

**Data Collection Survey on  
Gender Based Violence  
in the Islamic Republic of Pakistan**

**Final Report**

**March 2020**

**JAPAN INTERNATIONAL COOPERATION AGENCY**

**(JICA)**

**KOKUSAI KOGYO CO., LTD.**

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# MAP OF THE ISLAMIC REPUBLIC OF PAKISTAN



### Abbreviation List

| Abbreviation            | Official Name  |
|-------------------------|--|
| ADB                     | Asian Development Bank   |
| AusAID                  | Australia Agency for International Development   |
| BPS/BS                  | Basic Pay Scale/Basic Scale  |
| CEDAW                   | Convention of Elimination of All Forms of Discrimination Against Women   |
| CNIC                    | Computerized National Identity Card  |
| DFID                    | Department for International Development   |
| DG                      | Director General   |
| DV                      | Domestic Violence  |
| DNA                     | Deoxyribonucleic Acid  |
| EU                      | European Union   |
| FIR                     | First Information Report   |
| G7                      | Group of Seven   |
| GBV                     | Gender Based Violence  |
| GCC                     | Gender Crime Cell  |
| GDP                     | Gross Domestic Product   |
| GGI                     | Gender Gap Index   |
| GIZ                     | <i>Deutsche Gesellschaft fuer Internationale Zusammenarbeit:</i><br>German Society for International Cooperation |
| GMIS                    | Gender Management Information System   |
| HIV/AIDS                | Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome   |
| IEC                     | Information, Education, and Communication  |
| IGP                     | Inspector General of Police  |
| INL/US State Department | Bureau of International Narcotics and Law Enforcement Affairs/ United States State Department                    |
| JICA                    | Japan International Cooperation Agency   |
| KP                      | Khyber Pakhtunkhwa   |
| NCSW                    | National Commission on the Status of Women   |
| NGO                     | Non-Governmental Organization  |
| PCSW                    | Provincial Commission on the Status of Women   |
| PDHS                    | Pakistan Demographic and Health Survey   |
| PTSD                    | Post-Traumatic Stress Disorder   |
| SEAH                    | Sexual Exploitation, Abuse, and Sexual Harassment  |
| SOP                     | Standard Operation Procedure   |
| SSP                     | Senior Superintendent of Police  |
| SWD                     | Social Welfare Department  |
| TA                      | Technical Assistance   |
| TEVTA                   | Technical Education & Vocational Training Authority  |
| UNDP                    | United Nations Development Programme   |
| UNFPA                   | United Nations Population Fund   |
| UN Women                | United Nations Entity for Gender Equality and the Empowerment of Women   |
| USAID                   | United States Agency for International Development   |
| VAW                     | Violence Against Women   |
| WDD                     | Women Development Department   |
| WHO                     | World Health Organization  |
| WPA                     | Women Protection Authority   |
| WPC                     | Women Protection Committee   |
| WPO                     | Women Protection Officer   |

**Photos**

|   |   |   |
|---|---|---|
|    |    |    |
| <p>Shelter run by Ministry of Human Rights in Islamabad</p>                         | <p>Room for GBV Survivors in the Shelter</p>  | <p>National Police Bureau</p>   |
|    |    |    |
| <p>Women Police Station in Islamabad</p>  | <p>Punjab Social Welfare Department</p>   | <p>Dar-ul Aman (Women Shelter Home) in Lahore, Punjab</p>                             |
|  |  |  |
| <p>Inside of Dar-ul Aman in Lahore, Punjab Province</p>                             | <p>Room for GBV Survivors in Dar-ul Aman in Lahore</p>                              | <p>Crisis Center in Lahore, Punjab Province</p>                                       |
|  |  |  |
| <p>Reception of Crisis Center in Lahore, Punjab Province</p>                        | <p>Punjab Women Development Department</p>  | <p>Private Shelter in Lahore, Punjab Province</p>                                     |





# 1. Background and Purposes of the Survey

## 1.1. Gender Based Violence (GBV)

Violence against women and girls is one of human-rights abuse occurring in all societies of the world<sup>1</sup>. Thirty five % of women worldwide experience physical or sexual violence at least once in their lifetime<sup>2</sup>. Many women, regardless of their attribution, are victimized due to unequal power relations or unequal gender relations based on patriarchal male dominance. Behind violence against women and girls, there are strict gender norms, such as the way men and women should behave, and gender roles, which are shaped and reinforced in each society based on unequal gender relations<sup>3</sup>. In each society, many women, as well as men, internalize as a matter of course these gender norms and gender roles embedded there. Society as a whole sometimes tries to protect social order by giving violent sanctions against women who deviated from gender norms and gender roles. There are situations in which women survivors have difficulty raising voices due to fear of stigma and retaliation<sup>4</sup>.

Gender based violence (GBV) can be categorized in many types. The most prevalent one is domestic violence (DV). DV is violence by intimate partners, such as husbands, partners, and family members. DV includes physical assault, sexual assault (compulsion of sexual activity, etc.), psychological assault (rant, intimidation, neglect, etc.), and economic assault (not passing on living expenses, prohibiting working outside, etc.). In addition, in some cultures, regions, and societies of the world, violence based on harmful traditional practices against women and girls still continue. A typical example is female genital mutilation practiced in around 30 countries of Africa, Middle East, and Asian<sup>5</sup>. About 3 million resections are performed each year<sup>6</sup>, with a total of nearly 200 million women experienced<sup>7</sup>. In South Asia, there is violence called “honor killing” in which under the name of protecting the honor of a family, the family kills its woman who had sexual relations before marriage or got married to a man whom the family opposed, or a husband kills his wife, suspecting his wife's unfaithfulness. Another prevalent violence in South Asia is called "dowry murder", in which a woman/bride is killed by her family in-laws because of “dowry” brought by her/the bride’s side to the groom’s side when married. Furthermore, there is “child marriage” in which parents force their child to marry while she/he is much younger than the age prescribed by law.

GBV has serious social and economic impacts not only on survivors, but also on their societies and states. First, women survivors suffer from physical and mental health problems. Mental damage, such as Post-Traumatic Stress Disorder (PTSD), depression, self-denial, and communication disorders, takes considerable time to recover. Women survivors can also suffer from reproductive health harms, including unwanted pregnancies, unsafe abortions, sexually transmitted diseases including Human immunodeficiency Virus (HIV), and even death<sup>8</sup>. Medical expenses and the loss of productivity and income due to survivors’ inability to work are large, and the economic loss is said to be equivalent to 1.2% to 3.7% of GDP, especially in middle and

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<sup>1</sup> Refer to the website of UNFPA Tokyo Office’s ‘Gender Based Violence’ and the website of UN Women Tokyo Office (Latest access on Feb. 20, 2020.)

<sup>2</sup> WHO. 2013. *Global and regional estimate of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO.

<sup>3</sup> JICA. 2015. *Final Report for Country Gender Profile: Islamic Republic of Pakistan*. Tokyo: JICA.

<sup>4</sup> *ibid.*

<sup>5</sup> [https://apps.who.int/iris/bitstream/handle/10665/43839/9784998064329\\_jpn.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/43839/9784998064329_jpn.pdf?ua=1) (Latest access on Feb. 22, 2020)

<sup>6</sup> *ibid.*

<sup>7</sup> BRIEF – Gender-based Violence (formerly Violence Against Women and Girls), available at [www.worldbank.org/gbv](http://www.worldbank.org/gbv) (Latest access on Feb. 21, 2020)

<sup>8</sup> Refer to the website of UNFPA Tokyo Office’s ‘Gender Based Violence’ (Latest access on Feb. 22, 2020)

low income countries<sup>9</sup>.

The negative impact of GBV is not limited to women survivors, but also their children. Many women survivors abandon parenting because of the magnitude of the mental damage which they received<sup>10</sup>. As a result, such women's children tend to lack access to adequate diet, medical care, and educational opportunities, become mentally insecure, and can interfere with all aspects of their important growth period<sup>11</sup>. A child who grows up watching his/her father violently assaulting his/her mother has a higher probability of violently associating with women after becoming an adult, thus creating a chain of violence.

## **1.2. International Movements to Eliminate Gender Based Violence**

Since the 1990s, the international community has positioned the elimination of GBV as a key task to be addressed<sup>12</sup>. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted in 1979, originally did not include any statement on the elimination of violence against women. However, the World Conference on Human Rights held in Vienna in June 1993 adopted the Vienna Declaration which contained a clause calling for the United Nation (UN) General Assembly to adopt a draft declaration on the elimination of violence against women.

On this occasion, the draft on the elimination of violence against women was adopted at the United Nations General Assembly in December 1993. The declaration included the statement that the elimination of violence against women is an obligation under CEDAW. The elimination of violence against women was also selected as one of the twelve critical areas of concerns for the Beijing Platform for Action, adopted at the Fourth World Conference on Women held in Beijing in 1995.

International efforts have also focused on violence against women and girls in conflict. First, the UN Security Council Resolution 1325 was adopted in 2000 to promote women's participation in decision-making processes for conflict prevention and peacebuilding, and to strengthen efforts to protect women and girls from GBV in conflict<sup>13</sup>. As of January 2020, 83 Member States, including Japan, have formulated National Action Plans to implement the resolution<sup>14</sup>. In 2011, Global Summit on Ending Sexual Violence in Conflict was held in London. At the Group of Seven (G7) Foreign Ministers' Meeting held in April 2017, "Women, Peace and Security Partnerships Initiative", which aims to promote the women, peace and security agenda in their own and partner countries, was adopted.

## **1.3. Japanese Government's Policy and JICA's Efforts to Eliminate Gender-Based Violence**

In response to these international trends, the Japanese Government has also announced a policy of strengthening its efforts to eliminate GBV. In September 2015, the Government formulated a National Action Plan on Women, Peace and Security for the implementation of UN Security Council Resolution 1325. The plan included strengthening efforts to protect, rehabilitate, and

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<sup>9</sup> World Bank Fact Sheet: Update on Addressing Gender-Based Violence in Development Project.

<sup>10</sup> JICA. 2019. *Final Report on Data Collection Survey on GBV in Conflict Affected Areas in Africa*. Tokyo: JICA.

<sup>11</sup> *ibid.*

<sup>12</sup> *ibid.*

<sup>13</sup> In addition, UN Security Council Resolution 1820 (2008 年), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), and 2122 (2013) were adopted.

