advocates, and organizations working tirelessly to combat VAWG as well as survivors themselves.

The findings of the report are a testament to the unwavering commitment of the federal and provincial governments to promote gender equality and eliminate violence. It highlights the responsibility of the state, policy makers, the community, and individuals for acting to end VAWG.

Aurat Foundation would like to express gratitude to all who played a role in the creation of this report, with special recognition to the experienced and knowledgeable AF core team who significantly contributed, as well as the dedicated teams of the National Commission for Human Rights and UN Women, who made invaluable contributions for its development. The report reflects our collective dedication in eradicating this grave human rights violation and commitment to a world where VAWG is no longer tolerated.

Let’s leverage the insights and recommendations presented in this report as a catalyst for change, work together to turn the words on these pages into actions, to ensure that women can live free from fear, discrimination, and violence.

Mumtaz Mughal

Lead Researcher, Director Programmes
Aurat Foundation

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This study of government-run shelter homes in all 4 provinces and the Islamabad Capital Territory, was designed and commissioned by UN Women Pakistan, and carried out by Aurat Foundation. It was conducted in seven Dar ul Amans (DuAs), and two Shaheed Benazir Bhutto Human Rights Centres for Women (SBBWCC). It was completed under the technical guidance of Saman Ahsan, Portfolio Manager, Ending Violence Against Women, Governance & Human Rights, UN Women Pakistan, with support from the UN Women EAW team including Javeria Khalid, Umme Kulsoom, Umer Ehsan, Muhammad Younas Khalid, and Yasir Amanat Khan, as well as Heads of Sub Offices, Ayesha Wadood (Balochistan), Zainab Khan (Khyber Pakhtunkhwa), Kapil Dev (Sindh), and Hafsa Mazhar (Punjab).

The report was finalized in collaboration with the National Commission of Human Rights, under the leadership of Chairperson Rabiya Javeri Agha, with valuable support from the team Jawahar Fatima and Eman Malik.

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Particular appreciation goes to the survivors of violence in shelters who described their experiences, despite the difficulties in their lives. Their heartrending responses provided the crucial voices that are needed to understand the shelter experience so that services can be improved.

The physical data sheet was updated in 2022-2023 with the support of the National Commission for Human Rights (NCHR) and the UN Women team. We are grateful for their sincere efforts in this regard.

LIST OF ACRONYMS

ARCC	Anti-Rape Crisis Cell
AR(I&T)	Anti-Rape (Investigation & Trial) Act
BISP	Benazir Income Support Programme
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CII	Council of Islamic Ideology
CSOs	Civil Society Organizations
DCJCC	District Criminal Justice Coordination Committee
DRC	Dispute Resolution Councils
DWPC	District Women Protection Committee
DWPO	District Women Protection Officer
DUA	Dar ul Aman
DV	Domestic Violence
EU	European Union
EVAWG	Ending Violence against Women and Girls
FATA	Federally Administered Tribal Areas
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GRB	Gender Responsive Budgeting
ICT	Islamabad Capital Territory
IDI	In-depth Interview
IGP	Inspector General Police
IT	Information Technology
KII	Key Informant Interview
KP	Khyber Pakhtunkhwa
KPCSW	Khyber Pakhtunkhwa Commission on the Status of Women
LAJA	Legal Aid & Justice Authority
MIS	Management Information System
MLO	Medico-Legal Officer
MPA	Member Provincial Assembly

MoU	Memorandum of Understanding
NCHR	National Commission for Human Rights
NCSW	National Commission on the Status of Women
NGO	Non-governmental Organization
NMD	Newly Merged District
PAHWA	Protection against Harassment of Women at the Workplace Act
PC-1	Planning Commission Form 1
PCSW	Provincial Commission on the Status of Women
PPWVA	Punjab Protection of Women against Violence Act
PWPA	Punjab Women Protection Authority Act
RoBs	Rules of Business
SBBWCC	Shahid Benazir Bhutto Women Crisis Centre and Shelter Home
SCSW	Sindh Commission on the Status of Women
SDG	Sustainable Development Goal
SDPO	Sub-divisional Police Officer
SOPs	Standard Operating Procedures
SWD	Social Welfare Department
SWWED	Social Welfare, Special Education and Women's Empowerment Department
SPSS	Statistical Package for Social Sciences
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UN Women	United Nations Entity for Gender Equality and Women's Empowerment
VAW	Violence against Women
VAWC	Violence Against Women Centre
VAWG	Violence against Women and Girls
SRU	Strategic Reforms Unit
WDD	Women Development Department
WHO	World Health Organization
WWD	Women with Disabilities

EXECUTIVE SUMMARY

Shelters are essential services for survivors of gender-based violence (GBV) and violence against women and girls (VAWG). The objective of establishing a shelter is to provide protection, prevention, rehabilitation, and reintegration services to the women living there. Shelters are only one of the links in the chain supporting survivors, and VAWG cannot be effectively addressed from a single point – it requires coordinated action across multiple sectors and stakeholders. Nevertheless, shelters and the services they provide are critical for enabling survivors to gain refuge and support, enhance their well-being, access justice, and rebuild their lives.

In view of the important role that shelters play, UN Women designed and commissioned a study with three key objectives:

- i. to undertake a comprehensive needs assessment;
- ii. to prepare an implementation plan for technical capacity-building; and
- iii. to identify recommendations for a refurbishment/ upgradation plan of identified shelters.

The study was conducted during 2018-2019 and updated in 2023. The geographical scope of the study includes seven Dar-ul-Amans (DUAs) shelters in all four provinces and two Shaheed Benazir Bhutto Human Rights Centres for Women (SBBWCC) in Islamabad Capital Territory (ICT) and Quetta, Balochistan. It used a mixed-method approach, deploying different qualitative and quantitative research techniques to achieve the objectives. These included desk review, physical verification of facilities using a checklist, in-depth interviews (IDIs) and focus group discussions

(FGDs) with shelter residents, a training needs assessment of shelter staff, and key informant interviews (KIIs) with stakeholders. Stakeholder consultations were also conducted at the provincial level.

The quantitative data was analysed using SPSS version 22 and MS Excel, while qualitative data was analysed using NVIVO 11, and a thematic analysis was performed. The study adopted protocols and guidelines provided by WHO, UN Women, UNFPA, and other international organizations to ensure the safety and security of the survivors. All ethical considerations such as obtaining informed consent, ensuring anonymity and confidentiality, the principle of do no harm, and the safety of respondents and researchers, were adhered to.

Legislative Framework Governing Shelters

At the start of the study, an extensive desk review was conducted, which substantiated that Pakistan has made a number of international commitments to address VAWG, gender inequality, and discrimination against women. There are also several national and provincial laws and policies promulgated for the protection of women from violence and exploitation. After the passage of the 18th Amendment to the Constitution in 2010, key powers were devolved to the provinces, enabling them to make their legislation and implement new interventions. Punjab province has been at the forefront of these efforts. However, though considerable legislation has been put into place, gaps remain between laws and policies on the one hand, and their implementation on the other,

due to technical and structural gaps. Furthermore, in Pakistan's deeply entrenched patriarchal environment, the implementation of pro-women laws has always been a significant challenge.

SBBWCCs are devolved to the provinces, but their adoption remains challenging in terms of ownership and the promulgation of Rules of Business (RoBs). The study reveals that SBBWCCs are operating without legal cover in Balochistan and ICT, which suggests that they may not have specific legal protections or regulations in place that govern their activities and operations. In ICT, the SBBWCC is working under the Ministry of Human Rights and is called the Family Protection and Rehabilitation Centre. Keeping in view the current legislative and administrative interventions, there is a need to develop or revise SOPs in Punjab, Balochistan, and ICT. Moreover, there are no Minimum Caring Standards for SBBWCCs to monitor the quality of services.

In Punjab, under subsection (6) of Section 13 of the Punjab Protection of Women Against Violence Act 2016, the SBBWCCs have been declared as Protection Centres and Dar-ul-Amans as Shelter Homes vide Notification No. SO(D)1-56/2017(P-VI) 21 December 2022. Likewise, vide the same notification, Managers and Social Welfare Officers/ Psychologists have been declared as District Women Protection Officers and Women Protection Officers, respectively under subsection (1) of Section 14 of the Punjab Protection of Women Against Violence Act 2016. In the case of Khyber Pakhtunkhwa (KP) and Sindh, the SBBWCCs have been abolished by the government.

In contrast, Dar ul Amans (DUAs) have recently come under the protection of provincial domestic laws. The Rules of Sindh Domestic Violence Act, 2013, the Balochistan Domestic Violence Act, 2014, and the Khyber Pakhtunkhwa Domestic Violence against Women (Prevention and Protection) Act, 2021 have been finalized and notified. However, the Rules of Business of the Punjab Protection of Women Against Violence Act, 2016 have not been framed and notified to date.

Overview of the Residents

Violence affects the lives of millions of women, irrespective of age, socioeconomic status, wealth, race, religion, sexual identity, or culture. The IDIs of the residents revealed that at the shelters the largest group (70%) comprised girls and young women aged 14-30 years. Most of the residents were illiterate. While most residents were married, some were widows. A majority of residents were married early, 92% before they reached 20 years of age. Likewise, a majority had experienced forced marriage. Almost all had faced multiple forms of violence including physical, psychological, sexual, and financial abuse. Residents of all shelters reported having experienced domestic violence (DV).

The FGDs corroborated the finding that women face multiple forms of violence. The lack of safe transitional housing remains an issue of particular concern, with several women reportedly killed by their families upon leaving the shelter and many more at risk of further violence.

The KIIs and stakeholder consultations showed that most informants were aware of women protection laws and the situation and determinants of VAWG in Pakistan. They expressed that the laws were poorly implemented due to a range of reasons, and that the general public perceived shelters to be havens for "bad" women. This stigma deprives shelters of community support. Informants opined that discrimination, violence, abuse, exploitation, and discrimination, are deeply rooted in this patriarchal society, and women survivors are at a disadvantage in the pursuit of justice.

Physical Infrastructure of Shelters

The physical checklists found that all assessed shelters were situated in government buildings except in the SBBWCC Quetta, which is situated in a rented building. The external environment of these shelters (security system, exit routes, ventilation, and other amenities) was not found to be satisfactory, and it is a grave concern that important security measures

(particularly jammers, security gates, door viewers, physical security check equipment) were deficient at various shelters. The condition of interior spaces (rooms, kitchens, and bathrooms) was also generally inadequate, and there were no visitors' rooms, separate counselling rooms, or libraries in certain shelters. While all seven had kitchens, these were not in good condition. Likewise, fire safety was not satisfactory at all the shelters.

Shelters generally lacked facilities to accommodate the needs of women with disabilities (WWDs) or children. Communication facilities were available in most shelters but there was a lack of equipment and supplies. A land phone facility was available for the residents with a specific time allocation for a week. Internet facility was not available for the residents.

Access to transport facilities for the residents of shelters was also not satisfactory. Out of seven shelters, three lacked a vehicle (Abbottabad, Peshawar, and Quetta) while the position of the driver was filled in Abbottabad and Quetta. In the SBBWCCs of Quetta and ICT, two vehicles were available in each, however, in ICT the driver's post was vacant and the security guard was performing these duties.

The inadequate infrastructure of the shelter points to the nature of social and cultural attitudes toward women and girls and the lack of gender sensitivity among administrators and policymakers. This is corroborated by the lack of attention to shelter residents' privacy, economic empowerment, freedom of movement, comfort, or recreation, rendering many shelters closer to prisons than places of refuge.

Services Provided and Human Resource Capacity

In addition to the gaps in the physical infrastructure, a large number of staff positions were vacant at most shelters. The positions of medical officer, psychologist, assistant, and computer operator were vacant in four shelters. The positions of drivers and sweepers were also vacant in Faisalabad, Peshawar, and Sukkur DuAs and ICT SBBWC.

There was mixed feedback concerning types of services such as education/ learning, economic integration,

legal aid, medical care, and group counselling. Similarly, residents had a range of responses regarding the degree of respect and care at shelters. However, residents at all shelters felt secure while staying there.

It was encouraging to note that basic medical equipment and supplies were available at all shelters except Faisalabad. However, overall medical services provided to the residents were inadequate. Psychologists were not available at all shelters, hence counselling was not regularly provided. Feedback on the support available for infants and children was also mixed. Moreover, legal aid was not provided free of cost at all the shelters.

There was no systematic complaint-handling mechanism or rehabilitation programme in the shelters, and vocational training was widely felt to be outdated. There is no dedicated helpline to address DV in all provinces. Likewise, there is no Management Information System (MIS) in the provinces except Punjab.

Training needs assessment of shelter staff triangulated the staff's own perceived needs with recommended training topics and the findings of other components of the study. The assessment showed a lack of understanding of gender, GBV, shelter SOPs, and how to handle survivors with respect and dignity. There was also negligible awareness of pro-women laws among both staff and survivors.

The findings of the training needs assessment highlighted the need for an inclusive and sustained capacity-building plan that would cover all shelter staff (from management to support levels) and the senior officials of concerned departments.

Recommended Legal and Policy Changes

Islamabad (ICT)

- The Domestic Violence (Prevention and Protection) Bill for ICT needs to be enacted and the SBBWCC should be brought under the umbrella of this law.

Punjab

- There is a dire need to immediately formulate RoBs under the Punjab Protection of Women against Violence Act, 2016 (PPWVA) and Punjab Women

Protection Authority Act, 2017 (PWPA), including the regulation of affairs of the protection centres and shelter homes specified in Section 29 of the PPWVA, and adjust SOPs after these are passed.

- For dealing with the cases of Sexual Violence/ Assault, enabling links and integration mechanism between the PPWVA and the Anti-Rape (Investigation and Trial) Act 2021 (AR(I&T) A) may be created in Punjab.
- The District Women Protection Officer (DWPO) in each district may be a member of the Anti-Rape Crisis Cell (ARCC) and a member from ARCC be added to the District Women Protection Committee (DWPC).
- DWPO of every district may be a member of the District Criminal Justice Coordination Committee (DCJCC).
- A single helpline on the issue of VAW may be created by integrating 1043 (WDD helpline), 15 (Police Helpline), 8787 (GBV Cell Inspector General Police Punjab), and others.

Khyber Pakhtunkhwa (KP)

- A policy review of the KP Police Act, 2017, is needed related to Dispute Resolution Councils (DRCs), in the context of resolution processes for DV cases, deterrence, and referral of VAWG.

Sindh

- Under the provisions of the Sindh Domestic Violence (Prevention and Protection) Act, 2013, the provincial government is obligated to provide protection services to survivors of VAWG in case of emergency, but such services are inadequate and insufficient.

Balochistan

- Both SBBWCCs and DUAs lack legal protection and are running as per PC-I, although the Domestic Violence Act 2014 has been passed in Balochistan and RoBs framed thereunder.

Overall

- **Revised SOPs are needed for all shelters, based on the specific provincial context/ requirements.**

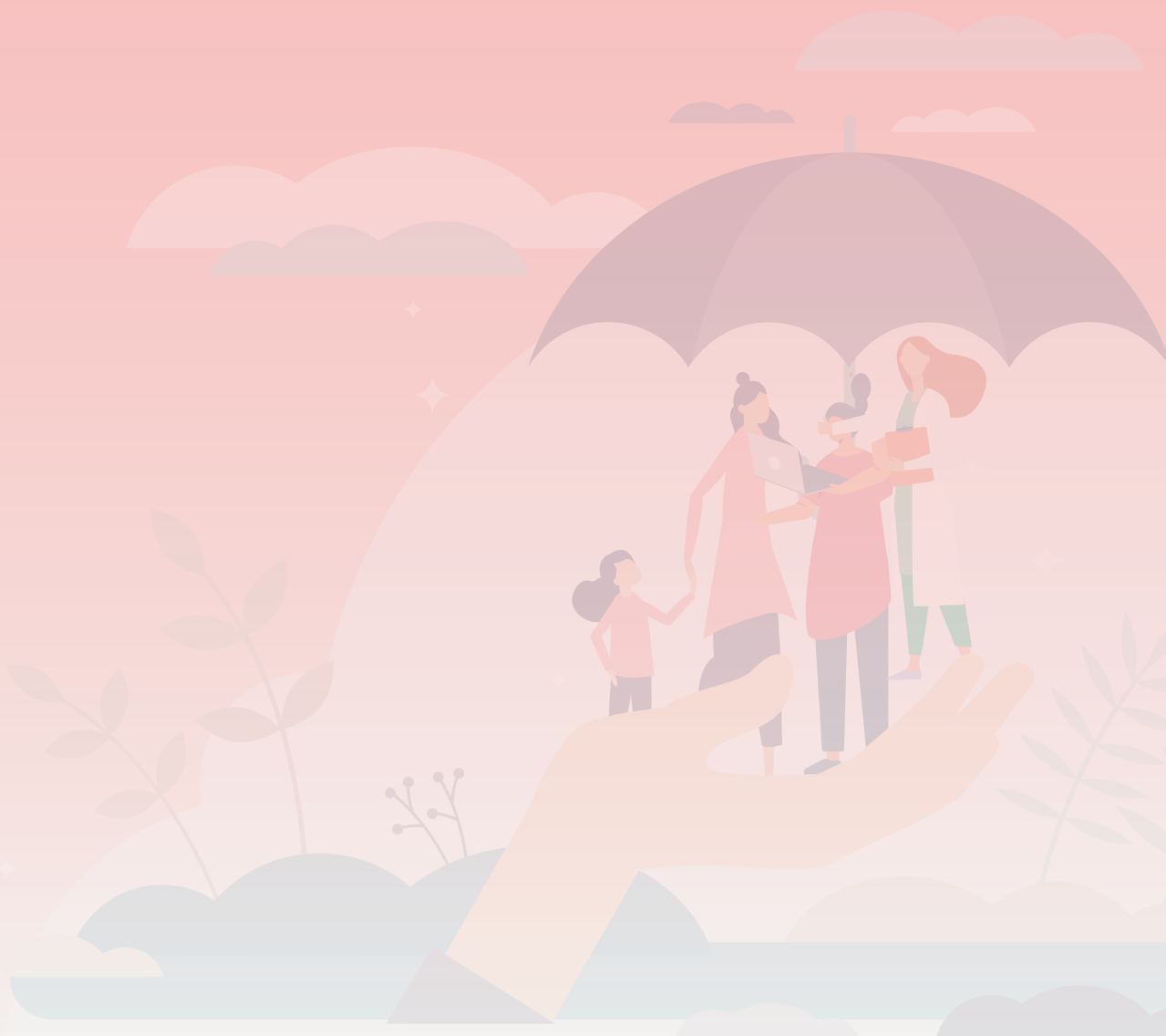
In Punjab, The Punjab Women Protection Authority may issue necessary instructions, directions, or guidelines to ensure minimum standards, code of conduct, and standing operating procedures for the purpose. Moreover, in Balochistan and ICT, there is a need to develop minimum caring standards to monitor the quality of services in shelters.

- **Strong monitoring mechanisms are required for the implementation of provincial domestic violence laws.** The process of post-legislative scrutiny may help improve the implementation mechanism of laws.
- **Budgetary allocations should be reviewed and increased.** This will ensure that funds are available to upgrade shelters, hire and train staff, cover operating expenses, and provide essential services.
- **Shelter infrastructure should be inclusive and women-friendly.** The structure of the shelter should fulfil the needs of the residents, including persons with disabilities, pregnant women, children, and senior citizens.
- **Shelters should not be like prisons.** Instead, they should have a homely atmosphere where the residents feel a sense of comfort and well-being. Facilities should be in place for care, well-being and learning of infants and children.
- **Shelters should be made approachable and accessible to survivors of violence.** A dedicated helpline should be established at the provincial level for support to survivors, similar to police and rescue services helplines. This will help survivors get quick responses or support in emergencies. This service should be integrated within all provincial shelters and must also have an interlinking communication system with other provincial services.
- **Quality services should be made available to all survivors.** A complete package of services, including free-of-cost legal, medical, psychosocial counselling, and economic support must be provided to residents in all shelters.

- **A complaint-handling mechanism should be set up to ensure the rights of residents** a complaint-handling mechanism is required for creating a safe and supportive environment within shelters, for the safety, well-being, and rights of residents.
- **The respect, dignity, and privacy of survivors should be ensured.** Shelter management should ensure that women's rights to privacy are not violated in the name of security. Freedom of movement should be prioritized inside and outside DUAs. Access to residential areas should be open at all times.
- **Inter-departmental coordination mechanisms need to be strengthened** for referral, rehabilitation, and follow-up of survivors.
- **Gender sensitization training is direly needed.** A comprehensive mandatory capacity-building programme is needed for administrative, management, and support staff on GBV, gender sensitization, pro-women laws, survivor-centred approach, etc. This should be developed/translated and delivered in local languages.
- **A legal literacy program** should be implemented to educate survivors on their fundamental human rights, pro-women laws, resources, and services available.
- **Training of state-run justice providers** including Judiciary, Prosecution, Police, FIA, medico-legal professionals, health professionals, legal fraternity as well as elected representatives on international commitments on gender equality, GBV, gender sensitization, and pro-women laws should be conducted.
- **Public perceptions should be changed through mass awareness campaigns.** These should include positive image-building of shelters, information on gender and GBV issues and pro-women laws.
- **Partnerships should be developed with non-governmental organizations (NGOs)** to create awareness.
- **Survivors should be entitled to government social protection schemes.** These include housing schemes, land or agriculture schemes, insurance, education and health, the Benazir Income Support Programme (BISP), Zakat, Bait-ul-Maal, and others. A quota should be fixed for survivors of VAWG and GBV.

CHAPTER 1

INTRODUCTION



Chapter 1:

INTRODUCTION

Violence against women and girls (VAWG) is one of the cruellest, most complex, and multi-layered manifestations of gender inequality. It serves as an enormous barrier to the equal participation of women in social, economic, and political life. The prevention of and response to VAWG requires coordinated action across multiple sectors. Fundamentally, it is the primary responsibility of states to prevent VAWG, provide services to survivors and bring perpetrators to justice. However, in Pakistan, despite steps of progress in the right direction, successive governments have been unable to completely strategize and implement a comprehensive system to provide support, services, and justice, and thus empower VAWG survivors.

1.1. Background

Shelters are one of the most critical elements in the VAWG chain of services. They are the primary providers of support to survivors: playing the role of both “first aid” and long term “treatment” for the violence they have experienced. However, in Pakistan, the condition of these facilities leaves much to be desired, as the experiences of survivors obtained through this study indicate. Substantial improvements are required to the response services for dealing with survivors and enhancing the quality of services available to them.

A major issue is that most shelters in Pakistan are under-resourced and have limited capacity to respond to the varied needs of the survivors. In addition to poor infrastructure and insufficient equipment and supplies, important services such as legal aid, counselling, and vocational or literacy training are often missing or inadequate. The human resources are also frequently not up to the desired level and furthermore, staff generally have limited awareness about the objectives and role of the institutions they are employed at, and exhibit little ownership and commitment to the cause. This is aggravated by a

lack of clear job descriptions or formal training in handling cases of VAWG. Staff frequently operate based on personal capacity and initiative.

Despite these constraints, shelters remain a critical need for VAWG survivors and must play an important role in helping them obtain protection, support, and access to justice. There are some good practices that can be learnt from and scaled up or replicated in the country to make sure that women and girls receive the response they require.

1.2. Purpose of Study

In order to review the situation of government-run shelters in Pakistan with a view to provide an understanding of the challenges and provide recommendations, UN Women and NCHR collaborated to produce this study with Aurat Foundation as the research partner. It is hoped that the findings and recommendations of the study will help improve the standards of support provided to survivors who seek multi-sectoral services for addressing incidents of violence. The assessment covered the needs of both residents and staff and examined areas of improvement or upgradation for the physical facilities.

1.3. Initiation of the Research Project

Prior to starting the project, the positions required for completing the study were filled, Aurat Foundation regional staff were oriented, and the implementation methodology was finalized. Official requests were sent to the Social Welfare Departments (SWDs) of Punjab, Sindh, KP and Balochistan, as well as the WDD Balochistan, to sign a memorandum of understanding (MoU). A number of meetings were held to orientate these departments on the project, and discuss the identification of steering committee members, selection of shelters, finalization of tools, conducting survey activities, and progress updates.

Subsequently, provincial steering committees were formed in all four provinces based on set criteria of representation from government departments comprising SWD, WDD, Provincial Commissions on the Status of Women (PCSWs), members of provincial assemblies, and human rights departments. The provincial steering committees also included academia, media, representatives of EVAWG

Alliances, women-headed organizations, lawyers, subject experts, and UN Women representatives joined as observers (see Annex I).

The role of these committees was to provide guidance, technical input, and oversight to the project as well as ensure visibility of the findings and issues identified for addressing them.

CHAPTER 2

DESK REVIEW



Chapter 2:

DESK REVIEW

A thorough and comprehensive desk review was conducted to examine international, national, and provincial frameworks on VAWG, as well as structures and measures established to protect survivors. The objective of the review was to analyse the existing frameworks under which shelters operate, and identify gaps. The desk review covered the following major areas:

- A review of international commitments on gender equality;
- Constitutional and legal instruments related to women's protection and GBV; and
- A review of existing Government initiatives.

Whereas the International commitments, constitution and national legal frameworks provided an overarching framework for undertaking the research, this chapter will focus on the provincial legislations, as after the 18th Constitutional Amendment in April 2010, the Ministry of Women Development as well as mandate for enacting and enforcing legislation was transferred to the provinces. All four provinces have since passed laws and institutionalised mechanisms to address violence, hence they are the most relevant to the functioning of the shelters.

2.1. Overview of Laws Policies & Initiatives by Province

2.1.1. Punjab

Shelters and Associated Provincial Departments

Recognizing the need for shelters to support VAWG survivors, the government started establishing state-run shelters in the 1970s under the auspices of the SWD. At first, DUAs were established in all 8 divisional headquarters, which were eventually rolled out in all districts of Punjab. At time of reporting, there were 36 DUAs (one per district) and 12 crisis centres in Punjab, and each of these homes can accommodate 20-50 residents at a time.

The Government of the Punjab has taken measures to improve the services provided by DUAs and to re-orient staff attitudes through improved governance frameworks. These include:

- Guidelines for DUAs in Punjab¹;
- Guidelines for the protection of residents' rights inside the DUAs;
- Minimum SOPs;
- Guidelines for the DUA advisory body; and
- Complaint management committees to deal with human rights violation in DUAs.

SWD Punjab developed Minimum Care Standards and a monitoring and evaluation (M&E) system for DUAs. The M&E cycle takes place over eight months and the performance of DUAs is measured against each minimum standard by developing and evaluating an action plan. While there are still recommendations to further improve the policy framework and guidelines, the efforts to implement Minimum Care Standards are commendable.

Laws

- The Punjab Protection of Women against Violence Act, 2016;
- The Punjab Women Protection Authority Act, 2017;
- The Punjab Muslim Family Laws (Amendment) Act, 2015;
- The Punjab Family Courts (Amendment) Act, 2015;
- The Punjab Child Marriage Restraint (Amendment) Act, 2015;
- The Punjab Partition of Immovable Property (Amendment) Act, 2015;
- The Punjab Land Revenue (Amendment) Act 2015;

¹ Guidelines for the Dar-ul-Amans in Punjab: Shelter Homes for Women in Distress. Available at: <https://swd.punjab.gov.pk/system/files/1.%20NEW%20-%20DUA%20Guidelines.pdf>

- The Punjab Fair Representation of Women Act, 2014; and
- The Punjab Protection against Harassment of Women at the Workplace (Amendment) Act, 2012 (PAHWA).

Policies & Initiatives

- Punjab Women Development Policy, 2020³;
- The Punjab Women Protection Authority Act 2017;
- Punjab Women Empowerment Package 2016;
- Punjab Women Empowerment Initiatives 2014;
- Punjab Women Empowerment Package 2012; and
- Establishment of Punjab Ombudsperson's Office for PAHWA.

Gaps in Punjab Laws Policies and Initiatives

- Though PPWVA 2016 covers a broad range of violence including sexual, psychological, and

economic, stalking and cybercrime, but no specific penalties were prescribed.

- After the enactment of the Act there is a need to redraft the guidelines as regulations for running shelter homes and protection centres.
- As per the Section 3 of this Act, PWPA has been notified but Board of the Authority is not functional, and position of Chairperson is vacant.
- The Act defines DV in Section 2(h) as: “violence committed by the defendant with whom the aggrieved is living or has lived in a house when they are related to each other by consanguinity, marriage or adoption”. However, this definition restricts it to certain relations, and does not consider, for example, domestic workers, who often remain invisible to society despite being subject to violence.
- The law does not criminalize the act of committing DV in itself. This reflects apparent lack of will on the part of the government to actively combat the mentality driving such

Example: Punjab Protection of Women against Violence Act, 2016, and Punjab Women Protection Authority Act, 2017

The promulgation of the Punjab Protection of Women against Violence Act, 2016 (PPWVA), and Punjab Women Protection Authority Act, 2017 (PWPA) were major milestones towards the protection of women from violence, including DV. Predictably, their passage was controversial, but the Punjab government remained firm. As part of this study, a legislative review was conducted on the key provisions of these acts, actions taken by the Government of Punjab to implement them and, loopholes and recommendations.²

The PPWVA provides civil remedies to counter VAWG and aims to address violence by establishing a protection and rehabilitation system for women victims. Though it covers a broad range of violence including sexual, psychological, and economic, and online, but specific penalties were not prescribed. It uses innovative means to extend protection to women being abused, such as enforcing GPS tracker cuffs to monitor the movement of abusers. These measures arguably played a role in driving criticism of the Act.

PWPA was enacted by the Government of the Punjab to provide an institutional mechanism for the implementation of PPWVA. The legislative review gauges the necessity of passing PWPA, its effectiveness and offers recommendations.

Although the PPWVA was approved in 2016, Section 1(3) provided that it shall come into force on a date notified by the government, and the rollout may be phased. However, the government has notified only Multan district for the implementation of the Act and established a Violence Against Women Centre (VAWC) there as provided in section 13. A District Women's Protection Committee was notified in May 2017; this committee is functional and had held eight meetings by the time this report was prepared.

² <https://sahsol.lums.edu.pk/law-journal/punjab-protection-women-against-violence-act-2016-legislative-review>

³ Punjab Women Development Policy, Government of Punjab, 2020; <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAsia/Docs/Publications/2021/01/FINAL%20WDP%20Punjab%20Implementation%20Framework%20Sep%202020.pdf>

violence, and the extent to which it is unaware of the ground realities.⁴

- The words “cybercrime” and “stalking” as used in the Act constitute acts of violence but are not explained here or in the Pakistan Penal Code. Therefore, the courts will have to elaborate on the manner to interpret this section to prevent frivolous litigation, or devise a test to determine whether these acts of violence have taken place. Otherwise, the approach of dispensing justice in cases involving such expressions will be arbitrary.⁵
- The Government of Punjab through SWD allocated PKR 369.18 million for shelters/ DUAs and out of that PKR 361.22 million were utilized. More than 50% of the budget was allocated for staff salaries and the remainder for operating expenses (utilities, food, and contingencies). A number of positions also remained vacant during this period, due to which the budget allocated for these posts was unutilized. Each survivor was allocated PKR 400 per day for three meals, that is an inadequate sum. The government has not allocated any budget for capacity-building or refresher courses for the shelter staff.

2.1.2. Sindh

Shelters and Associated Provincial Departments

A Women Development Cell was established in the Planning & Development Department (P&DD), Government of Sindh, in 1979, with the objective to address women’s issues through an institutionalized system. The WDD was initially developed in 1995 in the province but moved under different institutions till 2003 when it was re-established with a strong mandate focused on women’s empowerment and gender equality.

The Government of Sindh recognized the difficulties faced in addressing VAWG and developed several initiatives to provide quality support to survivors and reintegrate them into society. This included the establishment of 4 DUAs (Karachi, Hyderabad, Sukkur and Larkana) and 5 crisis centres to provide

relief, support, protection, and rehabilitation to survivors of violence. The SWD was in charge of the DUAs, and safe houses and the crisis centres came under the WDD until an order of the Sindh High Court of October 2020, which stated that:

Safe houses and Dar-ul-Aman be shifted to the WDD to provide for a consolidated ecosystem of protection and rehabilitation. The facility specific recruitment of female staff of Dar-ul-Amans should be made to make these Dar-ul-Amans full operational.

The integration of DUAs and Safe Houses in the WDD was a welcome step, as these institutions are interconnected, and in most cases related to women’s issues, and would lead to better alignment and coordination for service provision to the survivors.

The SOPs for improved functioning and management of Sindh DUAs were developed in 2013. These provide structure, management and RoBs within a human rights framework and prioritizing the dignity of survivors of violence.

The desk review indicated a need to review the budgetary allocations for shelters in Sindh, in light of insufficient funds and delayed disbursement. There is a need for clarity on the contents of the PC-I project document, particularly about expenditures under different heads, the reallocation of funds from one sub-head to another and obtaining approvals for such transfers. The medical aid to survivors of violence is a regular service offered by DUAs, but its scope is limited, and it is reportedly allocated extremely scant funds.

Laws

- Domestic Violence (Prevention and Protection) Act, 2013;
- Sindh Child Marriage Restraint Act, 2013; and
- Sindh Commission on the Status of Women 2015.

Policies & Initiatives

- Gender Equality & Women’s Empowerment

4 <https://sahsol.lums.edu.pk/law-journal/punjab-protection-women-against-violence-act-2016-legislative-review>

5 *ibid*

Policy, Government of Sindh, 2020⁶.

- Establishment of Ombudsperson Office for the Protection against Harassment of Women at the Workplace.

Gaps in Sindh Laws Policies and Initiatives

- Under the provisions of the Sindh Domestic Violence (Prevention and Protection) Act, 2013, the provincial government is obligated to provide protection services to survivors of VAWG in case of emergency, but such services are inadequate and insufficient.
- Access to DUAs is limited because they are not present in each district of Sindh.
- Medical aid is offered to survivors by DUAs, though its scope is limited, and funding is reportedly extremely low. Medicines are usually not available free of cost from hospitals as well.
- There is no MIS for collecting data on the survivors.
- The allocation of budget for day-to-day expenses for the residents of shelter and the operations are insufficient. A number of positions also remained vacant during this period, due to which the budget allocated for these posts was unutilized. Each survivor was allocated Rs 400 per day for three meals, that is an inadequate sum. The government has not allocated any budget for capacity-building or refresher courses for the shelter staff.

2.1.3. Khyber Pakhtunkhwa

Shelters and Associated Provincial Departments

Social Welfare including the DUAs comes under the Department of Zakat, Ushr, Social Welfare, Special Education & Women Empowerment Department (abbreviated as SWWED in this report). There are 5 shelter homes in KP under a PC-I in Peshawar, Haripur, Swat, Mardan and Abbottabad, with two more recently established in Bannu and Chitral, to bring the total to 7. The average monthly survivor

data is different for all shelter homes, ranging from 40 in Abbottabad to 110 in Swat.⁷ There is only one shelter in the province's southern district (Kohat); and the shelter in Dera Ismail Khan was closed due to inactivity. After the merger of the Federally Administered Tribal Areas (FATA) into KP, there is a dire need to establish a shelter home in this region of 14 Newly Merged Districts (NMDs).

SBBWCCs were established in the province but in 2013 the incoming government refused to own them. In 2018, the Peshawar High Court ordered the provincial government to restart these centres, but they remained non-functional till the time of the commencement of this study. There was thus one crisis centre in KP at the time of the study. During the desk review in 2018-19, it was found that only one SOP poster was available and on display in the province's shelter homes.

In KP, UN Women along with civil society organizations provided technical support to SWWED to draft SOPs for Dar ul Amans which were approved and notified in 2020. UN Women also conducted a number of trainings for officials and shelter staff.

In 2018-2019, a review of budget documents revealed that overall, budgetary allocations for DUA development and non-development expenses are very low, although the allocation of budget for food is adequate. According to the newspaper story, published in January 2022, the Government of KP allocated PKR 200 million for the DUAs and recruitment process was completed⁸.

Laws

- KP Domestic Violence Act 2021;
- KP Protection against the Harassment at Workplace Act, 2018;
- KP Police Act, 2017;
- KP Commission on the Status of Women Act, 2016; and
- Elimination of the Custom of Ghag Act, 2012.
- Policies & Initiatives:

6 Gender Equality & Women Empowerment Policy, Government of Sindh, 2020; <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEA/Docs/Publications/2021/01/FINAL%20GEWE%20Policy%20Sindh%20Feb%202020.pdf>

7 According to information obtained from SWWED, KP

8 Centralised monitoring to improve Dar ul Amans (tribune.com.pk)

- Women Empowerment Policy 2017, updated with an implementation plan in 2020.
- Bolo Helpline by the Government of Khyber Pakhtunkhwa is established at the provincial level for the victims of GBV and persons with disabilities at Directorate of Social Welfare and Women Empowerment KP.

Example: KP Police Act, 2017

Dispute Resolution Councils (DRCs) were formed at district level under this Act. A DRC is to be consisted of 21 members representing a cross-section of the community, including professionals, retired judges, retired civil and military officers, educationists, religious scholars, journalists, and businessmen. In the structure of the DRCs, it is outlined that DRCs will operate in Police stations where a dedicated Jury Room shall be established for their functioning. A Police officer of the concerned police station is to be appointed as a support staff, and it is also stipulated that Council will function in close liaison with the concerned Sub-divisional Police Officer (SDPO)⁹.

Any person who is interested in becoming a member can offer to volunteer services. However, in the whole document of 'DRC KP Police' nowhere is women representation mentioned. Although these councils are also responsible for dealing with DV in their respective districts, the representation of women is insignificant¹⁰. Further research is required to review their decision-making processes and the VAWG cases decided.

Gaps in KP Laws Policies and Initiatives

The Khyber Pakhtunkhwa Domestic Violence against Women (Prevention and Protection) Act, 2021, represents a positive step towards addressing domestic violence in the province. However, its effectiveness depends on rigorous implementation, raising awareness, and addressing potential shortcomings through amendments and continuous monitoring.

- A policy review is needed of the KP Police Act, 2017, related to DRCs, in the context of resolution processes for domestic violence cases, deterrence and referral of VAWG.

- SBBWCCs were established in 2007 in KP, but the incoming government refused to own these centres.
- Shelter homes do not exist in each district of KP including in the NMDs.
- There was no budgetary allocation for the training of District Protection Committees notified under the Domestic Violence Act, 2021. A number of positions also remained vacant during this period. The government has not allocated any budget for capacity-building or refresher courses for the staff.

2.1.4. Balochistan

Shelters and Associated Provincial Departments

The provincial DUAs come under the Social SWD while the SBBWCCs fall under the WDD in Balochistan. The Balochistan SWD was established in 1962 as the Social Welfare, Special Education and Human Rights Department, with the aim of providing a better environment for socially neglected and differently-abled or disadvantaged people. It aims to implement an equitable social welfare system, and ensure the well-being of vulnerable segments of society especially in the areas of health, education, social, economic, and vocational needs. The department has a broad mandate covering special education, child protection services, elderly welfare services, beggar rehabilitation, welfare and rehabilitation of drug addicts, medical social services, DUAs, infant day care services and orthopaedic, prosthetic and physiotherapy centres. A single DUA currently exists in Quetta.

The WDD was launched within the SWD in 2009 and became a separate directorate in 2011. Its primary mission is to empower the women of Balochistan economically, politically, and socially and focuses on the formulation of laws, policies, and strategies to achieve this goal. It also has the mandate to ensure international treaties and laws signed by the Government of Pakistan at the provincial level are implemented.¹¹

9 <http://kppolice.gov.pk/drc/>

10 <http://kppolice.gov.pk/drc/review.pdf>

11 <http://balochistan.gov.pk/departments/women-development-2/>

The WDD has established three SBBWCCs in Quetta, Sibi and in Khuzdar districts. The perusal of record and statements of the officials revealed that an estimated 150 survivors are received annually in the 3 shelters, with a higher number in Sibi. There are no permanent residents in SBBWCCs: women are there on a temporary basis for legal assistance and support from the concerned departments.

To facilitate SBBWCC residents, WDD has developed strong official links with concerned government departments, NGOs, electronic and print media, police and law enforcement agencies, and hospitals. The centres are an immediate source of shelter for women in distress, who can receive shelter and assistance without threats or social pressure. The SBBWCC SOPs for Quetta define clear mechanisms to refer women to assessed service providers, and also cover informed consent, orientating service providers on specific cases, maintaining referral records, and following up with both service providers and survivors. Medical referrals further require prompt examination by a female doctor, debriefing of survivors, issuance of a medico-legal certificate and explanation of tests and examinations to the survivor.

UN Women Pakistan supported the SWD and WDD Balochistan to update and align the SOPs for all shelters in the province in 2020. This showed great will and commitment of the government departments, notably the WDD and SWD to come together in the better interest of the women of their province.

Laws

- Balochistan Commission on the Status of Women Act No. V of 2017;
- Balochistan Protection Against Harassment of Women at Workplace Act, 2016; and
- Balochistan Domestic Violence (Prevention and Protection) Act 2014.

Policies & Initiatives

- Gender Equality & Women’s Empowerment Policy, Government of Balochistan, 2020¹².

- Establishment of Ombudsperson Office for the Protection against Harassment of Women at the Workplace.

Gaps in Balochistan Laws Policies and Initiatives

- The Domestic Violence Act, 2014, has been passed in Balochistan, and rules framed thereunder – further, the SOPs of all shelters were merged and remodified using a survivor centric approach in 2019. However, both SBBWCCs and DUAs lack legal protection and are running as per PC-I.
- Out of total 36 districts, there is only one DUA established in Quetta and three SBBWCCs, one each at Quetta, Sibi, Khuzdar. This indicates limited outreach and access for survivors.
- Budgetary allocations and processes need to be reviewed in light of insufficient funds and delayed release. More than 50% budget was allocated for staff salaries and the remainder for operating expenses (utilities, food, and contingencies). A number of positions also remained vacant during this period, due to which the budget allocated for these posts was unutilized. The government has not allocated any budget for capacity-building or refresher courses for the staff.

2.2. Comparative Analysis of Provincial Legal Frameworks

A comparative analysis of the laws enacted by the provincial governments was made and overall observations are given below.

- The PPWVA deals with all kinds of cases of VAWG (which includes any offence committed against the human body of the aggrieved person including abetment of an offence, domestic violence, sexual violence, psychological abuse, economic abuse, stalking or cybercrime)¹³, whereas in Sindh and Balochistan approved legislation deals with DV only.
- Laws promulgated in Sindh and Balochistan are gender-neutral, whereas in Punjab the

12 Gender Equality & Women Empowerment Policy, Government of Balochistan, 2020; <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEA/Docs/Publications/2021/01/FINAL%20GEWE%20Policy%20Balochistan%20Nov%202020.pdf>

13 <http://punjablaws.gov.pk/laws/2634.html>

language is gender-specific and deals with only women victims of violence.

- In all provinces, women protection and domestic violence laws have been enacted, envisioning a comprehensive protection system for survivors. However, these laws are not yet implemented in true letter and spirit on the ground.
- In Sindh the law proposes the establishment of a provincial commission to periodically review the provisions of domestic violence laws and suggest measures. The commission is empowered to take Suo moto notice of complaints regarding domestic violence. In Punjab, KP and Balochistan the laws do not propose such commissions.
- In all provinces, the laws use the definitions of violence in the Pakistan Penal Code, except emotional, psychological, verbal, and economic abuse and stalking, which are defined under these legislations. In Punjab, the law also proposes the inclusion of rape and acid throwing.
- In Punjab, Sindh and KP, the laws propose new punishments, whereas in Balochistan the law does not propose any other punishments.
- In Punjab, KP and Balochistan, the laws propose that the aggrieved person or a person authorized by them may file a petition. Whereas in Sindh an informer may also file a petition.
- In all Punjab, KP and Sindh three provinces the laws provide for issuance interim orders to assist the aggrieved, including protection orders, residence orders and monetary orders. Balochistan has made the breach of interim orders a nonbailable and compoundable offence, whereas in Sindh it is bail able but compoundable. In Punjab the law declares the breach of interim orders an offence but does not indicate whether it is bail able or not.
- In Punjab, KP and Sindh, the laws provide for an opportunity to appeal against any order passed by the court, whereas in Balochistan and the law is silent on this.
- In Punjab and KP, the laws propose notification of District Women Protection Committees. Balochistan proposes the notification of tehsil committees. In Sindh the law provides for the notification of protection committees, but their area of jurisdiction is not indicated.
- In Punjab, the law provides for Women Protection Officers (WPOs) while in the other provinces the laws suggest the notification of Protection Officers without defining their gender and qualifications. The WPOs are authorized to enter into premises to rescue victims with their consent. This is not extended to Protection Officers in other provinces, i.e., Sindh, KP and Balochistan.
- Child marriage is a significant issue in Pakistan and one of the gravest human rights violations as well as a severe form of gender-based violence (GBV). Legal reforms are needed in the Child Marriage Restraint Act to increase the legal age of marriage to 18 years for girls in Punjab, KP, Balochistan and ICT.

CHAPTER 3

METHODOLOGY





Chapter 3:

METHODOLOGY

3.1. Overview of methods

The study provides a needs and capacity assessment of 7 Dar ul Aman shelters and 2 SBBWCCs, out of the 48 DUAs and 20 SBBWCCs in existence nation-wide at the time of the study. It is divided into three parts following the desk review in the previous chapter: a needs assessment; training and implementation plan; and upgradation needs of the identified shelters.

A range of tools and methods were used to achieve the sub-objectives of the study, and protocols of the World Health Organization (WHO), UN Women, United Nations Population Fund and other international organizations were adopted to ensure the safety and security of the women and girls. The study used both quantitative and qualitative approaches to address the topic from different perspectives.

The study used a participatory and inclusive approach, with tools developed in consultation with the Steering Committee and finalized in light of recommendations from consultative meetings. A background assessment was carried out through desk research, with a comprehensive review of the

Essential Services Package (ESP) for survivors of Violence developed by UN Women, UNFPA, WHO, UNDC and UNODC,¹⁴ which includes guidelines and minimum standards to enhance the quality of service provision to survivors of VAWG. While the ESP covers the entire supportive ecosystem, from legislation to service delivery, this study primarily focuses on services that may be provided to survivors through shelters.

During the final analysis, triangulation of the results provided a comprehensive understanding of the data. The quantitative data were analysed using SPSS version 22 and MS Excel, while qualitative data were analysed using NVIVO 11 to conduct a thematic analysis. This analysis will help lay the foundation for evidence-based actions by government and other stakeholders to facilitate survivors of VAWG.

3.2. Selection of Shelters for Study

All the 4 provincial governments helped to identify the shelters within their jurisdictions, along with reasons underlying their recommendations.

14 Essential Services Package for Women and Girls Subject to Violence. Available at: <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>

Punjab	
Lahore	<ul style="list-style-type: none"> – It is the provincial headquarters, with residents from across Punjab. – Some basic services need improvement and staff needs to be trained. – Potential to convert it into a VAWC as the adjacent structure can be used for the purpose. – Has the potential to become a model shelter.
Rawalpindi	<ul style="list-style-type: none"> – It is adjacent to Islamabad (the federal capital). – Accommodates residents/ survivors from Rawalpindi and Islamabad as well as KP. – Building and other infrastructure are in poor condition. – Potential to convert it into a VAWC as there is an SBBWCC adjacent to the site and there is sufficient space that could be used for the purpose.
Faisalabad	<ul style="list-style-type: none"> – It is located in the most populous district after Lahore. – Needs urgent improvements in the building. – Capacity-building of staff is required. – Next VAWC is planned to be established in this district. – Has the potential to become a model shelter.
Note:	The SWD did not select any district from South Punjab because several reforms were already underway in that region. A Violence Against Women Centre (VAWC) has been established in Multan for PKR 230 million and a new shelter home building is under construction (PKR 102 million) ¹⁵ . An Asian Development Bank project to upgrade the DUA in Dera Ghazi Khan is also in the pipeline.
Khyber Pakhtunkhwa	
Peshawar	<ul style="list-style-type: none"> – It is the provincial headquarters that is also accessed by survivors from other districts of KP.
Abbottabad	<ul style="list-style-type: none"> – Residents come from the Hazara division and Kohistan district. – It is perceived to need urgent improvements. – Has the potential to become a model shelter.
Balochistan	
Quetta	<ul style="list-style-type: none"> – There were only one DUA and one SBBWCC, both located in Quetta at the time of the study. WDD and SWD recommended that the needs assessment should be undertaken in both Centres.
Sindh	
Sukkur	<ul style="list-style-type: none"> – A number of survivors here come from interior Sindh, including the twin city of Khairpur where there is no shelter – There is an urgent need to improve shelter services.

15 Information obtained from SWD, Punjab.

3.3. Sampling & Methodology

Five data collection methods were used:

1. Physical checklist to assess infrastructure and equipment;
2. In-depth interviews (IDIs) and Focus group discussions (FGDs), with residents;
3. Key Informant Interviews (KIIs) with experts and stakeholders;
4. Training needs assessment of shelter staff; and
5. Stakeholder consultations.

The exercise was conducted by Aurat Foundation regional staff. Note that the data for SBBWC in ICT was collected by UN Women staff using the same tools. The findings from all data collection methods complement and support each other.

In each shelter, 10 residents were selected for IDIs to ensure that a variety of survivors of all types of VAWG and GBV, as well as diverse age groups, ethnic and socio-economic backgrounds, marital status, health situation (pregnant/ living with a disability), etc., were represented in each shelter. One FGD was also conducted in each shelter, which included most or all residents who were not selected for the IDIs. This ensured that a wide variety of experiences and perspectives were represented. All shelter staff were interviewed for the training needs assessment.

3.4. Data Collection Tools

Physical Facility Checklist

A physical facility checklist was prepared using the 4A strategy (availability, accessibility, adaptability, appropriateness), including measures for safety, security, and confidentiality (see Annex II). The physical checklist was filled for the seven DUA shelters and one SBBWCC by Aurat Foundation, and for the SBBWCC in ICT by UN Women.

In-Depth Interviews of Shelter Residents

Seventy survivors/ residents were interviewed in 7 shelters. Interviews aimed to assess the experiences of women survivors of different forms of VAWG and cover a range of backgrounds. The questionnaires were designed to gain insights into the challenges

these women faced, their understanding of the factors that cause insecurity, and their responses to violence faced at the home, workplace, or other setting (see Annex III).

Focus Group Discussions

In total 103 residents participated in seven FGDs: one at each of the seven DUA shelters which had a total of 266 residents at the time of the physical mapping. Participants were selected from different categories to capture the complexity of the phenomenon of VAWG. They included women from various age groups, who had faced different forms of violence, who were pregnant, accompanied by children, or were living with a disability. Each group comprised 12-20 survivors and each discussion lasted around one hour, so that all participants had ample time to express their views. This helped the survey team to understand issues in greater depth. Discussions were audio-recorded and later transcribed with the full informed consent of participants to be used for the purpose of this research only.

Key Informant Interviews with Stakeholders

A total of 41 KIIs were conducted in the four provinces. The research team conducted these with relevant stakeholders, including the Minister for Women's Development, Sindh; Minister of Finance, Balochistan; Secretary Social Welfare, Balochistan; secretaries; directors-general; members of standing or advisory committees; representatives of SRU; DUA in-charges; police officials; health sector representatives; local government officials and other relevant stakeholders. These interviews provided insights into the functioning of the shelter facilities and areas for improvement (see Annexes IV and V).

Training Needs Assessment of Shelter Staff

The training needs of the entire staff (83 staff members, comprising all staff available at the selected DUAs and SBBWCC) were assessed using forms developed to assess staff capacity against job descriptions and how they dealt with survivors. This included an in-depth review of the SOPs, accountability/ monitoring and reporting mechanisms, job descriptions, record keeping, case documentation etc. (see Annexes VI and VII).

Stakeholder Consultation Workshops

Consultations were conducted at the four provincial headquarters: Lahore, Karachi, Quetta, and Peshawar. Participants included all relevant stakeholders including government representatives, members of advisory committees, lawyers, representatives

of local government, civil society, academia, media, women's rights organizations, community-based organizations, and other service providers. Participants gave recommendations for improvement of services, SOPs, accountability, referral, and follow-up mechanisms.

TABLE 1: DETAILS OF TOOLS USED

Tool Used	DUAs				SBBWCCs		Total
	Punjab	Sindh	KP	Balochistan	Balochistan*	ICT**	
Physical facility checklists	3	1	2	2	1	1	10
IDIs (residents)	30	10	20	10	12	11	93
FGDs (residents)	3	1	2	1	0	1	8
Training needs assessments (staff)	32	10	20	21	9	15	107
KIIs (key stakeholders)	11	10	10	10	5	0	46

* In Balochistan, the needs assessment was conducted at one DUA and one SBBWCC, both in Quetta.
 ** The physical assessment using the same checklist was conducted by UN Women at SBBWCC in ICT

3.5. Data Compilation & Cleaning

The field teams (numbering 10) comprised professional researchers. Data entry and compilation officers compiled quantitative information from facility survey checklists while the researchers transcribed qualitative data collected through interviews and discussion notes. The in-depth interviews were conducted by the regional teams. Prior to data entry, all data were systematically edited, coded, and cleaned using filter checks to minimize errors and omissions.

At every stage of the study, careful consideration was given to the following ethical guidelines:

- Informed consent was taken from respondents prior to the start of data collection.
- Recognizing the sensitivity of the topic, extra care was taken for the preparation and the time and venue of the interview was decided in consultation with the respondents.
- All data collected was kept confidential and anonymous.

- The IDIs and FGDs were conducted in strict privacy, with outsiders present only if the respondent(s) allowed it.
- The confidentiality of respondents was deemed paramount, and their names or addresses are not included in this report.
- Quotes from focus groups are anonymized.
- Researchers were asked to try to end the interviews on a positive note.

3.6. Data Coding & Analysis

The data was analysed according to pre-defined variables in the study. After a thorough content analysis, codes were allocated, a matrix developed, and themes identified. Data was categorized by theme and sub-theme, and a discourse analysis was carried out. A thematic discourse analysis was carried out to interpret the results of the study.

The quantitative data were coded and analysed using statistical software (SPSS) which was used to display frequency and percentage distributions

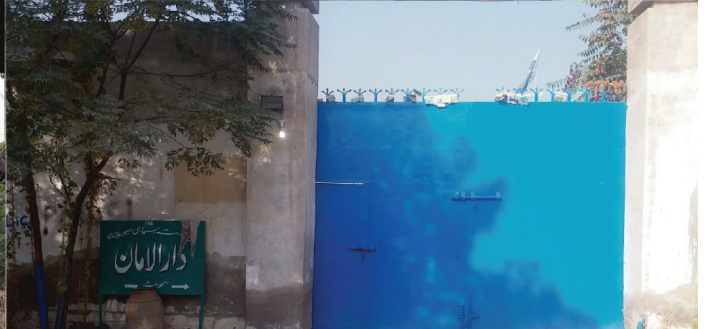
by age, education, profession, type of violence faced, accessibility of services, safety and security, confidentiality, informed consent, in-house services,

referrals, etc. The qualitative data generated from KIIs and FGDs were analysed separately. Qualitative a were analysed manually and using NVIVO 11.

CHAPTER 4

RESULTS





Chapter 4: RESULTS

4.1. Physical Mapping of the 7 Dar ul Amans

The physical checklist tool was administered in 7 selected DUAs across the four provinces, as well as one SBBWCC (discussed separately).

It was found that the Superintendent was the in-charge staff member at all DUAs. Of these, 4

(Faisalabad, Rawalpindi, Peshawar, and Quetta,) were in post since 2016; while the remainder (Lahore, Abbottabad, and Sukkur) had been in post since 2018, 2015 and 2014 respectively.

TABLE 2: GENERAL OVERVIEW OF DUAS

Item*	Lahore	Faisalabad	Rawalpindi	Abbottabad	Peshawar	Sukkur	Quetta
Phone	0423-7468403	0412-4269400	051-4920304	0992-400947	091-5892726	071-9310351	081-9213183
Emergency contact	n/a	n/a	n/a	n/a	Personal number of Shelter in-charge is used	n/a	0333-1397408
Status of building	Govt. owned	Govt. owned	Govt. owned	Govt. owned	Govt. owned	Govt. owned	Govt. owned
Established	2004	1973	1991	2016	1973	1979	1973
Total area	2 Kanal	21,252 sq. ft	20,170 sq. ft	21,630 sq. ft	21,780 sq. ft	22,000 sq. ft	7,100 sq. ft
Covered area	1.5 Kanal	15,402 sq. ft	8,470 sq. ft	9,600 sq. ft	13,602 sq. ft	10,000 sq. ft	Information not available
Uncovered area	0.5 Kanal	5,850 sq. ft	11,700 sq. ft	12,030 sq. ft	8,167 sq. ft	12,000 sq. ft	Information not available
Helpline	No	No	No	No	No	No	No
Number of residents*	32	62	44	42	29	46	11
Number of children*	14	0	10	12	4	18	3
Average number of residents†	30-40	25-30	58-60	16-19	50	55	4-5
* Data was collected during July/August in Sukkur and during May/June 2019 in all other facilities. The data sheet updated again during 2022 by the NCHR team. The number of residents and children represents those at each shelter at the time of data collection.							
†Monthly average, accounting for seasonal variations in the number of residents.							

Survey team observations suggested that by and large, shelters were easily accessible to reach. All DUAs were situated in government buildings and had landline telephone numbers. No DUA, with the exception of Quetta, had an emergency contact number; Quetta also had a fax number. Similarly, there was no helpline in any DUA. The average number of residents per day (with seasonal variations over the course of the year) was found to be highest in Rawalpindi (58-60), and the lowest in Abbottabad (16-19 residents) and Quetta (4-5 residents).

4.1.1. Distance from Essential Services

Most DUAs were near a hospital, police station and fire station. However, DUA Abbottabad was far from facilities, all of which were located five or more kilometres away. The distance from the nearest court was generally higher than for other services, ranging from 3 km in Faisalabad to 12 km in Peshawar.

TABLE 3: DISTANCE FROM ESSENTIAL SERVICES

Dar ul Aman	Distance from the nearest service provider (in km)			
	Hospital	Police station	Fire station	Court
Lahore	2	0.2	0.2	10
Faisalabad	1.3	1.2	1	5.5
Rawalpindi	3	2	3	10
Abbottabad	5	5	10	10
Peshawar	0.1	2	-	12
Sukkur	1	0.5	3	1
Quetta	3.5	2.7	7.6	7.4

4.1.2. Exterior Spaces

The exterior spaces of the surveyed DUAs were not well maintained. The compound wall was in poor condition in Rawalpindi; the overhead water tank and motor were not present in Peshawar; while shelters in Abbottabad, Faisalabad, and Rawalpindi lacked adequate ventilation. There was no garden in Lahore, Rawalpindi, and Sukkur. Security system was not in place in Abbottabad and Sukkur and emergency exits were missing in Peshawar, Quetta,

Rawalpindi, and Abbottabad

However, all DUAs had compound walls, parking areas, and main gates with checking of visitors at entry points; all but one had security grating or grilling and overhead tankers. Where the assessed items existed, the condition varied from shelter to shelter.

TABLE 4: EXTERIOR SPACES

Description	Abbottabad		Faisalabad		Lahore		Peshawar		Quetta		Rawalpindi		Sukkur	
	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition
Compound Wall	✓	Good	✓	Average	✓	Very Good	✓	Good	✓	Very Good	✓	Poor	✓	Good
Main Gate	✓	Very Good	✓	Average	✓	Very Good	✓	Very Good	✓	Very Good	✓	Very Good	✓	Good
Gratings/Grill	✓	Very Good	✓	Very Good	✓	Good	✓	Very Good	✓	Very Good	✓	Good	✓	-
Overhead tank/motor	✓	Very Good	✓	Good	✓	Average	✓	-	✓	Very Good	✓	Good	✓	Poor
Ground	✗	Average	✓	Good	✗	-	✗	Good	✓	Very Good	✗	-	✓	-
Garden	✗	-	✓	Good	✗	-	✓	Good	✓	Very Good	✗	-	✓	-
Security System	✗	-	✓	Good	✓	Good	✓	Good	✓	Very Good	✓	Average	✓	-
Exit Route	✓	-	✓	Good	✓	Good	✗	-	✓	Very Good	✗	-	✗	-
Parking Area	✓	Good	✓	Good	✓	Average	✓	Good	✓	Very Good	✓	Good	✓	Average
Drop in-off Area	✓	Good	✓	-	✗	-	✓	Good	✓	Very Good	✗	-	✗	-
Ventilation	✓	-	✓	-	✓	Good	✓	Good	✓	Very Good	✗	-	✓	Good
Visitors Checking	✓	Average	✓	Average	✓	Good	✓	Good	✓	Very Good	✓	Good	✓	Good

4.1.3. Security

In most DUAs, security arrangements were inadequate. In almost all cases, except in Lahore and Abbottabad, jammers were not installed. In Faisalabad, Peshawar, and Abbottabad there was no walk-through security gate. Door viewers were installed in Peshawar, Rawalpindi, and Lahore.

Physical security check equipment was missing in Peshawar, Sukkur, and Quetta, and even at centres where it was present it was not functional. The exception was Faisalabad where security check equipment was present and functional.

TABLE 5: SECURITY PROVISIONS

DUA	Security equipment		
	Total units	Functional units	Additional units required*
Security cameras			
Lahore	16	4	4
Faisalabad	11	11	0
Rawalpindi	4	4	0
Abbottabad	16	16	0
Peshawar	16	14	12
Sukkur	8	6	6
Quetta	16	16	0
Jammers			
Lahore	1	1	0
Faisalabad	0	0	1
Rawalpindi	0	0	1
Abbottabad	1	1	1
Peshawar	0	0	0
Sukkur	0	0	0
Quetta	0	0	0
Walk-through security gate			
Lahore	0	0	1
Faisalabad	0	0	1
Rawalpindi	1	1	0
Abbottabad	0	0	1
Peshawar	0	0	0
Sukkur	0	0	0
Quetta	0	0	0
Door viewer			
Lahore	1	1	0
Faisalabad	1	1	0
Rawalpindi	1	0	1
Abbottabad	0	0	1
Peshawar	0	0	0
Sukkur	0	0	0
Quetta	1	1	0
Equipment for physical security checks			
Lahore	0	0	1
Faisalabad	2	2	2
Rawalpindi	1	0	1
Abbottabad	0	0	1
Peshawar	0	0	0
Sukkur	0	0	0
Quetta	0	0	0

* As identified by the shelter in-charge.

4.1.4. Safety Measures

There were insufficient safety measures at all DUAs. The required measures to create an emergency safe house facility were only available in Rawalpindi, Abbottabad, and Sukkur. There was no emergency exit in 4 DUAs, (Abbottabad, Peshawar, Sukkur, and

Quetta). However, the condition of these was in good at Faisalabad and Lahore. Food storage was available at all DUAs except Sukkur, which was under construction, but the condition of this space was generally average.

TABLE 6: SAFETY MEASURES

Description	Abbottabad		Faisalabad		Lahore		Peshawar		Quetta		Rawalpindi		Sukkur	
	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition
Safer House	✓	-	✓	Under Construction	✗	-	✗	-	✗	-	✓	Good	✓	-
Food Storage	✓	Average	✓	Under Construction	✓	Average	✓	Good	✓	-	✓	Good	✓	Average
Emergency Exit*	✗	-	✓	Very Good	✓	Average	✗	-	✗	-	✓	Good	✗	-
Emergency Contact	✓	-	✗	-	✓	-	✓	Good	✓	-	✓	Good	✓	-

Source: Authors' calculations based upon survey results.
 * = Each one

Fire safety was also not found to be satisfactory. In most cases critical firefighting and rescue equipment, including fire extinguishers, sprinklers, fire blankets,

explanatory charts, and fire alarms, were missing. Furthermore, DUA staff showed little understanding of fire safety measures.

TABLE 7: FIRE SAFETY

Description	Abbottabad	Faisalabad	Lahore	Peshawar	Quetta	Rawalpindi	Sukkur
	Availability						
Fire Extinguisher*	✗	✓	✓	✗	✗	✓	✗
Fire Sprinkler**	✗	✗	✗	✗	✗	✓	✓
Fire Blanket***	✗	✗	✗	✗	✗	✗	✗
Explanatory Chart	✗	✗	✗	✗	✗	✓	✓
Fire Alarm	✗	✗	✗	✗	✗	✓	✓

Source: Authors' calculations based upon survey results.

* = Fire Extinguisher at Abbottabad is 'out of order', at Faisalabad, Lahore and Rawalpindi 'Good'.

** = Fire Sprinkler available only at Abbottabad but out of order.

*** = Fire Blanket available only at Quetta in Good condition.

4.1.5. Accessibility for Women with Disabilities (WWDs)

With the exception of Quetta, provisions to ensure accessibility for WWDs were negligible, with no ramps, wheelchairs, or customized bathrooms. Even in Quetta, though all these provisions were present,

the wheelchair was out of order. During the survey, additional observations were recorded which are provided in table 8.

TABLE 8: ACCESSIBILITY FOR WWDS

Description	Abbotabad	Faisalabad	Lahore	Peshawar	Quetta	Rawalpindi	Sukkur
	Availability						
Ramps*	✗	✗	✗	✗	✓	✗	✗
Wheelchair*	✗	✗	✗	✗	✓	✗	✗
Bathroom*	✗	✗	✗	✗	✓	✗	✗

Source: Authors' calculations based upon survey results.
**=At Quetta, Ramps in 'very good' condition, Wheelchair 'out of order', and Bathroom in 'average' condition.*
Additional Comments:
No arrangement for PWD, elderly, sick residents in bathrooms.
Up-dated Library not available.
PWDs and patient are difficult to manage. TB patients and other chronic patients can't be accommodated as per rules.

4.1.6. Interior Spaces

The total number of rooms in DUAs ranged from 9 in Quetta to 24 in Faisalabad, with the greatest number of rooms (16) available for residents in Abbottabad and Sukkur. In comparison, the Rawalpindi DUA had reserved double the rooms for the use of staff (10) than for residents (5). There was no separate room available for wardens in Lahore and Abbottabad. Only in Abbottabad was the warden on duty 24 hours a day, while at 3 DUAs (Lahore, Faisalabad, and Peshawar), wardens were on duty only during 4-9 pm.

Toilets and bathrooms (without lavatory facilities) were counted separately in the study. Toilets were in good condition only in Lahore and Abbottabad: in other DUAs, they suffered from poor hygiene, cleanliness, and inadequate lighting. While all DUAs had sanitary fittings, these were mostly in average condition. No toilet or bathroom facilities were available for women and girls living with physical disabilities.

TABLE 9: INTERIOR SPACES

DUA	Total rooms*	Rooms used by staff	Rooms used by residents	Total toilets†	Toilets used by staff	Toilets used by residents	Total bathrooms†
Lahore	16	4	10	6	2	4	4
Faisalabad	24	13	11	18	8	10	8
Rawalpindi	21	10	5	15	2	8	8
Abbottabad	21	5	16	6	2	4	2
Peshawar	20	5	8	9	3	6	6
Sukkur	20	4	16	8	4	4	5
Quetta	9	4	4	6	3	3	3

* Rooms may be in use by both staff and residents.
† Toilets include lavatory facilities. Bathrooms do not include lavatory facilities but have facilities for bathing and washing.

4.1.7. Condition of Rooms

The overall condition of rooms was poor, but it was observed that rooms in all 7 DUAs had adequate ventilation. In some DUAs the walls were finished, but this was not so in Rawalpindi, Lahore, Abbottabad, and Sukkur. The wall finishing was found to be only average in Quetta. All DUAs had flooring and windows/ doors, which were generally in good condition.

Kitchens were available at 6 DUAs, while one was under construction in Faisalabad. None were in very good conditions, these were generally observed to

be unhygienic, unclean, and poorly ordered, with inadequate lighting. All DUAs had dining rooms, and they were in average or good condition. A laundry area was present in 4 DUAs. There was no visitors' room in Abbottabad and Peshawar, and in Lahore it was in only average condition.

Of the 7 DUAs, 5 did not have separate counselling rooms: only Quetta and Rawalpindi had this critical facility for a service which requires privacy and confidentiality. There was no library in 6 DUAs and leisure/ recreation rooms were missing in 4 DUAs.

TABLE 10: CONDITION OF ROOMS

Description	Abbottabad		Faisalabad		Lahore		Peshawar		Quetta		Rawalpindi		Sukkur	
	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition
Visitor Room	✗	-	✓	Very Good	✓	Average	✗	-	✓	Good	✓	Good	✓	-
Separate Couls Room	✗	-	✗	-	✗	-	✗	-	✓	-	✓	Good	✗	-
Dining Room	✓	Good	✓	Under Construction	✓	Very Good	✓	Average	✓	Average	✓	Good	✓	Average
Library	✗	-	✓	Under Construction	✗	-	✗	-	✗	-	✗	-	✗	-
Rest/Leisure Room	✗	-	✓	Good	✗	-	✓	-	✗	-	✓	Average	✗	-
Proper Ventilation	✓	Average	✓	Very Good	✓	Good	✓	Good	✓	Very Good	✓	Average	✓	Average
Wall Finishing	✓	Poor	✓	Good	✗	Poor	✓	Good	✓	Average	✓	Poor	✓	Poor
Flooring	✓	Good	✓	Good	✓	Good	✓	Good	✓	Good	✗	-	✓	Good
Windows/Doors	✓	Good	✓	Very Good	✓	Good	✓	Good	✓	Average	✓	Good	✓	Good
Lock of Doors	✓	Good	✓	Good	✓	Average	✓	Good	✓	Average	✓	Good	✓	Good
Kitchen	✓	Good	✓	Under Construction	✓	Good	✓	Good	✓	Average	✓	Good	✓	Good
Store	✓	Good	✓	Under Construction	✓	Average	✓	Good	✓	Good	✓	Good	✓	Good
Condition of toilets	✓	Good	✓	Good	✓	Very Good	✓	Average	✓	Poor	✓	Good	✓	Average
Sanitary Fittings	✓	Good	✓	Good	✓	Good	✓	Good	✓	Good	✓	Good	✓	Poor
Laundry Area	✗	-	✓	Under Construction	✗	-	✗	-	✓	Average	✓	Good	✓	Average

4.1.8. Utilities: Water

All DUAs had tap water, but facilities were in average condition in 5 of them, and appliances including taps, pipes, fittings were not in very good condition. Filtered water was available in 6 DUAs, expect

Quetta, and mineral water was not available at any DUA. Water for bathing and other use was available at all DUAs, however it was not available in sufficient quantity for daily use in Peshawar for the residents.

TABLE 11: UTILITIES - WATER

Description	Abbottabad		Faisalabad		Lahore		Peshawar		Quetta		Rawalpindi		Sukkur	
	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition
Tap Water	✓	Average	✓	Very Good	✓	Average	✓	Good	✓	Average	✓	Good	✓	Poor
Filter Water	✗	-	✓	Very Good	✓	-	✓	Good	✗	-	✓	Good	✓	Poor
Mineral Water	✗	-	✗	-	✗	-	✗	-	✗	-	✗	-	✗	-

4.1.9. Utilities: Power

The condition of electric appliances was not fully satisfactory. Five DUAs had alternative power

source in the form of Uninterrupted Power Supply (UPS), 2 DUAs had generators in place, and 4 had

solar panels, but the panels in Sukkur DUA were not functional. There was an adequate number of lights (lightbulbs and fluorescent tube lights) installed at all DUAs, with the majority functional.

The number of fans ranged from minimum (12) in Rawalpindi to the maximum (80) in Peshawar, where the highest number of non-functional fans (20)

was also found. Availability of air conditioning was uneven: in three DUAs (Rawalpindi, Abbottabad, and Peshawar) there was not a single air conditioner installed, while in Lahore and Quetta there was one in each and both were functional. Room gas heating was available in 5 DUAs, with almost all gas heaters functional.

TABLE 12: UTILITIES - POWER

Items	Number	Working	Not working
Fans			
Lahore	45	45	0
Faisalabad	18	18	0
Rawalpindi	12	10	2
Abbottabad	21	21	0
Peshawar	80	60	20
Sukkur	25	25	0
Quetta	18	18	0
Air conditioners			
Lahore	1	1	0
Faisalabad	1	1	0
Rawalpindi	0	0	0
Abbottabad	0	0	0
Peshawar	0	0	0
Sukkur	1	1	0
Quetta	1	1	0
Bulbs/ Tube lights			
Lahore	85	85	0
Faisalabad	100	100	0
Rawalpindi	12	12	0
Abbottabad	42	42	0
Peshawar	30	20	10
Sukkur	45	45	0
Quetta	40	40	0
UPS for emergency lighting			
Lahore	1	1	0
Faisalabad	2	0	2
Rawalpindi	1	0	0
Abbottabad	0	0	0
Peshawar	0	0	0
Sukkur	1	0	1
Quetta	1	1	0
Generators			
Lahore	1	1	0
Faisalabad	1	1	0
Rawalpindi	0	0	0
Abbottabad	0	0	0
Peshawar	0	0	0
Sukkur	0	0	0
Quetta	0	0	0
Solar panels			
Lahore	1	0	0
Faisalabad	0	0	0
Rawalpindi	0	0	0
Abbottabad	1	1	0
Peshawar	1	1	0
Sukkur	6	0	6
Quetta	0	0	0
Room gas heaters			
Lahore	10	10	0
Faisalabad	6	6	0
Rawalpindi	5	3	2
Abbottabad	10	10	0
Peshawar	0	0	0
Sukkur	0	0	0
Quetta	17	16	1
Washing machines			
Lahore	2	2	0
Faisalabad	1	1	0
Rawalpindi	2	1	1
Abbottabad	2	2	0
Peshawar	0	0	0
Sukkur	1	0	1
Quetta	2	1	1

4.1.10. Cleanliness

Overall, cleanliness was observed to be average except Faisalabad. Sewage lines, garbage disposal facilities and plumbing were available at all DUAs, however, the condition was not uniform. In Rawalpindi

and Abbottabad sewage line was either poor or out of order. Similarly, garbage disposal facilities and plumbing were only average at 4 DUAs.