<sup>14</sup> <https://www.peacewomen.org/member-states> (Latest access on Feb. 21, 2020)

economically empower GBV survivors in conflict-affected areas, as well as to prevent GBV, punish perpetrators, and promote women’s participation at all levels of decision-making toward conflict prevention and peacebuilding. In May 2016, based on the Development Charter, the Japanese Government formulated “Development Strategy for Gender Equality and Women’s Empowerment” and strengthened support for eliminating all forms of discrimination and violence against women and girls. In 2018, it also adopted the G7’s “Women, Peace and Security Partnerships Initiative”, and in March 2019, it formulated the Second National Action Plan of UN Security Council Resolution 1325.

Based on the international trends and the policies of the Japanese Government, JICA has promoted initiatives for women, peace and security, positioning “promotion of gender equality and women’s empowerment” as an important task in international cooperation. For example, JICA has implemented technical cooperation projects which address human trafficking in Thailand, Viet Nam, and Myanmar. In the Democratic Republic of the Congo, Cote d’Ivoire, Afghanistan, and other countries, it has also provided technical assistance to strengthen police officers’ capacity to protect GBV victims and prosecute perpetrators. In Fiscal Year 2018, JICA conducted Data Collection Survey on GBV in conflict-affected areas of South Sudan, Rwanda, and Uganda. Through this survey, the present situation of GBV and key needs for assistance in African region were identified, and efforts have been made for project formulation. However, these efforts have only just begun, and strengthening support for the elimination of GBV is an urgent task.

## 1.4. Methodology and Purposes of the Survey

### 1.4.1. Purposes of the Survey

Based on the above-mentioned background, this survey aimed to first confirm the current situation of GBV in Pakistan and the extent to which the Government of Pakistan, international organizations, and NGOs have responded to GBV issues. Based on what was confirmed, the survey eventually aimed to examine the direction of JICA’s future support and specific counter-measures to eliminate GBV in Pakistan.

### 1.4.2. Methodology of the Survey

#### (1) Schedule and Target Areas for the Survey

The field survey in Pakistan was conducted for a period of 25 days from January 22, 2020 to February 15, 2020. Due to security concerns, three sites of Islamabad, Karachi (Sindh), and Lahore (Punjab) were selected as survey areas. In each area, necessary information and data were collected through interviews with representatives of relevant federal/provincial government agencies, international organizations, NGOs, and the private sector (see the table below).

**Table 1-1** Schedule for the Survey

|   | Date               | Survey Area | Main Organizations to Visit  |
|---|--------------------|-------------|--|
| 1 | Jan. 22 to Jan. 28 | Islamabad   | Ministry of Human Rights, Shelter, International Organizations (UN Women, UNFPA, ADB, and World Bank), Bilateral Aid Organizations (DFID, AusAID, and USAID), National Commission on the Status of Women, NGOs, JICA Pakistan Office, etc. |
| 2 | Jan. 29 to Feb. 2  | Karachi     | Social Welfare Department, Women Development Department, Provincial Commission on the Status of Women, NGOs, Panah Shelter, Private Sector, etc.   |

|   |                    |           |   |
|---|--------------------|-----------|---|
| 3 | Feb. 3 to Feb. 11  | Lahore    | Social Welfare Department, Women Development Department, Law Department, Police, Provincial Commission on the Status of Women, Ombudsperson for Protection of Women Against Harassment at Work Place, Women Shelter Home (Dur-ul Aman), VAW Center, Crisis Center, NGOs, Private Sector, etc. |
| 4 | Feb. 12 to Feb. 14 | Islamabad | International Organization (WHO), NGO, National Police Bureau, Women Police Station/Women & Children Protection Center, Japanese Embassy, JICA Pakistan Office, etc.  |

Source: the Author

## (2) Methodology of the Survey

The survey involved three steps: 1) desk review of existing literature and data; 2) interviews conducted during field survey; and 3) analysis of the collected information and data. The main information items collected during the desk reviews and field survey, as well as the methods of conducting and analyzing interviews during the field survey are described below.

### 1) Information on the Current Situation of GBV in Pakistan:

For the purpose of grasping the current situation of GBV in Pakistan, relevant information was collected. Information included the types of GBV occurring in Pakistan, the critical background and factors that GBV has not yet been eliminated, the situation of occurrence, etc.

### 2) Information on the Status of Development and Amendment of GBV-related Laws by the Government

What kinds of GBV-related laws were developed and amended by the Government at the federal and provincial levels were confirmed.

### 3) Information on the Status of Support System and Initiatives by the Government

Government agencies established for the enforcement of the GBV legislation at the federal and provincial levels were identified, and the roles played by each agency and related initiatives/activities being implemented were identified. In addition, the existence of network systems connecting related government agencies, the implementation status of such network systems, and key constraints and challenges faced by the agencies were analyzed.

At the same time, the status of recruitment and training of female police officers and female judges were also confirmed. The capacity of the government officials engaged in protection of GBV survivors and prosecution of perpetrators, including police officers, medical and judicial experts, and staff working for shelters and one-stop centers, was also examined. Their capacity was examined from a perspective that they support GBV /survivors based on a Survivor-centered Approach”, which is an international standard of support for GBV survivors. The Survivor-centered Approach prioritizes the choice to be made by survivors, based on which each survivor should be supported toward physical and mental recovery and livelihood reconstruction in accordance with his/her situation.

#### 4) Information on Support by Other Donors and NGOs

Major international and bilateral aid organizations, NGOs, and the private sector that are addressing GBV in Pakistan were identified. Based on main areas of their interventions, these organizations were divided into four groups: 1) organizations engaged mainly in protection of survivors; 2) organizations engaged mainly in rehabilitation and economic empowerment of survivors; 3) organizations engaged mainly in prosecution/ punishment of perpetrators; and 4) organizations engaged mainly in prevention of GBV.

#### 5) Information on Areas for Which Support Is Required

After confirming the areas supported by the relevant government agencies, international and bilateral aid organizations, NGOs, and the private sector, the areas that had high needs but lacked support were identified. Based on these, the direction of JICA's future support and specific counter-measures were examined, taking into account the possibility of technical cooperation for any key government agency and the possibility of coordination with related international and bilateral aid organizations. In addition, the necessity, rationale, and the concrete way of integrating a GBV perspective into JICA's on-going projects was also considered. The on-going projects examined include "Advancing Quality Alternative Learning Project", "Project for Improvement of Livelihoods and Well-being of Female Home-based Workers in the Informal Sector in Sindh Province", "Project for Skills Development and Market Diversification of Garment Industry of Pakistan", and health and reproductive health related projects.

### **Methodology for Interviews and Analysis**

Existing data and information for desk reviews were collected through Internet searches, and reviews were conducted with a focus on relevant literature collected. Reports and data posted on the websites of major government agencies, international and bilateral aid organizations, and NGOs which are actively working on GBV issues in Pakistan were reviewed to understand the current situation of GBV in Pakistan.

In the field survey in Pakistan, key informant interviews were conducted with representatives of government agencies, international and bilateral aid organizations, NGOs, and the private sector working on GBV issues in each survey area of Islamabad, Karachi, and Lahore. These interviews aimed to understand the status of each agency/organization's efforts, outcomes, and challenges. Individual interviews were also conducted with GBV survivors who were protected by government and private shelters and with GBV survivors who have achieved rehabilitation and economic empowerment, through support by NGOs and the private sector, to some extent. The contents of each interview was taken as much detail as possible in a notebook and transcribed. The transcriptions made were categorized into key words and key phrases which were frequently raised in the interviews by different participants. Based on them, the current situation of GBV in Pakistan, constraints of the counter-measures taken by the government, international and bilateral aid organizations, and NGOs, and challenges faced by those organizations were analyzed.

## 2. Results of Field Survey in Pakistan

### 2.1. Socio Economic Condition of Pakistan

Pakistan is located in South Asia, bordering India to the east, the People's Republic of China to the northeast, Afghanistan to the northwest, Iran to the west, and the Indian Ocean to the south. Pakistan is a federal state comprised of four provinces, including Punjab, Sindh, Balochistan, and Khyber Pakhtunkhwa (KP), as well as Islamabad Capital Territory. The population of Pakistan is 277.7 million, the sixth largest in the world, according to the results of the 2017 census. Pakistan is a multi-ethnic nation composed of Punjabi (about 60%), Sindians (13%), Pashtuns (13%), and Balochi (4%). The official languages are Urdu and English<sup>15</sup>. About 97% of the population believe in Islam, but there are also Christians and Hindus as minorities.

Pakistan's main industries are agriculture and manufacturing which includes garment and automotive industries<sup>16</sup>. According to the World Bank, Pakistan's gross domestic product (GDP) was \$ 314.588 billion in 2018, with the economic growth rate of 5.8% in 2017/2018<sup>17</sup>. The breakdown of the GDP was 18.53% for agriculture, 13.04% for manufacturing, and 61.21% for services which include 18.86% for retail/wholesale and 12.89% for transportation<sup>18</sup>. In addition, Pakistan's GDP per capita in 2018 was \$ 1,197.8 with the growth rate of only 3.75% per year<sup>19</sup>.

Pakistan aims to become a high-middle-income country by 2047, the 100th anniversary of its founding. To this end, it needs to develop human resource of young people under 24 years, accounting for more than 30% of the total population, in addition to ensuring security, stabilizing power supply, and promoting the manufacturing industry. Pakistan has more than 22.5 million out-of-school children aged 5 to 16 nationwide, who represents 44 % of the total population in this age group<sup>20</sup>. The net enrollment ratio for primary education (G1-5) (5-9 years old) is 77%, and the net enrollment ratio for middle schools (G6-8) (10-12 years old) is very low at 49%. Greater disparities in the gross and net enrollment ratios at all levels exist between urban and rural areas and between boys and girls. The literacy rate for those aged 15 to 24 years in 2017 remains at 74.53% (81.26% for men and 67.8% for women)<sup>21</sup>.