TABLE 13: CLEANLINESS

Description	Abbotabad		Faisalabad		Lahore		Peshawar		Quetta		Rawalpindi		Sukkur	
	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition	Availability	Condition
Sewerage Line	✓	Average	✓	Very Good	✓	Average	✓	Average	✓	Poor	✓	Poor	✓	Average
Garbage disposal	✓	Average	✓	Very Good	✓	Average	✓	Good	✗		✓	Average	✓	Average
Plumbing	✓	Average	✓	Very Good	✓	Average	✓	Good	✗		✓	Good	✓	Poor

4.1.11. Communication Facilities

Telephone and internet access were available to staff at almost all DUAs, however, there was no internet facility for residents, except in Quetta, where limited

internet facility was available. Telephones were unavailable to residents in Rawalpindi and Sukkur.

TABLE 14: COMMUNICATION FACILITIES

City	Staff		Residents	
	Phone	Internet	Phone	Internet
	Yes/No	Yes/No	Yes/No	Yes/No
Abbotabad	✓	✓	✓	✗
Faisalabad	✓	✓	✓	✗
Lahore	✓	✗	✓	✗
Peshawar	✓	✓	✓	✗
Quetta	✓	✓	✓	✓
Rawalpindi	✓	✓	✗	✗
Sukkur	✓	✗	✗	✗

4.1.12. Transportation

Four DUAs had vehicles (one each), that were in average condition. Abbottabad, Peshawar, and Quetta did not have any vehicles, and the vehicle at Sukkur was out of order.

4.1.13. Furniture and Supplies

There was a severe deficit of equipment and supplies at all DUAs. In Faisalabad, there was no microwave, fridge, sewing machine, water cooler, stove, or ironing board available. Lahore lacked a

stove, fridge, microwave, iron and ironing board. In Lahore, Faisalabad, and Abbottabad, chairs were not available. Availability of equipment and supplies in Rawalpindi and Quetta was slightly better than in other DUAs. Warm clothing/ coats and blankets for residents and children were not available at most of DUAs. In Rawalpindi and Quetta, basic hygiene supplies including sanitary pads, soap, detergent, toothpaste, iron and ironing board etc. were not available.

TABLE 15: FURNITURE AND SUPPLIES

Description	Abbottabad		Faisalabad		Lahore		Peshawar		Quetta		Rawalpindi		Sukkur	
	Yes/No	Condition	Yes/No	Condition	Yes/No	Condition	Yes/No	Condition	Yes/No	Condition	Yes/No	Condition	Yes/No	Condition
Coats	✗	-	✓	Good	✗	-	✗	-	✓	-	✓	-	✗	-
Blankets & Bedsheets	✓	Average	✓	Very Good	✓	Good	✓	Good	✓	Very Good	✓	Average	✓	Good
Children's Cots	✓	-	✓	Very Good	✗	-	✓	-	✓	-	✗	-	✗	-
Children's Blanket	✗	-	✓	Very Good	✗	-	✓	-	✗	-	✗	-	✗	-
Cupboards	✗	-	✓	Under Construction	✓	-	✓	Average	✓	Average	✓	Poor	✓	Average
Room Side Tables	✗	-	✗	-	✓	-	✗	-	✓	Average	✗	-	✗	Good
Chairs	✗	-	✗	-	✓	-	✗	-	✓	Good	✓	Average	✓	Good
Dustbin	✓	Good	✓	Good	✓	Good	✓	Good	✗	-	✓	Good	✓	Average
Water Cooler	✓	Good	✗	Good	✓	-	✓	Good	✓	Good	✓	Average	✓	Average
Stove/Heater	✓	Good	✗	Average	✓	Average	✗	-	✓	Average	✓	Average	✓	Poor
Clocks	✓	Good	✗	Very Good	✓	-	✗	-	✗	-	✓	Average	✓	Good
Sewing Machine	✓	Good	✗	Very Good	✓	Good	✓	Good	✓	Good	✓	Good	✓	Average
Fridge	✓	Good	✗	-	✗	-	✓	Good	✓	Good	✓	Good	✓	Good
Freezer	✓	Good	✓	Good	✓	-	✓	Good	✓	Good	✓	Good	✓	Poor
Microwave	✗	-	✗	Very Good	✓	-	✓	Good	✓	Good	✓	-	✓	Average
Crockery	✓	Poor	✓	Very Good	✓	-	✓	Average	✓	Good	✓	Good	✓	Good
Iron	✓	Good	✗	Good	✓	-	✓	Average	✗	-	✗	-	✓	Poor
Iron Stands	✗	-	✗	Good	✗	-	✗	-	✗	-	✗	-	✓	Average
Hygiene Needs	✓	-	✓	Average	✓	Good	✓	Good	✗	-	✗	-	✓	Average
Office Furniture	✓	Good	✓	Average	✓	Good	✓	Good	✓	Good	✓	Average	✓	Good

4.1.14. Basic Medical Equipment And Supplies

Basic medical equipment and supplies were available in Rawalpindi, Abbottabad, and Sukkur. In Quetta,

stethoscope, blood pressure gauge and weighing machine were not available.

TABLE 16: BASIC MEDICAL EQUIPMENT AND SUPPLIES

Description	Abbotabad	Faisalabad	Lahore	Peshawar	Quetta	Rawalpindi	Sukkur
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Thermometer	✓	✓	✓	✓	✗	✓	✓
Stethoscope	✓	✓	✓	✓	✗	✓	✓
BP operator	✓	✓	✓	✓	✗	✓	✓
Weight Machine	✓	✓	✓	✓	✓	✓	✓
Syringes	✓	✗	✓	✓	✓	✓	✓
Dressing/Bandages	✓	✗	✓	✓	✓	✓	✓
Kidney Tray	✓	✓	✗	✗	✗	✓	✓
Pyodine/Dettol	✓	✓	✓	✓	✓	✓	✓
Emergency Medication	✓	✓	✓	✓	✓	✓	✓

4.1.15. Office Supplies

A full set of office supplies was available in Faisalabad, Lahore, and Quetta, while most items were missing in Rawalpindi, including inventory register, referral

forms, survivor recordkeeping materials and stationery. In Peshawar, referral forms were missing.

TABLE 17: OFFICE SUPPLIES

Description	Abbotabad	Faisalabad	Lahore	Peshawar	Quetta	Rawalpindi	Sukkur
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Survivor roll/entry	✓	✓	✓	✓	✓	✓	✓
Inventory register	✓	✓	✓	✓	✓	✗	✓
Referral form	✓	✓	✓	✗	✓	✗	✓
Movement register	✓	✓	✓	✓	✓	✓	✓
Survivor record keeping	✓	✓	✓	✓	✓	✗	✓
Stationery supplies	✓	✓	✓	✓	✓	✗	✓

4.1.16. Facilities for Residents' Children

DUAs were generally not fully equipped to meet the needs of residents' children. Rawalpindi had the most facilities for children. Learning rooms, tables

and chairs, learning and audio-visual materials, books and toys were generally not available at the other 6 DUAs.

TABLE 18: FACILITIES FOR CHILDREN ACCOMPANYING RESIDENTS

Description	Abbotabad	Faisalabad	Lahore	Peshawar	Quetta	Rawalpindi	Sukkur
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Play area/play ground	✓	✓	✗	✓	✓	✓	✓
Learning room	✓	✗	✓	✓	✓	✓	✓
Tables and Chairs	✓	✓	✓	✓	✓	✓	✓
Learning & AV material	✗	✓	✓	✗	✗	✓	✗
Books and toys	✓	✓	✗	✓	✗	✓	✓
Education	✓	✗	✓	✓	✓	✓	✓

4.1.17. DUA Residents at Time of Survey

The highest number of residents was found in Peshawar (62), followed by Lahore (44) and Faisalabad (42). The greatest number of children was found in Faisalabad (16) followed by Peshawar

(15), and Abbottabad (14). Quetta had the fewest residents (14). All residents at the 7 shelters were GBV survivors.

TABLE 19: DUA RESIDENTS AT TIME OF SURVEY

Description	Abbotabad	Faisalabad	Lahore	Peshawar	Quetta	Rawalpindi	Sukkur
No. of Residents	42	62	32	29	11	44	46
No. of GBV Survivors	32	42	44	62	14	27	22
Survivors Stay Extension	3	3	3	3	7	4	3
No. of Children	14	16	10	15	3	4	3
Separate Warden Room	0	1	0	1	0	1	1
Duty Timing of Warden	24 hours	4 to 9pm	4 to 9pm	4 to 9pm	Rotational	3 to 9pm	3 to 9pm

4.1.18. DUA Staff at Time of Survey

A sizeable number of positions were vacant in all DUAs, with the highest number in Abbottabad and Sukkur where 11 of 17 posts were vacant. This was followed by Quetta, Peshawar, and Faisalabad where

10 of 17 posts were vacant. Rawalpindi also had a significant number of vacant posts (6 out of 15). The lowest number of vacant positions was reported in Lahore where only 4 posts were vacant.

TABLE 20: DUA STAFF AT TIME OF SURVEY

Description	Abbottabad	Faisalabad	Lahore	Peshawar	Quetta	Rawalpindi	Sukkur
	Filled/Vacant	Filled/Vacant	Filled/Vacant	Filled/Vacant	Filled/Vacant	Filled/Vacant	Filled/Vacant
Superintendent (BS-17)	✓	✓	✓	✓	✓	✓	✗
Medical Officer (BS-17)	✗	✗	✓	✗	✗	✓	✓
Psychologist (BS-17)	✗	✓	✓	✗	✗	✓	✗
Lawyer	✗	✗	✗	✗	✓	✗	✗
Assistant (BS-14)	✗	✗	✓	✗	✗	✗	✓
Computer Operator (BS-12)	✗	✗	✓	✓	✗	✓	✗
Warden (BS-11)	✗	✓	✓	✓	✗	✓	✗
Supervisor (BS-09)	✗	✗	✓	✗	✗	✗	✗
Handicraft teacher (BS-08)	✓	✓	✗	✗	✗	✗	✗
Religious teacher (BS-08)	✓	✗	✓	✓	✗	✗	✗
Clerk (BS-11)	✗	✗	✗	✗	✓	✓	✗
Driver (BS-04)	✓	✗	✓	✗	✓	✓	✗
Naib Qasid (BS-01)	✓	✓	✓	✓	✓	✓	✓
Cook (BS-01)	✗	✗	✗	✓	✓	✗	✓
Chowkidar (BS-01)	✓	✓	✓	✓	✓	✓	✓
Sweeper (BS-01)	✗	✓	✓	✗	✗	✓	✓
Trained SG	✗	✗	✗	✗	✗	✓	✗

4.1.19. Funds Allocations for DUAs

The highest yearly allocation during the financial year 2018-19 was observed in Peshawar (PKR 13.95m), followed by Abbottabad (PKR 8.54m) and Lahore (PKR 8.25m). The lowest yearly allocation was in Rawalpindi (PKR 4.10m).

The annual development budget is a key policy framework to support the development initiatives. The allocation of this budget for 4 DUAs (Lahore, Rawalpindi, Abbottabad, and Peshawar) was almost PKR 4m, while the remaining 3 DUAs (Faisalabad,

Sukkur, and Quetta) received zero allocation. Likewise, the annual non-development budget which is meant to meet recurring expenses was allocated highest for Peshawar (PKR 9.03m), followed by Quetta (PKR 8.07m) and Sukkur (PKR 7.47m).







The daily allocation per resident was similar in Lahore, Faisalabad, Rawalpindi, and Quetta (PKR 200) while in Sukkur it was PKR 225. In Abbottabad and Peshawar, the daily allocation was significantly higher (PKR 700).

TABLE 21: ANNUAL FUNDS ALLOCATIONS FOR DUAs

Description	Punjab			KP		Sindh	Balochistan
	Lahore	Faisalabad	Rawalpindi	Abbottabad	Peshawar	Sukkur	Quetta
Annual budget allocation*	8.25	6.7	4.2	5.44	13.96	7.47	8.07
Annual development budget*	3.7	-	4.2	4.82	4.93	-	-
Annual non-development budget*	4.55	-	-	0.62	9.03	7.47	8.07
Daily allocation per resident	PKR 200	PKR 200	PKR 200	PKR 700	PKR 700	PKR 225	PKR 200

*=PKR in Million, as per budget documents of respective SWDs (2018-19).

Key Findings of Physical Checklist Missing Facilities in DUAs/Shelters


1	<p>External Development:</p> <ul style="list-style-type: none"> Exit route was missing at Peshawar, Rawalpindi and Sukkur Drop-in and off area was missing at Lahore, Rawalpindi, and Sukkur Ventilation was inadequate in all seven DUAs Long distance to and from court for all DUAs 	
2	<p>Security Equipment's</p> <ul style="list-style-type: none"> Security arrangements were deficient at all DUAs Jammers were not installed in Peshawar, Rawalpindi, Faisalabad, Sukkur, and Quetta, except in Lahore and Abbottabad where one jammer was installed and functional. There was no walk-through security gate in Faisalabad, Peshawar, and Abbottabad. Door viewers were installed only in Peshawar, Rawalpindi, and Lahore. Physical security check equipment was missing in Peshawar, Quetta, and Sukkur 	
3	<p>Condition Internal Development & Rooms</p> <ul style="list-style-type: none"> No toilet or bathroom facilities were available for women and girls living with physical disabilities. Library was not existed in any DUA Coats for residents and children, and blankets, were not available at most of DUAs. Ground is missing at Abbottabad, Lahore, Peshawar and Rawalpindi Garden is missing at Abbottabad, Lahore and Rawalpindi There was no visitor room and a laundry area was available in Abbottabad and Peshawar, and in Lahore Leisure rooms were missing in four DUAs; Abbottabad, Lahore, Quetta & Sukkur. Poor condition of the toilets including, poor hygiene, taps, pipes, sanitary fittings, cleaning, and inadequate lighting. at Abbottabad, Peshawar, Faisalabad, Rawalpindi and Quetta. Basic hygiene supplies were missing at all DUAs. 	
4	<p>Utilities</p> <ul style="list-style-type: none"> No air conditioner installed in Peshawar, Abbottabad, and Rawalpindi No Generator and gas heaters were available at Abbottabad, Peshawar, Rawalpindi, Quetta and Sukkur No microwave, fridge, sewing machine, water cooler, stove, ironing board and other were available in Faisalabad, No washing machine was available in Peshawar while in Faisalabad was out of order. Basic hygiene supplies were missing at all DUAs. 	
5	<p>Fire Safety</p> <ul style="list-style-type: none"> In most of the DUAs, firefighting and rescue equipment, including fire extinguishers, sprinklers, fire blankets, explanatory charts, and fire alarms, were missing. Fire Blanket was not available at any DUA Fire extinguishers were not available at Abbottabad, Peshawar, Quetta and Sukkur. Fire sprinkler system was installed only at Rawalpindi and Sukkur DUAs, but was not in proper conduction. Fire safety chart and fire alarm were displayed only at Rawalpindi and Sukkur DUAs. 	
6	<p>Access for PWDs</p> <ul style="list-style-type: none"> No ramps, functional wheelchairs, or customized bathrooms for persons with disabilities, elderly, and sick residents in bathrooms. No equitable arrangements for PWDs, pregnant women, TB patients and other chronic patients can't be accommodated as per rules. 	
7	<p>Access to information</p> <ul style="list-style-type: none"> Helpline at (UAN) not available at any DUA MIS was missing at all DUA expect Lahore No internet facility was available for residents 	
8	<p>Transportation</p> <ul style="list-style-type: none"> No vehicle was available for residents at Abbottabad, Peshawar & and Quetta Vehicle was out of order at Sukkar Seats of drivers are vacant at most of DUAs 	

Key Findings of Physical Checklist

Missing Facilities in Shaheed Benazir Bhutto Women's Crisis Centre (SBBWCC) at Quetta and Islamabad


1 External Development:

- SBWCC is located in a rented building at Quetta,
- Government medical facilities were far away from both centres; (SBWCCs Quetta 35km and ICT 12km).




2 Security Equipment's

- Security arrangements were deficient at ICT
- Security cameras and jammers were missing at Quetta and ICT
- No walk-through gates and door viewers were installed at ICT.
- No scanners at the entry/exit point at ICT.
- Body-searching was done manually by security guards at ICT.
- CCTV cameras were not covering any section of the compound at ICT.




3 Condition Internal Development & Rooms

- No toilet or bathroom facilities were available for women and girls living with physical disabilities at Quetta and ICT
- There were no visitor and leisure rooms at Quetta and ICT.
- There were no coats, children's beds and blankets, side tables, fridges, sewing machines, freezers, microwaves, ironing boards, or basic hygiene supplies at Quetta.
- Wall finishing was poor, dirty, and crumbling.
- Flooring quality was average in SBBWCC at ICT.
- Repair work is required for doors and at ICT.
- There were no locks on the doors due to security reasons at ICT.
- The drainage system was leaking and in poor condition at ICT.
- Stoves were carbonated and repair work was needed at ICT.
- Appliances including taps, pipes, and fittings of appliances were not in very good condition.
- Plumbing work was badly needed in the wash rooms including the area for washing clothes at ICT.




4 Utilities

- There was no air-conditioning, generator, washing machine, or water dispenser at SBWCC ICT.
- Electric generators and UPS were dysfunctional. The alternative source of light in case of load-shedding was candles at ICT.
- The winter gas room heaters were mostly not operational at ICT.




5 Fire Safety

- There was no emergency safe house facility, food storage facility, or safe parking at SBBWCC at Quetta.
- No fire safety measures, with no fire extinguisher, sprinklers, fire blankets, or fire alarm in place at both SBBWCCs.
- Fire safety chart explanatory charts and fire alarms were missing at both SBBWCCs.
- Emergency response numbers and directions were not displayed at visible locations at both SBBWCCs.




6 Access for PWDs

- No facilities available to ensure accessibility for PWDs.
- There were no ramps, wheelchairs, or customized bathrooms for PWD, pregnant women, elderly, and sick residents in both SBBWCCs.




7 Access to information

- Phone and internet facilities were not allowed to shelter residents in both SBBWCCs
- Helpline at (UAN) not available at both SBBWCCs
- MIS was missing at all SBBWCCs except Lahore




8 Transportation

- The SBBWCC in ICT had two Suzuki Boalns. One was out of order and hence in disuse. The second one was in poor condition and was likely to break down at any time.
- Seats of drivers are vacant at both SBBWCCs.



9 Facilities for Children

- None of the assessed facilities for children were available, including a playground, teaching room, furniture, learning and audio-visual materials, books and toys at Quetta.
- Learning and audio-visual material which could cater to learning needs of children of all ages was unavailable at ICT.
- No internet facility for residents



4.2. Physical Mapping of the 2 SBBWCCs - Quetta & ICT

The physical checklist was also administered at the SBBWCCs in Quetta and ICT, and is treated separately from the DUAs discussed in the previous section, as these crisis centres are not designed for long-term stay by survivors and thus not directly comparable.

SBBWC Quetta has existed since 2005, the centre is located in a rented building in the Quetta Railway Housing Scheme. It covers a total area of 4,500 sq. feet, of which 65% is covered area and the remainder comprises open space used for car parking and lawns. The contact number of the shelter is 081-2441246.

SBBWCC ICT has existed since 2004, the Centre is housed in a government-owned building with a total area of 1761.03 square yards and an equal distribution of covered and uncovered area. It falls under the jurisdiction of the Ministry of Human Rights with a designated Ministry Helpline number of 1099 and an emergency contact number (051-9269774).

4.2.1. Distance from Essential Services & Exteriors

At Quetta, the police station, fire station and court were 2-4 kilometres away, while the civil hospital was located almost 35 kilometres from the SBBWCC. The structure had 6 rooms of which 3 were used by staff and the rest by residents. It had 5 toilets, of which 3 were for the use of the staff and 2 for residents. Two residents lived in each room, and on average 4-5 survivors accessed it every month.

For Islamabad, the nearest hospitals were PIMS and SHIFA, approximately 5-6 kilometres away. The nearest police station was approximately 6-7 kilometres away and the nearest fire station 3 kilometres away. The courts were at a distance of approximately 12 kilometres. There were 11 rooms in total in the residential building for the survivors, which included 7 residential rooms with an average of 4 residents per room. There were 3 exits from the residential compound of the main exit, one side exit from the kitchen and one emergency exit. The emergency exit was locked from the outside, but the in-charge reported that the Warden (presently the position is vacant) would have the key and the residents also knew how to access it in case of emergencies.

Both the crisis centres had a main gate, grills, motor and water tank, ground and a garden, a security system and good ventilation. At ICT, there were gratings/ grills in the residential block and officers' compound, but they needed repair and replacement. The grounds and gardens were well-manicured and maintained. The drop-in/ drop-off area was also well maintained. Proper cross-ventilation was also ensured in the residential area and officers' compound.

4.2.2. Security

The SBBWCC Quetta was equipped with a walk-through security gate, door viewer and body search equipment. While security cameras were installed, jammers were missing.

The SBBWCC at ICT Security systems (CCTV cameras, walk-through gates, scanners, etc.) could be adjudicated to be average to poor. There were no CCTV cameras anywhere in the facility, no walk-through gates, and no scanners at the entry/exit point. Body-searching was done manually by security guards which left significant loop-holes in the system. Parking was available for 4 vehicles in the compound. However, no CCTV cameras covered any section of the compound. Guards would conduct rounds in the entire facility but there were no designated guards deputed to main specific sections of the facility.

4.2.3. Safety Measures Including Fire Safety

Safety measures were very weak at the SBBWCC at Quetta. There was no emergency safe house facility, food storage facility or safe parking. There was one emergency exit and it was operational.

Likewise, in the SBBWCC at ICT, there was no fire safety and rescue equipment, including fire extinguishers, sprinklers, fire blankets, etc at ICT. Fire safety chart explanatory charts and fire alarms were also missing at ICT.

4.2.4. Access for WWDs

Neither SBBWCC had adequate facilities to ensure accessibility for WWDs. There were no ramps, wheelchairs, or accessible bathrooms for such individuals.

4.2.5. Condition of Rooms

A counselling room, dining room, library, flooring, doors, sanitary area, and laundry were available and in good condition. However, there was no visitor or leisure room at SBBWC at Quetta and ICT.

At SBBWC, the library was housed in the officers' building/compound and not in the residential building of survivors. The common room was used as a rest/leisure room. It was furnished with sofas, carpets, and fans. There was no air-conditioning in any of the rooms. There was proper cross-ventilation in all the rooms with windows on one side and the door on the other. Wall finishing was non-existent as the paint in the rooms was dirty and crumbling. The flooring was of average quality.

There were windows in all the rooms, which were reinforced with grills, but the net was broken in some rooms. The doors also needed repair work. There were no locks on the doors due to security reasons as per the facilitator. Nevertheless, the doors were reinforced by the traditional latch ("*kundi*") from inside.

The kitchen was of average quality. The window net was broken; taps were leaking; the drainage system was not covered; and the exhaust was ineffective. Gas cylinders were in use. The stoves were carbonated and needed repair work.

A Computer Centre for residents, and data management lab for staff has been established with the support of UN Women in SBBWCC ICT.

4.2.6. Utilities

The SBBWCC Quetta had filtered water available for drinking and a sufficient quantity of water for daily use. There was no access to tap water or mineral water. The condition of electric appliances was not satisfactory. While fans, fluorescent tube lights, UPS, gas/ electric room heaters and a washing machine were available, there was no air conditioner, generator, or solar panel.

At the SBBWCC at ICT, tap water was available although CDA would stop water supplies once every week and the water pump could also not be used to fill the tank during the load-shedding

hours. Other than this the water was reported to be sufficient for bathing and other usage. Filtered water was also available, and the filter was said to be replaced monthly. Mineral water was unavailable. The residents also needed water coolers since the existing ones were broken and had been repeatedly repaired. There was no water dispenser either for the residents or the officers. There was also the need for a refrigerator for the officers' compound.

Of the fans in the residential rooms, one was functional and the other was dysfunctional. Only one air-conditioner was available in the office of the in-charge. Similarly, UPS for emergency lighting was only available in the in-charge's room. There were 9 gas room heaters, all in working order, but due to gas load-shedding during winters, they were mostly un-operational. The alternative source of light in case of load-shedding was candles.

4.2.7. Cleanliness

The overall building was clean and sewage lines, plumbing and garbage disposal facilities were present.

4.2.8. Communication Facilities

Telephone and internet facilities were available for staff but not for residents who had to use the phone in the staff office.

4.2.9. Transportation

The SBBWCC in Quetta had two high-roof vehicles in good condition. Transportation was available to survivors but not to staff.

The SBBWCC in ICT had two Suzuki Bolan's. One was out of order and hence in disuse. The second one was in poor condition and seemed likely to break down at any time.

4.2.10. Furniture and Supplies

Furniture and supplies were inadequate at both Centres. While there were cupboards, chairs, dustbins, water coolers, heaters, clocks, crockery, and office furniture at the SBBWCC, there were no coats, children's beds and blankets, side tables, fridge, sewing machine, freezer, microwave, ironing board or basic hygiene supplies.

4.2.11. Basic Medical Equipment and Supplies

Basic medical equipment was observed at Quetta SBBWCC including a thermometer, stethoscope, and blood pressure gauge, while weight machine, syringes, bandages, kidney tray, Dettol and emergency medication were not available.

In SBBWCC at ICT Basic Instruments, namely, thermometers, stethoscopes, BP instruments, and weighing scales were available but of average quality. The first aid box was available and of good quality. Nebulizers and glucometers were not available. This was particularly hazardous since the shelter was not equipped to deal with diabetic residents.

4.2.12. Office Supplies

Some office supplies were available at the SBBWCC Quetta: survivor roll/ entry, inventory registers, referral forms, movement register, and survivor recordkeeping and stationery supplies at Quetta.

At SBBWCC ICT, UN Women has established a data room to move the shelter management from manual to digitalized data entry.

4.2.13. Facilities for Children of Residents

Facilities for children were not available in Quetta, such as playground, teaching room, furniture, learning and audio-visual materials, books, and toys.

In SBBWCC at ICT, there was a learning room in the officers' building furnished with tables and chairs, but the teacher's position was vacant for some time. Learning and audio-visual material which could cater to the learning needs of children of all ages was unavailable. A small play area in the garden had some swings, but the condition was not ideal.

4.2.14. SBBWCC Staff at the Time of Survey

Several positions were observed to be vacant or to not exist at the SBBWCC in Quetta. For example, the positions of the medical officer, psychologist and warden did not exist. Other vacant or non-existent positions included computer operator, supervisor, handicraft teacher, religious teacher, *naib qasid*, cook and armed security guard.

In SBBWCC at ICT, the positions of medical officer, warden, and driver were vacant.

4.2.15. Funds allocation for SBBWCCs

The annual budget allocation during the financial year 2018-19 to the SBBWCC in Quetta was PKR 10.13 million, all of which was for non-development budget. Since survivors may not stay at crisis centres for more than 48 hours, there was no provision for long-term residents.

The total funds for the SBBWCC ICT were PKR 18.8 million for the year (2019-20). Salaries were budgeted at PKR 10.2 million annually and the remaining was spent on the other eighteen expense heads of the shelter.

4.3. In-depth Interviews with Shelter Residents

As part of the survey, in-depth interviews were conducted with 70 survivors/ residents at the seven Dar ul Amans in all four provinces.

4.3.1. Resident Profiles

Resident profiles were drawn up using demographic indicators such as age, district of origin, religion, ethnicity, education, social and marital status, age at marriage, disability, occupation and income distribution, and the duration of stay at the shelter.

Age

The minimum age of residents in all seven DUAs at the time of the interviews was 14 years, and the maximum was 65. Women aged 14-16 years were found in Abbottabad, Rawalpindi, Quetta, and Sukkur. Women aged above 35 years were in Faisalabad, Peshawar, Sukkur, and Quetta. The most common age group was 17-35 years, since women of this age were found in almost every shelter. More than a quarter of residents (26%) were girls and younger women, aged 14-20 years. More than half were aged 26-30 years old and less than a tenth were above 30 years of age. This data seems to suggest that it is mostly younger women and girls who experience abuse and violence, and seek protection in a shelter.

FIGURE 1: AGE OF RESIDENTS BY SHELTER

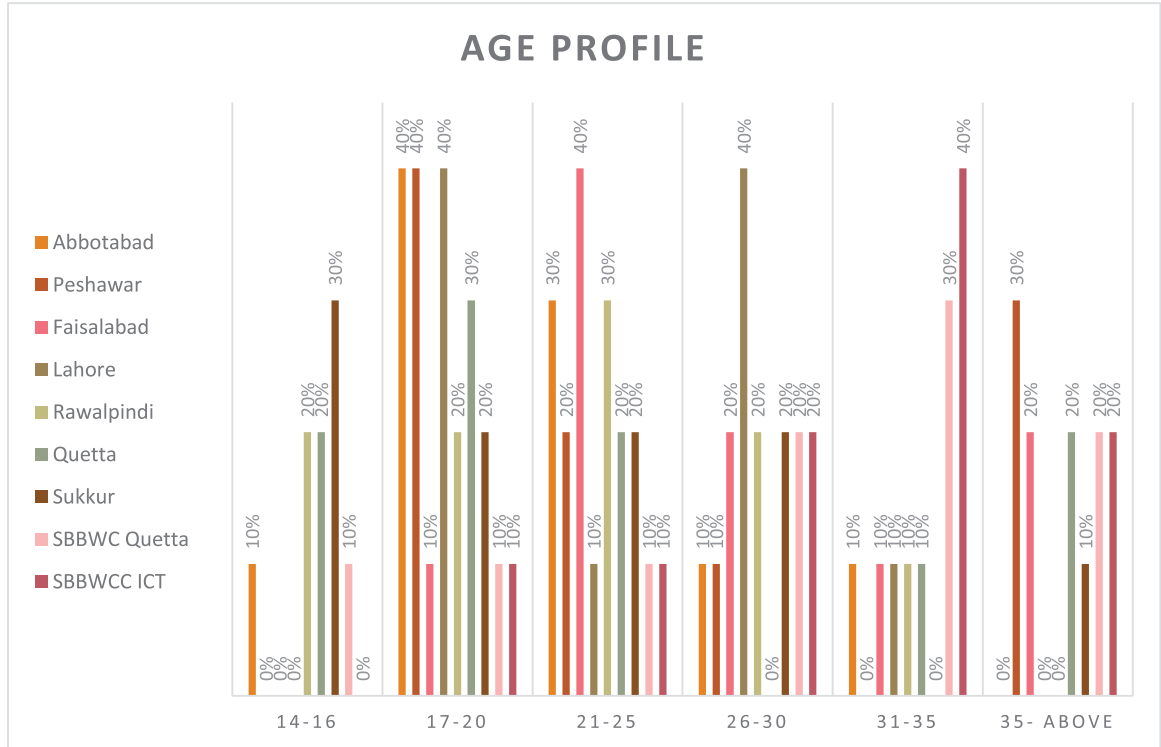
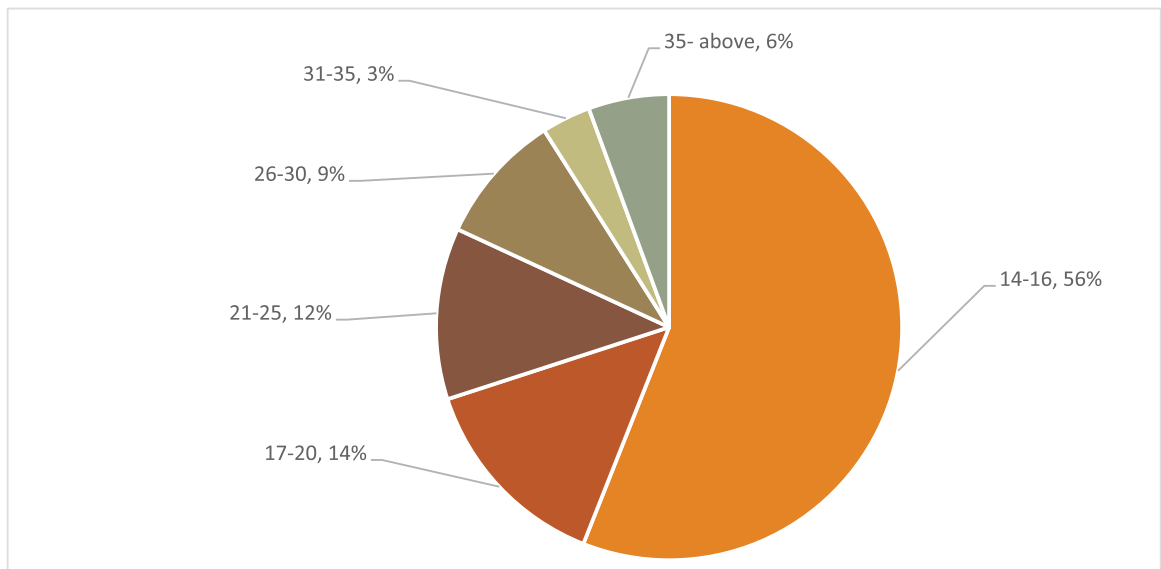


FIGURE 2: PROFILE OF RESIDENTS BY AGE GROUP



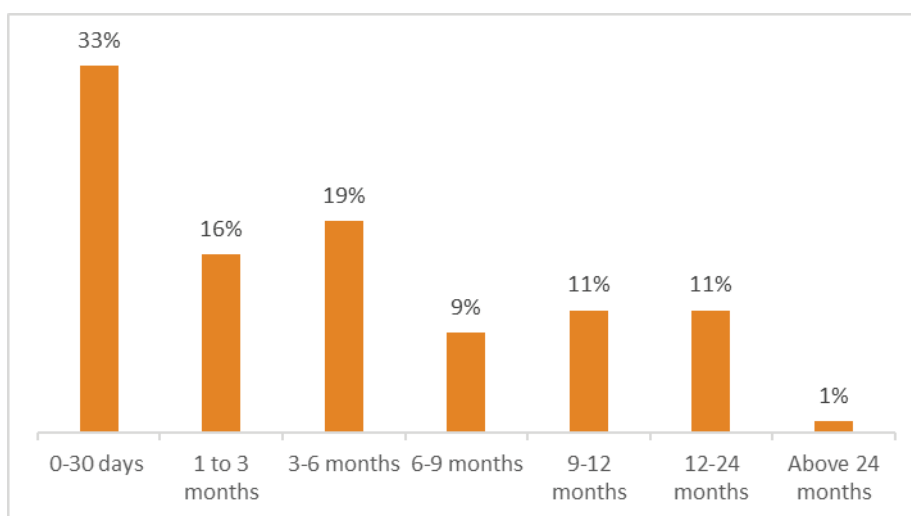
Duration of Stay at the Shelter

A third of residents (33%) had been at the shelter for less than a month, 16% for 1-3 months, and 19% for 3-6 months. Only 11% of residents had been there for over a year.

Shelters in KP, Balochistan and Sindh were more

likely to have longer-stay residents. In Abbottabad (KP), for instance, 70% of women had resided in the DUA for 3-12 months, while in Peshawar 30% had been there for 1-9 years. In Punjab, 90% survivors had been there for 3 months or less.

FIGURE 3: DURATION OF STAY



District of Origin

The selected DUAs accommodated survivors from various districts. The Abbottabad DUA, for example, hosted survivors from Battagram, Mansehra, Kohistan and Murree, while the Peshawar DUA hosted women from North Waziristan, Kohat, Karak and even Lahore.

In the Rawalpindi DUA, residents included survivors from Islamabad, Lahore, Sargodha, Chakwal and Jhang. The Faisalabad DUA hosted survivors from Sargodha, while the Lahore DUA had residents from Gujrat, Gujranwala, Sargodha, Okara, Vehari and Sindh.

The Quetta DUA hosted survivors from Dera Murad Jamali, Noshki, Hub Chowki, Hazar Gunji, Dera

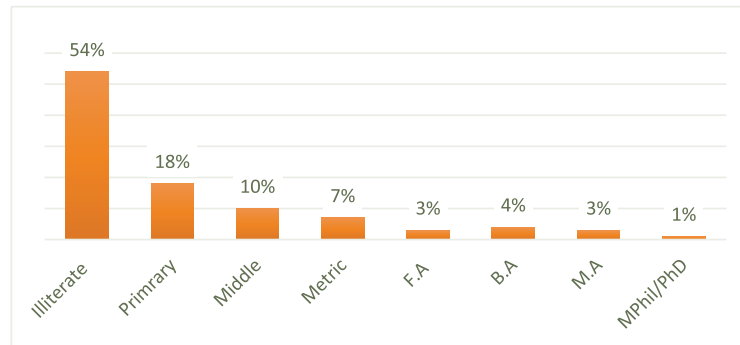
Allah Yar, Sargodha and Attock. In Sukkur residents included survivors from Khairpur, Kundkot, Jamshoro, Ghorpur and Islamabad.

The vast majority were Muslims, with only a few non-Muslim survivors in Lahore and Rawalpindi DUAs.

Educational Profile

More than half of DUA residents (54%) were illiterate, and of the rest, 18% had primary, 10% middle, and 7% secondary (matriculation) education. About 11% of interviewed residents had intermediate or higher education. The data suggest that the vast majority of women who access DUAs are uneducated or poorly educated.

FIGURE 4: EDUCATION OF RESIDENTS

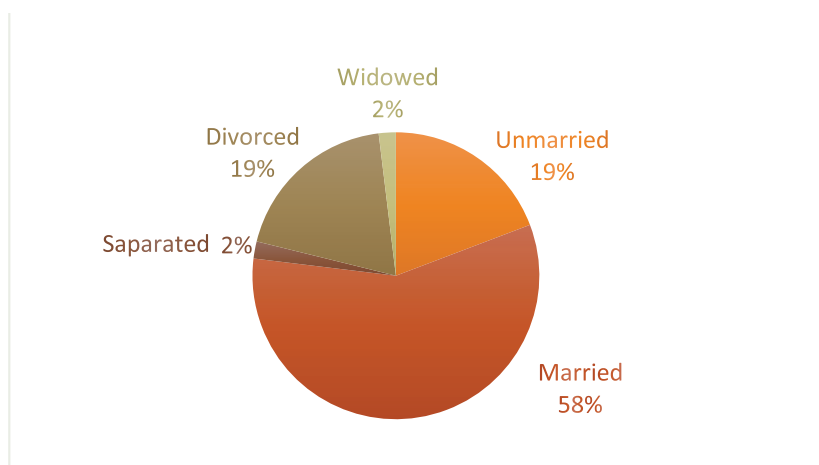


Marital Status

A majority of women (58%) were currently married, and a sizeable proportion were divorced (19%). Widows and separated women accounted for 2%

each, while 19% were never-married. Rawalpindi and Abbottabad DUAs had the highest proportions of never-married women (40% and 30% respectively).

FIGURE 5: MARITAL STATUS OF RESIDENTS



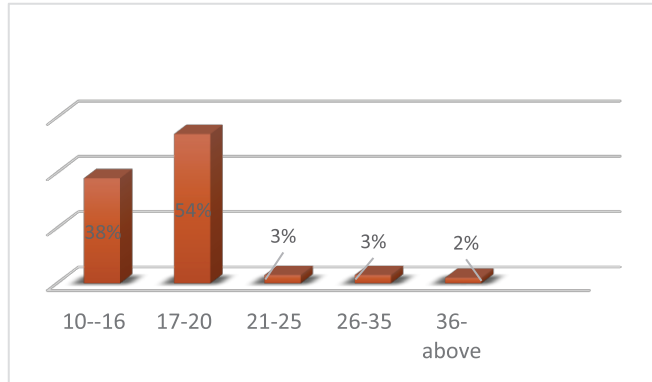
Age at Marriage

An overwhelming majority of ever-married residents (92%) had been married before reaching 20 years of age, including 38% who were married at 10–16 years of age. This is a far higher rate of early marriage than in the general public, suggesting greater vulnerability

to VAWG for girls who are subject to early marriage.

Early marriage was most common in Sukkur followed by Rawalpindi, Faisalabad, Lahore, Quetta, Peshawar, and Abbottabad.

FIGURE 6: RESIDENTS' AGE AT MARRIAGE



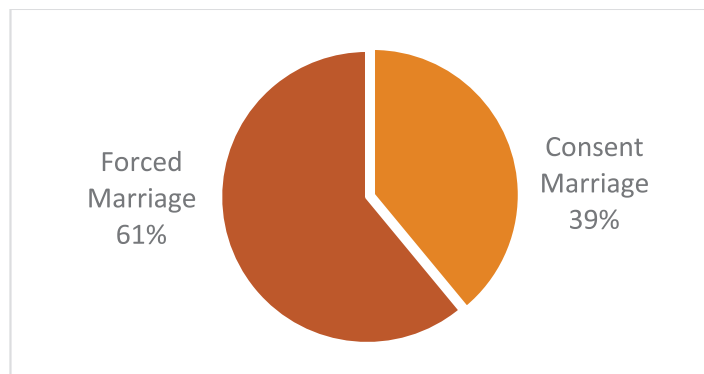
Consent in Marriage

Data from the IDIs showed that a majority of women at DUAs had experienced forced marriage (61%), while the remainder had consented to their marriage. Further probing revealed that most survivors at the DUAs were victims of early and/or forced marriage. This suggests that not only are girls subject to forced or early marriage pressured by the many responsibilities that marriage brings, but they are also bound to abide by restrictions their husbands or

in-laws may put on them.¹⁶

Moreover, since these young women lack awareness or access to family planning, they begin childbearing at an early age which affects their health and development as autonomous human beings.¹⁷ Such girls are usually not allowed to continue education after marriage or, if permitted, find their household responsibilities impede their studies.

FIGURE 7: MARRIAGE BY CONSENT OR FORCE



Disability Status

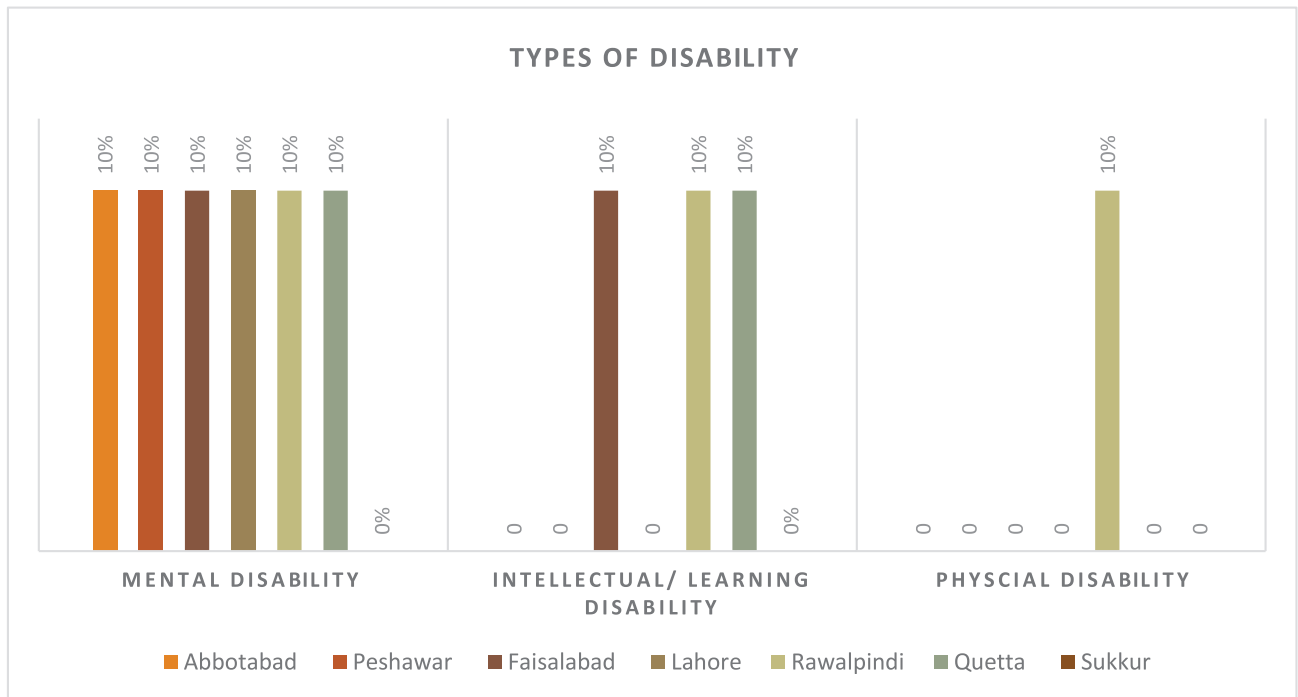
Cases of intellectual and developmental disability were observed at all DUAs except in Sukkur. Survivors with learning disabilities were observed

in Abbottabad, Rawalpindi, and Quetta, while Rawalpindi had one survivor with a physical disability.

¹⁶ Circumstances leading to intimate partner violence against women married as children: a qualitative study in urban slums of Lahore, Pakistan. *BMC international health and human rights*, 15(1), 23.

¹⁷ Knowledge and attitude towards child marriage practice among women married as children-a qualitative study in urban slums of Lahore, Pakistan. *BMC Public Health*, 14(1), 1148.

FIGURE 8: TYPES OF DISABILITY AMONG RESIDENTS



Primary Source of Income

In Lahore, 70% of DUA residents were dependent on family members and the rest were self-employed as tailors, embroidery and running small shops. A fifth earned less than Rs 10,000 a month, while 10% earned Rs 30,000. All spent their incomes on their household and had no control of their earnings. In the Faisalabad DUA, 80% of residents were dependent on family members and 20% were self-employed in farming, tailoring, or delivering lectures for less than Rs 10,000 a month. In Rawalpindi, 50% of residents were dependent on family members, 30% were home-based workers (earning less than Rs 20,000 monthly) while 20% were government employees (earning less than Rs 100,000 monthly).

Most residents of the Abbottabad DUA lacked any source of income and were entirely dependent on family members. In Peshawar, 80% of residents had no source of income, with the rest employed as domestic workers on nominal wages. All residents interviewed in Sukkur were dependent on family or on social assistance from their communities, friends, or local philanthropists. They had no personal sources of income.

In the Quetta DUA, 70% of residents were dependent on their family members and 30% performed menial tasks as domestic workers, earning less than Rs 5,000 per month (substantially below the minimum wage of Rs 17,500 at that time). Earnings were largely spent on household items, and women had little control of their earnings.

4.3.2. Experience of Violence

Residents of all DUAs reported having experienced multiple forms of violence, including physical, psychological, and financial abuse.

Physical Abuse

Domestic violence means “the violence committed by the defendant with whom the aggrieved is living or has lived in a house when they are related to each other by consanguinity, marriage or adoption.” In the present study, an overwhelming majority of residents of all DUAs reported experiencing domestic violence – including all residents of Faisalabad, Peshawar, and Sukkur DUAs, and 90% of those at Lahore, Rawalpindi, Abbottabad, and Quetta DUAs. Injury

inside the home was a frequently reported form of abuse, with the highest prevalence in Faisalabad and lowest in Peshawar (70% and 10% respectively).

A number of residents reported forced marriage, with the highest prevalence in Lahore (70%) followed by Abbottabad (60%). However, trafficking,

illegal custody, and *vani*¹⁸/*swara*¹⁹ were reported less frequently. The vast majority also reported experiencing harassment, with the highest proportions in Faisalabad, Lahore, and Rawalpindi (80%), followed by Quetta (60%).

TABLE 22: PHYSICAL ABUSE EXPERIENCED BY RESIDENTS

Physical Abuse	Abbotabad	Peshawar	Faisalabad	Lahore	Rawalpindi	Quetta	Sukkur
	Incident (%)						
Trafficking	0	0	0	10	10	10	0
Illegal Custody	0	0	0	20	0	10	80
Harassment	50	30	80	80	80	60	0
Harassment at Workplace	0	20	30	20	20	20	0
Karo Kari	0	0	0	0	0	10	30
Watta Satta	0	0	30	30	20	20	0
Vanni/ Swarah	0	30	0	0	0	0	0
Early Marriage	20	20	30	30	30	30	40
Forced Marriage	60	50	50	70	40	20	50
Suicide Attempt	0	0	0.3	0.4	0.1	0	0.3
Burning	0	0	0	0.2	0	0	0
Acid Throwing	0	0	0	0.2	0	0	0
Attempted Murder	30	20	30	40	20	10	40
Abduction/ Kidnapping	10	0	0	20	10	10	20
Attempt Kidnap	10	10	0	30	0	0	0
Attempt Rape	10	0	0	40	10	0	0
Rape	20	0	0	0	10	0	0
Incest	0	0	30	20	10	10	10
Sexual Assault	0	30	40	50	20	30	20
Physical Assault	60	0.5	0.5	0.6	0.8	0.5	0.4
Injury (inside home)	60	10	70	60	60	50	50
Injury (outside home)	0	50	30	10	10	10	10
Domestic Violence	90	100	100	90	90	90	100

Psychological Abuse²⁰

Residents reported experiencing psychological violence in the form of verbal abuse, demeaning and humiliation, threaten of injury or death, and isolation. Verbal abuse was most frequently reported: all survivors at four DUAs (Lahore, Abbottabad,

Peshawar, and Sukkur), and 90% at the remainder, reported this form of abuse. Isolation was the second most common form of psychological abuse, and was highest in Sukkur (50%) followed by Abbottabad (40%).

18 Definition taken from: The Punjab Protection of Women Against Violence Act 2016, available at:

19 Swara refers to “a Pashto word denoting a child marriage custom in tribal areas of Pakistan and Afghanistan. This custom is tied to blood feuds between different tribes and clans where young girls are forcibly married to members of the enemy clan in order to compensate for a crime committed against a member of that clan (always by a male) and to end a feud.” Source:

20 Psychological abuse refers to “behaviors that include limiting access to finances, preventing the victim from contacting family and friends, demeaning and humiliating the victim, and any threats of injury or death directed at the victim or their children”. Definition available at:

TABLE 23: PSYCHOLOGICAL ABUSE EXPERIENCED BY RESIDENTS

Psychological Abuse	Abbotabad	Peshawar	Faisalabad	Lahore	Rawalpindi	Quetta	Sukkur
	Incidence (%)						
Verbal Abuse	100	100	90	100	90	90	100
Rejection	50	30	50	5	5	40	30
Causing Fear	50	20	40	3	8	30	30
Isolation	40	30	40	5	3	30	50

Financial Abuse

“Financial abuse is a current or former partner controlling someone’s ability to acquire, use or maintain financial resources by preventing victims from earning or accessing their own money.” Residents reported financial abuse including denial of basic facilities, denial of property rights, denial of their own

income, and mobility restrictions concerning their entrepreneurship. Mobility restriction was the most commonly reported: all Sukkur residents reported this, followed by 80% in Peshawar and Faisalabad, and 70% in Abbottabad.

TABLE 24: FINANCIAL ABUSE EXPERIENCED BY RESIDENTS

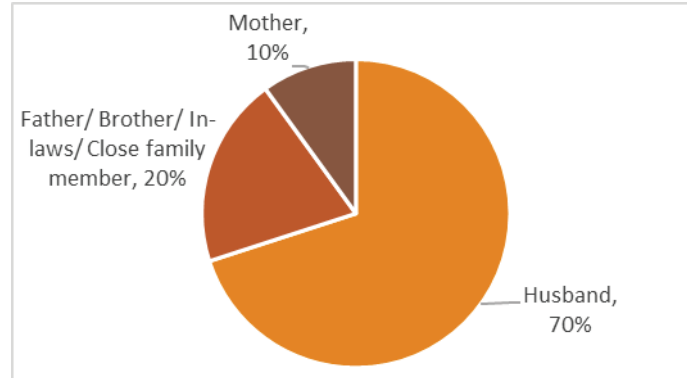
Financial Abuse	Abbotabad	Peshawar	Faisalabad	Lahore	Rawalpindi	Quetta	Sukkur
	Incidence (%)						
Denial of basic facilities	50	40	50	20	50	40	70
Denial of property	30	40	40	40	40	50	50
Denial of own income	20	20	40	30	30	20	30
Mobility restriction	70	80	80	50	70	60	100

Perpetrators of Violence

About 70% of residents stated that the perpetrators of domestic violence were their husbands and 20% identified their fathers, brothers, in-laws, and close

relations. Ten percent identified their mothers as perpetrators. The data also suggests a link between early and forced marriage and VAWG.

FIGURE 9: PERPETRATORS OF VIOLENCE

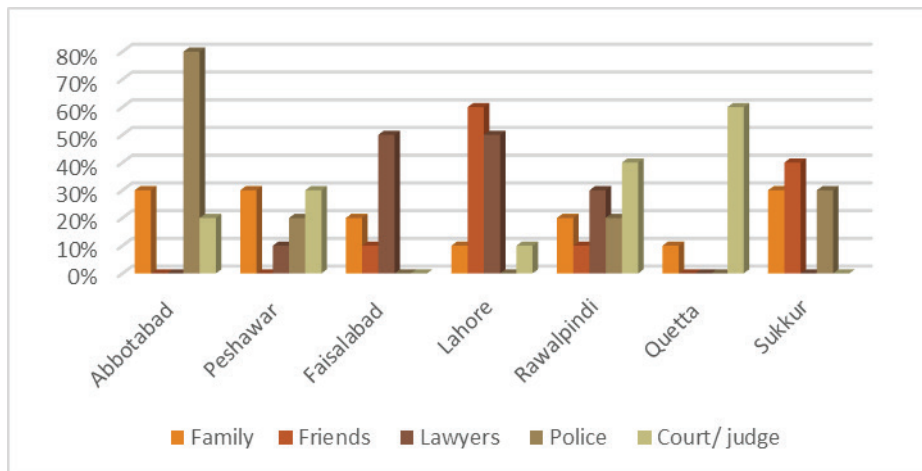


4.3.3. Source of Information About the Shelters

Residents learned about the DUAs from different sources. Family was the most frequently recurrent source of information at all DUAs, but the most common source of information in every DUA was different. For instance, in Abbottabad 80%

of residents learned of the DUA from the police, while in Lahore and Sukkur friends (60% and 40% respectively) were the key sources. In Quetta, 60%, received information from a court or judge.

FIGURE 10: SOURCE OF INFORMATION ABOUT THE SHELTER



4.3.4. Services at the Shelter

Food and shelter were available at all DUAs and the same were also received by all residents. The availability versus accessibility/ receiving of medical aid were different at all DUAs. In this connection, the availability versus receiving of medical aid was relatively higher at Peshawar (100 vs 50%), followed by Quetta (90 vs 90%), Sukkur (80 vs 70%), and Abbottabad (90 vs 50%). In contrast, the access to the same was low at Faisalabad (60 vs 10%), Lahore (40 vs 20%) and Rawalpindi (90 vs 0%).

There was a mixed response about legal aid. The

availability and receiving of legal aid were highest at Sukkur (100 vs 100%), followed by Peshawar (100 vs 50%), and Abbottabad (60 vs 50%). The availability versus receiving of legal aid was very low at Lahore (40 vs 0), and Faisalabad (30 vs 10). The situation was not encouraging at all in Quetta where availability and receiving were zero.

Educational activities were not available to the residents at all DUAs, except only 30% and 20% at Faisalabad and Lahore, respectively. The situation of social integration was almost similar to educational

activities. These services were only available and received at Faisalabad (20 vs 20%) and Lahore (20 vs 20%), while at Rawalpindi, the availability was 10% but nobody availed it.

Economic integration was available to every resident in Peshawar, and 80% received this service. It was followed by Abbottabad where availability and

receiving was higher (90 vs 50%), followed by Faisalabad (50 vs 30%). However, this facility was virtually non-existent in Rawalpindi, Sukkur, and Quetta. Likewise, group counselling and individual counselling were also not available in most of the DUAs.

TABLE 25: SERVICES AVAILABLE AND RECEIVED BY RESIDENTS

Facilities	Abbotabad		Peshawar		Faisalabad		Lahore		Rawalpindi		Quetta		Sukkur	
	Available	Received	Available	Received	Available	Received	Available	Received	Available	Received	Available	Received	Available	Received
	Percentage (%)													
Educational activities	0	0	0	0	30	20	20	0	0	0	0	0	0	0
Economic reintegration	90	50	100	80	50	30	40	30	10	0	0	0	0	0
Social reintegration	0	0	0	0	20	20	20	20	10	0	0	0	0	0
Legal aid	60	50	100	50	30	10	40	0	70	30	0	0	100	100
Medical aid	90	50	100	50	60	10	40	20	90	0	90	90	80	70
Group counseling	0	0	0	0	60	0	50	40	10	10	0	0	0	0
Individual counseling	0	0	0	0	80	20	80	30	10	10	0	0	0	0
Food	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Shelter	100	100	100	100	100	100	100	100	100	100	100	100	100	100

4.3.5. Processes at Intake and Discharge

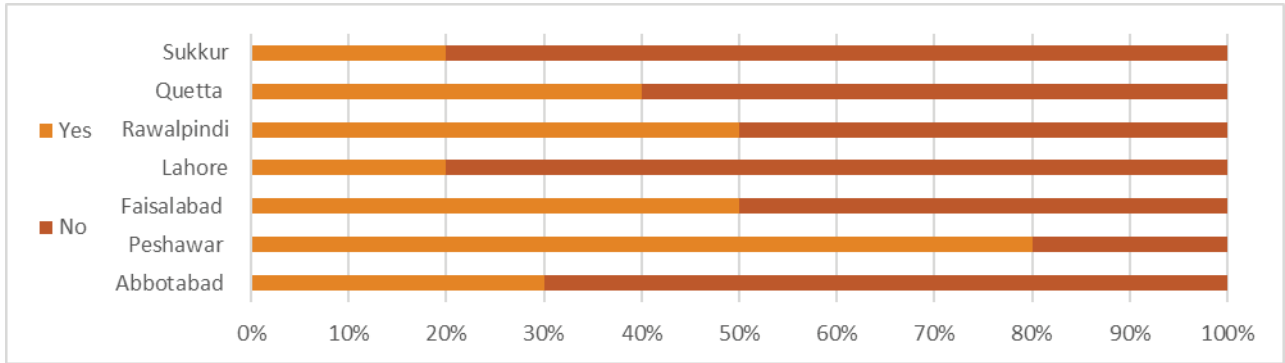
Thumb Impression at Intake

About 85% of DUA residents had had thumb impressions taken on the admission form.

Awareness of Code of Conduct

A majority of residents at each DUA, except Peshawar, did not have information about shelter's code of conduct. Eighty percent of residents in Lahore and Sukkur, and 70% in Abbottabad, were unaware of the code of conduct.

FIGURE 11: AWARENESS OF SHELTER'S CODE OF CONDUCT



Policy on Leaving the Shelter

A vast majority of the residents in all the DUAs were unaware of the policy on leaving the shelter and it was reported that they had not been informed of it by the management. Sixty to seventy percent of residents believed they needed to obtain a leaving

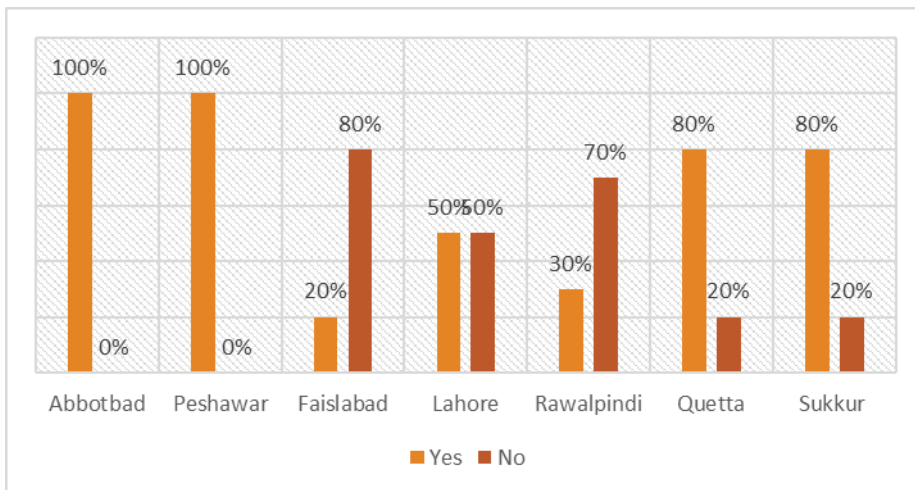
certificate from the in-charge and the rest believed this certificate came from the court/ judge. It is clear that every resident believed they needed written permission to leave the DUA.

Access to Documentation

All residents in Abbottabad and Peshawar had access to their primary and legal documents, followed by 80% in Sukkur and Quetta, 50% in Lahore, 30% in Rawalpindi and 20% in Faisalabad. Access to legal

documents is only possible upon written request, and some residents appeared reluctant to ask for these documents since they were illiterate.

FIGURE 12: ACCESS TO DOCUMENTATION BY RESIDENTS



4.3.6. Shelter Environment

Respect and Care

Unfortunately, even though shelters are supposed to be safe havens for women in distress, data from the

study revealed that a majority of residents did not feel safe at the shelters. All residents in Peshawar and

Rawalpindi disagreed or strongly disagreed with the statement that their safety and their children's safety was ensured at the shelter. Only some residents in Sukkur (40%) and Lahore (30%) reported feeling safe.

Severe concerns with regard to confidentiality emerged, with over half of residents in all DUAs except Faisalabad disagreeing or strongly disagreeing that their information was kept confidential. The highest rate of disagreement was observed in Abbottabad (90%) and Rawalpindi (80%).

Residents had varied responses to questions about the respect and care they experienced at shelters. All residents in Faisalabad agreed or strongly agreed that they were treated with respect and dignity,

followed by 80% in Peshawar. A majority of residents in Sukkur (70%) and Abbottabad (60%) disagreed or strongly disagreed with this statement.

In Peshawar and Faisalabad, 90% agreed or strongly agreed that they felt comfortable at the DUA, followed by 80% in Lahore. However, half of respondents in Rawalpindi, Abbottabad, and Sukkur disagreed or strongly disagreed that they felt comfortable

Help for WWDs appeared to be a neglected area in almost every shelter. All DUA residents in Faisalabad, Rawalpindi and Sukkur disagreed with the statement that the shelter was helpful for persons with disabilities, followed by Lahore (80%), Quetta (70%) and Peshawar (50%).

TABLE 26: RESPECT AND CARE

Scale	Respect & Care (%) N=70				
	Strongly Agree	Agree	Disagree	Strogly Disagree	Doesn't Apply
Feel comfortable at shelter					
Abbotabad	10	40	40	10	0
Peshawar	40	50	10	0	0
Faislabad	40	50	10	0	0
Lahore	20	60	0	20	0
Rawalpindi	0	50	50	0	0
Quetta	0	60	20	20	0
Sukkur	10	40	50	0	0
Mine and my children safety is ensured					
Abbotabad	0	0	90	10	90
Peshawar	0	0	100	0	0
Faislabad	0	0	0	0	100
Lahore	0	30	0	0	70
Rawalpindi	0	0	100	0	0
Quetta	0	0	70	30	0
Sukkur	0	40	60	0	0
Treated me with respect and dignity					
Abbotabad	10	30	50	10	0
Peshawar	20	60	20	0	0
Faislabad	40	60	0	0	0
Lahore	20	40	40	0	0
Rawalpindi	0	50	50	0	0
Quetta	0	60	40	0	0
Sukkur	10	30	60	10	0
Confidentiality maintained					
Abbotabad	0	10	80	10	0
Peshawar	10	30	60	0	0
Faislabad	30	60	10	0	0
Lahore	10	40	50	0	0
Rawalpindi	0	20	80	0	0
Quetta	0	40	40	10	10
Sukkur	0	30	70	0	0
Care and Supportive					
Abbotabad	10	30	50	10	0
Peshawar	40	40	20	0	0
Faislabad	30	50	20	0	0
Lahore	10	30	20	40	0
Rawalpindi	30	20	50	0	0
Quetta	10	40	30	20	0
Sukkur	30	40	20	10	0
Helpful in case of Disability					
Abbotabad	0	20	0	0	80
Peshawar	20	30	50	0	0
Faislabad	0	0	100	0	0
Lahore	0	20	80	0	0
Rawalpindi	0	0	100	0	0
Quetta	0	30	70	0	0
Sukkur	0	0	100	0	0
Comfortable with other residents					
Abbotabad	10	80	10	0	0
Peshawar	30	50	20	0	0
Faislabad	50	40	10	0	0
Lahore	20	30	50	0	0
Rawalpindi	10	50	40	0	0
Quetta	10	50	50	0	0
Sukkur	0	40	60	0	0

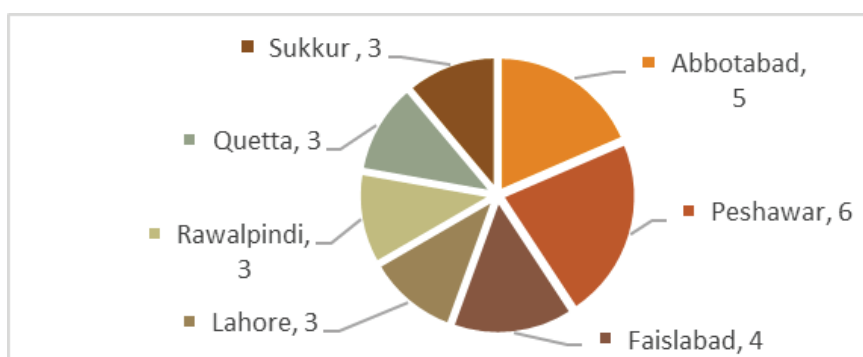
Security

Despite reservations expressed about safety in the previous question, all residents stated that they felt secure in the shelter, citing the presence of armed security guards on 24-hour duty.

Attitudes of Male Staff

The number of male staff at DUAs ranged from three to six. Residents reported they never felt insecure, harassed, or uncomfortable in their presence. Residents in all DUAs also reported that they found male staff members to be respectful and had no complaints against them.

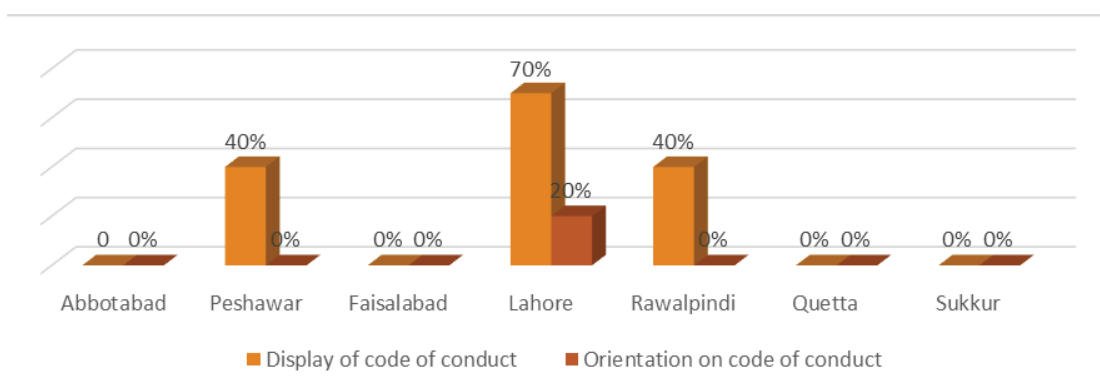
FIGURE 13: NUMBER OF MALE STAFF



Display and Orientation on Code of Conduct

Provision of information and orientation on the code of conduct are critical to curb sexual harassment. In Faisalabad, Abbottabad, Sukkur, and Quetta, all residents reported that the code of conduct was not displayed, nor was an orientation held. In Lahore, by contrast, 70% of residents reported the code of conduct was displayed and 20% said they were oriented on it by the DUA in-charge and lawyer.

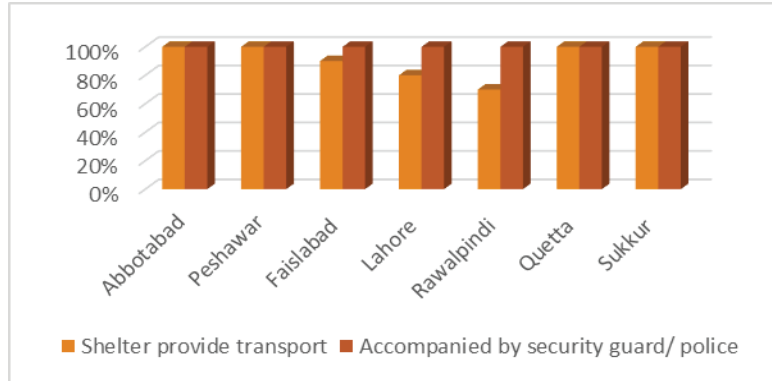
FIGURE 14: DISPLAY AND ORIENTATION ON CODE OF CONDUCT



Safe Mobility

At four DUAs (Abbottabad, Peshawar, Sukkur, and Quetta), all residents reported that the shelter provided them with transport. In Faisalabad, Lahore, and Rawalpindi, 90%, 80% and 70% respectively reported that transport was provided for going to court or for medical facility. At all DUAs, all residents reported that they were accompanied by security guard or police when travelling to and from the court or other places.

FIGURE 15: SAFE MOBILITY

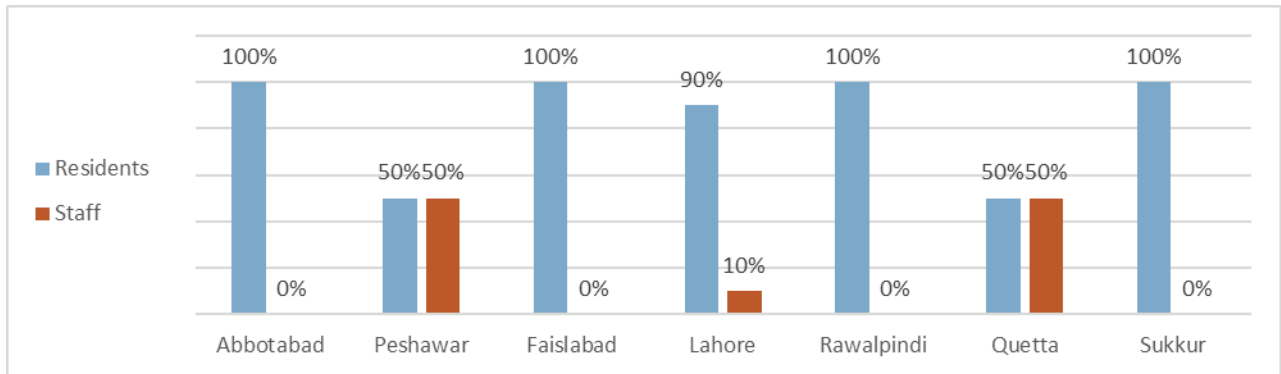


Cleanliness

Responsibility for cleaning was mainly entrusted to the residents themselves. In 4 DUAs, no staff were involved in cleaning shelter and the full responsibility belonged to the residents. In Peshawar and Quetta, residents reported that half the responsibility belonged to the staff.

In Abbottabad, Faisalabad, Lahore, Rawalpindi, and Quetta residents reported being fully responsible for cleaning toilets and bathrooms, while in Peshawar they shared responsibility equally with the staff.

FIGURE 16: RESPONSIBILITY FOR CLEANING THE SHELTER



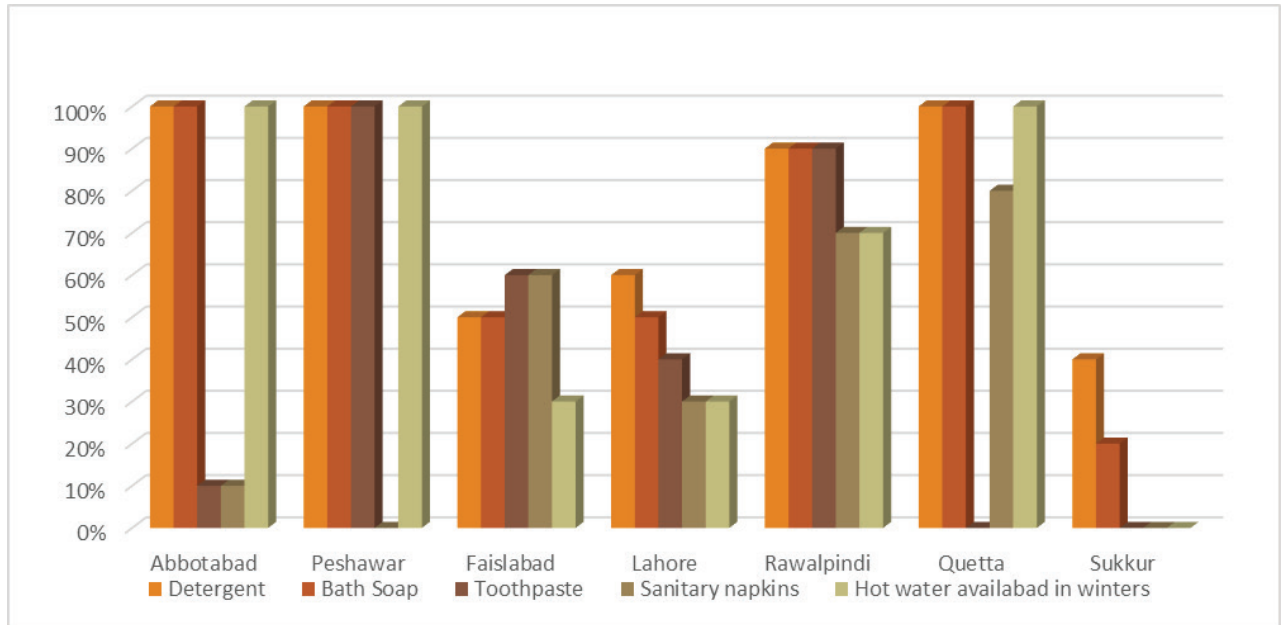
Food Preparation

All residents in Abbottabad, Faisalabad and Rawalpindi stated that they prepared food themselves while in Lahore, Peshawar, Sukkur, and Quetta, they stated that staff shared the task with them equally. Residents in Lahore, Rawalpindi, Peshawar, and Sukkur stated that shelter management ensured meat/ chicken was prepared thrice weekly, and in Abbottabad, Faisalabad, and Quetta all residents stated it was prepared twice weekly. In all shelters, the residents stated that the meal was served collectively at one time.