### 2.2. Current Status of Gender Gap

In Pakistan, the constitution guarantees gender equality under the law. The Government of Pakistan signed and ratified the CEDAW in 1996, and has revised its domestic laws to make it consistent with the Convention. In addition, various systems have been established to address gender equality and women's empowerment<sup>22</sup>. In the real world, however, Islamic law and tribal custom-based practices have been widely adopted, and women's human rights have significantly been violated<sup>23</sup>. In a society dominated by traditional patriarchal customs and Islamic law, women have virtually no equal rights as men, including inheritance rights and land ownership<sup>24</sup>. Furthermore, due to the common beliefs, such as “men are above women” and “men are guardians

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<sup>15</sup> <http://www.pbs.gov.pk/content/population-census> (Latest access on Feb. 22, 2020)

<sup>16</sup> <https://www.mofa.go.jp/mofaj/area/pakistan/data.html#section4> (Latest access on Feb. 22, 2020)

<sup>17</sup> <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=PK> (Latest access on Feb. 22, 2020)

<sup>18</sup> <http://www.pbs.gov.pk/content/table-7-sectoral-shares-gdp-constant-basic-prices> (Latest access on Feb. 22, 2020)

<sup>19</sup> <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD?locations=PK> (Latest access on Feb. 22, 2020)

<sup>20</sup> <https://www.unicef.org/pakistan/education> (latest access on July 12, 2020)

<sup>21</sup> <http://uis.unesco.org/en/country/pk> (Latest access on Feb. 22, 2020)

<sup>22</sup> JICA. 2016. *Final Report on Data Collection Survey on Agricultural Sector in Punjab and KP Provinces*. Tokyo: JICA.

<sup>23</sup> *ibid.*

<sup>24</sup> JICA. 2015. *Final Report for Country Gender Profile: Islamic Republic of Pakistan*. Tokyo: JICA.

of women”, as well as “Purdah”<sup>25</sup> which is a social practice that segregates women, women and girls’ freedom of mobility, access to education and health services, and participation in economic activities are restricted in many societies of Pakistan<sup>26</sup>.

Pakistan is ranked 151 out of 153 countries in the Gender Gap Index (GGI)<sup>27</sup> in 2020 developed by the World Economic Forum (see the table below). Compared to neighboring countries in South Asia, including Bangladesh, India, Nepal, and Sri Lanka, as shown in table below, Bangladesh is ranked 50, Nepal is ranked 101, Sri Lanka is ranked 102, and India is ranked 112. Except for India's health element, Pakistan has the largest gender gap in all elements.

**Table 2-1 Comparison of Pakistan’s Gender Gap Index in 2020 to Neighboring Countries’**

| Element   | Pakistan |       | Bangladesh |       | India   |       | Nepal   |       | Sri Lanka |       |
|-----------|----------|-------|------------|-------|---------|-------|---------|-------|-----------|-------|
|           | Ranking  | Value | Ranking    | Value | Ranking | Value | Ranking | Value | Ranking   | Value |
| Total     | 151      | 0.564 | 50         | 0.726 | 112     | 0.668 | 101     | 0.680 | 102       | 0.680 |
| Economic  | 150      | 0.327 | 141        | 0.438 | 149     | 0.354 | 101     | 0.632 | 126       | 0.558 |
| Education | 143      | 0.823 | 120        | 0.951 | 112     | 0.962 | 133     | 0.895 | 88        | 0.988 |
| Health    | 149      | 0.946 | 119        | 0.969 | 150     | 0.944 | 131     | 0.966 | 1         | 0.980 |
| Politics  | 93       | 0.159 | 7          | 0.545 | 18      | 0.411 | 59      | 0.227 | 73        | 0.193 |

Source: World Economic Forum. 2020. *Global Gender Gap Report 2020*. New York: World Economic Forum.

In 2006, when the GGI report was first published, Pakistan's value of the GGI was 0.543, ranking 112 out of 115 countries. Fifteen years later, in 2020, the value rose slightly to 0.564, but the ranking dropped from the worst four to the worst three. In the 2020 GGI, Pakistan ranks 93 out of 153 countries in the element of political empowerment, 143 in the element of education, 149 in the element of health and survival, and 150 in the element of economic participation and opportunities. In particular, the value for economic participation and opportunities is 0.327, well below 0.582 which is the average of 153 countries (see the table below). It is even lower than the value in 2006 (0.369). In 2020, the labor participation rate for men is 84.5%, while that for women is only 25.2%. In addition, women earn only 18% of men's annual income.

**Table 2-2 Pakistan’s Gender Gap Index in 2020**

| Element/Index                                 | Ranking    | Value        | Sample Average | Women | Men   | Female to Male Ratio |
|---|------------|--------------|----------------|-------|-------|----------------------|
| <b>Economic Participation and Opportunity</b> | <b>150</b> | <b>0.327</b> | <b>0.582</b>   |       |       |                      |
| Labor force participation                     | 147        | 0.298        | 0.661          | 25.2% | 84.5% | 0.30                 |
| Wage equality for similar work (survey)       | 102        | 0.592        | 0.613          | -     | -     | 4.14                 |
| Estimated earned income (PPP US\$)            | 148        | 0.181        | 0.499          | 1,400 | 8,000 | 0.18                 |
| Legislators, senior officials and managers    | 146        | 0.052        | 0.356          | 4.9%  | 95.1% | 0.05                 |
| Professional and technical workers            | 140        | 0.304        | 0.756          | 23.3% | 76.7% | 0.30                 |

<sup>25</sup> Purdah is a social practice, practiced mainly in South Asia, which segregate women from men. With Purdah, women are confined to private space of home and restricts them from moving freely to the public space where men enjoy their dominance and interacting with men there.

<sup>26</sup> JICA. 2015. *Final Report for Country Gender Profile: Islamic Republic of Pakistan*. Tokyo: JICA.

<sup>27</sup> GGI is a country-wise assessment of gender gaps in 4 areas: 1) economic participation and opportunities; 2) education; 3) health and survival; and 4) political empowerment. The GGI indicates when the number of men is 1 and the closer the index for women is to "1," the smaller the gender gap exists.

|   |            |              |              |         |         |      |
|---|------------|--------------|--------------|---------|---------|------|
| <b>Educational Attainment</b>             | <b>143</b> | <b>0.823</b> | <b>0.954</b> |         |         |      |
| Literacy rate                             | 143        | 0.653        | 0.899        | 46.5%   | 71.1%   | 0.65 |
| Enrolment in primary education            | 143        | 0.840        | 0.757        | 61.6%   | 73.4%   | 0.84 |
| Enrolment in secondary education          | 135        | 0.898        | 0.954        | 36.4%   | 40.5%   | 0.90 |
| Enrolment in tertiary education           | 111        | 0.880        | 0.931        | 8.5%    | 9.6%    | 0.88 |
| <b>Health and Survival</b>                | <b>149</b> | <b>0.946</b> | <b>0.958</b> |         |         |      |
| Sex ration at birth (f/m)                 | 148        | 0.920        | 0.925        | -       | -       | 0.92 |
| Health life expectancy                    | 145        | 1.005        | 1.034        | 57.9yrs | 57.9yrs | 1.01 |
| <b>Political Empowerment</b>              | <b>93</b>  | <b>0.159</b> | <b>0.239</b> |         |         |      |
| Women in parliament                       | 91         | 0.254        | 0.298        | 20.2%   | 79.8%   | 0.25 |
| Women in ministerial positions            | 112        | 0.136        | 0.255        | 12.0%   | 88.0%   | 0.14 |
| Years with female head of state (last 50) | 29         | 0.104        | 0.190        | 4.7yrs  | 45.3yrs | 0.10 |

Source: World Economic Forum. 2020. *Global Gender Gap Report 2020*. New York: World Economic Forum.

## 2.3. Current Situation of GBV in Pakistan

### 2.3.1. Types of GBV in Pakistan

GBV occurs everywhere, regardless of socio-economic stratum, religion, ethnicity, or region<sup>28</sup>. According to related government and international organizations' officials interviewed, the most common or prevalent GBV in Pakistan is DV by husbands or intimate partners, but violence by step-parents and parents-in-law has also occurred<sup>29</sup>. DV includes physical, psychological, sexual, and economic violence<sup>30</sup>.

In Pakistan, there exists a number of custom-based harmful practices/GBV. These practices include *Karo-kari* or honor killing in which in the name of protecting the honor of a family, the family kills a woman who is dating or married to a man against family opposition and "dowry murder" in which a woman is murdered because of dowry brought from her (bride) side to groom (her husband) side when married. In addition, there are practices called *Watta Satta* or exchange marriage which is conducted to avoid dowry and resolve disputes between two families, as well as *Swara/Vani* in which a daughter (sister) is given to a victim's family as sanction and compensation for the crime committed by her father or brother. Thus, exchange marriage and *Swara/Vani* tend to be forced marriages and child marriage/early marriages.

National Commission on the Status of Women has categorized GBV occurring in Pakistan and defined each type of GBV, as shown in the table below.

<sup>28</sup> USAID & Aurat Foundation. *Gender-Based Violence in Pakistan*. Islamabad: Aurat Publication and Information Services Foundation.

WhatWorks & UKaid. 2017. "Working Paper No. 5 – Pakistan: The Economic and Social Impact of Violence Against Women and Girls (VAWG)".

<sup>29</sup> Pakistan Demographic and Health Survey (PDHS) 2017-2018.