Basic Hygiene Supplies

Availability of basic hygiene supplies varied. In Peshawar all residents reported having all basic supplies except sanitary napkins, while in Lahore 30-60% and in Sukkur less than 40% had each item available.

FIGURE 17: BASIC HYGIENE FACILITIES/ SUPPLIES



4.3.7. Medical Facilities

Residents of Sukkur DUA reported high a rate of provision of medical facilities: all residents reported medical check-ups, medical history and pregnancy testing, availability of a gynaecologist, and antenatal and postnatal care. In Abbottabad, by contrast, no gynaecologist, no medical confidentiality and poor information on health and hygiene were reported. A varying proportion of residents at all DUAs reported availability of first aid facilities.

The interviews suggest that medical facilities were generally unsatisfactory, with several grave concerns. Overall, 58% of interviewed residents reported to have received a medical check-up, 44% had their history taken, and 45% underwent pregnancy tests. The unavailability of pregnancy tests can lead to several problems, such as on maternal health, pregnancy complications, loss of pregnancy/ miscarriage or maternal death, or a child born with ill-health or mental/ physical disabilities.

Moreover, medical tests were not widely conducted at time of admission, nor were medical records routinely maintained. On probing, it was revealed that staff were unaware of injuries or wounds that woman might have when first admitted. With few residents at each DUA reporting that they had received information on health from shelter staff, there was also increased risk of disease outbreaks. With gynaecologists and ambulance services reported by few residents, there was a risk that women would be unable to communicate their health concerns or be treated in case of emergencies.

Residents widely reported that even in the presence of a Lady Health Visitor, their medical records were not kept confidential: this is a clear breach of privacy as well as a violation of DUA guidelines in Punjab and Sindh.

FIGURE 18: MEDICAL ACTIONS TAKEN BY THE ADMINISTRATION

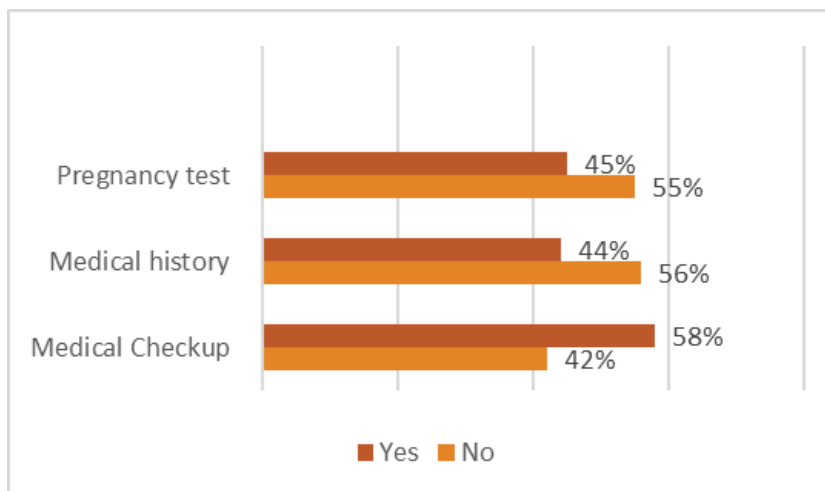


TABLE 27: MEDICAL FACILITIES

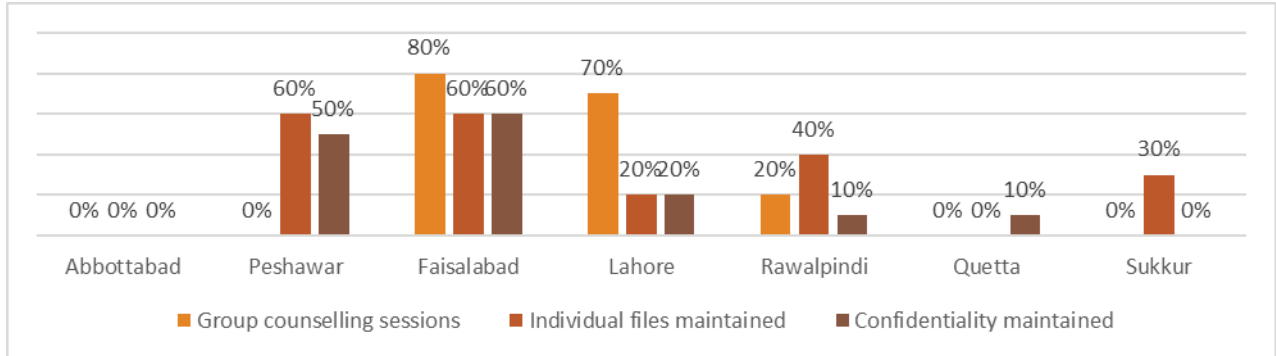
Medical Facilities	Abbotabad	Peshawar	Faisalabad	Lahore	Rawalpindi	Quetta	Sukkur
	Percentage (%)						
Medical Checkup	50	40	30	60	50	80	100
Medical History	4	3	20	50	30	40	100
Pregnancy Test	20	20	20	20	20	80	100
First Aid	90	100	50	70	90	40	80
Information Health & Hygiene	20	20	60	50	60	80	20
Gynecologist	0	0	50	30	60	0	100
Pre and postnatal care	80	0	20	20	40	30	100
Confidentiality of Illness	0	10	50	40	70	50	40
Ambulance	40	100	80	80	40	40	90

4.3.8. Psychosocial Support

Psychological counselling at most DUAs was unsatisfactory. In Abbottabad, not a single resident reported any psychological service, including group counselling, maintenance of individual files or confidentiality. A similar situation was found in Quetta.

With no permanent or visiting psychologists at the DUAs, residents lacked expert counselling to address their mental health concerns or overcome difficult feelings in a supportive environment. Although group counselling was reported in Faisalabad, Lahore and Rawalpindi, an official psychologist was only available in Faisalabad, implying that counselling provided in other shelters was on an informal basis. Moreover, since individual case files were not always kept, referencing a particular resident’s mental health history was challenging. Lack of confidentiality was also a serious concern as it could pose a threat to survivors’ well-being.

FIGURE 19: PSYCHOLOGICAL COUNSELLING

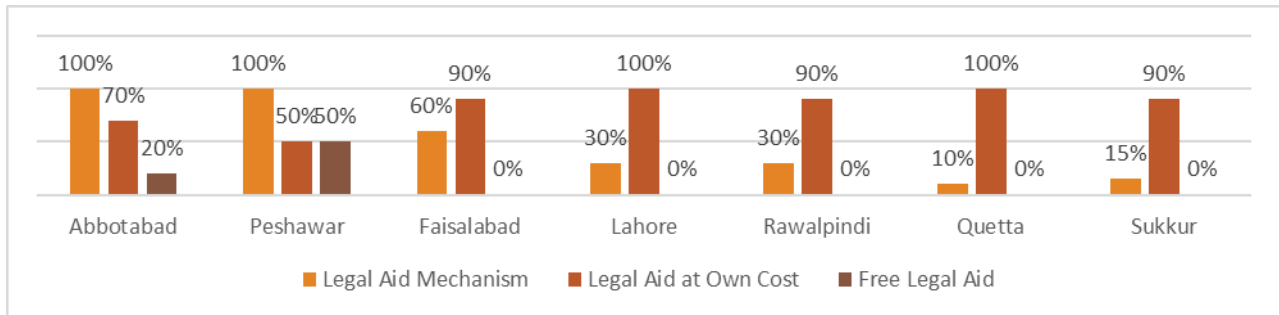


4.3.9. Legal Aid

Legal aid is a basic need of VAWG survivors, and if it is not available, in shelters, survivors risk facing increased vulnerability. Almost all residents at each DUA reported the existence of legal aid mechanisms, however these were in most cases reported to be available at their own cost. All residents in Lahore and Quetta, and most (90%) in Faisalabad, Rawalpindi and Sukkur availed of legal aid at their own cost. Free legal aid was rarely reported to be available.

Survivors were keen to learn more about their legal rights and suggested that legal literacy sessions could be organized.

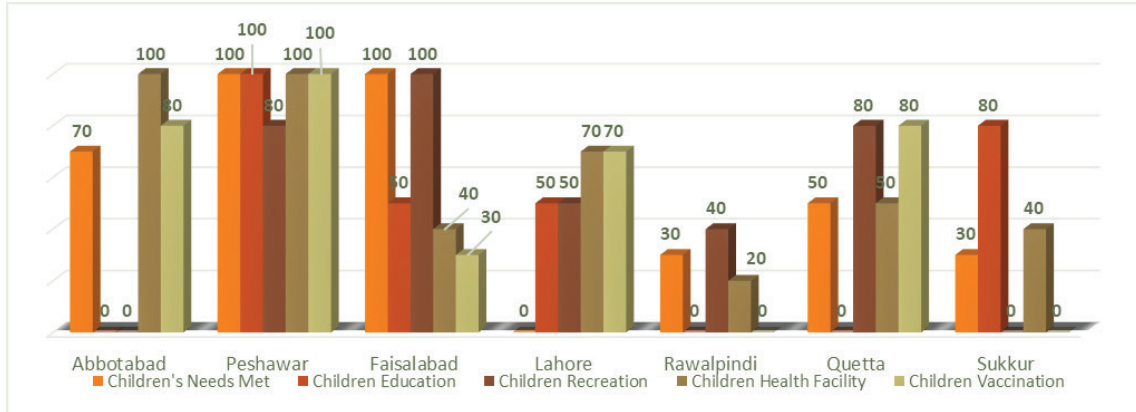
FIGURE 20: LEGAL AID



4.3.10. Accommodation of Children’s Needs

Almost all residents at the DUA in Peshawar reported that facilities were available to meet children’s needs, as well as to provide education, recreation, health services and vaccination. An overwhelming majority of residents in Faisalabad also reported that these facilities were available. In other DUAs, such as in Rawalpindi, the situation was less encouraging, with facilities for vaccination and education altogether missing, or Abbottabad where there were no reported facilities for education and recreation. Not a single resident in Lahore reported to have her children’s needs met.

FIGURE 21: ACCOMMODATION OF CHILDREN'S NEEDS

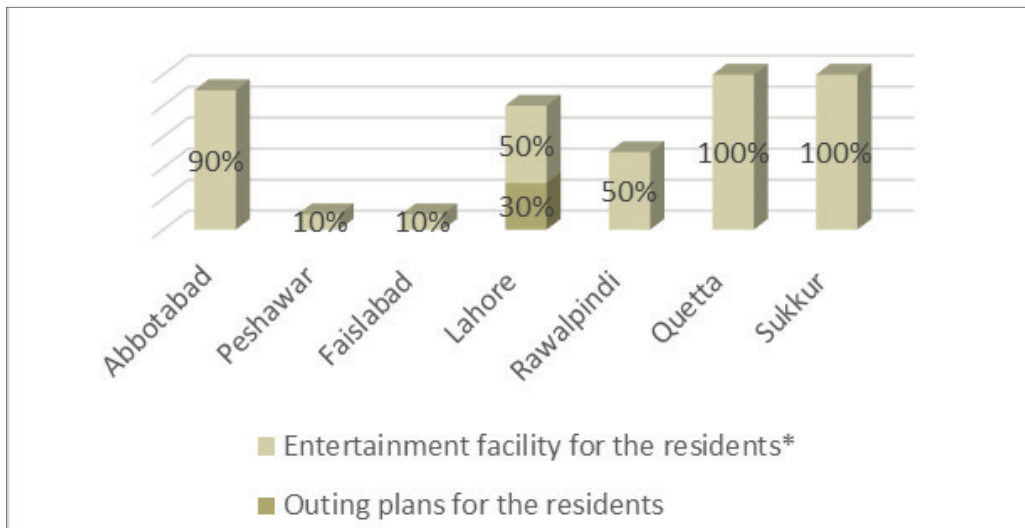


4.3.11. Recreation

By and large, residents reported only having access to a television as a source of entertainment. All residents in Sukkur and Quetta, and 90% in Abbottabad reported access to a common television. However, in Peshawar and Faisalabad, only 10% of residents reported access to a television.

Planned outings were reported only at the Lahore DUA where 30% of residents reported such outings. Residents at other DUAs did not report any planned outings.

FIGURE 22: RECREATIONAL ACTIVITIES



4.3.12. Complaint Handling Mechanisms

No systemic complaint handling was in place in most DUAs. In all DUAs except in Lahore, all residents reported the absence of a management committee; nor was any resident a member of any committee within the shelter.

In Lahore, 30% of DUA residents reported the existence of a management committee. Most residents stated that shelter management held resident meetings to manage day-to-day affairs only as needed—this was reported by all residents in Sukkur and Quetta. However, 60% of residents in Peshawar, 50% in Faisalabad and 30% in Abbottabad reported weekly residents' meetings.

FIGURE 23: COMPLAINT HANDLING

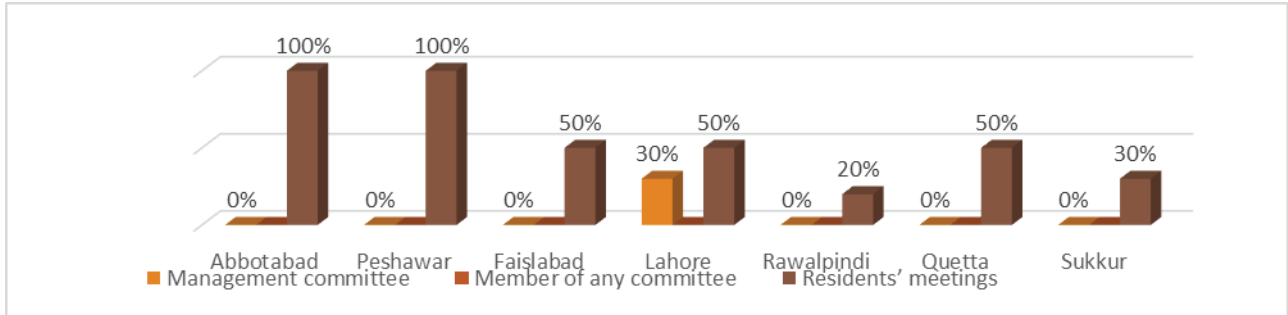
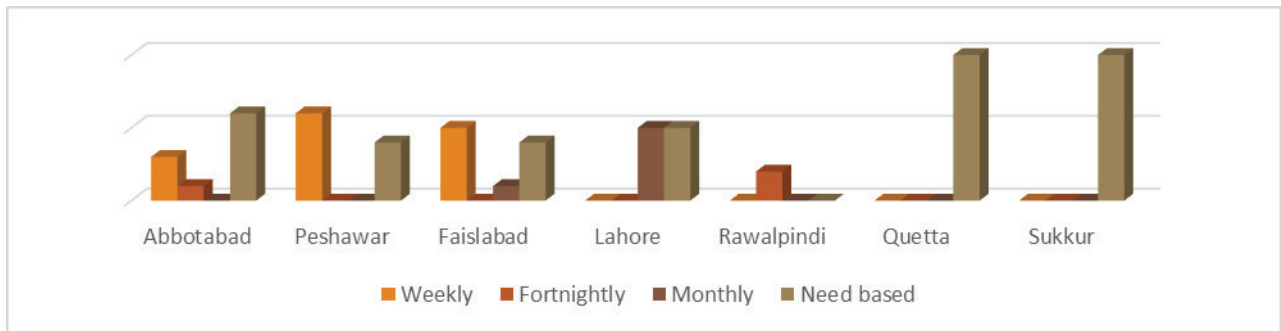


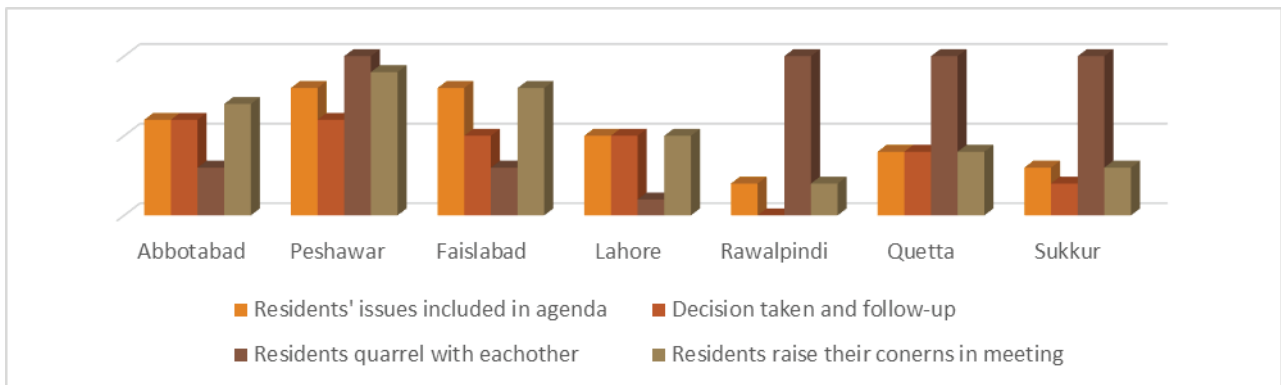
FIGURE 24: MEETING SCHEDULE



4.3.13. Residents' Participation in Shelter Management

It was reported that residents' issues were included in meeting agendas, with the highest proportion reported in Faisalabad where 80% residents of stated their issues were included, compared to Rawalpindi with only 20%. Residents of all DUAs could raise their concerns in the meetings, with the highest at Peshawar (90%), followed by Faisalabad (80%) and Abbottabad (70%). All residents in Rawalpindi, Peshawar, Sukkur, and Quetta, reported quarrels among their fellow residents.

FIGURE 25: RESIDENTS' PARTICIPATION IN SHELTER MANAGEMENT



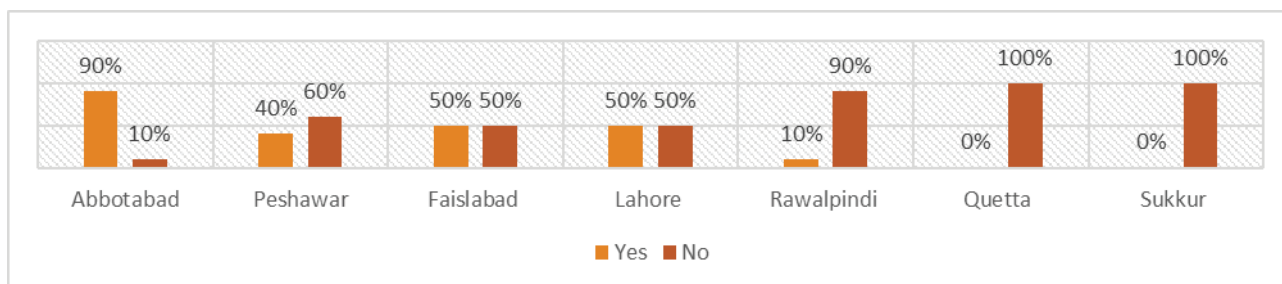
4.3.14. Rehabilitation

Rehabilitation Programmes

All residents in Sukkur and Quetta reported the absence of rehabilitation programmes for survivors, followed

by Rawalpindi (90%). In Abbottabad, however, 90% of residents reported rehabilitation programmes including embroidery, sewing and dressmaking. In Faisalabad and Lahore, 50% reported the existence of a similar rehabilitation programme.

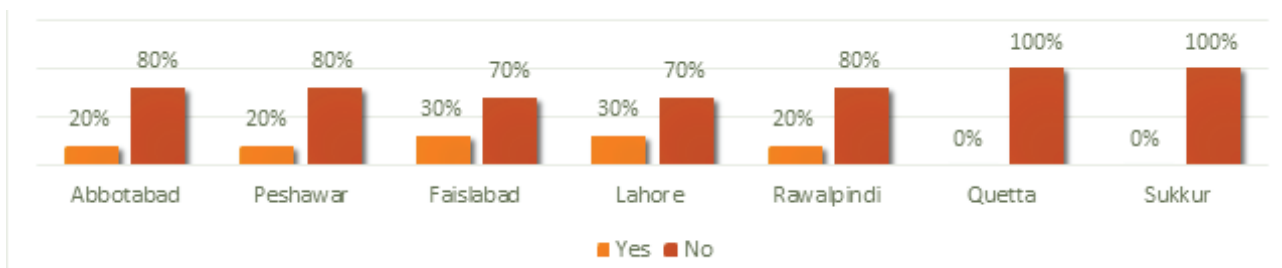
FIGURE 26: REHABILITATION PROGRAMMES



Information Provided About Rehabilitation

The majority of residents at every DUA reported an absence of information on rehabilitation: this was reported by 100% in Sukkur and Quetta and 80% in Rawalpindi, Abbottabad, and Peshawar. A minority (20-30%) of residents of five DUAs (Lahore, Faisalabad, Rawalpindi, Abbottabad, and Peshawar,) reported that this information was available.

FIGURE 27: INFORMATION PROVIDED ABOUT REHABILITATION



4.4. Focus Group Discussions with Shelter Residents

This section of the report is based upon data collected from 7 FGDs, one at each DUA. Each group discussion comprised 12-20 discussants and lasted 1-2 hours. The age of the residents participating in the discussions ranged from 10 to 60 years, with the largest group comprising those aged 14-37 years. Most discussants were illiterate²¹, however a few had completed secondary schooling. Discussion convenors ensured that pregnant women, persons with disabilities and mothers of young children participated in the groups.

Before the discussion, verbal consent was taken from all participants to record audio and take photographs.

Since participants did not allow their photographs to be taken, none are on record. The discussion was held in the local languages of the respective area, and it was ensured that the shelter staff was not present when the FGDs were conducted.

4.4.1. Experience and Perceptions of Violence

Discussants in all seven focus groups reported that women faced domestic violence, physical and psychological harassment, restrictions on mobility, denial of property rights, attempted murder, early and forced marriage and financial violence. Survivors pointed out that violence was not limited to physical

²¹ Multiple Indicator Cluster Survey (2017-18) at page 50 defines the illiterate as “who have ever attended lower secondary or higher education are immediately classified as literate, due to their education level and are therefore not asked to read the statement.” All others who successfully read the statement are classified as literate.

beatings; it often occurred in the form of mental violence, which was more prevalent than physical abuse but was not widely considered violence. Some residents in Sukkur and Quetta were survivors of *karo kari*²², human trafficking or honour crimes. Survivors of incest were found in some Punjab DUAs, and some survivors of rape and gangrape were present in all shelters.

Domestic violence was found to be a major cause for women to leave their homes. This included violence, abuse, physical beatings by husbands, denial of food, clothing, and other basic necessities, character assassination and life threats.

The discussions revealed that the majority of women residing in shelters had not been allowed to marry of their own choice, even after repeatedly expressing their desire. This was attributed to caste and tribal systems which lead to forced and, to a large extent, child marriage. These women faced other forms of violence due to customary practices and conceptions of “honour”; this included dowry, bride price, *badle sulah*²³, *vani*, *watta satta*²⁴ and disinheritance. Sexual frustration and forced sexual relations were also cited as issues faced by women, as were gender discrimination, economic disparities, gender bias among service providers, and poor-quality services.

Most discussants felt that low awareness among communities contributed to increasing violence against women. Societal pressure, coupled with their own lack of awareness, prevented women from enjoying their legal rights, especially in inheritance. A feeling of insecurity in public spaces forced women and girls to stay at home and prevented engagement in economic activity.

The majority of discussants felt that they faced violence due to strong and deep-rooted religious and cultural interpretations which may be inferred to emerge from a patriarchal social structure. The discussants emphasized the role of public and private sector organizations in creating public awareness and helping to end violence against women.

I wanted to marry by choice, but he belonged to another caste. My family locked me up in a room. They used to beat me until I would faint. My younger sister and brother also beat me and psychologically tortured and abused me. After my uncle raised his hand at me, I thought “This is enough!” I then decided to leave home.

— A survivor in Sukkur

4.4.2. Perceptions of Accessibility and Safety

Discussants considered DUAs to be well-known and easily accessible. Encouragingly, most of the women were satisfied with the safety and security of their shelter and no cases of harassment by centre staff were reported. The duration of stay ranged from under a month to over nine years, but most were unaware of their shelter’s code of conduct.

4.4.3. Shelter Environment

FGDs revealed that inadequate space was available in all DUAs, with four or more residents staying in the same room along with their children. For this reason, most discussants said they did not enjoy any privacy. They wished for adequate space and physical arrangements to maintain privacy and dignity.

In almost all DUAs, discussants stated that there was no recreational activity for them other than television. Since the shelters were locked after 5pm to maintain security, and women could not even access the lawn after this time, many discussants stated that they felt like prisoners. This added to their discontent.

The discussions also suggested that facilities for babies and infants were inadequate across the board and even older children had no educational facility or regular teacher at the DUA. Opportunities for recreational activities for children, both indoors and outdoors, were limited.

Children at the shelter do not have any formal or informal education facility. They don’t have any recreational facilities either.

— A survivor in KP

22 Karo-Kari is a type of premeditated honour killing, which originated in rural and tribal areas of Sindh, Pakistan. Source:

23 Badle-Sulah refers to “giving girls to settle dispute other than murder”. Source:

24 Watta satta refers to “a tribal custom in Pakistan of exchanging brides between two families. Both families must have a daughter and a son, and be willing to betroth them to the daughter and son of the other family. In order for a family to marry off a son to a daughter of another family, it must have a daughter to marry off in return to the same family”. Source:

4.4.4. Cleanliness

Most discussants were satisfied with the cleanliness of their DUA. However, challenges to maintaining personal hygiene were noted, as there were inadequate supplies and water for daily use. The unavailability of menstrual hygiene supplies was also noted as a major concern. The residents also suggested that the shelter environment could be made more liveable and homelike, with more greenery and the establishment of a canteen accessible to residents.

4.3.5. Services at the Shelters

Residents stated they primarily received shelter, healthcare, food, and protection services. Uniquely, the Faisalabad DUA also provided psycho-social counselling. Almost all agreed that they felt safer in the shelter. Punjab DUAs were largely working according to agreed SOPs and residents could count upon services including lodging, health care and legal aid.

4.4.6. Safe Mobility

Discussions showed that residents stated that safe transport was widely available to them. The shelter in-charge would call a police mobile, and a woman constable would accompany the resident for court hearings and hospital services.

4.4.7. Healthcare

Although most residents stated that first aid facilities were available at the shelter, health care and medical facilities were generally inadequate in all DUAs. There were no medical staff or qualified women doctors appointed at any shelter, and in some shelter's necessary medical tests (such as pregnancy tests) were not conducted at time of admission.

There were no arrangements for regular medical check-ups. Most discussants felt there was a need for weekly visits by women doctors instead of the current need-based arrangement. Two survivors revealed that they had delivered their babies on the shelter premises, as they could not go to the hospital without permission from the court. A pregnant woman said that she was seven months pregnant

but there was no arrangement for antenatal care or nutritional supplementation. Some residents in Rawalpindi, Sukkur and Quetta said they did not receive vaccination services.

4.4.8. Psychosocial Support

At every DUA, it was stated that some survivors with mental disabilities were in residence. However, some discussants showed deep concern about inadequate psychological support. They did not view the environment of the DUA as supportive to survivors of violence; instead, they felt it exacerbated the situation and led to further depression and anxiety. Most discussants argued that professional psychological rehabilitation was very much needed.

Violence is not limited to physical beating. Mental violence is far more prevalent than physical abuse, but no one considers that to be violence.

– A survivor in Faisalabad

4.4.9. Legal Support

When asked about the most significant obstacles faced by women in accessing legal aid, the discussants identified a range of issues. A large proportion of discussants from all DUAs identified the lack of specialized legal aid for women as a major concern. The FGD corroborated the finding from in-depth interviews that free legal aid was not widely available. In most cases, women stated they had to pay the fees out of pocket.

Discussants said women had a general lack of awareness about legal aid services and did not know where to find assistance. They argued that cultural and gender-specific obstacles make it difficult for women to share intimate information with legal aid providers, who are generally male. Other obstacles are inadequate legal protections against GBV and a lack of qualified criminal justice professionals to handle cases.

In most cases, survivors did not receive free legal aid except in Quetta. Generally, women were unaware of the proceedings of their cases as lawyers visited infrequently and there was a lack of communication between lawyers and their clients. The discussants agreed that access to justice was not easy for

women, with groups in several DUAs describing a sort of “mafia” around survivors in the name of “legal support”, which discussants felt was exploitative. Survivors faced multiple forms of violence to pay the cost of justice in addition to heavy fees. It was repeatedly pointed out that the state should provide justice free of cost to survivors of exploitation and harassment.

4.4.10. Economic and Recreational Activities

In the view of many discussants, shelters were no better than prisons. Survivors only had permission to go out to attend court hearings or for hospital services. Many agreed that no recreational activities had been arranged for a long time, with some recalling the last activity a year earlier when organizations visited and provided the women with clothes, bangles, and henna. Otherwise, no-one came to see them, nor did they meet anyone else.

However, residents did report some opportunities for vocational training, including sewing and knitting, but many felt that these skills were obsolete and irrelevant to the job market. A number of more desirable skills trainings were identified: mobile phone repair, baking, arts and crafts, computer skills, personal safety training, digital printing, online work, and entrepreneurship skills.

4.4.11. Complaint Handling Mechanisms

The FGDs confirmed the findings from the in-depth interviews that there was no proper complaint handling mechanism in place at any DUA. Most of the women reported that they helped each other and resolved their own issues. The house in-charge and wardens intervened only if they received complaints, but generally this resulted in intimidation rather than support.

There is no systematic complaint-handling mechanism at the shelter.

—A survivor from Rawalpindi

4.4.12. Rehabilitation

Discussions at all DUAs showed that no shelter had a systematic rehabilitation plan or programme. Some obsolete forms of vocational training were provided,

as discussed earlier in this chapter. Instead, survivors wanted to learn new skills and become economically independent, and argued for professional courses so they could earn for themselves and pay their legal fees. Discussants also recommended the DUA management should link and refer survivors to public and private sector economic and skill-building programmes so that they could be economically empowered. They also suggested quotas for single, divorced, widowed and poor women should be created in housing schemes.

4.5. Key Informant Interviews

Key informant interviews (KIIs) were conducted with 41 experts, government representatives, policymakers, and service providers. These provided critical insights from a range of perspectives that helped develop a stronger understanding of the challenges faced by survivors and concrete actions to resolve them. (The list is provided in Annex VIII.)

4.5.1. Violence Against Women and Girls

The informants believed that VAWG is the most significant violation of women and human rights. They considered it both a shameful act and a criminal one. A majority felt that VAWG has not decreased in society and believed that women and girls are a high-risk group for violence, and this needs immediate remedy. The informants stated that VAWG discourages women and deprives them of access to basic rights. Men of all ages and relations can impose mental, verbal, sexual, psychological, and physical violence on women and girls and use it to exert control. Other than causing bodily harm, a woman’s well-being is always under threat when faced by violence.

Violence is an aggressive behavior that affects women in a negative manner.

—Waseem Khan, Superintendent, Police, Peshawar

Informants stated that VAWG encompasses a wide range of acts including murder, rape, sexual and physical assault, domestic abuse, mental torture, acid attacks, stalking, prostitution, sexual harassment, etc. More broadly, they defined violence as aggressive behaviour that affects women negatively. Informants agreed that violence is a sad reality in society and

affirmed that any action that makes a woman uncomfortable could come under VAWG, from beating, to threatening to ogling. Informants believed that violence has different shades, from “light” (in which they included stalking), to “very dark” (which could include murder, honour killing, rape and acid attacks).

Violence may be physical or intangible, like emotional abuse, slander, libel, propaganda, or character assassination. Informants agreed that VAWG is prevalent in Pakistani society, often on the pretext of tradition, and includes barring girls and women from education, forced marriage or early marriage. VAWG frequently occurs within the home, and perpetrators commonly include spouses and in-laws.

Society considers women to be weak and that is why they are tortured mentally, physically and psychologically. Domestic violence persists but it is not reported very often and even more rarely is action taken against reported cases.

—Khusnud Zakir Ullah, Advocate, High Court, Abbottabad

Common forms of VAWG cited by informants included domestic violence; psychological, emotional, or verbal abuse; harassment in public places; sexual violence; deprivation of inheritance and property rights; restrictions on mobility; and undermining/ underestimating women’s abilities. In KP, some informants shared that in the local culture a girl child is considered a burden, to be got rid of as quickly as possible through marriage. However, other informants in the province also argued that violence was not limited to women and referred to newspaper stories of men experiencing violence.

From sex selection (choosing boys over girls), and abortion (female foeticide), to sexual and psychological abuse and child marriage, it all falls under violence against women and girls

—Tooba Munir, SHO, Women Police Station, Lahore

4.5.2. Women and Society

All informants agreed that intolerance and aggression were increasing in society, and attributed this to patriarchy, social injustices, religious extremism,

and economic challenges. Informants argued that gender discrimination is a major concern in Pakistani society. Women’s work is not recognized or valued, and they were not permitted to express their feelings and emotions. Deep-rooted stereotypes regarding gender roles also persist.

Poverty was identified as a significant challenge which is exacerbated by patriarchal social norms in which women are considered commodities. Some believed that lack of information, awareness and education, and economic dependency, rendered women more vulnerable as they had little awareness of their rights. Women are reluctant to raise their voices, consider themselves weak, fear being stigmatized, or do not know where to find support.

A societal belief in male superiority, informants stated, can lead to men exerting control through violent means especially if they feel that a woman may become more powerful. Some informants argued that most violence is directed at women and children and prevails because abusers are not stopped and even when violence occurs in public places, others tend to ignore it. Laws do exist, but the implementors are mostly men, which renders it even more difficult for women to reach out and be assured of support.

Deep-rooted traditional patriarchal stereotypes regarding the role and responsibilities of men and women still persist in society.

— Syeda Shehla Raza, Minister, Women Development Department, Sindh

4.5.3. Laws for Protection of Women

Almost all informants were sufficiently aware of pro-women laws, policies and legal frameworks and were able to name several key laws and policies. Some informants identified the Family Court Ordinance, 1964, and the Child Marriage Restraint Act, 1929, as laws they dealt with most frequently. The informants expressed concern that key practitioners (including police, lawyers, judiciary, and shelter management) are themselves not aware, sensitized or trained about newer pro-women laws and amendments. Additionally, there is lack of monitoring and accountability mechanisms for existing laws and policies. Some informants stated that if the laws

were to be implemented effectively, more women would report perpetrators.

On probing, most informants argued that while federal and provincial governments have pro-women legislations, sufficient budgetary resources are not allocated for effective implementation. A number of laws do not even have any implementation mechanism. The Punjab Protection of Women against Violence Act was passed in 2016 and mandates one-stop service centres for VAWG, but its rules of business have not been formulated.

The informants also highlighted that sexual harassment committees have not even been constituted in all government institutions and provincial assemblies, and codes of conduct are not displayed.

The Child Marriage Restraint Act, 1929, was a pro-women and child law. Muslim Family Laws Ordinance, 1961, and the rest of the progressive legislation are basically pro-women legislations. We faced a setback in Zia's period when several discriminatory laws were introduced in the name of Islam.

— Iftikhar Hussain Samander, Member Bar Council, Legal Aid, Abbottabad

4.5.4. Knowledge about Public and Private Shelter Homes

Informants were aware of some public and private sector organizations providing shelter to women survivors in their respective provinces. Most commonly, they were aware of DUAs and SBBWCCs.

In Punjab commonly-named private organizations providing shelter included Dastak, SOS and Edhi Home, while in Sindh, Panah was well known. In KP informants knew about DUAs and SBBWCCs in the public sector and Mera Ghar in the private sector. In Balochistan informants were aware of DUAs and

SBBWCCs in the public sector, but did not know of any privately-run shelter homes.

Most of the informants viewed the performance of shelters as “satisfactory”, but pointed out that they were only equipped to cater to the needs of residents for a short stay (up to three months). A sizeable number pointed out that shelters do not enjoy a good name in society and women residing there are labelled and stigmatized, a perception that urgently needs to be changed.

4.5.5. Services provided by Shelters

Almost all informants stated that DUAs provide shelter, food and security to women survivors, and some types of medical, legal, and psychological services. However, they stressed that vital services such as socio-economic reintegration and rehabilitation of survivors, health and hygiene, childcare, legal aid, and professional counselling needed improvement. Some informants felt that women at shelters are treated as prisoners and argued that this needs to change. On the whole, though, most informants believed that government shelters homes are safer and more secure for women survivors than any other.

In Dar ul Aman, the service of safe shelters is very satisfactory but other services, such as legal aid, professional psychosocial counselling, economic reintegration and rehabilitation of VAWG survivors are inadequate. There is a need to improve the situation.

—Uzma Kardar, MPA, Chairperson, Standing Committee on Gender Mainstreaming, Punjab

4.5.6. Personal Support to Survivors

Most informants stated they had provided referral services, legal aid, counselling, and social, emotional, and financial support for shelters, and referred residents to NGOs for jobs. Some respondents had held press conferences to raise awareness.

I had taken up more than 50 cases of violence against women. I travelled to districts to ensure registration of FIRs and to provide support to VAWG victims. This action gave more confidence to women survivors that the Government is standing by them.

—Nuzhat Shirin, Chairperson SCSW, Karachi

4.5.7. Challenges regarding Women's Access to Justice

All informants stated that women face more problems than men in accessing justice. They explained that this is partly due to the fact that courts are intimidating and male-dominated environments, and service providers (especially police and judges) often hold patriarchal values and discriminatory attitudes. Additionally, women lack information about the justice system and their legal rights. Illiteracy, economic dependency and the expense of legal advice, mobility issues and other social and logistical constraints also hamper women's access to justice. Further, informants pointed out that women who pursue justice are often stigmatized.

4.5.8. Rehabilitation of Survivors

Most informants felt that existing rehabilitation services in DUAs are inadequate. Women survivors become even more vulnerable when they are discharged from shelters. Survivors receive only basic vocational training, such as embroidery, which not only stereotypes them, but it also has little value in the job market today. Informants believed that shelters do not provide adequate rehabilitation services because of limited human and financial resources.

4.5.9. Budgetary Allocations

Informants pointed out that in all four provinces, budgetary allocations for shelters are inadequate. They argued that there is need to revamp the whole system, facilities, and services alike, which is not possible without adequate allocations. They recommended that both development and non-development budgets should be increased to provide the necessary services, especially legal services, counselling, and rehabilitation. Moreover, there should be an allocated budget for staff training.

4.6. In-depth Interviews and FGDs with Residents of SBWCC

There were 13 survivors in total at the time of assessment in the SBWCC ICT. However, two did not participate in the interviews. One was a walk-in survivor who came to the centre that day for medical treatment of a burned leg (victim of boiled water burns by her husband) from the lady doctor. Another survivor was released upon her request on the same day. Hence, 11 survivors were interviewed individually, on average it took 30 minutes per survivor. The interviews were conducted in the room of the psychiatrist. Overall, the environment was not very comfortable because of the electricity shortfall. There was no generator or any sort of electricity backup.

Brief Profile of Survivors

All the survivors at the time of interviews were Muslims; 27% mentioned Shia as their sect, while others 73% belonged to Sunni sect.

The age bracket of the survivors was 19-50 years. Only 9% of survivors belonged to Kohat Khyber Pakhtunkhwa, whereas the remaining 89% of survivors were from different districts of Punjab Province.

Regarding the level of education, 18% of survivors were completely uneducated, 27% of survivors passed their primary level, 45% of survivors had completed the middle level. Whereas only 9% of survivors were graduate.

Seventy-two percent of survivors were married, only 9% were unmarried and 18% of survivors were divorced. It is important to mention that 100% of women mentioned that they had married with consent. None of the survivors was married before 18 years of age.

Twenty-seven percent of survivors were accompanied by four small children below five years of age who had come with them to the Centre.

None of the survivors had any kind of physical disability. However, one survivor had some

psychological issues, she came there with her three-year-old son. She was unable to properly share the type of victimization she had faced. She was sent to Edhi home because she could not be adjusted at the centre.

The Procedure of Entry and Exit for Survivors

According to the responses received from all the survivors, they came to the Centre by themselves. It is at the discretion of survivors to decide about staying or leaving the Centre.

To leave the Centre, the survivor must put up a request in writing to the Manager/ Centre In-charge. Upon getting permission, she can leave the Centre. The responsibility lies with the survivor because she is well-informed about the consequences of her decision.

Length of Stay at Centre

The survivors had no idea about the duration of their stay at the centre. They believed they could live at the Centre till their issues/ disputes were settled with the families. However, the information taken from the survivors elucidated that the maximum duration shared by a survivor was three months.

Income of Survivors

All the survivors shared that they had no source of income while living in the centre. They were relying on the items/ services offered by the centre or in some cases they were receiving some amount of money from their family members.

Nature of Victimization

The discussion with the survivors revealed that they faced three major types of victimization. The majority of the respondents (72%) reported domestic violence as part of victimization (physical violence/ beating, abusive language, restrictions on mobility, deprivation from own income, rejection/ non-acceptance as a wife, denial of food/ clothing and other basic needs). Eighteen percent (18%) reported extra-marital relations of their husbands with other women, and 9% that the husband was actively engaged in marital rape.

Types of Services

All survivors shared that the services including shelter, food, individual counselling/ therapy, group counselling, basic medical aid, legal aid, activities for social integration and activities for economic integration (vocational trainings etc.) were available.

Similarly, 100% of survivors shared that there was no arrangement for educational activities (e.g., adult literacy). mostly survivors shared that they were not interested in learning vocational skills like stitching/ tailoring because they were not sure about the duration of their stay at the centre.

There was a “caring committee” of the centre which contributed to the management decisions of the centre. Members from civil society were part of the committee and their role was to collect small contributions to deal with the needs of the survivors which could not be managed under the allocated budget of the centre.

Accessibility

Survivors shared that they learned about the shelter from TV, a lawyer, an employer, father of friend, or a neighbour. Seventy-two percent of survivors were not referred by anyone, they came to the Centre on their own. Nine percent of survivors (1 each) each shared that they were referred by a friend or by the court.

Seventy-two percent of survivors were informed about the code of conduct of the Centre whereas 18% of survivors were not aware and 9% gave no response. Fifty-four percent of survivors shared that they received the hard copy and 36% of survivors did not receive any hard copy of the code of conduct and 9% gave no response. Those who received shared that they signed the code of conduct, and the rest did not sign.

Eighty-one percent of the survivors shared that they were informed about the leaving policy of the centre. However, 9% of survivors came through Court orders and they knew that they could only leave with the permission from Court.

All the survivors knew that they could make a call or meet their family members. It was shared that “Monday” and “Thursday” are visitors’ day. On “Thursday”, they can use the landline phone of the centre to call their family members. It was also shared that, centre staff provide them privacy, if needed, for meeting family members. “Wednesday” and “Friday” are two days on which centre staff call the family members of the survivor if any discussion is required.

Environment of Shelter

All survivors felt comfortable while residing at the centre along with their children. None of them complained about the behaviour of the centre staff, all shared that they were being treated with respect and dignity. Survivors confirmed that the staff was supportive and caring, and they were maintaining confidentiality of their cases. None of the survivors was forced to meet visitors either from their family or else. There was no awareness about the code of conduct on sexual harassment.

All survivors shared they had seen security guards on duty. However, they are not aware of the duty timings or their duty shifts. They shared that they had no interaction with the male staff so not a single survivor shared about any kind of harassment. Only one shared that she filed a complaint against either a staff member or fellow resident, but did not share any kind of detail about it.

Medical Aid

Eighteen percent of survivors shared that they had undergone medical check-ups and 72% shared that they had no medical check-ups at the time of their entry to the centre. It is also interesting to note that those who mentioned that they had medical check-ups were unable to share details. There was no pregnancy test taken at the time of their entry into the centre.

Hundred percent were satisfied with the services available within the centre to cater to their basic health needs. They were provided medicines including tablets for fever, cough, flu, headache, pains, allergy etc. The centre also provided syrups for children i.e., arinac, panadol, brufen etc. upon receiving health issue complaints. In case of minor injury

like knife cuts, bruises and wounds, arrangements were available i.e., bandage, spirit/ pyodine, Gauze, ointments, instant plasters etc.

A lady doctor was on duty at the centre and the survivors were confident that whatever they shared with the lady doctor would be kept confidential and would not be shared with others. No gynaecologist visited the centre.

Legal Aid

Almost 100% of survivors shared that they knew that the centre could provide them with free legal aid because they had lawyers on their staff. The legal advice/ aid provided is free of cost because the shelter bears the charges for the legal process. If the survivor requires any kind of document related to the survivor, it is provided by the centre staff.

Psychosocial Support

The lady doctor was also playing the role of psychologist. However, she was calling herself “I am the psychiatrist” and also the “Gynaecologist”. She was available to guide and support the survivors on a daily basis. Survivors shared that they had individual counselling sessions with the multi-tasking lady doctor. The time spent on individual sessions ranged from 5-30 minutes or till the end of the conversation with the survivor.

Residents had no idea about group counselling sessions. When it was explained and probed, they referred to daily joint meetings of the residents and lady doctor.

Infant & Child Support

More than a quarter, 27% of survivors had small children with them. They shared that only milk was provided to them for the children as an additional item. They were also allowed to cook some special food for small children e.g., white rice or “khichri²⁵” etc.

A room in the administration block was set up as a class for children. However, there was no teacher available to engage children in education. Outdoor swings were installed in the back lawn of the

25 A dish cooked for sick people or children in which rice and lentils are mashed into a soft meal.

administration building. However, during the daytime, survivors could not bring their children for swings due to the summer season heat and after 5 p.m., when staff left the shelter, they were not allowed to roam outside their residential building. This means that the swings were not in use by children at the time of assessment.

Safe Mobility

In case survivors need to visit the Court or hospital, they use the official vehicle available at the centre along with the driver. Sometimes, if there is a serious security threat to the life of a survivor, police are requested to escort her. However, in the majority of cases, only the Aya accompanies the survivor. Survivors do not have to pay for using the Centre's vehicle.

Recreational Activities

Centre management was not engaged in making outing plans for the survivors because many of them had active cases in the Courts and could face life threats. A few survivors shared that Ludo is available for them as entertainment. Moreover, Television is there but most of the time there are no signals, and they have the only option to watch PTV.

Complaint Handling Mechanism

None of the survivors were aware of any kind of advisory committee to deal with the complaints of the survivors. Few survivors shared that lady doctor conducts group meetings. However, it was also shared that there were no meetings in which issues could be discussed or survivors could raise their concerns.

It was shared that survivors had quarrels with each other but there is no proper mechanism to deal with such situations. If any survivor has any issue, she could directly go to the lady doctor and being a "good mediator", she tries her best to resolve the issue. Survivors had no information about any kind of verbal or written issuance of a warning to the guilty party.

Discipline

Nearly all the survivors interviewed shared different timings of their daily routines. However, while concluding the discussion; it was revealed that they must wake up in the morning by 7:00 am and they must finish their dinner and prayer to be in bed by 10:00 pm.

Rehabilitation

Almost all survivors shared that they had no idea about any rehabilitation programs at the centre. No mechanism was available for the rehabilitation of psychologically affected survivors. They only knew about stitching and embroidery classes offered by the shelter. Health and hygiene sessions were conducted at the Centre by the Lady Doctor on a needs basis for example, at the end of summers for dengue/ malaria etc.

Cleanliness

The centre was daily cleaned by the survivors. During the FGD it was learnt that both staff and survivors are responsible for cleaning. However, when it was individually asked to the survivors, it was learnt that only survivors were engaged in cleaning the entire centre. Both staff (cook) and survivors prepare breakfast and two times meals every day. It was shared that there is a weekly menu, and all the food is cooked accordingly. Meat/ Chicken was cooked twice a week. Meals were served at one standard time. However, if a survivor wished to delay the time of her lunch or dinner, she was responsible for keeping it separate for herself. Washing utensils was the responsibility of the survivors. Duties were assigned to all the survivors, and they knew who must accomplish which task.

Almost all survivors shared that they received bath soap, detergent/ washing soap, and toothpaste upon request. Whereas no toothbrush, sanitary pads, cotton, tissue, or clothes were provided.

*Note: the above-mentioned information of SBBWCC ICT was collected and compiled by UN Women staff in 2019



4.7. Stakeholder Consultations

Stakeholder consultations were planned in all four provincial capitals (Lahore, Peshawar, Karachi, and Quetta) but could not be held in Karachi due to procedural delays. Participants comprised key stakeholders including government department officials; policymakers; members of parliament; lawyers; and representatives of civil society, United Nations agencies, academia, media, and women-headed organizations.

The consultations were designed to be highly participatory, with brainstorming exercises, plenary discussions, and group work to collect insights and recommendations. Consultations were chaired by senior officials in each province. The objective of the consultative process was to discuss gaps in services and improvements needed, and to elicit inputs and feedback on SOPs for DUAs and SBBWCCs. Participants gave recommendations to improve shelter services, accountability mechanisms, referral, and follow-up.

4.7.1. Recommendations from KP

Legal Protection

- The KP Domestic Violence Bill should be passed on a priority basis. The bill mandates establishment of shelter homes and will thus ensure that shelter homes are legal requirements instead of being established through less secure means such as SOPs. (*Note: This Bill has been enacted in 2021.*)
- SOPs should be finalized and notified by concerned departments.
- The Child Marriage Restraint Act should be amended, enacted, and implemented.
- District Bar Free Legal Aid Committees should be connected with shelter homes to provide speedy legal aid. Members of shelter panels should include lawyers providing free legal aid as well as the shelter lawyer.
- The Criminal Justice Coordination Committee is headed by the district and sessions judge and attended by key justice system stakeholders. The shelter in-charges should also be invited to meetings to share issues related to judicial

orders for shelter residents.

- The KPCSW should have a member in the shelter management advisory committees.
- Cases of survivors should be heard in court in the location where they have taken shelter.

Economic Rehabilitation

- Shelter budgets should be increased to enable them to design and implement social and economic rehabilitation programmes for survivors.
- New programmes for economic rehabilitation should be introduced along with conventional vocational activities.
- Economic rehabilitation programmes should include small amounts of seed funding to enable survivors to establish their businesses.
- Survivors should be entitled to enrolment in BISP and other social protection programmes, including provision of health cards.
- First Women Bank, Sarhad Chamber of Commerce (women's wing) and similar institutions should offer small loans to women who successfully complete training in shelters.
- A public-private partnership model should be adopted to establish display centres to promote crafts made by shelter residents.
- SWD should develop formal partnerships with NGOs to create awareness among survivors on gender, legal and social protection rights.
- To enable women to improve their career prospects, shelter residents should be provided with adult literacy, computer and information technology (IT) training. (Subsequently a Computer Lab was established in SBBWCC of ICT with support from UN Women).

Social Reintegration

- A library should be established in the shelters and equipped with audio-video equipment.
- To improve the mental and physical health of residents, recreational facilities should be provided, including indoor games, television, music, etc.
- To create a sense of community living,

committees should be established for residents to participate in shelter activities, e.g., cleanliness committee, cooking committee, dispute management committee, etc.

- Sessions should be conducted on self-grooming and to provide psychosocial support. If women with critical psychological issues are resident in the shelter, they should be treated by a qualified mental health specialist.

Shelter Management

- All vacant staff positions should be filled.
- In view of the demanding nature of this work, staff should work in two shifts.
- Staff should undergo psychological testing annually and offered counselling.
- The physical infrastructure of shelters needs to consider accessibility needs of WWDs.
- All necessary infrastructure required for smooth operation (vehicles, fuel allowances, IT equipment, security equipment and staff) should be made available to shelters.
- SWD should establish coordination committees for oversight of shelters, with members from police and health departments, and following Essential Services Package guidelines.
- A management information system should be developed and used in all shelters to record and follow up on residents.
- To follow up on residents, SWWED should strengthen coordination with the KPCSW and its district-level committees. These committees can act as support and follow-up mechanisms and assist in social reintegration of survivors.
- Sufficient funds should be allocated for economic and social rehabilitation programmes.
- A strong monitoring system should be established.

4.7.2. Recommendations from Balochistan

Legal Protection

- There is a need to amend the Balochistan Domestic Violence (Prevention and Protection) Act, 2014, to ensure primary legislative protection of DUAs and SBBWCCs, and to revise rules of business accordingly.
- The permitted duration of stay in SBBWCCs should be revised from 48 hours to one week.
- Rules and procedures for admission of survivors should be revised.
- A regular monitoring system should be instituted, and the services provided by the advisory committee notified by concerned government departments.

Shelter Management

- SWD and WDD should have trained staff to run DUAs and SBBWCCs.
- Managers/ in-charges of DUAs and SBBWCCs should be authorized to undertake improvements in shelter services.
- Strong coordination mechanisms are needed between SWD and WDD to ensure effective services.
- Government should consider the efficiency gains if a single department manages both DUAs and SBBWCCs. WDD may be the appropriate department for this.
- DUA and SBBWCC staff should be trained to improve shelter management.
- An accountability mechanism with an advisory committee should be instituted.
- Guarantee and security deposit procedures should be revised.
- Once a case is closed and the resident leaves the shelter, at this stage the court may ensure that the survivor is presented before the court at least thrice a year in order to reduce the risk of further violence or honour killings of survivors.
- Measures should be taken to support mental health and security of shelter staff including the in-charge.

- A management information system should be set up in all centres and linked with other provincial systems, enabling data generation to underpin future policymaking and to follow up on individual survivors.
- A day care centre for children should be established in shelters.

4.7.3. Recommendations from Punjab

Legal protection

- There is a need for participatory discussions on laws/ policies on protection of women.
- Shelters should be provided with legislative protections under the Punjab Protection of Women against Violence Act, 2016, with notified rules of business.
- The number of shelters should be increased.

Services and Shelter Management

- All vacant posts shall be filled with professional and committed staff to provide high quality services to survivors.
- A female MLO and a psychologist should be appointed in each shelter. Shelters should ensure medical check-up on entry and regular treatment thereafter. Therapy and counselling services should be provided to survivors to help them recover from trauma.
- DUAs should be reconceived as shelter homes where women are free to come and go at will, not as virtual sub-jails.
- Security arrangements should be improved for residents and staff through recruitment of trained guards.
- There is a need to ensure better living conditions and basic facilities for residents and their children, such as a nutritious diet, proper bedding and clothing, a clean environment, and educational opportunities.
- There is need to improve communication facilities available to survivors.
- Access to shelters should be made easier for survivors. Many survivors are unable to arrange the transportation to reach shelters. Shelters should provide transport services to survivors outside the shelters.

- Police stations and courts should establish free-of-cost walk-in legal aid centres to support GBV survivors.
- A day care centre for children should be established in each shelter.
- Budgetary allocations should be increased to enable the construction of survivor-friendly buildings and physical infrastructure that meets the needs of children, pregnant women, and persons with disabilities.
- Greater allocations are also needed for food, clothing, health and hygiene and children's necessities.

Social Reintegration

- Survivors should be provided with vocational training and modern marketable skills.
- Life skills sessions and behaviour therapy should be organized for survivors to improve their quality of life.
- Survivors should be encouraged and facilitated to participate in recreational activities such as art, games, and theatre.
- Awareness-raising sessions should be organized on legal rights, self-discipline and grooming, self-defence, hygiene, etc.
- To support their economic rehabilitation, survivors should be facilitated in availing NGO and government social protection schemes such as Zakat, BISP, housing schemes, and loan schemes such as Akhuwat.

Awareness-Raising Campaigns

- Informational materials on pro-women laws should be prominently displayed in shelters to create awareness of their rights among survivors.
- Public-private partnerships should be explored to improve shelter services and build a positive image in communities.
- Online and offline media campaign should be designed to improve the image and accessibility of shelters in the public mind while keeping the anonymity of residents intact.
- Public awareness of helplines through

electronic, print, and social media.

- All actors in the justice system should be aware of the importance of prosecution and conviction of perpetrators to set examples.

Training for Stakeholders

- A comprehensive and mandatory capacity-building programme should be developed for shelter management officials and relevant government departments on GBV, gender sensitization, pro-women laws, respecting the dignity, safety, and privacy of survivors, etc., to develop a supportive environment for survivors of GBV.
- The police are the first point of contact for survivors, and should be trained and gender-sensitized, with SOPs on dealing with GBV survivors displayed in every police station.
- There is a need to build the capacity of police and justice sector officials, especially women police officers, lawyers, public prosecutors, judges, etc., on GBV issues and shelter SOPs.
- Emergency response and safety training should be provided for all shelter staff and residents.
- Refresher courses should be conducted regularly.
- Shelter staff should undergo psychological testing annually and be supported as required.

Coordination and Monitoring

- To improve services at shelters, SWD should strengthen coordination among service providers through quarterly meetings.
- Shelter advisory committees should be revised, re-notified, and empowered to supervise shelter services. Members should be provided regular trainings.

- Data on issues presented before the complaint management committee should be recorded, compiled, and reported on annually.
- The government should initiate research on ending VAWG and GBV in communities.

4.7.4. Conclusions Drawn from Consultations

The stakeholder consultations held in three provinces revealed certain key recommendations that were widely applicable across the country.

These included an urgent need to develop and strengthen the legislative underpinnings for shelters and crisis centres for provision of quality services to survivors. This must be accompanied by strong implementation mechanisms including rules of business, adequate budgetary allocations and effective coordination and information management systems.

Shelters themselves are in urgent need of improved services, infrastructure, human resources, and facilities. This includes accessible facilities suitable for women with a range of different needs; trained staff who are themselves provided counselling and other forms of support; and provision for the health, education and recreation needs of both residents and their children. There is also an urgent need to ensure that the legal system is effective, gender-sensitive and supportive towards survivors of VAWG, including through the provision of free legal aid and training of all duty-bearers and stakeholders in the justice system.

Support for the reintegration of survivors was perceived to be an important need across the three provinces. Like the survivors interviewed, stakeholders recognized that existing vocational training is outdated and bears little relation to current market needs.



4.8. Training Needs Assessment

A position-based training needs assessment was conducted in all shelters to assess the functions of shelter officials at various levels, their training needs, and the training(s) already available to them. The assessment was based on discussions, interviews, and responses to a training needs questionnaire.

Based on the findings, shelter staff were categorized into three categories based on their roles and responsibilities:

- management staff;
- professional staff; and
- support staff.

The findings presented here are derived primarily from semi-structured interviews with 83 members of these three categories.

4.8.1. Job Descriptions and Understanding of Responsibilities

Many shelter staff were not provided job descriptions and received no orientation about their role and responsibilities. Arguably, staff who are unaware of their job descriptions and have not been oriented on it, are less likely to provide services of a high standard that are consistent with the shelter's SOPs. When

asked how they determined their responsibilities without knowing their job descriptions, most respondents stated that their immediate supervisors guided them.

All managers except in Abbottabad and Sukkur stated they had received orientation or training on their job description from their immediate supervisors and by reading the PC-1. Some also had experience working with similar organizations and could draw on their past experience. While about half of respondents in management positions identified their main responsibilities as listed in the table below, the remainder said they did not know their specific responsibilities but performed their duties based on common sense or previous practice.

Of the professional staff, medical staff stated they had not received any orientation or trainings about their job descriptions. The SBBWCC psychologist and lawyer knew about their job descriptions and were oriented by their in-charges. Computer operators, wardens and supervisors, handicraft and religious teachers, and clerks were also oriented by their supervisors. Support staff (drivers, cooks, *naib qasid*, guards and cleaners) were oriented by their supervisors.

TABLE 28: JOB DESCRIPTIONS AND UNDERSTANDING OF RESPONSIBILITIES

Position	Shelter	Job description	Understanding of Responsibilities
Shelter in-charge/ superintendent (assistant to in-charge)	Lahore Faisalabad Rawalpindi Quetta	Yes	<ul style="list-style-type: none"> - Generating monthly reports; - Maintaining office discipline; - Attending phone calls; - Write letters to court; - Ensuring cleanliness.
Warden	Lahore Faisalabad Rawalpindi	Yes	<ul style="list-style-type: none"> - Shelter management; - Night attendance; - Distribution of meals; - Case filing; - Facilitating medical check-ups; - Visiting arrangements; - Counselling survivors.
Medical staff	Rawalpindi	Yes	<ul style="list-style-type: none"> - Providing health care to survivors; - Ensuring balanced diets; - Maintaining health and hygiene of residents.
Psychologist	Abbottabad Peshawar Sukkur Quetta	Yes	<ul style="list-style-type: none"> - Conducting weekly sessions with residents; - Conducting group sessions as needed; - Conducting sessions on self-grooming; - Conflict management; - Raising awareness of relevant issues.
Lawyer	Quetta	Yes	<ul style="list-style-type: none"> - Preparing and maintaining all legal documentation; - Maintain records of case proceedings; - Counselling survivors on case proceedings; - Providing legal assistance and legal aid; - Strengthening survivors' capacity.
Assistant/ accountant	Lahore Quetta	Yes	<ul style="list-style-type: none"> - Accounts handling; - Office management; - administrative work; - Documentation and sensitization of men who came for mediation with women survivors.
Computer operator	Lahore Rawalpindi	Yes	<ul style="list-style-type: none"> - Drafting; - Budget reports; - Bank reconciliation; - Telephone operation; - Accounting; - Data compilation; - Data storage.
Supervisor	Lahore Faisalabad	Yes	
Clerk	Lahore Abbottabad Peshawar	No	
Handicraft/ skills teacher, religious teacher	All	No	<ul style="list-style-type: none"> - Handicraft/ skills teachers: Teaching crafts, tailoring, cutting, and stitching, knitting, embroidery, making decorative items, etc. - Religious teachers: Conducting sessions on religious topics; teaching the Quran; conducting prayers; providing religious guidance on family issues.
Support staff (driver, cook, naib qasid, guard, cleaner)	All	No	

4.8.2. Understanding of SOPs

Management Staff

Most management staff stated that they knew about the SOPs. Most respondents (of all staff categories) were not aware of when the most recent SOPs were approved, except in Rawalpindi where the manager stated that the SOPs were approved in 2016.

Professional Staff

Medical staff in Abbottabad and Rawalpindi stated they were unaware about the shelter SOPs. Medical staff in other shelters were not available as they visited fixed days. Wardens in Lahore, Faisalabad and Rawalpindi stated shared that they were aware of shelter SOPs while those in Peshawar, Sukkur, and Quetta were unaware. The Punjab wardens stated that the SOPs were guidelines on how to enrol residents, diet, follow-up mechanisms and dealing ethically with survivors.

Supervisors/ shelter in-charges stated that they had received copies of the SOPs while handicraft and religious teachers were not aware of them. The lawyer at the SBBWCC was aware of the crisis centre's SOPs. The clerk in Rawalpindi had received the SOPs while his counterparts in other DUAs had not. He was able to identify the following points from the SOPs: admission criteria, security of residence and release of survivors from the shelter. The computer operator in Rawalpindi had also received the SOPs.

Overall, the respondents were unclear about the shelter SOPs. When asked to list components, they mentioned administrative rules and regulations, referral procedures, dealing with residents and their families, safety and security for residents and health care.

Support Staff

Support staff did not receive copies of the SOPs nor were they aware of them.

4.8.3. Training

Management Staff

Most management staff (managers, in-charge, superintendents) stated that they had received

training on gender and VAWG. In Lahore, the in-charge had received training on all topics except persons with disabilities and first aid. By contrast, at the Sukkur DUA and Quetta SBBWCC, in-charges had received virtually no training.

Only the Abbottabad in-charge had received training on management, psychosocial counselling and record keeping, and the Peshawar in-charge reported being trained on psychosocial counselling, persons with disabilities and referral mechanisms. In Peshawar, the manager described a one-day training in 2019 on shelter management, conducted by an NGO, while in Abbottabad, the manager attended a 12-day training at the Lahore University of Management Sciences.

Thus, most in-charges were not trained on management, psychosocial counselling, record keeping, persons with disabilities, referral mechanisms, first aid, shelter SOPs or women's rights. When asked how these trainings were implemented in their work, staff responded that they helped improve overall management of shelters and handling of survivors.

Professional Staff

Medical staff and psychologists did not receive training on their responsibilities. The SBBWCC lawyer received training on legal aid, legal assistance and implementation of pro-women laws provided by ROZAN and a United Nations agency. Assistants in Lahore and the SBBWCC stated that they did not receive any training to help fulfil their responsibilities. The computer operator in Rawalpindi was training on PowerPoint.

Clerks received varied training courses. In Faisalabad the clerk was trained on budget-making, in Rawalpindi on emergency response, in Sukkur on computer skills, while in Quetta the clerk did not receive any training.

The warden at the Faisalabad DUA was trained on safety and security, discipline maintenance, family health care and health and hygiene. In Rawalpindi the warden was trained on shelter SOPs and emergency response, while in Sukkur their counterpart was trained on early childhood education. Supervisors did not report attending any trainings.

Handicraft teachers were trained on various vocational skills, while religious teachers were trained on dealing with shelter residents.

Support Staff

Support staff did not receive any training at any of the shelters.

TABLE 29: TRAININGS RECEIVED

Training	Abbotabad	Peshawar	Faislabad	Lahore	Rawalpindi	Quetta DUA	Quetta SBBW	Sukkur
	Yes/No							
Management	✓	✗	✗	✓	✗	✗	✗	✗
Social Counselling and GBV	✓	✓	✗	✓	✗	✗	✗	✗
Record Keeping	✓	✗	✗	✓	✗	✗	✗	✗
PWDs/GBV	✗	✓	✗	✗	✗	✗	✗	✗
Referral Mechanism	✗	✓	✗	✓	✗	✗	✗	✗
First Aid and Traffic rules	✗	✗	✓	✗	✓	✗	✗	✗
SoPs	✗	✗	✗	✓	✓	✗	✗	✗
Women Rights	✗	✗	✗	✓	✗	✗	✓	✗

4.8.4. Trainings needs

Shelter In-charges

Respondents highlighted a number of areas in which they felt they required training. Almost all identified training on GBV, pro-women laws, SOPs, follow-up mechanisms and mediation. Other areas of training

identified by respondents included case handling, psychosocial counselling, emergency response, management and safety and security.

TABLE 30: TRAININGS REQUIRED BY MANAGEMENT

Training Topics	Abbotabad	Peshawar	Faislabad	Lahore	Rawalpindi	Quetta DUA	Quetta SBBWC	Sukkur
	Yes/No							
Gender Sensitization	✓	✗	✓	✗	✓	✗	✓	✓
GBV	✓	✓	✓	✓	✓	✓	✓	✓
Pro Women Laws	✓	✓	✓	✓	✓	✓	✓	✓
Organizational Structure	✓	✗	✓	✗	✓	✗	✓	✗
Discipline/Code of Conduct	✓	✗	✗	✗	✓	✓	✓	✗
SOPs of Shelter	✓	✓	✓	✓	✓	✓	✓	✓
Case Handling	✓	✓	✓	✗	✓	✓	✓	✓
Psycho Social Counselling	✓	✗	✓	✗	✗	✓	✓	✗
Harassment at Workplace	✓	✗	✗	✗	✓	✗	✗	✗
Follow up Mechanisms	✓	✓	✓	✓	✓	✗	✓	✗
Referral Mechanisms	✓	✗	✓	✓	✓	✓	✓	✓
Monitoring & Evaluation	✓	✗	✓	✗	✓	✓	✗	✗
Emergency Response	✓	✓	✓	✗	✗	✓	✗	✗
Safety & Security	✓	✓	✓	✓	✓	✗	✓	✓
Management	✓	✓	✓	✓	✓	✗	✓	✓
Finance / Accounting	✓	✗	✓	✗	✓	✗	✓	✗
Administration	✓	✓	✗	✓	✗	✓	✓	✓
MIS	✗	✓	✓	✓	✓	✓	✗	✗
Record Keeping / Documentation	✗	✗	✓	✗	✓	✓	✗	✗
Survivor Healthcare	✓	✓	✗	✗	✗	✓	✗	✓
Nutrition	✓	✓	✗	✓	✗	✓	✗	✗
Stress Management	✓	✗	✓	✓	✗	✓	✗	✓
Mediation	✓	✓	✓	✓	✓	✓	✓	✓

Professional Staff

Medical staff identified a need for training on gender sensitization, GBV, pro-women laws, SOPs, referral mechanisms, emergency response, self-defence, safety and security, survivors' health care, nutrition, and stress management. The medical officer in Rawalpindi stated that she needed to learn more about conducting ultrasound scans, while in Abbottabad medical staff required training on symptoms and cures for new diseases.

TABLE 31: TRAININGS REQUIRED BY MEDICAL STAFF

Training Topics	Abbotabad	Lahore	Rawalpindi
	Yes/No		
Gender Sensitization	✓	✓	✓
GBV	✓	✓	✓
Pro Women Laws	✓	✓	✓
SOPs of Shelter	✓	✓	✓
Referral Mechanisms	✗	✓	✓
Emergency Response	✓	✓	✓
Self Defence	✓	✓	✓
Safety & Security	✓	✓	✓
Survivor Healthcare	✓	✓	✓
Nutrition	✓	✓	✓
Stress Management	✓	✓	✓

There was no lawyer in post at the DUAs, so the lawyer (male) at the SBBWCC in Quetta was interviewed. He identified a need for training on all related fields, including counselling, administration, self-defence, emergency response, referral mechanism, shelter SOPs, pro-women laws, and gender sensitization.

Assistants in Lahore and at the SBBWCC stated that they required training on pro-women laws, administration, safety and security, shelter SOPs, monitoring and evaluation, positive image-building, teambuilding communication, drafting official correspondence, audit, management information systems and computer skills.

TABLE 32: TRAININGS REQUIRED BY ASSISTANTS

Training Topics	Lahore	SBBWC Quetta
	Yes/No	
Computer Literacy	✗	✓
MIS	✓	✓
Accounts handling	✓	✓
Audit	✓	✓
Drafting of letters	✗	✓
Communication	✓	✓
Team building	✓	✗
Positive Image building	✓	✗
M & E	✓	✗
SOPs of Shelter	✓	✓
Safety & Security	✓	✓
Administration	✓	✗
Pro Women Laws	✓	✓

Computer operators in Rawalpindi, Lahore and Peshawar stated they required training on documentation and management information systems. In Lahore and Peshawar, they further identified training on management, accounts/ finance, self-defence, and organizational structure. In Rawalpindi the computer operator stated there was a need for training on shelter SOPs, pro-women laws, gender sensitization and follow-up mechanisms.

TABLE 33: TRAININGS REQUIRED BY COMPUTER OPERATORS

Training Topics	Peshawar	Lahore	Rawalpindi
	Yes/No		
Gender Sensitization	✗	✗	✓
Pro Women Laws	✗	✗	✓
SOPs of Shelter	✗	✗	✓
Safety and Security	✗	✓	✓
Administration	✗	✓	✓
Documentation	✓	✓	✓
MIS	✓	✓	✓
Follow up Mechanism	✓	✗	✓
Organization Structure	✓	✓	✗
Self Defense	✓	✓	✗
Emergency Response	✗	✓	✗
Accounts/Finance Handling	✓	✓	✗
Management	✓	✓	✗

All the wardens stated they required training on gender sensitization, GBV, shelter SOPs, pro-women laws, self-defence, and referral. Some also required trainings on management information systems, follow-up, psychosocial counselling, and organizational structure.

TABLE 34: TRAININGS REQUIRED BY WARDENS

Training Topics	Faisalabad	Lahore
	Yes/No	
SOPs of Shelter	✓	✓
Case Handling	✓	✓
Emergency Response	✓	✓
Self Defense	✓	✓
Safety and Security	✓	✗
Documentation	✓	✓
Cleanliness	✓	✗
Gender Sensitization	✗	✓
GBV	✗	✓

Supervisors in Faisalabad and Lahore DUAs stated that they required training on shelter SOPs, case handling, self-defence, and documentation. In Lahore the supervisor further identified a need for training on GBV and gender sensitization.