<sup>30</sup> *ibid.*



**Table 2-3 Types of GBV in Pakistan**

|   | Types of GBV                                  | Specific Violence/Practices   |
|---|---|---|
| 1 | Physical Violence                             | <ul style="list-style-type: none"> <li>• Beating (slapping, hitting, and kicking women, etc.)</li> <li>• Choking, burning or throwing acid or other corrosive substances at women</li> <li>• Using a knife, gun or other weapon against women</li> <li>• Forced abortion or forced pregnancy</li> <li>• Disfigurement (nose, ears, lips, chopping or mutilating genitalia or other body parts)</li> <li>• Nutritional deprivation</li> <li>• Other</li> </ul>   |
| 2 | Harmful Customary Practices                   | <ul style="list-style-type: none"> <li>• Honor killing (<i>Karo-kari</i>)</li> <li>• Stoning</li> <li>• Lashing</li> <li>• <i>Vani/Swara/Sang Chatti/Badl-i-Sulh</i></li> <li>• <i>Watta Satta</i></li> <li>• Demanding Dowry or Bride Price</li> <li>• Forced marriages, including early marriages</li> <li>• Marriage to Quran</li> <li>• Other</li> </ul>  |
| 3 | Sexual Violence                               | <ul style="list-style-type: none"> <li>• Rape</li> <li>• Attempted rape</li> <li>• Other sexual acts, including sexual harassment, gang rape, trafficking, cyber violence</li> </ul>  |
| 4 | Psychological Violence                        | <ul style="list-style-type: none"> <li>• Emotional abuse, including belittling, humiliating, and insulting a woman in public or private, mocking, scaring and threatening, making a woman feel that she is neglected or unloved, etc.</li> <li>• Monitoring behavior, restricting mobility, and isolation by preventing a woman from seeing family or friends</li> <li>• Monitoring a woman's whereabouts and social interactions</li> <li>• Making unwarranted accusations of infidelity</li> <li>• Controlling a woman's access to health care/family planning and education</li> <li>• Controlling a woman's access to National Computerized Identification Card (CNIC)</li> <li>• Threatening with divorce</li> </ul> |
| 5 | Economic Violence                             | <ul style="list-style-type: none"> <li>• Denial of access to financial resources, property, inheritance, and durable goods</li> <li>• Denial of access to the labor market and education</li> <li>• Denial of participation in decision-making relevant to economic status</li> <li>• Denial of control over income/ or taking control of a woman's income</li> <li>• Denial of alimony or financial support for the family, thereby exposing a woman to poverty and hardship</li> </ul>  |
| 6 | Violence Against Women in the Political Arena | <ul style="list-style-type: none"> <li>• Denial of participation to attend political gatherings</li> <li>• Denial to vote</li> <li>• Denial to contest in elections</li> </ul>  |

|  |  |  |
|--|--|--|
|  |  | <ul style="list-style-type: none"> <li>• Denial to join a political party (or a political party of a woman's choice)</li> <li>• Denial of a woman's leadership and decision-making of household level/ in political institutions/ other institutions</li> <li>• Coercion/threat of violence for political participation</li> <li>• Coercion/threat of violence for vote as predetermined by others</li> <li>• Coercion/threat of violence for character assassination of women candidates and active campaigners</li> <li>• Coercion/threat of violence for using abusive language and behavior to intimidate women in politics</li> </ul> |
|--|--|--|

Source: NCSW. 2015. *Standardized Indicators on Violence Against Women in Pakistan*. Islamabad: NCSW.

### 2.3.2. Background, Major Causes, Occurrence Status, and Key Issues of GBV

#### (1) Background and Major Causes of GBV

One of main reasons why violence against women and girls in Pakistan has become so common and justified is that socially and culturally girls and women are considered as subordinates of men, and their social status is quite low, compared to boys and men. As a result, human rights of girls and women in Pakistan are often neglected or overlooked, and GBV tends to be justified as it is because of girls and women's faults. The details of major causes for GBV, including the social background in which girls and women are discriminated and the gender relations and gender norms through which GBV is often justified, are described below.

#### Discrimination against Girls and Women

In Pakistan, girls are considered as *bojh* or burden to their families when they were born<sup>31</sup>. This is due to the fact that girls go out of their parents' homes when they get married, but at the time of marriage, the family of the female side has to give money and gifts to the male side for dowry. Unlike Balochistan and KP Provinces, Sindh and Punjab Provinces, which are heavily influenced by India, continue to use dowry rather than bride price given from a groom/man's side to a bride/woman's side<sup>32</sup>. In addition, as it is boys who will take care of their parents in the future, parents usually do not spend much of their affection or money on their daughters who get married and leave home<sup>33</sup>. As a result, girls have less access to proper nutrition, medical care, and education, compared to boys<sup>34</sup>. In this way, girls grow up in Pakistan.

#### Unequal Gender Relations and Gender Norms Embedded in Tribal Societies

In tribal societies of Pakistan, girls are considered as not only economic burdens, but also social burdens. Adolescent girls at the menarche become a symbol of honoring the family<sup>35</sup>. Among members of the societies, daughters of each other's family are subject to strict rules of social and gender norms, including not dating or having a sexual relationship with a man until they get married and getting married only to a man whom the parents selected. Thus, many families restrict their daughter's freedom of mobility and make her stay at home so that she will not deviate from the norms which have been protected by the society for a long time<sup>36</sup>. As a result, many adolescent

<sup>31</sup> Shirkat Gah. 2018. *Meeting Pakistan's Commitments on SDG Target 5.3*. Islamabad: Shirkat Gah.

<sup>32</sup> Makino, Momoe. "Marital Customs in Pakistan: An Eclectic Mix of India and Islam" *IDE-JETRO World Trend*, No. 226.

<sup>33</sup> Shirkat Gah. 2018. *Meeting Pakistan's Commitments on SDG Target 5.3*. Islamabad: Shirkat Gah.

<sup>34</sup> *ibid.*

<sup>35</sup> *ibid.*

<sup>36</sup> *ibid.*

girls are deprived of their access to medical services, right to education, and freedom to act on their own will and choice. Such gender norms and a tribal pressure on adolescent girls and their families are major factors for accelerating early marriage and child marriage in Pakistan<sup>37</sup>.

As to married women, men tend to control their wives so that the wives do not have contact with men other than their husbands, in the name of preserving family honor. As described above, in Pakistan, many women are not allowed to go out or work without the permission of their husbands and families, and there is a common and strict social norm that wives should obey their husbands. Thus, it is a legitimate reason for men to punish women even with violence if women act in a manner that violates such social norms.

## **(2) Occurrence Status of GBV**

In Pakistan, it is very difficult to grasp the actual situation of GBV because there is no system established at the federal and provincial levels to collect and store GBV data nationwide<sup>38</sup>. Based on GBV-related data available in Pakistan, the following describes the nationwide and provincial-level GBV occurrence status. As mentioned earlier, although the number of DV cases reported to the police tends to be fewer than that of other GBV cases, that of actual DV cases is considered to be the largest. The prevalence of DV is also discussed, based on a nationwide survey, below.

### **Occurrence Status of GBV Nationwide**

According to Human Rights Commission of Pakistan (NGO), between 2004 and 2016, there were 1,843 DV, 4,734 rapes/gang rapes, 15,222 honor killings, and 1,375 acid attacks reported throughout Pakistan<sup>39</sup>. However, the actual number of occurrences must have exceeded these figures. This is because a perpetrator is often a family member, and a victim is often deterred from another family member before reporting to the police. Many survivors do not report to the police because of fear of stigma and revenge, especially in cases of sexual violence<sup>40</sup>. Furthermore, in Pakistan, the guilty rate is as low as 5 to 10%. This is partly because bribery is often given by perpetrators to police officers and judges, and perpetrators are acquitted. Such misconducts by police officers and judges lead to people's distrust of them.

### **Occurrence Status of GBV in Panjab Province**

According to the Office of Inspector General in Punjab Province, the number of the DV cases reported in Punjab was 588 in 2015 and increased to 361 in 2017. Rape and gang rape cases in the province increased from 2,701 in 2015 to 3,334 in 2017. In addition, 22 acid attacks were reported in 2015, 43 in 2016, and 36 in 2017. Cases of honor killings increased from 173 in 2015 to 222 in 2017. Regarding *Vani*, only one case was reported in 2015, but 17 cases were reported in 2017 (see the table below).

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<sup>37</sup> *ibid.*

<sup>38</sup> Human Rights Commission of Pakistan. 2019. *State of Human Rights in 2018*. Lahore: HRCP. Shirkat Gah and Civil Society. 2019. *Beijing-25 Years on 2014-2019: Pakistan's Parallel Report*. Lahore: Shirkat Gah.

<sup>39</sup> Usman, Ayesha. 2018. "A Sociological Study on Violence against Women in Pakistan: Challenges and Solutions". *Global Media Journal*, Vol. 16, No. 31: 151, pp.1-11.

<sup>40</sup> *ibid.*

**Table 2-4 The Number of GBV Cases Reported in Panjab Province (2015 to 2017)**

| GBV           | 2015  | 2016  | 2017  | Total |
|---------------|-------|-------|-------|-------|
| Rape          | 2,509 | 2,938 | 3,083 | 8,530 |
| Gang Rape     | 192   | 222   | 251   | 665   |
| Incest        | 9     | 9     | 11    | 29    |
| Acid Throwing | 22    | 43    | 36    | 101   |
| Honor Killing | 173   | 222   | 222   | 617   |
| <i>Vani</i>   | 1     | 7     | 17    | 25    |
| DV            | 588   | 539   | 361   | 1,488 |

Source: Office of the Inspector General, Punjab. cited in Punjab PCSW. 2019. "07 Justice" in *Punjab Gender Parity Report 2018*. Lahore: PCSW.

### Occurrence Status of GBV in Sindh Province

According to Human Rights Commission of Pakistan, in Sindh Province, 481 DV cases were reported between 2015 and 2017. As to rapes and gang rapes, 344 cases were reported during the same period. This is significantly less than the number of cases in Punjab Province during the same period, shown in the table above. Whereas Punjab has a population of around 91 million, Sindh has a population of nearly 48 million. However, the cases of rape and gang rape reported in Punjab were more than 26 times greater than those in Sindh. Since the source of each province's data is different, the definitions of "rape" and "gang rape" may be different. Another possible factor is that in Punjab Province, people are more aware that GBV is a crime that should be reported to the police, which might have turned into more cases reported than those in Sindh Province<sup>41</sup>. On the other hand, there were 860 cases of honor killings and 90 cases of acid attacks in Sindh, which were much more than those in Punjab Province where honor killings and acid attacks are much less prevalent (see the table below).

**Table 2-5 The Number of GBV Cases Reported in Sindh Province (2015 to 2017)**

| GBV              | Number of Cases Reported 2015 to 2017 |
|------------------|---------------------------------------|
| Rape & Gang Rape | 344                                   |
| Acid Throwing    | 90                                    |
| Honor Killing    | 860                                   |
| DV               | 481                                   |

Source: Usman, Ayesh. 2018. "A Sociological Study on Violence against Women in Pakistan: Challenges and Solutions". *Global Media Journal*, Vol. 16, No. 31: 151, pp.1-11.

### Prevalence of DV Nationwide

Based on the national and provincial-wise data shown above, DV cases were reported less frequently than rape cases, but DV is considered as the most common and prevalent GBV in Pakistan. In the past two Pakistan Demographic and Health Surveys (PDHS) conducted in 2012/2013 and 2017/2018, the prevalence of DV by husbands and families has been surveyed through interviews with women aged between 15 and 49 years across the country who have ever been married.