TABLE 35: TRAININGS REQUIRED BY SUPERVISORS

Training Topics	Peshawar	Faisalabad	Lahore	Rawalpindi	Quetta	Sukkur
	Yes/No					
Gender Sensitization	✓	✓	✓	✓	✓	✓
GBV	✓	✓	✓	✓	✓	✓
Pro Women Laws	✓	✓	✓	✓	✓	✓
SOPs of Shelter	✓	✓	✓	✓	✓	✓
Organizational Structure	✓	✓	✓	✗	✗	✗
Psycho social Counselling	✓	✓	✓	✓	✓	✗
Follow up	✓	✓	✓	✗	✓	✗
Referral	✓	✓	✓	✓	✓	✓
MIS	✗	✓	✗	✗	✗	✗
Self Defense	✓	✓	✓	✓	✓	✓
Survivors Healthcare	✗	✗	✓	✓	✓	✗
Communication Skills	✗	✗	✓	✗	✗	✗

Handicraft teachers at all shelters required training on gender sensitization, pro-women laws, and shelter SOPs. A range of other topics were also identified by some, including case handling, emergency response and GBV.

TABLE 36: TRAININGS REQUIRED BY HANDICRAFT/ SKILLS TEACHERS

Training Topics	Abbotabad	Peshawar	Faisalabad	Quetta DUA	Sukkur
	Yes/No				
Gender Sensitization	✓	✓	✓	✓	✓
GBV	✓	✗	✓	✗	✗
Pro Women Laws	✓	✓	✓	✓	✓
SOPs of Shelter	✓	✓	✗	✓	✓
Case handling	✓	✗	✗	✗	✓
Emergency response	✗	✗	✗	✓	✗

Religious teachers identified a need for training on gender sensitization, GBV, pro-women laws, referral, and case handling and, in some cases, emergency response.

TABLE 37: TRAININGS REQUIRED BY RELIGIOUS TEACHERS

Training Topics	Abbotabad	Peshawar	Lahore	Sukkur
	Yes/No			
Gender Sensitization	✓	✓	✓	✓
GBV	✓	✓	✗	✓
Pro Women Laws	✓	✓	✓	✓
SOPs of Shelter	✓	✓	✓	✓
Referral	✓	✓	✓	✓
Emergency Response	✓	✓	✓	✓
Self Defense	✓	✓	✓	✓
Safety and Security	✗	✗	✓	✓
Case Handling	✗	✓	✗	✓

Clerks in Rawalpindi and Quetta stated that they required training on gender sensitization, GBV, shelter SOPs, case handling, management, management

information systems and record keeping. In Faisalabad the clerk did not perceive a need for any training.

TABLE 38: TRAININGS REQUIRED BY CLERKS

Training Topics	Faisalabad	Rawalpindi	Quetta	Sukkur
	Yes/No			
Accounts/Finance	✗	✗	✓	✓
Record keeping	✗	✓	✓	✓
MIS	✗	✓	✓	✓
Management	✗	✓	✓	✓
Case handling	✗	✓	✓	✓
SOPs	✗	✓	✓	✓
GBV	✗	✓	✓	✓
Gender sensitization	✗	✓	✓	✓
Administration	✗	✓	✗	✓
SOPs	✗	✓	✗	✓

Support staff identified a need for training on GBV, pro-women laws, safety and security, self-defence, gender sensitization, first aid and emergency response.

TABLE 39: TRAININGS REQUIRED BY SUPPORT STAFF

Training Topics	Abbotabad	Peshawar	Faisalabad	Lahore	Rawalpindi	Quetta	DUA	Quetta	SBBW	Sukkur
	Yes/No									
SOPs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GBV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gender Sensitization	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Self Defense	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safety and Security	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pro Women Laws	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
First aid	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Response	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗
SOPs	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗

4.8.5. Recommended trainings for staff

Based on the training needs assessment, shelter managers need training in all key areas. Wardens are also recommended to be provided training in all areas except financial management.

Training priority areas that emerged from the study are:

- Gender sensitization;
- GBV;
- Pro-women laws;
- Orientation on SOPs;
- Safety and security;
- Self-defence;
- Survivor handling;
- Dealing with survivors with dignity;
- Referral and networking mechanisms; and
- Stress management.

TABLE 40: TRAININGS RECOMMENDED FOR STAFF

Training Topics	Managers	Warden	Medical staff	Psychologist	Lawyer	Assistant	Computer Operator	Religious teacher	Admin/Clerk	Support staff
	Yes/No									
Human Resource Management	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗
Strategic Management	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
ICT	✓	✓	✗	✗	✗	✓	✓	✗	✗	✗
M & E	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
Financial Mang. and Accounting	✓	✗	✗	✗	✗	✓	✓	✗	✓	✗
Legal Aid	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗
Referral Mechanism	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rehabilitation	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗
Leadership	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
Sign Language	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
Mediation	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗
Psycho-social Counselling	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗
Case Handling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Image Building	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physical Fitness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safety and Security	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Self Defense	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orientation on SOPs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pro Women Laws	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gender Sensitization/GBV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

4.9. Training Needs Assessment of SBBWCC ICT

Training needs assessment was conducted in SBBWCC at Islamabad. The findings were derived from semi-structured interviews of staff.

4.9.1. Demographic Profile of Respondents

The total number of staff members and officers available on the day of the Training Needs Assessment (TNAs) as respondents was 15. The respondents included 1 Manager, 1 Psychiatrist, 1 Law Officer, 1 Case Manager, 2 Social Welfare Officer, 1 Gardener, 1 Cook, 1 Office Assistant, 3 Security Guards (out of which one had the additional responsibility of being the driver of the shelter), and 2 **Ayas** (female attendants).

This indicated that the shelter staff were mostly mid-career individuals with years of experience both at the shelter home and in previous jobs as well

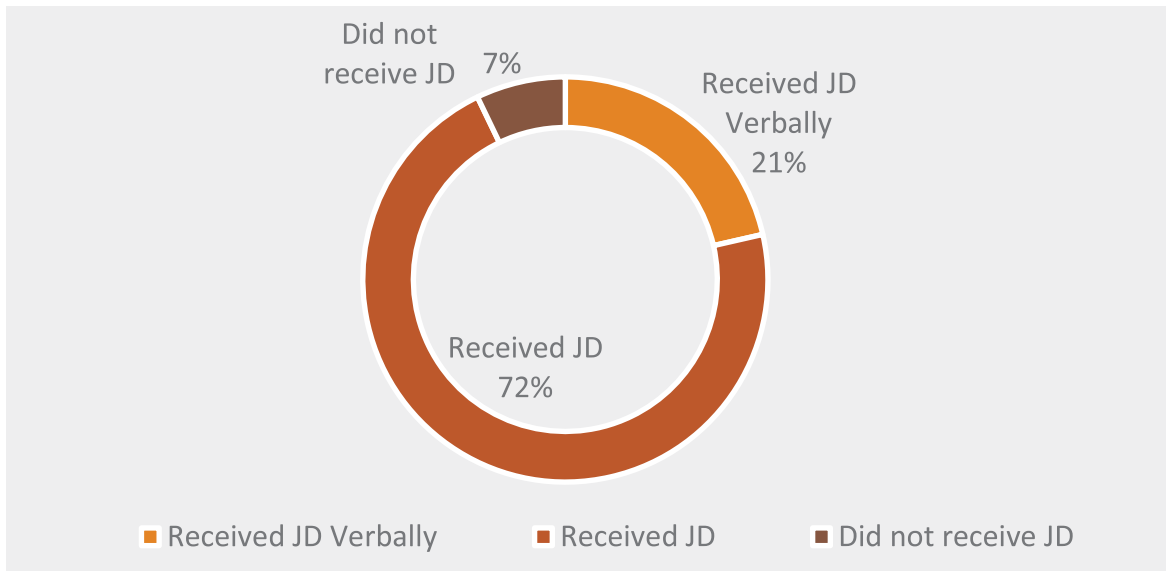
TABLE 41: PROFILE OF SBBWCC STAFF

	Mean	Max	Min	Std Deviation
Age	41.57	53	30	5.64
Experience within the Shelter Home	11.71	14	8	1.77
Total Experience	16.21	27	10	4.17

4.9.2. Job descriptions and understanding of responsibilities

Almost 71% of the respondents said that they had received their job description upon joining the centre, 21% shared that they communicated their job descriptions verbally, and 7% said that they did not receive their job description.

FIGURE 28: JOB DESCRIPTIONS RECEIVED BY SBBWCC ICT STAFF



N=15

All respondents said that they were oriented on the JDs by their supervisor with only one respondent saying that the orientation was only 10 minutes long which was indicative of the quality of the orientation.

Respondents were asked to enlist 5 elements of their job description. Half of the respondents (50%) were able to enlist five elements of their JD, 7% enlisted four elements and 21% enlisted only two elements.

4.9.3. Trainings previously received

On the question about any previous trainings related to their jobs, 65% of the respondents said that they had previously attended the trainings related to their work at the centre. Most of the trainings has been administered by NGOs on VAWG and SOPs. Some senior officials reported receiving trainings from the Ministry of Human Rights and the Ministry of Women’s Development.

Training needs assessment indicates the trainings of gender sensitization training, pro-women legislation, orientation on SOPs, safety & security, survivor

rehabilitation, referral and networking mechanisms, dealing with survivors with care and dignity and follow-up mechanisms, leadership, positive image building and others for all staff from BPS 1-17 and the lawyers on the panel for the shelter home to improve client services.

Skill-based training including communication skills and client handling, legal and medical aid, psycho-social counselling, cyber-crime and trafficking, general & strategic management, financial & human resource management and others are also needed for technical staff.

The language of the training may be English or Urdu. They also highlighted the need for international exposure and trainings to learn global best practices. The staff was comfortable attending both residential and non-residential trainings.

The shelter home did not have any budget allocated annually for staff capacity building because of fund crises. A number of non-government organizations conducted the training sessions off and on.

*Note: the above-mentioned information of SBBWCC ICT was collected by UN Women staff

CHAPTER 5

KEY FINDINGS



Chapter 5:

KEY FINDINGS

These key findings are derived from the desk review, physical survey, in-depth and key informant interviews, FGDs and stakeholder consultations conducted as part of this study.

5.1. Physical Infrastructure

The findings from the physical checklists show that the planning and design of shelter infrastructure is not appropriate for the needs of the women and children resident there. The needs of persons with disabilities or pregnant women are not considered at all shelters: only in one of the Quetta shelters were there some facilities for persons with disabilities.

Spaces were inadequate in all shelters and some issues, like poor ventilation and unhygienic toilets, could be a threat to the health of residents and staff. Repair and maintenance are required at all shelters.

5.2. Profile of Residents

Age: The majority, 70%, of residents were young, aged 14-30 years. There were a few older women, aged 50-65 years, residing at DUAs in KP. In SBBWCCs, the majority, age bracket of the survivors was between 19-50 years.

Ethnicity: No ethnic disparity with respect to admission within the shelters was observed, however, the majority of survivors were Muslims, with only a few non-Muslim survivors in Lahore and Rawalpindi DUA.

Duration of stay: The duration of residents' stays varied. The most common length of stay was two or three months,

Education: More than half of residents (54%) were illiterate, while only 7% had completed their matriculation (secondary school). Almost half of them were illiterate and 27% of survivors passed their primary level, whereas only 9% survivor were graduate.

Marital status: Around 58% of the residents were currently married, and a sizeable proportion were divorced (19%). Widows and separated women accounted for 2% each.

Age at time of marriage: The overwhelming majority of residents (92%) were married before the age of 20 years, 38% between 10-16 years of age. Early marriage was most common in Sukkur, followed by Rawalpindi, Faisalabad, and Lahore.

Forced marriage: A majority of women in DUAs were found to be forced into marriage without consent (61%). In SBBWC ICT, 100% of survivors mentioned that they had married with consent while in SBWWC Quetta majority of the residents had had forced marriage.

Disability: Intellectual and developmental disabilities were observed among residents of all shelters except the Sukkur DUA. In SBWWC ICT, none of the survivors had any kind of physical disability while in Quetta, there was a survivor with mental disability.

Sources of income: Most residents in Abbottabad and Sukkur did not have any source of income. Likewise, in Peshawar, 80% were without an income, followed by Quetta and Lahore (70%). Those who were employed worked as domestic help on nominal wages or were self-employed with a low income. In SBBWCCs, the survivors responded that they have no source of income. They were dependent on their families.

5.3. Types of Violence Experienced

An overwhelming majority of residents at all shelters reported experiencing domestic violence. All residents in Faisalabad, Peshawar, and Sukkur and 90% of those in Lahore, Rawalpindi, Abbottabad, and Quetta had experienced domestic violence. Verbal abuse was most commonly reported as a reason for seeking shelter, indicated by 90-100% of all residents in shelters. Injury due to domestic

violence was frequently reported, with the highest incidence at Faisalabad and the lowest at Peshawar (70 and 10%, respectively). Reports of forced marriage were highest in Lahore (70%), followed by Abbottabad (60%). In SBBWCCs, the majority of the respondents (72%) reported domestic violence as part of victimization

5.4. Approaching the Shelter

Shelters (DUAs) have not been established in every district of Sindh, KP or Balochistan. Only Punjab has shelters in each district. In KP, the south of the province, including the newly-merged districts, has been entirely unserved since the closure of a shelter home in Dera Ismail Khan district.

Most women approach shelters because harmful gender-biased practices continue throughout childhood and adolescence, coming to a point where they seriously harm their well-being. Most married women seeking shelter had issues with husbands and in-laws, and had already initiated or wished to initiate divorce proceedings; some also had maintenance cases. The major reason unmarried women sought shelter was to escape threats from their families when they desired to exercise or did exercise, their legal right to marry someone of their own choice. Disputes over inheritance and dowry can also precipitate a need to leave home. In Rawalpindi, Quetta and Peshawar shelters were observed to have received minors who were raped, abducted, and trafficked.

Around 70% of residents reported that the perpetrators were their husbands; 20% stated it was fathers, brothers, in-laws, or close blood relations; while 10% said it was their mothers.

In all provinces, the admission criterion to a shelter is the issuance of a court order. The study found that 48% of residents were referred there by the courts; 22% by the police; 10% by NGOs; and 20% through family, area nazims, friends and others. However, upon admission, all were converted to court cases to acquire legal cover.

5.5. Services and Environment

According to the SOPs under which shelters operate, they are supposed to provide protection and

support, including shelter, food, medical and legal aid, psychological counselling, vocational training, and childcare and education facilities for residents' children. However, a survey of available services yielded mixed results. Food and shelter were the only services available at all DUAs and both SBBWCCs.

The attitude of shelter staff was also found to be of concern in many shelters. Half of residents in Lahore, Rawalpindi, Abbottabad, and Sukkur thought they were not treated with respect and dignity. The language used by shelter staff generally was found to be similar to the norm in prisons. Indeed, the treatment of women residents as prisoners is evident in the use of the term "inmate" by staff.

A majority of residents did not feel safe at shelters. All residents in Peshawar and Rawalpindi disagreed with the statement that "their safety is ensured at the shelter". There were also severe concerns surfaced with respect to the confidentiality of residents' information at shelters. Eighty percent of residents in Abbottabad and Rawalpindi, 70% in Sukkur and 60% in Peshawar disagreed that their information was kept confidential.

Free legal aid was widely unavailable at surveyed shelters. All residents in Lahore and Quetta, and 90% in Faisalabad, Rawalpindi, and Sukkur, received legal aid at their own cost. In some cases, and in all shelters, where survivors could not afford the fees, legal aid was provided by volunteer lawyers, but most survivors expressed dissatisfaction with the volunteer lawyers. Generally, residents were distrustful of legal assistance, saying they feared being further exploited if they used free access to legal services from what they termed the "legal mafia". All residents had access to their primary and legal documents, but only on written request.

Medical facilities were found to be inadequate at every shelter. The absence of a gynaecologist and poor health and hygiene facilities were considered especially acute concerns. Staff were found to be unaware of injuries or wounds that women had when admitted. Psychological counselling was unsatisfactory at almost all DUAs. Although the majority of residents stated first aid facilities were available, the data imply that medical services overall are concerning. The needs of infants and children

accompanying residents were also not uniformly catered to.

For recreation and entertainment residents generally had access only to a shared television. Without recreational activities, a shelter can be an unwelcoming and punitive environment, like a prison, and renders it less likely that survivors would consider it as a refuge in the future. No shelter had any rehabilitation plan. Residents were trained in conventional skills with low market value, such as knitting and sewing. Simultaneously, sources indicated that there was no plan for capacity-building or refresher courses for staff at any shelter.

Complaint handling mechanisms and residents' participation in shelter management were unsatisfactory. Coordination among departments

(police, health, home, commissions, women's development) was also found to be weak, which is also reflected in the quality of services they provide.

FGDs, KIIs and consultations confirmed that communities and the general public view shelters as havens for "bad" women, that encourage immoral behaviour. This stigma deprives the shelters of community support and isolates the residents.

5.6. Budgetary Allocations

A number of positions remained vacant throughout the study period in all assessed shelters, due to which the budget allocated for these posts remained unutilized. Further, more than 50% of the budget was allocated for staff salaries with the remainder available for operating expenses (utilities, food, and contingencies).

Punjab	Sindh	KP	Balochistan
During Financial Year 2022-23, Govt. of Punjab through SWD allocated PKR 369.18m for shelters/ DUAs, out of that PKR 361.22m were utilized	During Financial Year 2022-23, Govt. of Sindh through WDD allocated PKR 644.12m. The budget included daily operating expenses (utilities, food, contingencies), staff salaries and construction of new DUAs.	During Financial Year 2022-23, Govt. of KP through SWWED allocated PKR 200m for shelters/ DUAs.	During Financial Year 2022-23, Govt. of Balochistan through SWD allocated PKR 16.39m for shelters/ DUAs, and through WDD PKR 16.16m for SBBWC Quetta
<ul style="list-style-type: none"> Information not available for ICT. Budgetary allocations need to be reviewed in light of insufficient funds and delayed release. The government has not allocated any budget for capacity-building or refresher courses for staff. 			

CHAPTER 6

RECOMMENDATIONS



Chapter 6:

RECOMMENDATIONS

6.1. Key Recommendations

The recommendations presented in this chapter are from all the study components including physical checklists, in-depth interviews, key informant interviews, and FGDs) and provincial consultations.

Legislation & Policy Framework

Overall

- SOPs, Code of Conduct, Minimum Standards guidelines to be updated/ finalized for all shelters, based on provincial laws and requirements. They must be based on human rights based and survivor centric approach, as outlined in the ESP.
- Legal age of marriage to be raised to 18 years for females across the country, the law made more robust, and effectively implemented.
- Post-legislative scrutiny to be undertaken improve the implementation of laws.

ICT

- Domestic Violence (Prevention and Protection) Bill to be enacted in ICT, and the SBBWCC brought under the umbrella of the law.

Punjab

- RoBs for the PPWAV Act 2016 and PWPA Act 2017 to be notified.
- Link between PPWAV Act 2016 and Anti-Rape (Investigation and Trial) Act 2021. For example, District Women Protection Officer should be member of Anti-Rape Crisis Cell (ARCC) at district level.
- Criminalization of domestic violence in PPWAV Act 2016.
- Chairperson of Punjab Women Protection Authority to be appointed and the Board of the Authority made functional.
- Clear definition of “cybercrime” and “stalking” required.

- Specific penalties to be prescribed in the laws for all forms of violence.

Balochistan

- Specific penalties to be prescribed in the laws for all forms of violence.
- Legal amendments to give cover to SBBWCCs and DUAs, these are still running as per the provisions of PC-1.

Sindh

- Stronger enforcement of Child Marriage Restraint Act, including awareness among communities, training of duty-bearers and orientation of nikah registrars.

Accessibility

- Shelters to be established in every district of the country, with several shelters in large cities.
- Shelters to be open and approachable for all women in need (with or without referral).
- Access to shelters to be easier, with transport available to bring survivors to the shelter if they are unable to reach it themselves. (Transport tokens can be given to survivors after first visit that could be used for public transport).

Infrastructure

- Shelters to be accessible, inclusive, women-friendly, and welcoming.
- Various needs of residents to be accommodated, including all necessary support a survivor needs (mobility, utilities, furniture/ fixtures, security, materials, etc.)

- A canteen/ shop within shelter premises for women to easily buy necessities such as sanitary pads, soap, detergent, and food items.
- Facilities for infant and childcare, including a children's space for play and learning, and a regular teacher to lead educational, recreational, and psychosocial activities.
- Management Information System (MIS) with strong security controls to be established in all provinces (except Punjab).

Human Resources & Capacity Building of Duty-bearers

- Shelter advisory committees to be established and empowered in each shelter to oversee and monitor shelter services and ensure accountability.
- Psychological profiles and background checks to be conducted when hiring staff.
- Annual psychological examinations of all shelter staff at all levels to be mandatory, and counselling and therapy provided on a regular basis.
- Comprehensive training programme for shelter staff and other government officials on important topics (gender sensitization, GBV, pro-women laws, elements of a human rights based, trauma informed and survivor-centric approach, etc.) and key skills (mediation, conflict management, self-awareness, communication, networking, self-defence, budgeting, etc.) as relevant to their roles.
- Orientations to be organized regularly for leaders/ duty-bearers such as judiciary, prosecution, police, FIA, MLOs, health professionals, legal fraternity, parliamentarians, local/ community leaders.

Provision of Quality Services

All services, including legal, health/ medical, and psychosocial to be mandatory, free of cost and high quality, in all shelters across all provinces.

- **Health:** Coordination with health departments for medical check-ups, referrals, and healthcare provision, including for pregnant women and

accompanying children.

- **Psychosocial:** A female psychologist to be appointed in each shelter for ongoing therapy/ counselling of survivors. Coordination with local hospital for psychiatric care as needed.
- **Legal:** Linkages with institutions to get free legal aid/ assistance for survivors.
- **Medico-legal services:** Female MLO to be available for each shelter.
- **Learning and development:** Training programmes and informative sessions for learning useful skills that can help survivors reintegrate into society.
- **Recreation:** Recreational activities to be organized regularly to improve mental health and make the shelter an enriching environment.

Rights Based and Survivor Centric Approach

- Resident committees to be established to oversee living arrangements/ daily activities and create a sense of purposeful living.
- An effective complaint handling mechanism to be operationalised within shelters, for the safety, well-being, and rights of residents.
- Dignity and privacy of survivors to be ensured. They should be treated with respect and empathy, not as prisoners.
- Freedom of movement within the shelter should not be unnecessarily restricted.
- Communication facilities to be improved, and must ensure privacy and confidentiality.
- For the SBBWCCs, duration of stay may be revised from 48 hours to at least 1 week.

Economic Rehabilitation

- Shelters to be linked with institutions such as TEVTAs to provide ongoing vocational trainings to residents.
- Modern training courses corresponding with market needs (mobile repair, computer literacy, etc.) to enhance employability post-shelter.
- Linkages with government/ NGOs for access to social protection schemes (BISP, Zakaat), loans (Akhawat), bank accounts, etc. CNIC

registration to be supported.

- Government-run housing, insurance, education, and health protection schemes to introduce quotas for survivors.
- Quota to be fixed for survivors to start up small businesses by the First Women Bank, SMEDA, Chamber of Commerce, and other financial institutions.
- Linkages with NGO's/ Private companies to provide internships to survivors post-shelter.
- Display centres to promote products made by survivors using a public-private partnership model. The profit/ revenue should go to the survivors.

Follow-up Mechanisms

- Courts to mandate residents' appearance three times a year for follow up and to reduce the risk of further violence.
- Provision to be made for transitional housing for survivors leaving the shelter.
- Coordination between shelter staff and other departments/ authorities for follow up.

Monitoring & Coordination

- Strong monitoring mechanisms to be established for implementation of provincial laws, including all duty-bearers. For example, shelter in-charges should be in the District Criminal Justice Coordination Committees.

- Link to be established between shelters and the Legal Aid & Justice Authority (LAJA) and District Bar Free Legal Aid Committees in all provinces for speedy and free legal aid.
- Inter-departmental coordination mechanisms to be strengthened.
- A single helpline on the issue of VAWG in each province, integrating various existing helplines (WDD, Police, Emergency, etc.)

Budget Allocations

- Budgetary allocations to be reviewed and increased in the lines where they are currently inadequate, e.g., medicines, educational activities, skills trainings/ rehabilitation, childcare.
- Funds to be allocated to train members of protection/ advisory committees notified under the respective domestic violence laws of each province.
- Timely release of funds.

Public Awareness Campaigns

- Mass awareness campaigns through print, electronic and social media to change the perception of shelters, educate women and girls on their rights, and overcome stigma.
- Partnerships with civil society, NGOs, CBOs, media, private sector to ensure messages reach a large and wide audience.

6.2. Capacity-building Needs of Staff

Topic	Target groups	Resource person(s)
Gender sensitization and GBV/ VAWG	All staff	Gender expert
Pro-women laws	All staff	Legal expert
Orientation on SOPs/ Minimum Care Standards	All staff	Subject Expert
Dealing with VAWG/ GBV survivors with empathy and dignity, using trauma informed and survivor centric approach	All staff	Gender expert, psychologist
Orientation on job descriptions (joint and separate sessions based on position)	All staff	Gender expert
Safety and security	All staff	Emergency response institutions/ Rescue 1122/ civil defence
Legal aid (mapping of existing legal aid services)	Shelter management and advisory committee	Gender expert, legal expert
Monitoring of shelter services	Shelter management and relevant government officials	Gender/ development expert
Leadership	Shelter management and advisory committee	Gender/ development expert
Psychosocial counselling	Senior professional staff	Psychologist/ psychotherapist
Establishment of referral, coordination, and networking mechanisms	Shelter management and advisory committee	Gender/ development expert
Financial management/ accounting	Senior management and professional staff (finance)	Finance expert
Human resource management	Shelter management and relevant government officials	Human resource expert
General shelter management	Shelter management and relevant government officials	Management/ development expert
Strategic management	Senior management and government officials	Development expert
Information communication technology	Senior management and professional staff (IT)	Software experts
Survivor rehabilitation and follow-up mechanisms	Shelter management and advisory committee	Gender/ development expert
Awareness raising, developing liaison with the communities, and building positive image	Shelter staff, advisory committee members	Experts from media, NGOs, CSOs

6.3. Refurbishment Plans

The physical checklist administered at the DUAs and SBBWCCs identified facilities in need of refurbishment and categorized them into short, medium, and long-term needs. Risk forecasts and mitigation strategies were also outlined to anticipate

factors that could hinder progress. Responsibility for executing refurbishment plans lies with the relevant government departments (MoHR/ WDD/ SWD/ SWWED).

Priority	Facility/ Service	Shelter(s)	Proposed interventions			Risk forecast	Risk mitigation
			Short term	Medium term	Long term		
STAFFING							
High	Vacant staff positions	All	<ul style="list-style-type: none"> - Prepare list of vacant posts - Request parent department to fill them 	<ul style="list-style-type: none"> - Follow up actions for filling vacancies 	<ul style="list-style-type: none"> - Initiate the process quickly whenever a post is made vacant 	<ul style="list-style-type: none"> - Slow and lengthy government procedures 	<ul style="list-style-type: none"> - Executing agency and DUA in-charges follow up regularly
EXTERIOR SPACES							
Medium	Repair of Compound wall	Rawalpindi	<ul style="list-style-type: none"> - Initiate request 	<ul style="list-style-type: none"> - Carry out repair 	<ul style="list-style-type: none"> - Maintain 	<ul style="list-style-type: none"> - Lack of funds/ budget allocations - Slow and lengthy government procedures 	<ul style="list-style-type: none"> - Training on GRB - Obtain approval from concerned authority
Medium	Construction of exit routes	Faisalabad Rawalpindi Abbottabad Quetta	<ul style="list-style-type: none"> - Develop exit route plan 	<ul style="list-style-type: none"> - Construct exit route 	<ul style="list-style-type: none"> - Maintain exit route 	<ul style="list-style-type: none"> - Scale of work causes delays/ challenges 	<ul style="list-style-type: none"> - Training on GRB - Obtain approval from concerned authority
Low	Improvements to ventilation	Faisalabad Rawalpindi Abbottabad	<ul style="list-style-type: none"> - Undertake needs assessment for improvements 	<ul style="list-style-type: none"> - Install exhaust fans/ windows as per assessment 	<ul style="list-style-type: none"> - Maintain equipment 	<ul style="list-style-type: none"> - Lack of funds/ budget allocations 	<ul style="list-style-type: none"> - Training on GRB - Obtain approval from concerned authority
SECURITY							
High	Security camera	Lahore Sukkur	<ul style="list-style-type: none"> - Undertake needs assessment - Initiate request 	<ul style="list-style-type: none"> - Install security cameras and screens 	<ul style="list-style-type: none"> - Maintain system 	<ul style="list-style-type: none"> - Lack of funds/ budget allocations 	<ul style="list-style-type: none"> - Training on GRB - Obtain approval from concerned authority
High	Walk-through gates	Lahore Faisalabad Abbottabad Peshawar Sukkur	<ul style="list-style-type: none"> - Identify appropriate location walk-through gates - Initiate request 	<ul style="list-style-type: none"> - Install walk-through gates 	<ul style="list-style-type: none"> - Maintain 	<ul style="list-style-type: none"> - Lack of funds/ budget allocations 	<ul style="list-style-type: none"> - Training on GRB - Obtain approval from concerned authority
High	Physical security check devices	Lahore Rawalpindi Abbottabad Peshawar Sukkur Quetta	<ul style="list-style-type: none"> - Initiate request for physical security check devices for guards 	<ul style="list-style-type: none"> - Procure devices 	<ul style="list-style-type: none"> - Maintain 	<ul style="list-style-type: none"> - Lack of funds/ budget allocations 	<ul style="list-style-type: none"> - Training on GRB - Obtain approval from concerned authority

Priority	Facility/ Service	Shelter(s)	Proposed interventions			Risk forecast	Risk mitigation
			Short term	Medium term	Long term		
High	Jammers	All	- Initiate request	- Install jammers	- Maintain	- Lack of funds/ budget allocations	- Training on GRB - Obtain approval from concerned authority
High	Door viewer	Lahore Faisalabad Rawalpindi Abbottabad Sukkur Quetta	- Initiate request	- Install door viewers	- Maintain	- Lack of funds/ budget allocations	- Training on GRB - Obtain approval from concerned authority
High	Security guards system	Abbottabad Sukkur	- Initiate request	- Deploy security guards		- Lack of funds/ budget allocations - Delays in contract with security agency/ hiring staff	- Training on GRB - Obtain approval from concerned authority
FIRE SAFETY							
High	Fire alarm/ response system (automatic door, alarm, explanatory charts, safehouse)	All	- Identify needs - Initiate request	- Purchase and install equipment - Display charts - Identify safehouse	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
Medium	Fire extinguisher	Peshawar Sukkur Quetta	- Initiate request	- Purchase and install equipment	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
Medium	Fire sprinkler	Lahore Faisalabad Rawalpindi Peshawar Sukkur Quetta	- Initiate request	- Purchase and install equipment	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
ACCESSIBILITY FOR PERSONS WITH DISABILITIES							
High	Infrastructure and equipment for WWDs (ramps, wheelchairs, accessible rooms, sitting areas, bathrooms)	All	- Identify needs - Initiate request	- Procure and install infrastructure/ equipment	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority

Priority	Facility/ Service	Shelter(s)	Proposed interventions			Risk forecast	Risk mitigation
			Short term	Medium term	Long term		
TRANSPORTATION							
Medium	Safe transport for survivors	Abbottabad Peshawar Islamabad	- Initiate request	- Hire/ purchase vehicles - Engage driver	- Maintain vehicle	- Lack of funds/ budget allocations - Driver post not available	- Training on GRB - Obtain approval from concerned authority
INTERIOR SPACES							
High	Kitchens	Faisalabad Rawalpindi Abbottabad Sukkur Quetta	- Initiate request	- Conduct necessary repairs and procure/ replace equipment	- Maintain	- Lack of funds/ budget allocations	- Training on GRB - Obtain approval from concerned authority
High	Toilets repair/ refurbishment	Faisalabad Rawalpindi Sukkur Islamabad	- Initiate request	- Repair/ install new toilet fixtures	- Maintain	- Lack of funds/ budget allocations	- Training on GRB - Obtain approval from concerned authority
High	Educational activities for residents and children	Lahore Faisalabad Abbottabad Peshawar	- Develop plan - Engage teachers - Purchase books, stationery, teaching materials	- Ongoing	- Ongoing	- Lack of funds/ budget allocations	- Training on GRB - Obtain approval from concerned authority
High	Basic medical supplies and equipment (thermometer, stethoscope, blood pressure machine, weighing scale, bandages, first aid items, emergency medications)	Faisalabad	- Prepare list with doctor/ healthcare professional - Purchase medical supplies and equipment	- Maintain and replenish	- Maintain and replenish	- Lack of funds/ budget allocations	- Training on GRB - Obtain approval from concerned authority
Medium	Visitors' room	Abbottabad Peshawar Sukkur Islamabad	- Identify suitable room in the shelter	- Furnish it	- Maintain	- Lack of space	- Review available space to optimise its use

Priority	Facility/ Service	Shelter(s)	Proposed interventions			Risk forecast	Risk mitigation
			Short term	Medium term	Long term		
Medium	Visitors' room furniture	Lahore Faisalabad Rawalpindi	- Prepare list of furniture required - Initiate request	- Procure furniture	- Maintain	- Lack of funds/ budget allocations for furniture	- Use/ repair existing furniture - Request advisory committee/ other donors for furniture/ donations
Medium	Rest/ leisure room	Lahore Abbottabad Peshawar Sukkur	- Identify suitable room in the shelter	- Furnish it	- Maintain	- Lack of space - Lack of funds/ budget allocations for furniture	- Review available space to optimise its use - Use/ repair existing furniture - Obtain approval from concerned authority - Request advisory committee/ other donors for furniture/ donations
Medium	Counselling room	Lahore Abbottabad Peshawar Sukkur Quetta Islamabad	- Identify suitable room in the shelter	- Furnish it	- Maintain	- Lack of space - Lack of funds/ budget allocations for furniture	- Review available space to optimise its use - Use/ repair existing furniture - Obtain approval from concerned authority - Request advisory committee/ other donors for furniture/ donations
Medium	Laundry area and washing machine	Lahore Peshawar	- Initiate request	- Procure washing machines	- Maintain	- Lack of space - Lack of funds/ budget allocations for washing machines	- Review available space to optimise its use - Obtain approval from concerned authority - Request advisory committee/ other donors for donations
Medium	Books and toys for children	Lahore Faisalabad Abbottabad Sukkur	- Identify needs - Initiate request	- Procure materials	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority - Request advisory committee/ other donors for donations
Medium	Library with books as well as audio-visual materials	All	- Identify needs - Initiate request	- Set up a library and purchase reading, learning and audio-visual materials	- Maintain	- Lack of space - Lack of funds/ budget allocations for books and materials	- Review available space to optimise its use - Obtain approval from concerned authority - Request advisory committee/ other donors for donations

Priority	Facility/ Service	Shelter(s)	Proposed interventions			Risk forecast	Risk mitigation
			Short term	Medium term	Long term		
Medium	Space and Equipment for physical exercise	Lahore Rawalpindi Abbottabad Peshawar Sukkur Quetta Islamabad	- Identify needs - Initiate request	- Set up a space and purchase exercise equipment	- Maintain	- Lack of space - Lack of funds/ budget allocations for books and materials	- Review available space to optimise its use - Obtain approval from concerned authority - Request advisory committee/ other donors for donations
Low	Wall finishing	Rawalpindi Sukkur Islamabad	- Initiate request	- Conduct repairs to finish walls	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
Low	Furniture (Tables and chairs)	Lahore Abbottabad Quetta	- Initiate request	- Purchase tables and chairs	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
UTILITIES							
High	Adequate water for daily use	Peshawar	- Develop plan for provision of adequate water - Initiate request	- Install motor or upgrade system	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
Medium	UPS	Lahore Abbottabad Sukkur	- Initiate request	- Install UPS	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
Low	Filtered water	Lahore Abbottabad Peshawar Quetta	- Initiate request	- Install water filter	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
Low	Appliances (water coolers, stoves, heaters, clocks, sewing machines, microwaves)	Lahore Faisalabad Peshawar Sukkur	- Identify needs - Initiate request	- Purchase and install appliances	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
Low	Install/ repair solar panels	Lahore Faisalabad Sukkur Quetta Islamabad	- Identify needs - Initiate request	- Purchase/ install/ repair solar panel	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority

Priority	Facility/ Service	Shelter(s)	Proposed interventions			Risk forecast	Risk mitigation
			Short term	Medium term	Long term		
Low	Generator	Abbottabad Peshawar Sukkur Islamabad	- Initiate request	- Purchase/ install/ repair solar panel	- Maintain	- Lack of funds/ budget allocations	- Obtain approval from concerned authority
OTHER SERVICES							
High	Helpline for GBV survivors	All	- Coordinate with relevant departments - Liaise with Pakistan Telecommunication Authority to operationalise	- Engage staff - Provide training/ guidance - Operationalise helpline - Follow up	- Ensure helpline remains operational	- Lack of funds/ budget allocations/ human resources	- Training on Gender Responsive Budgeting (GRB) to be used to develop the budgetary documents and get approval
High	Management Information System	All	- Undertake needs assessment - Initiate request	- Develop database - Train staff - Collect and compile data	- Upload and update information regularly	- Lack of funds/ budget allocations - Department officials not able to use database	- Training on GRB - Obtain approval from concerned authority - Develop database with inputs of officials and shelter in-charges. - Hire technical expert to develop it and train officials.