According to the results of the latest PDHS conducted in 2017/2018, among the women surveyed (3,303 nationwide), women who have experienced any of physical, psychological, or sexual violence by their husbands accounted for 34% of the women surveyed<sup>42</sup>. Looking at the data by province and residential area, there were 52% of women who have experienced any form of

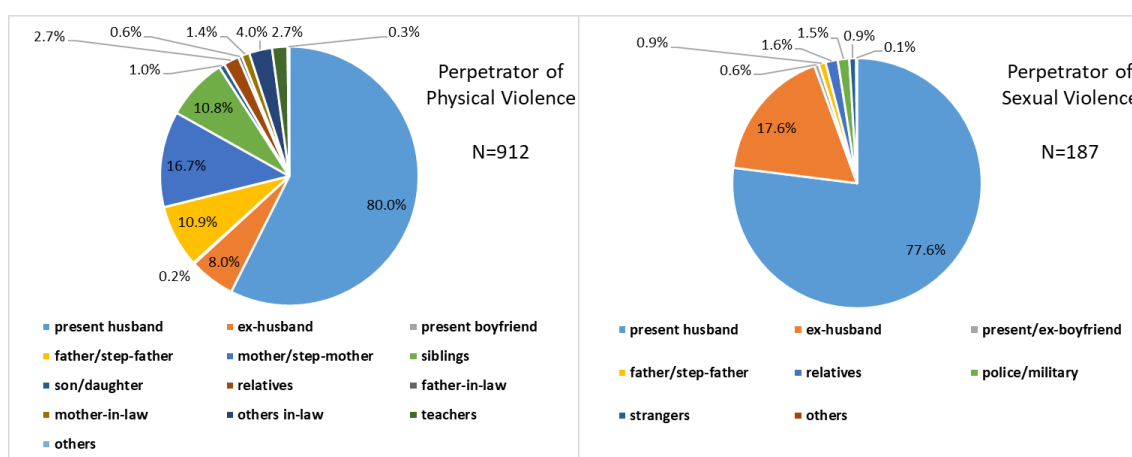
<sup>41</sup> Punjab Provincial Commission on the Status of Women. 2019. *Gender Parity Report 2018*. Lahore: PCSW.

<sup>42</sup> The result of this survey also shows that 28 % of the women have experienced physical violence by either their husbands or families since the age of 15 years and that 6 % have experienced sexual violence by their husbands or families since the age of 15 years. However, the portion of the women who have experienced psychological violence by their husbands or families since the age of 15 years are not certain.

violence by their husbands in KP Province and 49% in Balochistan. On the other hand, there were 32% in Punjab and Islamabad, slightly lower than the rate for overall Pakistan, and the lowest ratio of 18% in Sindh.

The PDHSs have included the assessment of on-going DV. According to the latest PDHS conducted in 2017/2018, 15% of the women surveyed have been physically assaulted by their husbands or any family members during the past 12 months. Similarly, 25% of the women have suffered any of physical, psychological, or sexual violence by their husbands during the past 12 months. In addition, those women who have experienced sexual violence by their husbands or any family members during the past 12 months accounted for 4%.

Of the women who have ever experienced physical violence by their husbands or any family members since the age of 15 years (912 women, 28% of the total), the current husbands of the women (80%) were the most likely perpetrators to commit the violence (See the figure below). The second highest ratio of 16.7% was their mothers and step-mothers, followed by their fathers and step-fathers with 10.9%. Similarly, of the women who have ever experienced sexual violence by their husbands or any family members since the age of 15 years (187 women, 6% of the total), the most likely perpetrators were their current husbands (77.6%). The former husbands were the second largest with 17.6%.



Source: PDHS2017/2018

**Figure 2-1 Perpetrator of DV (Physical & Sexual Violence)**

In the latest PHDS conducted in 2017/2018, the data on the women who have ever experienced any form of violence by their husbands (34% of the total) was disaggregated by the attribution of the women themselves and their husbands. Rural women (36%) were more likely to have experienced any form of violence from their husbands than urban women (30%). By their husbands' educational levels, the percentage of the women who have ever experienced any form of violence from their husbands with higher education was the lowest (24%), and the percentage of the women who have ever experienced any form of violence from their husbands with primary education was the highest (41%). Looking at the women surveyed by occupation, women who helped family business without payment are the highest rate of having experienced any form of violence from their husbands (47%). On the other hand, 34% of women who work and earn income have experienced any form of violence by their husbands and so do 33% of women who do not work.

The PDHS conducted in 2017/2018 also shows the status of psychological violence by husbands. Twenty-eight percent of the women aged 15 to 49 years who have ever been married (3,303

nationwide) felt that their husbands are controlling their behavior and mobility. About 20% of women raised "husband being jealous when wife talks to other men as a reason for it. The second highest reason was "husband relentlessly trying to know where wife is" with the ratio of 14.2%. Other common reasons included "husband not allowing wife to meet with her female friends" (10%), "husband accusing of wife's working infidelity" (6.5%) , and "husband limiting the number of wife's contacts with her family" (6%). Furthermore, 7.8% of women answered that three or more of those five items were true.

### **Prevalence of Child Abuse Nationwide**

A survey on violence against children in four provinces (two districts in each province) and Islamabad (476 boys and 472 girls between the ages of 5 and 12 years) was conducted by the Federal Ministry of Human Rights. The result of this survey shows that many of the children surveyed were found to have been violated by their parents at home. According to the survey, 84% of the children have experienced psychological violence and 74% have experienced physical violence. The proportion of the children exposed to sexual violence was as high as 3%<sup>43</sup>. The percentage of violence by teacher at school was 67% for psychological violence, 65% for physical violence, and 2% for sexual violence<sup>44</sup>.

As mentioned previously, in Pakistan, early marriage and child marriage are considered as one of the most critical GBV by the government and international organizations. It is reported that one in five (21%) of the total population gets married before the age of 18 years, and 3% of the total population get married before the age of 15 years<sup>45</sup>. This total number of child marriages (approximately 1.9 million) is said to be the sixth highest among the top 20 countries in the world, especially where the prevalence of child marriage is high<sup>46</sup>.

In Pakistan, the marriage age determined by the law varies according to provincial law. For example, in Sindh Province, both men and women can get married after 18 years old, while in Punjab Province, women at the age of 16 years and above and men at the age of 18 years and above are allowed to get married. However, any official documents proving age, including Computerized National Identification Card (CNIC), are not prepared especially for girls<sup>47</sup> as there are many girls who do not have the card. Therefore, it is difficult to control child marriage in Pakistan. In addition, it is not well known that there is a law that regulates the age of marriage, and people do not recognize that early marriage and child marriage are illegal<sup>48</sup>. As a result, although there are many early marriages and child marriages, the number reported is very limited.

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<sup>43</sup> Ministry of Human Rights, Government of Pakistan. *Prevailing Situation of Violence Against Children in Pakistan*. Islamabad: Ministry of Human Rights.

<sup>44</sup> *ibid.*

The result of the survey also shows that in the community, 46% of the children have ever experienced psychological violence, 44% have experienced physical violence in the community, and 10% have experienced sexual violence. However, it does not mention who the perpetrators of such violence in the community were.

<sup>45</sup> Shirkat Gah. 2018. *Ending Child & Early Age Marriages: Lessons of the Humsathi Interventions Study: A Policy Brief*. Lahore: Shirkat Gah.

<sup>46</sup> The country that has the largest number of women experienced child marriages is India with 15.5 million women, followed by Bangladesh with 4.45 women, while the country of which highest ratio of child marriage in the total marriage is Niger with 76 % (followed by Republic of Congo with 68% and Chad with 67%). Referred to Girls Not Brides – Country Data: <https://www.girlsnotbrides.org/where-does-it-happen/atlas/#/pakistan> (latest access on Feb. 23, 2020)

<sup>47</sup> *ibid.*

<sup>48</sup> *ibid.*

### **(3) Key Issues of GBV**

#### **Survivors' Not Reporting and Not Consulting on Their Experiences of GBV**

As mentioned above, it is difficult to grasp the actual situation of GBV in Pakistan because GBV survivors do not always report to the police. In 2018, Provincial Commission on the Status of Women in Punjab conducted a survey on GBV with 29,020 women at the age of 15 to 64 years who live in Punjab Province. While 34 % of the women experienced violence by their husbands, only 1.9% of those women reported to the police<sup>49</sup>. Similarly, the percentage of women survivors who sought assistance from other agencies was low, with hospitals and health centers at 1.4%, courts at 0.8%, local religious leaders at 0.6%, and shelters at 2%<sup>50</sup>. In addition, 50% of the women survivors did not talk to anyone about their violence experience<sup>51</sup>. This is similar to the result of the PDHS conducted in 2017/2018 that 56% of the women survivors did not consult with anybody.

#### **Reasons for Survivors' Not Reporting and Not Consulting**

In Pakistan, GBV is often viewed as a social taboo and there exists a strong prejudice against GBV survivors. For these reasons, many women are afraid if their experience of GBV is exposed to the public and they suffer from stigma by reporting to the police or consulting with anybody. Especially in the cases of rapes/gang rapes, there are many cases where women survivors' family members stop them from reporting to the police for the sake of their future and not losing their marriage opportunities. Including the above, the following reasons can be considered as main reasons for not reporting or consulting<sup>52</sup>.

- 1) Due to fear of retaliation by perpetrators and their families
- 2) Because a victim and a perpetrator are members of the same family, other family members stop her from reporting
- 3) Due to stigma
- 4) Because of women survivors' economic dependency on men (perpetrators)
- 5) Because of distrust of the police and judicial system
  - ✓ Violence tends to be justified and criminals tend not to be properly punished
  - ✓ Remarkably low guilty rate
  - ✓ Prevalence of illegal traditional mediation systems to replace the police and judicial systems

#### **A Victim and a Perpetrator are Members of the Same Family**

A decision to report or not to report to the police largely depends on whether or not the perpetrator of GBV is a member of the same family. In the cases of honor killings, many of the cases are not reported to the police because the victim and perpetrator/s are members of the same family. Therefore, other family members often stop a female member of the victim from reporting to the police because they have already justified an honor killing against her and prioritized to protect a

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<sup>49</sup> <https://pcsw.punjab.gov.pk/system/files/Pages.pdf> (Latest access on Feb. 23, 2020)

<sup>50</sup> [https://pcsw.punjab.gov.pk/system/files/Survey\\_Findings\\_IPC.pdf](https://pcsw.punjab.gov.pk/system/files/Survey_Findings_IPC.pdf) (Latest access on Feb. 23, 2020)

<sup>51</sup> *ibid.*

<sup>52</sup> *ibid.*

<sup>52</sup> Based on the results of the interviews with managers/experts working for shelters in Islamabad, Karachi, and Lahore during the field study.

male family member of the perpetrator rather than the female member of the victim.

### **Economic Dependence of Women on Men**

In Pakistani society, it is usually difficult for women to become socially and economically independent, regardless of their educational level or economic class. Not only in rural areas but also in urban areas, the values of family ties and family honor are commonly shared. Gender norms, including behavior and roles, are persistent even in urban wealthy households. In such households, fathers tend not to let their daughters to receive higher education, or husbands tend to control their wives and not to allow them to work outside<sup>53</sup>. Since childhood, many women have not been given the freedom to decide by themselves, but their fathers and men around them have. Many women have been imprinted with the recognition that they cannot live alone by their family members from the childhood. Therefore, GBV survivors tend to hesitate to report to the police or consult with anybody by thinking about how their speaking up and taking actions will affect themselves and the family thereafter.

Furthermore, in Pakistan, there is a strong social norm that once a woman gets married and leaves her home, she is supposed not to return to her home. Due to this, women survivors who do not have their own income and are economically dependent on their husbands have nowhere else to go and hesitate to call or ask for help. This is clear from the results of the interviews conducted in this survey. Concrete cases of women survivors who participated in in-depth interviews in Karachi and Lahore are shown in Boxes below.

**Box 1. Story of a GBV Survivor, who is a Balochi woman aged 32 years, living in Maripur, Karachi, Sindh Province**

“I got married to my husband when I was 19 years old. Our marriage was determined by my father and father-in-law because they were close to each other. About two weeks after getting married, my father-in-law began to beat me. Violence by him continued on a daily basis. There was no particular reason, but he might have tried to show his power over me and threatened me to get out of his house. My mother-in-law and sister-in-law were on the side of my father-in-law. While my husband thought that it was because I did something wrong at the beginning, he realized that I was not wrong and took my side about a month later. However, about six months after I got married, I was not able to stand violence by my father-in-law and returned to my home. When I got married, my father told me that I would never return to my parents' house, and if I return, it would be the time when I die. So, I hesitated to go back home in the beginning. After that, my husband also left the house and lived together with me and our children at my parents' house. My husband has two younger brothers. His second brother's wife got divorced because she was not able to stand violence by her father-in-law as well. His second brother got remarried, and his new wife and the wife of the youngest brother are also abused by their father-in-law. However, they endure the violence and remain at the house because they cannot return to their homes and have nowhere else to go”.

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<sup>53</sup> Based on the results of an interview with women officers working for Center of Excellence in Responsible Business/Pakistan Business Council (CERB/PBC) and one with a female film maker/journalist in Karachi on January 31, 2020, as well as a life-history of the local consultant hired for this survey on February 7, 2020.



**Box 2. Story of a GBV Survivor who is a woman from Multan, Punjab Province at the age of 32 years**

“My husband and I got married in 2006, and we had been married for 13 years until 2019. He began to beat me about a year after getting married because I did not get pregnant. Originally, my husband was a cousin of mine, and even before the marriage, my family lived with my husband's family and my husband and his father took care of my family's finances. My husband is 17 years older than I. He is an engineer who earns sufficient income. When I was 18 years old, my husband forced me to marry him. I couldn't refuse it because I was financially dependent on him. After the marriage, I was physically, psychologically, and economically abused by my husband. He sometimes threatened me by saying "I'm tired of taking care of your family. Why don't you get out of my house? If you don't, I'll kill your sister." My husband always tried to force me to divorce him because he wanted to remarry any woman and have his own child. I didn't talk to anyone about my husband's violence against me. I had nowhere to go. I had no job, so I just gave up and stayed on. But, eight months ago, I finally left the house with courage and visited the Crisis Center in Lahore, where I was referred to a shelter run by a NGO”.

**Distrust of the Police and Judicial System: Violence Is Justified, Criminals Are Not Properly Punished**

As mentioned previously, as another reason for their not reporting or consulting, women survivors have skepticism that violence may be justified and criminals may not be properly punished. The background to this is that customary laws and judicial system in Pakistan are based on male dominance, which is discriminatory against women and often causes disadvantages against women. Therefore, many women wonder even if they report a GBV case to the police, they may be blamed instead. Pakistani society operates a dual legal system consisting of Islamic Law and statutory law. Moreover, the traditional mediation system of *Jirga/Panchayat*, which is illegal, is still in operation in many communities<sup>54</sup>. Only women are punished under such a customary or traditional mediation system.

In Pakistan, under the military regime of the late 1970s and 1980s, discriminatory customary laws were imposed on women in accordance with Islamic Law, and many women were unfairly imprisoned. A typical example was "*Hudood Ordinances (1979)*," which included "Zina" crimes in which unmarried men and women have sexual relations and "*Qanun-e Shahadat Order (The Law of Evidence), 1984*" which differentiates the number of men and women required for witnesses in rape cases in particular<sup>55</sup>. Underlying these are abuses of women's human rights by forcing them to follow strict gender norms concerning sexuality and discriminately treating women as being a half value of men.

Such human-rights abuse and discrimination have been strongly reflected in the attitudes of police and justice officials engaged in the punishment of perpetrators. Many police officers and judges tend to regard DV as a "domestic problem" and repel women who came to the police to register a First Information Report (FIR)<sup>56</sup>. Even if they listen to a victim, there are many situations where

<sup>54</sup> Shirkat Gah. 2013. *Obstructing Progress: Growing Talibanization & Poor Governance in Pakistan: Shadow Report: CEDAW*. Lahore: Shirkat Gah.

<sup>55</sup> Home Office, Gov. of UK. 2016. *Country Information and Guidance: Pakistan: women fearing gender-based harm/ violence (version 3.0)*. London: Home Office, GoUK.

<sup>56</sup> Home Office, Gov. of UK. *Country Information and Guidance: Pakistan: Women fearing gender-based harm/ violence (version 3.0)*. London: Home Office, Gov. of UK.

the victim is not able to have privacy and has to talk to a police officer with many people around her<sup>57</sup>. In GBV cases involving rape, in particular, there is a strong prejudice that women victims might have seduced perpetrators, and police officers often ask victims "What clothes did you wear?" and "What time were you assaulted?"<sup>58</sup>. According to the Secretary of Women Development Department in Sindh Province, when the Sindh DV (Prevention & Protection) Act was enacted in 2013, there were some judges who responded to this Act by saying, "Why should a man be punished for just beating a woman". In this way, women who were once physically and sexually assaulted often suffer from psychological damage made by police and legal officials' insensible words and attitudes, which is called the secondary victimization. This situation is a major obstacle to women's reporting to the police.

### **Distrust of the Police and Judicial System: Low Guilty Rate**

In Pakistan, one of the most critical problems is that even if a perpetrator is arrested after a FIR is registered, the perpetrator is not often properly punished. As mentioned above, guilty rate of criminal cases in Pakistan is as low as 5 to 10%<sup>59</sup>. Bribery by a criminal to police officers and judges has often led to acquittal of the criminal<sup>60</sup>. According to the victim of an acid attack interviewed in the field survey in Lahore, Punjab Province, the attacker was arrested immediately after the victim reported to the police, but he was later released by bribing police officers and remains unknown<sup>61</sup>. One of the lawyers who defend rape victims at War Against Rape (NGO) in Karachi, Sindh Province raised as one of reasons for low guilty rate that evidences are limited in GBV cases. This is partly because there are few high-quality laboratories available in Pakistan which are dedicated to DNA testing, and it is difficult to collect and store DNA samples<sup>62</sup>. The police in Sindh Province, in particular, has only three Medico Legal Officers. The lawyer also pointed out that the Medico Legal Officers' knowledge and expertise are not sufficient. He also regarded as even more problematic that many judges do not know how to use the result of a DNA test as an evidence, so they do not use it.

### **Distrust of the Police and Judicial System: Prevalence of the Illegal Traditional Mediation System of *Jirga***

In Pakistan, the traditional mediation system of *Jirga*, of which decisions were once judged as illegal by the Supreme Court, is still widely operated due to people's distrust of the court system in which the perpetrator is not properly punished. As mentioned earlier, in *Jirga*, the men who actually committed a crime are not punished, but their daughters or any young female family members are compensated for a family of the victim. In general, *Jirga* is composed of only senior male members with local power and does not include women. When a man commits a murder, rape, or abduction/kidnapping, *Jirga* often orders the perpetrator to pay back to the victim's family by giving his daughter, sister, or any young female member of the family to the victim as compensation, which is called *Vani/Swara/Sang Chatti*.

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Punjab Commission on the Status of Women. 2019. *Punjab Gender Parity Report 2018*. Lahore: PCSW.

<sup>57</sup> Based on the results of the interviews with representatives and staff working for AusAID, War Against Women, and other organizations during the field study.

<sup>58</sup> Based on the result of the interview with two female staff working for Center of Excellence in Responsible Business/The Pakistan Business Council (CERB/PBC).

<sup>59</sup> <https://www.crisisgroup.org/asia/south-asia/pakistan/reforming-pakistan-s-criminal-justice-system> (Latest access on Feb. 23, 2020)

<sup>60</sup> Home Office, Gov. of UK. *Country Information and Guidance: Pakistan: Women fearing gender-based harm/ violence (version 3.0)*. London: Home Office, Gov. of UK.

<sup>61</sup> This man, a victim of acid throwing, has been protected and supported by Depilex Smileagain Foundation (NGO).

<sup>62</sup> In Pakistan, there is a DNA Laboratory available only in Lahore, Punjab Province. In other provinces and Islamabad, there is none, so other provincial and Islamabad police has to bring the evidence of DNA collected to this DNA laboratory in Lahore, Punjab Province.

*Jirga* also punishes women even with death penalty for *Zina* (adultery) under the name of protecting family honor based on complaints from their brothers, fathers, or husbands<sup>63</sup>. Even when a couple is legally married, a woman is often sued by her family for adultery in the case of love marriage which was against the family’s opposition<sup>64</sup>.