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ANNEX I: MEMBERS OF PROVINCIAL STEERING COMMITTEES

#	Name	Designation
Punjab		
1	Muhammad Sulman	Focal Person for DUA Project & Director Planning and Evaluation
2	Muhammad Umer	Representative of WDD
3	Fatima Khan	Representative of CM Strategic Reform Unit
4	Alyia Khan	Representative, PCSW
5	Amna Ulfat	Women Rights Activist
6	Summyia Yousaf	Representative of Mumkin Alliance
7	Liaqat Ali	Member High Court/ District Court Committee
8	Arshad	Assistant Professor SWD
9	Sabeena Khan	MPA
10	Hafsa Mazhar	Representative of UN Women
Sindh		
1	Justice (Retd) Majida Rizvi	Chairperson, Sindh Human Rights Commission
2	Nuzhat Shirin	Chairperson, Sindh Commission on Status of Women
3	Sidra Imran	Member Provincial Assembly, Pakistan Tehreek-e-Insaf
4	Shamim Mumtaz	Member Provincial Assembly, Pakistan People's Party
5	Ghazala Sial	Member Provincial Assembly, Pakistan People's Party
6	Karamat Ali	Executive Director, PILER
7	Nargis Rahman	Chairperson, Pakistan Women Peace Foundation
8	Uzma Noorani	Member Board of "Panah Shelter" & Co-Chairperson of HRCP
9	Tahir Iqbal	Co-Chairperson of HRCP
Balochistan		
1	Noor ul Haq Baloch	Chair of DUA Project, Secretary, SWD, Baluchistan
2	Humaira	Advocate Balochistan High Court, Balochistan
3	Rukhsana Baloch	Assistant Director, WDD
4	Inamullah Khan	Director Women Development Department, Balochistan
5	Sana Durrani	Representative of NCSW
6	Ashraf Ghichki	Deputy Director Social Welfare
7	Behram Lehri	Manager SEHER
8	Nazia Durrani	President, Manzil Organization
9	Watan Yar Khilji	Senior Journalist, Nawa-i- Waqat
10	Asia	Superintendent, Dar-ul-Aman Quetta
11	Habib Tahir	General Secretary HRCP
12	Dr Qari Abdul Rasheed	Islamic Scholar
13	Ayesha Wadood	Representative of UN WOMEN
Khyber Pakhtunkhwa		
1	Nudrat	Focal Person for DUA Project & Representative of SWD, KP
2	Zeenat Khan	Member Provincial Assembly KP
3	Amina Durrani	KP Commission on the Status of Women
4	Shahida Parveen	Senior Journalist
5	Roohi Khan	Noor Education Trust (Private shelter)
6	Jalauddin	Senior Lawyer and Member High Court Bar Association
7	Zainab Khan	Representative of UN Women

ANNEX II: PHYSICAL FACILITY CHECKLIST

PROFILE						
Date of Assessment						
Name of Interviewer						
Contact number of Interviewer						
Name of facility In-charge						
Designation						
Working on this post since						
Contact number of facilities In-charge						
GENERAL INFORMATION ON THE FACILITY AND STATUS						
Name of Shelter/ Centre						
Location (District and Province)						
Complete Address						
Phone						
Fax						
Email Address						
Date of establishment:						
Status of building	Owned/ Govt. <input type="checkbox"/> Rented <input type="checkbox"/>					
Emergency contact # if any						
Helpline #						
Total land in sq. feet						
Covered area						
Uncovered area						
Number of residents at date of assessment						
Average number of survivors accessing it per month						
EXTERNAL DEVELOPMENT						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Compound wall 8 feet as per SOPs						
Main gate						
Gratings/grills						
Overhead tank/motor						
Ground						
Garden						
Security system						
Exit routes						
Parking area for 1 vehicle						
Parking area for more than 1 vehicles						
Drop in/ off area						

Ventilation						
Checking of visitors at entry point						
Distance from nearest hospital (km)						
Distance from nearest police station (km)						
Distance from nearest fire station (km)						
Distance from nearest court (km)						
SECURITY EQUIPMENT						
Item	Total no. of items		No. of functional items		Required no.	
Security Camera						
Jammers						
Walk through Security Gate						
Door viewer						
Physical Security check equipment/ body searching tool						
INTERNAL DEVELOPMENT						
Item						Number
Total no. of rooms						
No. of rooms in use of staff						
No. of rooms in use of residents						
No. of toilets						
No of toilets in use of staff						
No of toilets in use of residence						
No of bathrooms in use						
No. of residents per room	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Please write the average number of persons per room _____					
CONDITION OF ROOMS						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Visitor room						
Separate counselling room						
Dining room						
Library						
Rest/ leisure room						
Proper ventilation in each room						
Wall finishing						
Flooring						
Windows/ doors						
Windows with grills in each room						
Lock of doors						
Kitchen						
Store						
Overall condition of toilets/ bathrooms						
Sanitary fittings						

Laundry area						
UTILITIES - WATER						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Tap Water						
Filter water						
Mineral Water						
Sufficient for daily use					Yes	No
Daily water availability for bath/ other usage					Yes	No
UTILITIES - POWER						
Item	Total Number	Working	Not Working			
Fans						
Air Conditioners						
Bulb/tube light						
UPS for emergency lighting						
Generator						
Solar Panels						
Room Gas Heater						
Room Electric Heater						
Washer/ Washing Machine						
If no backup power system is available what is alternative in absence of light		<input type="checkbox"/> Candles <input type="checkbox"/> Emergency lights (if yes, what is the no: _____)				
CLEANLINESS						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor
Overall cleanliness of building						
Sewage line						
Garbage disposal						
Plumbing						
FIRE SAFETY						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Inspected, functional fire extinguisher(s)						
Functional fire sprinklers						
Fire blanket at each floor						
Explanatory chart on use of extinguishers and blanket at each floor						
Fire alarm						
If yes, please tick one option:		Manual (pull-down) <input type="checkbox"/> Automatic <input type="checkbox"/>				

Does the fire alarm directly alert the fire department?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
SAFETY MEASURES						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Emergency safer house facility						
Sufficient storage arrangement of food and water						
Emergency exit						
If yes, no. of emergency exits		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> more than 3				
Safety measures (tick if 'yes')		<input type="checkbox"/> Police personnel <input type="checkbox"/> Safety block <input type="checkbox"/> Automatic door <input type="checkbox"/> Alarm system <input type="checkbox"/> Rapid response force				
Is the parking area safe?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
No. of entrances/ exits		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> more than 3				
Emergency response number and directions displayed at visible location		Yes <input type="checkbox"/> No <input type="checkbox"/>				
ACCESS FOR PERSONS WITH DISABILITY						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Ramps available						
Wheelchairs available						
If yes, no. of wheelchairs						
Bathroom for PWDs						
Additional comments						
COMMUNICATION FACILITIES						
Description	Phone	Internet	Comments/ details			
Facility available to shelter staff						
Facility available to shelter residents						
Shelter staff provides their personal cell phone to residents for making calls		Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes how frequently?						
Is there any policy for residents' communication needs						
TRANSPORTATION						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
No. of Vehicles: _____						
Condition of Vehicles:						
Vehicle 1						
Vehicle 2						

Vehicle 3						
Other Vehicles						
Transportation available for staff	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Transport available for residents	Yes <input type="checkbox"/> No <input type="checkbox"/>					
EQUIPMENT AND SUPPLIES						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Coats						
Blankets and bedsheets						
Children's cots/ beds						
Children's blankets						
Cupboards						
Room side tables						
Chairs						
Dustbins						
Water Coolers						
Stoves/ heaters						
Clocks						
Sewing machines						
Fridge						
Freezer						
Microwave						
Crockery						
Irons						
Iron stands						
Immediate Hygiene needs						
Office furniture available to staff						
BASIC MEDICAL FACILITIES						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor/ Out of order
Basic Instruments						
i. Thermometer						
ii. Stethoscope						
iii. BP instrument						
iv. Weighing scale						
First aid box						
i. Syringes						
ii. Dressings/ bandages						
iii. Kidney tray						
iv. Pyodine/ Dettol						
v. Emergency medication						

STATIONERY/ OFFICE SUPPLIES						
Description	Yes		No			
Survivor roll/ entry						
Inventory registers (stock, medicines)						
Referral form						
Movement register						
Survivor record keeping						
Stationery supplies						
RESIDENTS' INFORMATION						
Total no. of residents						
No. of GBV survivors						
No. of survivors wanting to extend stay after three months						
Total no. of children						
Separate room available for warden						
Duty timings of Warden						
FACILITIES FOR CHILDREN OF RESIDENTS						
Description	Yes	No	If yes, please indicate condition			
			Very Good	Good	Average	Poor
Play area/ playground						
Learning room						
Tables and chairs						
Learning & audio-visual materials						
Books and toys						
Provision of Education						
HUMAN RESOURCE/ STAFF PROFILE						
Post	Filled	Vacant	Presently working	Remarks		
Superintendent (BS-17)						
Medical Officer (BS-17)						
Psychologist (BS-17)						
Lawyer						
Assistant (BS-14)						
Computer operator (BS-12)						
Warden (BS-11)						
Supervisor (BS-09)						
Handicraft teacher (BS-08)						
Religious teacher (BS-08)						
Driver (BS-04)						
Naib Qasid (BS-01)						
Cook (BS-01)						
Chowkidar (BS-01)						
Sweeper (BS-01)						

Trained security guard				Armed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Further comments/ suggestions:				
ALLOCATION OF FUNDS OF SHELTER				
Budget				
Total yearly budget allocation				
Annual Development budget				
Annual Non-Development budget				
Budget allocation per resident per day for meals				
UPGRADATION NEEDS				
Please write the responses of senior management:				
Additional Remarks:				

ANNEX III: QUESTIONNAIRE FOR IN-DEPTH INTERVIEWS WITH RESIDENTS

Script for interviewer:

Assalam-o-Alaikum! My name is _____

I am representing Aurat Foundation, an institution that works for the empowerment of women in the country. We are visiting this shelter with support from UN Women and would like to have a discussion with you in this regard. The interview will take approximately 15 minutes to complete. Your answers will be kept completely confidential and shall not be disclosed to anyone. This will be for the knowledge of our research team only. Also, I would like to tell you that you may refuse to take part or stop the discussion at any time without giving any justification. We shall be grateful for your cooperation and valuable time. May I proceed with the interview?

Name of interviewer	
Name and location of Shelter	
Date of interview	

1. RESIDENT PROFILE		
Full Name		
Age		
How long have you been residing in the Shelter?		
Home address (District/ Tehsil/ City/ Village)		
Religion		
Ethnicity		
Mother tongue		
Education:		
Uneducated Primary Middle Metric FA BA		
Masters Post-Graduation Diploma other: _____		
Marital Status:		
Unmarried Married Separated Divorced Widowed		
Age at Marriage: _____		
Consent marriage Forced marriage		
Do you have Children?	Yes No	
If yes, how many children do you have?	Boys	Girls
Total number of children		
Number of children residing with you in Shelter		
Do you have a Disability?	Yes No	
If yes, what kind:		
Physical disability (physiological, functional and/ or mobility impairments)		
Visual disability ("Legally Blind" describes an individual who has 10% or less of normal vision)		
Hearing disability (severe to profound hearing loss)		
Mental Disability (Schizophrenia, Mood Disorders, Anxiety Disorders, Eating Disorders, Personality Disorders, Organic Brain Disorders)		
Intellectual/ Learning Disability (below average intellectual development and capacity, permanent limitation in a person's ability to learn)		
Other type of disability, please specify:		

Primary Source of Income (keeping in view current situation) Employment Home-based worker Pension/ Retirement/ Savings Social Assistance Own Business Property revenue Dependent on Family (Father, Brother, Husband or any Other) Any Other source please explain _____			
Total Monthly Income (PKR) No income Less than 5,000 less than 10,000 less than 20,000 less than 30,000 less than 50,000 less than 100,000 more than 100,000			
2. NATURE OF VICTIMIZATION			
Physical abuse: " Domestic Violence " Injury (inside home) " Injury (outside home) " Physical Assault " Sexual Assault " Incest " Rape " Gang Rape " Attempted rape " Attempt to Kidnap " Abduction/ Kidnapping " Attempted Murder " Acid throwing " Burning " Suicide Attempt " Early marriage " Forced Marriage " Vani/ Swara " Watta Satta " Karo Kari " Harassment " Harassment at workplace " Illegal custody " Trafficking/ forced prostitution Psychological abuse: " Verbal abuse (yelling, insulting, swearing, name calling, belittling, blaming, purposely and repeatedly saying or doing hurtful things) " Rejection (pretending not to notice your presence, or ignoring) " Causing fear (threatening to harm you or people/ things dear to you) " Isolation (limiting freedom of movement, stopping you from contacting people) " Cyber-harassment (through mobile phone, social media, etc.) Financial abuse " " Deprivation from property/ assets " Deprivation from your own income " Restriction on mobility or right to economic activity " Other: _____ Who was the perpetrator? _____			
3. TYPES OF SERVICES AT THE SHELTER			
Service	Available	Received	Not available
Shelter			
Food			
Individual counselling/ therapy			
Group counselling			
Medical aid			
Legal aid			
Activities for social reintegration			
Activities for economic reintegration (e.g., skill building, vocational trainings, etc.)			
Educational activities (e.g., adult literacy classes)			
Other services used, please explain:			

4. ACCESSIBILITY

4.1 How did you learn about the shelter?

- Family member/ relative Friend Co-worker Former resident
 Newspaper TV Radio Social Media
 Elected representative MPA/MNA NGO/ Community Organizations
 Court/ judge Lawyer
 Another source, please specify: _____

4.2 Who referred you to the shelter:

- Court Police District Administration NGO
 Other, please specify: _____

4.3 How long have you been living in shelter?

- Less than 15 days 15 days to 1 month 1-3 months
 3-6 months 6 months to 1 year 1-2 years
 More than 2 years

4.4 Have you been informed about the shelter code of conduct?

Yes No

4.5 Did you get a hard copy of the code of conduct?

Yes No

4.6 Did you sign and/ or put thumb impression on the admission/ enrolment/ check-in form?

Yes No

4.7 Have you been informed about the leaving policy of the shelter?

Yes No

4.8 Do you need permission to leave the shelter?

Yes No

4.9 If yes what is the procedure to obtain permission for leaving the shelter?

From shelter In-charge From the Court

Other (please explain) _____

4.10 What is the mode for the leaving request?

Written Verbal

4.11 Except court case, do you have the facility to contact your family members/ relatives/ friends?

Yes No

How often?

4.12 Are you allowed to meet visitors under arrangements made by the shelter?

Yes No

4.13 Whose permission do you require to meet visitors?

Shelter In-charge Court Other: _____

4.14 Are you able to meet your visitors in privacy?

Yes No

5. ENVIRONMENT OF SHELTER					
5.1. Respect and Comfort					
Please select the answer that best reflects your agreement/ disagreement with the following statements:					
Description	Strongly agree	Agree	Disagree	Strongly disagree	Doesn't apply
	4	3	2	1	0
Shelter made me feel comfortable					
Shelter staff ensured mine and my children's safety					
Shelter staff treated me with respect and dignity					
Shelter staff ensured the privacy and confidentiality of my case					
Shelter staff is caring and supportive					
Shelter staff helped address my needs related to my disability (if applicable)					
I am comfortable with the attitude and behaviour of the other residents					
5.2. Safety and Security				Yes	No
Are there security guards in the Shelter?					
Are the guards armed?					
Do you feel secure in the Shelter?					
If no, explain reason?					
How many men are there in the Shelter staff?					
Have you ever felt threatened or harassed?					
If yes: Can you identify the harasser					
Did you register your complaint to the Shelter manager?					
Was any action taken on your complaint?					
Please explain: _____					
How long it takes to address your complaint/ case (time frame)?					
If No: why didn't you register your complaint?					
Please explain: _____					
Has the code of conduct on Sexual Harassment been displayed in the Shelter					
Did you get orientation about Sexual Harassment code of conduct?					
6. MEDICAL AID					
Description				Yes	No
Did you go through a medical check-up after you were brought here?					
Was your medical history taken by the Shelter staff?					
Did you go through pregnancy test soon after being brought to the Shelter?					
Are basic health care/ first aid facilities available for residents					
If yes, what medical staff is available?					
Doctor Lady doctor LHV Nurse					
Other, please specify: _____					
Does the Shelter provide free treatment facilities through referrals to hospital/ clinics					

If yes, what kind? Oral medicine Minor surgery Major surgery C section Dental care MRI CT Scan Other, please specify: _____		
Have you been given information about basic health & hygiene?		
Is your health condition/ illness kept confidential?		
Does a female doctor/ gynaecologist visit the shelter?		
If yes, how frequently does she visit? Daily 2-3 times a week Once a week Once a month Need based Other: _____		
Is any medical pre and postnatal care available for pregnant residents?		
Is an ambulance called in case of medical emergency?		
If a resident is injured or wounded when she comes to the shelter, how is she treated?		
7. LEGAL AID		
Description	Yes	No
Is there any mechanism for providing legal aid to residents?		
If yes, is it: Free At a Cost If it is free, how is it arranged by the shelter? Shelter's panel of lawyers Refer to other organization If it costs, who bears the cost? Resident pays shelter has funds allocated in this head Any other organization pays		
8. DOCUMENTATION		
If you need documents about your case (legal/ medical/ psychological), does the Shelter provide them on a timely basis? Yes No If no, what is the Shelter's response to your request? _____		
9. PSYCHOSOCIAL SUPPORT		
Description	Yes	No
Is there any psychologist in the Shelter?		
If no, is there any visiting psychologist?		
If yes, how frequently does she visit? Daily 2-3 times a week Once a week Once a month Need based Other, please specify: _____		
Does the psychologist take individual sessions with residents?		
How much time does the psychologist spend on individual counselling?		
Are group counselling sessions arranged for residents?		
Are individual case files separately maintained for following up on the progress of the case?		
Does the shelter maintain confidentiality of cases?		
10. INFANT AND CHILD SUPPORT		
Description	Yes	No
Are immediate needs of infants and young children provided (milk, food, diapers, medicines, etc.)		
Is there provision to educate children in the Shelter?		

If yes, please explain: Teacher comes to shelter A Resident teaches them Other: _____		
Is there any recreational facility for the children?		
If yes, what kind of facility? Playground Swings/ slide Playroom Toys Story books Colouring books & pencils/ crayons/ paints Other: _____		
Is health care facility available for children?		
Is vaccination facility available for children?		
11. SAFE MOBILITY		
Description	Yes	No
If a resident has to go to hospital or court, does the Shelter provide transport?		
When a resident visits hospital or court, is she accompanied by security guard/ police?		
For visiting hospital or court, does the resident make a payment?		
If yes, how much?		
12. RECREATIONAL ACTIVITIES		
Description	Yes	No
Does the Shelter management make any outing plans for the residents?		
If yes, how frequently? Weekly Fortnightly Monthly Other		
Is there any entertainment facility for the residents?		
3.1 If yes what type?		
TV Radio Internet Newspapers/ magazines/ books Indoor games Other, please specify: _____		
13. COMPLAINT HANDLING MECHANISM		
Description	Yes	No
Is there any management committee (advisory or others) for the Shelter's management?		
If yes, how many committees are there?		
How many residents are members of the committee(s)?		
Is you member of any committee?		
Does the Shelter management hold residents' meetings?		
If yes, what is the frequency? Weekly Fortnightly Monthly Need based		
Do residents raise their concerns in the meeting?		
Can the residents add their issues as an agenda point?		
Does staff document the proceedings, decision taken and follow up?		
Do residents quarrel with each other?		
If yes what role does the Shelter staff play to address intra-personal or behavioural issues?		
Does the shelter management issue write warning to residents on misconduct?		
14. DISCIPLINE		
Description	Yes	No
Does the shelter follow a regular timetable?		

If yes, can you please provide below?

#	Activity	Timing
1	Wake up time	
2	Breakfast	
3	Cleanliness activities	
4	Cooking	
5	Lunch	
6	Education/ Rehabilitation sessions (if any)	
7	Recreational activities	
8	Dinner	
9	Bedtime	

15. REHABILITATION

Is there any rehabilitation program being run in the shelter? Yes No

How are the physical and psychological trauma affected women being rehabilitated by the shelter?

Please explain.

What types of programmes for rehabilitation are offered in shelter?

Adult literacy programme Computer skills Stitching Embroidery Decoration piece

Others, please specify: _____

Does shelter management organize different information/ rehabilitation sessions?

Yes No

If yes, what type:

Sessions on VAW/G Sessions on Legal rights Health & hygiene sessions

Career counselling Basic accounting Micro-credit schemes

Arts and crafts Theatre Yoga lessons Self Defence

Other, please specify: _____

16. CLEANLINESS

Is there any system for regular cleanliness of the shelter?

Yes No

Who is responsible for cleaning the shelter?

Cleaning staff Residents Both

Other, please specify: _____

In case of residents, how frequently do they clean the facility?		
Daily Once a week Twice a week		
Other, please specify: _____		
Who cleans the toilets/ bathrooms?		
Sweeper Residents Both		
Other, please specify: _____		
Who cooks food at the shelter?		
Cook Residents Both		
Other, please specify: _____		
Is there any set weekly menu for breakfast, lunch, and dinner? Yes No		
How often is meat/ chicken cooked?		
Daily Once a week Twice a week		
Other, please specify: _____		
Who washes the utensils?		
Cleaning staff residents Both		
Other, please specify: _____		
How are meals served?		
Collectively at one standard time		
Individually at any time the resident wants		
Are the following items provided to residents by the shelter?	Yes	No
Detergent/ cloth washing soap		
Bath soap		
Toothpaste		
Cloth/ sanitary napkins/cotton		
Hot water facility in winters		

Is there anything else you would like to share with us, regarding your experience at the shelter?
THANK YOU FOR YOUR TIME!

ANNEX IV: QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS

(KIs with the government representatives at provincial/ district levels to get their perceptions and insights into the functioning of the shelter facilities)

Name of Interviewer: _____ Date of interview: _____
Full Name: _____ Sex: _____
Org/ Dept: _____ Designation: _____
Qualifications: _____ Contact info: _____

Q1. What is your understanding about violence against women? Please explain:

Q2. Do you think intolerance and aggression are increasing in our society?

Yes No

If yes, what is the reason(s) behind this phenomenon?

Patriarchy Social Injustice
Economic disparity Classism
Religious Extremism Poverty Ignorance
Other _____

Q3. Do you think women experience violence in your region?

Yes r No r

If yes, why? _____

If no, why not? _____

Q4. In your opinion, women are mostly victim to what type of violence?

Physical
Psychological
Economic
Domestic
Social
Sexual

Other, please explain: _____

Q5. What do you know about the laws on the protection for women & girls (probe=> type of laws)?

Please name any women protection laws that you know of:

Q6. Do you think the pro-women laws are being implemented properly?

Yes No

If yes, how? _____

If no, why not? _____

Q7. What do you know about any government or non-government shelter homes/ safety provider institutions providing services for the victims' protection (probe=> types and names)?

Q8. Are the government-run shelters/ centres providing safe shelter to women who have experienced violence?

Yes No

If yes, how? _____
If no, why not? _____

Q9. What do you know about the types and quality of protection services being offered by shelter homes (probe=> is it satisfactory or needs improvement)?

Q10. What do you think would be the more effective and/ or appropriate domain for the shelter homes to operate in (probe=> Government or non-government)?

Q11. Have, you ever had an opportunity to support a victim of violence?

Yes No

If yes, what was the type of support you extended (probe=> financial, medical, legal, emotional, social)?

Q12. Do you think women face more problems as compared to men in access to justice?

Yes No

If yes, why? _____

If no, why not? _____

Q13. Do you think women who are referred to shelter homes, receive the necessary protection and services that they need?

Yes No

If yes, how? _____

If no, why not? _____

Q14. Do you think shelter homes provide adequate rehabilitation facilities to the survivors?

Yes No

If yes, how? _____

If no, why not? _____

Q15. Do you think the budgetary allocation of shelters is sufficient?

Yes No

If not, please share any suggestions/ recommendations to improve it?

Q16. How can the government improve the protection services/ measures for women facing violence?

ANNEX V: LIST OF KEY INFORMANTS INTERVIEWED

#	Name	Designation & Department
Punjab		
1	Uzma Kardar	MPA, Chairperson, Standing Committee on Gender Mainstreaming
2	Kanwal Liaqat	Advocate, Legal Expert, and MPA
3	Amna Ulfat	Ex MPA, Ex. Chairperson of WCC Lahore
4	Maira	Additional Inspector General, Gender Crime Cell, Punjab
5	Fatima Khalid Khan	Associate, Strategic Reforms Unit, Punjab
6	Sana Naeem	Social Welfare Officer, SWD
7	Yumna Meer	Social Welfare Officer, SWD
8	Tooba Munir	SHO, Women Police Station Lahore
9	Robina Shaheen	Protection Officer, AGHS Legal Aid Cell
10	Dr Ammar Saeed	Consultant Oral & Maxillofacial Surgeon, Health Department
11	Rabia Usman	Manager, SBBWCC, Lahore
Sindh		
1	Syeda Shehla Raza	Minister for Women Development
2	Shamim Mumtaz	MPA & Former Minister, SWD
3	Tanzila Umme Habiba	Chairperson, Standing Committee on Health & Education
4	Nuzhat Shirin	Chairperson, SCSW
5	Anjum Iqbal	Additional Secretary, WDD
6	Sheema Arif	Director General, SWD
7	Syed Naseer Hussain Shah	Additional Director, SWD, DHQ Sukkur
8	Masuma Zohra	Deputy Director, SWD, DHQ, Sukkur
9	Dr Maya	Chief CWMO & MLO, Civil Hospital, Sukkur
10	Rukhsana Mangi	In-charge, Women Complaint Cell, Sukkur
Balochistan		
1	Mir Arif Jan	Minister of Finance
2	Saira Ather	Secretary, WDD
3	Abdul Rauf Baloch	Secretary, SWD
4	Mahjabeen Shireen,	Parliamentary Secretary
5	Musarrat Jabeen	Director General, SWD
6	Sabra Islam	Ombudsperson's Office
7	Habib Tahir	Vice Chairperson, Human Rights
8	Yousaf Muharrar	Police Department
9	Dr Ayesha Faiz	Police surgeon, Health Department
10	Gul Muhammad	Admin Officer, Local Government
Khyber Pakhtunkhwa		
1	Amna Sardar	Chairperson, DUA, Abbottabad
2	Waseem Khan	PSP Superintendent, Police Department, Peshawar
3	Noman Khan	SHO, Police Department, Peshawar
4	Zahid Nadeem	Nazim, Local Government, Peshawar
5	Sadia Qasim Shah	Reporter, Peshawar
6	Saeeda Begum	SET, Education Department, Peshawar
7	Iftikhar Hussain	Member Bar Council, Abbottabad
8	Dr. Palwasha Javed	Medical Officer, Police Hospital, Abbottabad
9	Gulnaz Rashid	Advocate High Court, Abbottabad
10	Khusnud Zakir Ullah	Advocate High Court, Abbottabad

2.2 If yes, how did you implement learning from the training at your work?

2.3 If no, what training(s) do you require for performing your job?

1.
2.
3.
4.
5.
6.

3. Have you ever received any trainings on gender/ Violence Against Women (on job or before that)?

Yes No

4. Are you aware of the shelter's Standard Operating Procedures (SOPs)?

Yes No

4.1 If yes, can you please mention at least five points of the SOPs?

1.
2.
3.
4.
5.

5. When did the most recent SOPs get approved? _____

6. In your opinion, what type of training(s) do you need to perform your job more efficiently?

Gender Sensitization	Gender-Based Violence	Pro-women laws
Organizational structure	Discipline/ Code of conduct	SOPs of Shelter
Case handling	Psychosocial Counselling	Harassment at Workplace
Follow up mechanisms	Referral mechanisms	Monitoring & Evaluation
Emergency response	Self-defence	Safety and Security
Management	Finance/ accounting	Administration
Management Information System	Record keeping/ documentation	
Survivor Health Care	Nutrition/ balanced diet	Cleanliness
Other, please specify:		

7. Do you have any other suggestions/ recommendations for training needs of shelter staff?

ANNEX V: QUESTIONNAIRE FOR TRAINING NEEDS ASSESSMENT (MANAGEMENT)

MANAGEMENT/ STAFF

Shelter: _____	Contact No: _____
Date of interview: _____	Interviewer: _____
Script for interviewer: We would be grateful for your kind cooperation in providing information about some specific skill requirements of your Shelter. Your response will help us to identify the overall training requirements of your staff.	

PART ONE: RESPONDENT PROFILE

Name	
Age	
Sex	
Qualifications	
Experience	
Designation	
Joining Date	

PART TWO: SHELTER SPECIFIC NEEDS

1. What are areas/ topics that shelter staff need training on?

1.	
2.	
3.	
4.	
5.	
6.	

2. Please specify the language of training: _____

3. Do you have any plans for capacity-building session(s) of staff?

Yes No

4. How much budget is allocated annually for staff capacity-building? _____

5. How many days can shelter staff spare easily for trainings?

One day

Two days

Three days

Four days

Five days

More than 5 days

6. What will be shelter staff preference for the training?

Residential training

Non-residential training

7. Based on the gaps in skills and needs of the shelter, what topics would you like shelter staff to be trained on?

#	Training topics	Specify the staff for this training
1	Gender Sensitization/ GBV	
2	Pro-women legislation	
3	Psychosocial Counselling	
4	Orientation on SOPs/ Minimum Standards	
5	Leadership	
6	Safety & Security	
7	Survivor rehabilitation and follow up mechanisms	
8	Referral and networking mechanisms	
9	Positive Image-building	
10	Legal Aid	
11	Financial Management/ accounting	
12	Dealing with Survivors with care and dignity	
13	Human Resource Management	
14	General Management	
15	Strategic Management	
16	Information Communication Technology	
17	Monitoring & Evaluation	

8. Please list the 3 most important areas of the above categories in order of priority:

1. 2. 3.

9. Any other suggestions/ recommendations for capacity-building of shelter staff?

ANNEX VI: GUIDE FOR FOCUS GROUP DISCUSSION

Guidelines for research team:

1. **Facilitators must treat all participants with courtesy and respect.**
2. **Facilitators must explain the nature of the research**, why it is occurring and what will happen with the results.
3. **Participants must be allowed to ask questions** before and during the discussion.
4. **All participants must give consent.** Ideally this should be written consent. Caretakers should sign consent for minors.
5. **Participants are volunteers, and must have the option to stop** their participation at any point in the discussion.
6. **Participants should be encouraged to speak freely.**
7. **Participant information must be kept confidential, unless they agree otherwise.** When citing them in your report, describe them as opposed to writing their name. If they agree in the consent process, it's ok to cite their first names.
8. **There must be no consequences for participants, whatever their views** – for example, on their jobs, or access to health services.
9. **Be aware of and respect cultural norms** – e.g., women and men might not mix in one group, or need to sit on separate sides of the room.
10. **Know the participants** - in your notes, record the community, the number of people present, their role in the community, their occupations, family information and any other relevant information.
11. **Ask open-ended questions as much as possible**, which give people a chance to speak. They include openings such as “What do you think of”, “Why do you believe that”, “What are people saying”, as opposed to “Yes or No” questions such as “Do you think...”
12. **Probe** with follow-up questions if you need more information.
13. **Ask a closing question such as “do you have more to add”**, which allows group members to give additional views.
14. **Let people speak** – if the group begins discussing among members; allow them some time to do this before bringing them to the next question.
15. **Ensure everyone has a chance to speak** - sometimes one person may want to dominate the conversation. Watch for visual cues from people- hands up, appearing frustrated with a dominant speaker, trying to get your attention through eye contact – and give them a chance to speak.

Script for FGD:

Assalam-o-Alaikum, my name is _____ I am representing Aurat Foundation, an institute that works for the empowerment of women in the country. We are visiting this DUA/ shelter with support from UN Women and would like to have a discussion with you all in this regard.

The discussion will take approximately 45 minutes to complete.

We will make sure that your answers will be kept confidential and shall not be disclosed to anyone. This will be for the knowledge of our research team only.

Also, you may refuse to take part or stop the discussion at any time without giving any justification.

We shall be grateful for your cooperation and valuable time given (take verbal consent before starting the discussion).

1. RESIDENTS'/ PARTICIPANTS' PROFILE

Name	District	Age	Education	Marital Status	Religion	Ethnicity/ language	Income Source	Income
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

1.1 Disability: Note the respondent serial # (-----)

1.2 Duration of Stay (probe=> up to one month, up to six months, up to one year, two years or above):

2. NATURE OF VICTIMIZATION

2.1 What type of violence do women face? (probe=> domestic Violence, sexual assault, abuse, burning, abduction/kidnapping, acid throwing, injury, rape/gang (rape), attempt to kidnap, attempt to murder, early marriage, forced marriage, harassment, illegal custody, incest, karo kari, threat to life, vani/swara, trafficking, watta satta, torture, psychological etc)?

3. TYPES OF SERVICES

3.1 What type of services does this shelter provide (probe=> individual crisis counselling/therapy, shelter, food, group counselling, medical aid, legal aid, victim compensation, social reintegration, economic reintegration, educational activities, literacy etc)?

4. ACCESSIBILITY

4.1 How did you know about DUA/SBBWCC (probe=> friend, family member/relative, newspaper, TV, radio, NGO, MPA etc)?

4.2 Who has referred you to DUA/SBBWCC (probe=> court, police, district administration etc)?

5. POLICY/ CODE OF CONDUCT

5.1 Have you been informed about the DUA code of conduct of DUA/SBBWCC (probe=> given hard copy leaving DUA policy, was there a check-in form/registration etc)?

5.2 Are you allowed to meet visitors under arrangement made by DUA (probe=> to contact with your family members/ relatives/friends, allowed to meet visitors under arrangement made by DUA, privacy etc)?

6. SAFETY

- 6.1 Do you feel safe and comfortable in DUA (probe=> reasons if yes and no)?
- 6.2 Is there any guard /security arrangements in DUAs (probe=> number of guards, camera etc)?
- 6.3 Have you (or anyone) ever been sexually harassed by any staff (probe=> If yes did they register any complaint to DUA manager and what action was taken on the complaint. If No, why didn't they register complaint)?
- 6.4 Has the code of conduct on Sexual Harassment been displayed?

7. MEDICAL AID

- 7.1 Is medical history taken by shelter?
- 7.2 Is there any basic health care/first aid for survivors?
- 7.3 Is any medical pre-& postnatal care available for pregnant survivors?
- 7.3 Does Ambulance been called in case of emergency?

8. CLEANLINESS/ HYGIENE

- 8.1 Does any system exist for regular cleanliness of DUA/ SBBWCC (probe=> who cleans the DUA/ SBBWCC, who cooks food, who washes utensils, provision of cloth washing soap, bath soap, toothpaste, sanitary napkins/cotton etc)?

9. PSYCHOSOCIAL SUPPORT

- 9.1 Is there any psychologist in the DUA/ SBBWCC?
- 9.2 If yes, how frequently does she visit (probe=> daily weekly monthly etc)?

10. CHILD AND INFANT SUPPORT

- 10.1 How many children/infants are there in shelter (probe=> number of women accompaniment)?
- 10.2 Do immediate needs of infants and young children are provided (milk, food etc)?
- 10.3 Also probe for other facilities/services (education, recreational facility, vaccination etc)

11. MOBILITY

- 11.1 If a survivor has to go to hospital or court, does DUA provide transport?
- 11.2 If survivor visits hospital or court, does guard/police accompany her?

12. RECREATIONAL ACTIVITIES

- 12.1 Does DUA management arrange any outing plans (probe=> type and frequency)
- 12.2 Is there any entertainment facility for women? (probe=> TV, radio, internet, newspaper/ magazine, indoor games etc)

13. COMPLAINT HANDLING MECHANISM

- 13.1 Is there any management committee (advisory or others) for DUA's management?
- 13.2 If yes how many committees are there (probe=> membership and participation etc)?

14. REHABILITATION

- 14.1 Is there any rehabilitation programme being run in DUA (probe=> types of programmes for rehabilitation offered; stitching, embroidery, computer skills, adult literacy programme etc)?

- 14.2 Does DUA management organize different session (probe=> art, theatre, embroidery, yoga, literacy, career management, microcredit schemes, session on VAW/G, legal rights, health & hygiene, basic accounting etc)?



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