In Pakistan, holding *Jirga* is prohibited by law, so the police is responsible for monitoring and cracking down on *Jirga*. In fact, however, many police officers themselves tend to agree with the *Jirga* settlement, and adequate crackdown has not been implemented, including the arrest of *Jirga* members who have convened. In Punjab Province, *Jirga* (which is called *Panchayat* in Punjab) was held on 21 GBV cases in 2014, according to news reports. In Sindh Provinces, *Jirga* was held on 39 GBV cases in the same year<sup>65</sup>.

Pre-marital sexual relations and love marriage were the most common reasons for holding *Jirga* in Punjab Province with six cases, whereas in Sindh, honor killings were the most common reason with 26 cases<sup>66</sup>. Regarding *Jirga* held in Punjab, the organizer was arrested in only 5 out of 21 cases, while the wife and daughter of the perpetrator who were sent to the victim through *Vani* were arrested. There were three cases where police officers agreed to hold *Jirga* and its decisions, one of who received bribes. On the other hand, in *Jirga* in Sindh, how the police treated *Jirga* was not described in the press.

## 2.4. Government’s Initiatives

### 2.4.1. GBV-related Laws and Policies

The Government of Pakistan has enacted and amended a number of laws to protect GBV survivors and eliminate GBV during the late 1990s and 2000s. As described earlier, behind this are domestic feminist groups that protested against the laws that work to the detriment of women or unfairly punish them, such as *Zina* which is a part of *Hudood* Ordinance and the Law of Evidence, enacted under the military regime of the late 1970s and 1980s. There were strong opposition and lobbying by various women’s organizations, as well as the National Commission on the Status of Women. The establishment of GBV-related laws was boosted by international organizations’ great support for such movements<sup>67</sup>. Since decentralization based on the 18th Constitutional Amendment Act issued in 2010, GBV-related laws have been enacted and amended in each state of Pakistan.

#### (1) Federal Level

The major GBV-related laws enacted at the federal level are shown in the table below.

**Table 2-6 Major GBV-related Laws Enacted/Amended at the Federal Level of Pakistan**

| Year | GBV-related Laws   |
|------|--|
| 2004 | The Criminal Law (Amendment) Act, 2004 (to address the issue of honor killing)             |
| 2006 | The Protection of Women (Criminal Laws Amendment) Act, 2006 (regarding <i>Hudood</i> Laws) |
| 2010 | The Protection Against Harassment of Women at the Workplace Act, 2010                      |
| 2011 | Prevention of Anti-Women Practice Act, 2011  |

<sup>63</sup> NCSW, USAID & Aurat Foundation. 2016. *Women, Violence and Jirga: Review Study for the National Commission on Status of Women*. Islamabad: NCSW.

<sup>64</sup> *ibid.*

<sup>65</sup> *ibid.*

<sup>66</sup> *ibid.*

<sup>67</sup> Based on the results of the interviews with a representative of Mehergarh (NGO) conducted on Jan. 23, 2020, with representatives of Shirkat Gah (NGO) on Feb. 5, 2020, and with the representative of Dastak, who is a lawyer, on Feb. 6, 2020.

|      |  |
|------|--|
|      | (to ban anti-women practices, including marriage to Quran, honor killing, child marriage/early marriage/forced marriage, etc.) |
| 2011 | Acid Control and Acid Crime Prevention Act, 2011 (Criminal Law (Third Amendment) Act, 2011)                                    |
| 2013 | Domestic Violence (Prevention and Protection) Bill   |
| 2016 | The Criminal Law (Amendment) (Offences relating to Honor Killing) Act, 2016  |
| 2016 | The Criminal Law (Amendment) (Offences relating to Rape) Act, 2016   |

Source: developed by the author, based on UN Women’s “Global Database on Violence Against Women”, Ministry of Human Rights, Government of Pakistan’s “Human Rights Legislation in Pakistan, May 2017”, and Sindh PSCSW’s Annual Report 2017-2018.

## (2) Provincial Level

GBV-related laws enacted and amended in Punjab and Sindh Provinces are listed in the tables below.

**Table 2-7 Major GBV-related Laws Enacted and Amended in Punjab Province**

| Year | GBV-related Law   |
|------|---|
| 2012 | The Punjab Protection Against Harassment of Women at the Workplace (Amendment) Act, 2012  |
| 2015 | The Punjab Marriage Restraint (Amendment) Act, 2015<br>(to ban child marriage, the legal ages for marriage for men and women are set up as 18 and above and 16 and above, respectively) |
| 2016 | The Punjab Protection of Women Against Violence Act, 2016   |

Source: developed by the author, based on UN Women’s “Global Database on Violence Against Women”, Ministry of Human Rights, Government of Pakistan’s “Human Rights Legislation in Pakistan, May 2017”, and Sindh PSCSW’s Annual Report 2017-2018.

**Table 2-8 Major GBV-related Law in Sindh Province**

| Year | GBV-related Laws   |
|------|--|
| 2013 | The Sindh Domestic Violence (Prevention and Protection) Act, 2013  |
| 2013 | The Sindh Marriage Restraint (Amendment) Act, 2013<br>(to ban child marriage, the legal age for marriage is set up as 18 and above for both men and women) |
| 2016 | The Sindh Acid Control and Acid Crime Prevention Bill, 2016  |
| 2017 | The Sindh Dowry and Bridal Gifts Restriction Act, 2017   |
| 2018 | The Sindh Protection Against Harassment of Women at the Workplace Act, 2018  |

Source: developed by the author, based on UN Women’s “Global Database on Violence Against Women”, Ministry of Human Rights, Government of Pakistan’s “Human Rights Legislation in Pakistan, May 2017”, and Sindh PSCSW’s Annual Report 2017-2018.

### 2.4.2. Government’s Structure, Initiatives, and Challenges to Address GBV

#### (1) Federal Level

In Pakistan, the Federal Ministry of Women Development and Ministry of Social Welfare were abolished due to the decentralization accompanying the 18th Constitutional Amendment Act of 2010. Therefore, at the federal level, main government agencies responsible for implementing GBV-related laws are National Commission on the Status Women, the Ministry of Human Rights, and National Police Bureau and Islamabad Police.

## **1) National Commission on the Status of Women**

### **Main Roles and Structure**

At the federal level, National Commission on the Status of Women (NCSW) is the leading government agency working on policy-level GBV issues. The NCSW is an independent body established under the Presidential Ordinance of 2000. Its missions are to promote gender equality and women's empowerment, as well as to protect women's rights. The commission has identified its priority areas as: 1) women's participation in decision-making; 2) VAW/GBV; and 3) women's economic empowerment. Regarding VAW/GBV issues, the commission reviews relevant laws and policies and monitors the implementation of these laws and policies, so that it can find out if there is an article violating women's human rights and working to the detriment of women and assess if existing laws and policies work to protect women's rights and benefit them. The NCSW also conducts a number of research and studies on VAW/GBV, and based on findings/evidences from the research/studies, it conducts advocacy activities in order to develop new laws and policies. For an advocacy purpose, the commission tries to strengthen the network and collaboration with government agencies at the federal and provincial levels, as well as with international organizations and NGOs.

As a regulation for its operation, the NCSW chairperson and committee members are rotated every three years. Problematically, since their term expired in October 2019, no new chairperson or committee members have been appointed as of January 2020. After the chairperson and committee members left the commission, there have been only some government officials assigned as administrative staff under the Ordinance enacted in 2000<sup>68</sup>.

### **Main Initiatives and Activities**

One of NCSW's current outstanding activities related to GBV issues is the publication of a booklet titled "Standardized Indicators on Violence Against Women in Pakistan". This booklet states a classification of various forms of GBV occurring in Pakistan and defines each form of the GBV classified. The NCSW also published a booklet on a collection of good practices to support for the victims of acid attacks, titled "Good Practices to Counter Violence Against Women and Girls, Including Acid And Burn Violence, And Promote Gender Equality in Pakistan." In addition, the commission conducted research on the illegal traditional mediation system of *Jirga* and compiled a report entitled "Women, Violence and Jirga".

### **Major Challenges**

As mentioned previously, since the term of the chairperson and committee members of the NCSW ended in October 2019, no new chairperson and committee members have been appointed as of January 2020, and no activity has been conducted. Every time the term of the chairperson and committee members of the NCSW ends, the appointment of new chairperson and committee members is not often made immediately and there tends to be a critical time gap between the end of the term and the appointment of a new chairperson and committee members. During the time gap, almost no activity is conducted by the NCSW, which is problematic. The regulation on the operation of the NCSW should be revised, so the chairperson, as well as some thematic experts, are employed on a permanent basis.

In addition, the NCSW needs to hire some experts who have expertise on complaints. The NCSW is not the agency directly involved in the operation of helplines or shelters. According to the chief of the NCSW, there are many women who visit the NCSW and request for some advices on their complaints on GBV. She described that if the NCSW has some complaint experts, they can give proper advices to such women and refer them to appropriate agencies in the public and private

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<sup>68</sup> According to the chief of NCSW interviewed on Jan. 24, 2020, there is no specific schedule or plan on when a new chairperson is appointed.

sectors, based on their needs.

Furthermore, as mentioned above, the NCSW has classified the types of GBV in Pakistan and defined each type of GBV. According to the chief of the NCSW, the commission's next plan is to collect and analyze GBV-related data disaggregated by type of GBV, province, and residential (urban/rural) areas. Such evidence-based analysis is essential for conducting advocacy activities for policy formulation and legislation. However, one of the major constraints that hinder the NCSW from doing so is that there is no accurate data on GBV at both federal and provincial levels in Pakistan and the NCSW has no access to any relevant data. This is because Pakistan does not have any appropriate data-collection and storing system on GBV at the federal and provincial levels and there is no close relationship built between the NCSW and the police that collect the data on a regular basis.

## **2) Ministry of Human Rights**

### **Main Roles and Structure**

At the federal level, the main government agency involved in the implementation of GBV-related activities is the Ministry of Human Rights. The Human Rights Commission established in 1993 was promoted to the Ministry of Human Rights in 1995. However, a year later in 1996, the ministry was merged with the Ministry of Justice. The ministry became independent from the Ministry of Justice in 2008, but after decentralization in 2010, it was merged with the Ministry of Justice again in 2013. After repeated independence and merger, the Ministry of Human Rights has remained independent since 2015. Within the ministry, there are three departments/sections focused on "human rights", "international cooperation", and "development". It also has regional offices in Karachi, Sindh Province; Lahore, Punjab Province; Peshawar, KP Province; and Quetta, Balochistan Province.

The main roles of the Ministry of Human Rights are: 1) to review existing laws, policies, and government systems from a human rights perspective; 2) to create/strengthen a coordination system with related organizations that address human rights issues; and 3) to monitor the implementation status of relevant policies, laws, and projects in accordance with international treaties, including CEDAW, the Convention on the Rights of the Child, the Convention on the Rights of the Disabled, and so on. Thus, the ministry is responsible for compiling the periodic progress report of CEDAW every four years.

### **Main Initiatives and Activities**

#### **① Operation of Helplines**

The Ministry of Human Rights has implemented a helpline project that encourages GBV survivors to consult on the phone. In the operation of this project, a dedicated line "1099" with free call charges has been installed, and consultations are accepted from 9:00 to 16:00<sup>69</sup>. About 4,000 telephone consultations are received each month. For each of women who phoned and consulted, referrals to appropriate agencies, including the police, medical facilities, and NGOs providing legal services, are also conducted as necessary.

#### **② Operation of Family Protection & Rehabilitation Center for Women**

The Ministry of Human Rights runs a center for GBV survivors, called "Family Protection & Rehabilitation Center for Women", which was established in 2004. This center aims to protect GBV survivors from a risk of life-threats and rehabilitate and economically empower them. It has both functions of a shelter providing GBV survivors with accommodation and of a one-stop facility where GBV survivors do not necessarily stay for a certain time, but they can receive necessary services and information. This center provides legal aid, counseling, human rights and

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<sup>69</sup> There are 4 lines in total.

gender awareness, and vocational training. It also accepts GBV survivors and their babies and small children and provides these babies and children with day-care and school education services.

The site of this center consists of an office building and a private room building, where about 40 to 50 survivors and their children can stay. The center is operated by a total of 15 to 20 staff members, including one manager, one care manager, one lawyer, one doctor, one psychiatrist, one Social Welfare Officer, one warden, two cooks (male), and several security guards. According to the manager interviewed, training for staff members is provided irregularly by the Ministry of Human Rights and NGOs.

Many of the women who use this center are DV survivors and a few are survivors of rapes and attempted honor killings. Some of DV survivors seek divorce, custody, and child support with legal support by the center. Once a survivor visits the center, she is supposed to first talk to the case manager of the center, and based on the content of her complaint, the case manager will decide whether the survivor will stay at the center or go home after having necessary services and information. Although survivors are usually allowed to stay there for up to three months, longer periods of time are permitted depending on individual circumstances<sup>70</sup>.

As mentioned above, the center provides several services for GBV survivors. First, survivors can receive individual therapies, group therapies, and family therapies from the psychiatrist, depending on individual situation and needs. The lawyer also provides legal information as needed. Furthermore, services for mediation with women survivors' husbands or family members (perpetrators) are also offered for those women who seek reconciliation with their husbands/families, instead of a trial. In addition, vocational training on sewing and craft making is also provided, so that women survivors can achieve rehabilitation and economic empowerment after leaving the center. Another training for developing basic computer skills is also provided for young educated women survivors who seek office work after leaving the center. In the sewing-related vocation training in the center which is provided by Rozan (NGO), if women are selected as excellent trainees, they will also be nominated as candidates who can receive sewing machines by free through a project run by another organization.

### ③ Conduct of Training for Judicial Experts

The Ministry of Human Rights offers in-service training for judicial officials, such as judges and prosecutors. In Pakistan, Judicial Academies have been established at the federal and provincial levels. The judicial officials are required to take in-service training every year or every two years. The contents of the in-service training include lectures on human rights issues which are for about one week, and GBV issues are covered within the lectures on human rights issue. The training materials are prepared by the Ministry of Human Rights, and instructors are also provided by the ministry. In some cases, external human resources are hired for the training.

### Major Challenges

One of the most urgent issues faced by the Ministry of Human Rights is to strengthen the legal services provided by lawyers for women who seek legal information and some advises. As for the center to support GBV survivors, there is a requirement of additional budget for proper maintenance of the aging facilities and for adding one more floor to the existing building in order to accept more survivors. Meanwhile, the manager of the center noted that it is difficult for survivors to get settled down and start working right after leaving the center. According to her, it

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<sup>70</sup> The number of those women who visited the center during December 2019 was 46, out of which 14 were those women who had ever visited the center before. The largest portion of the women were survivors of physical violence (34 women), followed by the survivors of psychological violence (5 women). There were a few survivors of dowry-related violence and those who were fear of honor killing.

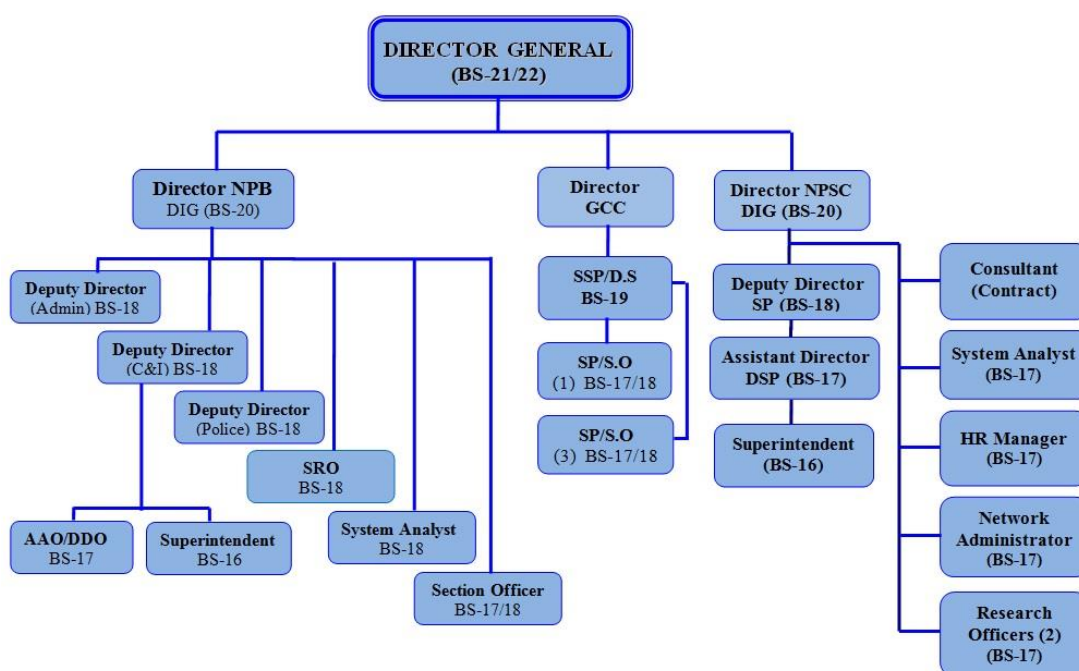
is necessary for the center/Ministry to provide survivors with a “Transit Home” facility in which they can stay until they are ready for getting reintegrated into a community/society and economically empowered to some extent. She explained that survivors need to spend some time for preparing for reintegration and rehabilitation through going out freely and working part-time while staying at the “Transit Home”.

### 3) National Police Bureau

#### Main Roles and Structure

At the federal level in Pakistan (Capital Territory of Islamabad), National Police Bureau mainly plays the role of coordination for about 15 police agencies established at the federal level. The Bureau also conducts research and analysis on crimes, including GBV cases.

The National Police Bureau consists of the Administration Department, the Gender Crime Cell (GCC), and the National Police Safety Commission (see the figure below). Unlike the Islamabad Police and Provincial Polices, the Bureau is not involved in actual criminal investigations, so its composition of officers is also different from that of the Islamabad Police and Provincial Polices. Thus, the National Police Bureau is not headed by Inspector General of Police (IGP), but Director General (DG) (Basic Scale 21/22). Under DG, there are Directors, equivalent to Deputy Inspector General (DIG) who are assigned to the Islamabad Police and Provincial Polices, Deputy Directors or Senior Superintendents of Police (SSPs), Superintendents of Police (SP), and so on.



Source: Website of National Police Bureau

**Figure 2-2 Organizational Structure of National Police Bureau**

The police at both federal and provincial levels play a key role in tackling GBV cases through the protection of survivors and prosecution of perpetrators. This is because the police are the first to receive the survivors of GBV, listen to their complaints, and register a FIR. In Pakistan, GBV is turned into a case by the registration of the FIR. From the viewpoint of the protection of a victim, the police are responsible for requesting a “Court Order” to protect a victim after registering the FIR. On the other hand, from the perspective of punishment of perpetrators, the police are responsible for investigating cases, arresting perpetrators, and collecting evidences for



prosecution and conviction. The procedures of police officers' duties and responsibilities are regulated by a manual/guidelines, called "Standard Operation Procedure (SOP)", depending on each law.

### **Main Initiatives and Activities**

#### **① Establishment of GCC**

The GCC was established within National Police Bureau in 2006. The GCC's primary role is to collect gender-related criminal data, including GBV cases in Pakistan. The collected data is expected to be used for GBV-related policy formulation and legislation.

For the GCC, German Society for International Cooperation or *Gesellschaft für Internationale Zusammenarbeit* (GIZ) has provided technical assistance through the implementation of "Gender Responsive Policing Project" I and II: the 1<sup>st</sup> phase from 2009 to 2012 and the 2<sup>nd</sup> phase from 2012 to 2014<sup>71</sup>. These projects aimed to strengthen the capacity of GCC officers to conduct some studies on the police's services, including investigation of GBV cases, and to recommend and take effective counter-measures to improve the services based on findings from the studies. The projects also provided training for police officers on gender issues and how to deal with GBV cases. Under the projects, a network of women police officers was established, and meetings were held regularly among women police officers in which they discussed their gender-based problems<sup>72</sup>. In 2017, as a follow-up activity of the projects, the 8th Women Police Forum, official network of women police officers, was held. Participants in this forum discussed necessary data on GBV and the mentor system for women police officers.

According to the Director and officer of the GCC interviewed, no proper budget is currently allocated for the GCC. The main task of the GCC is to collect monthly GBV data from relevant departments of each Provincial Police. However, no detailed analysis of the collected data has been conducted and no data has been posted in the website of National Police Bureau. As of February 2020, the GCC has a Director and three other staff members, one of whom is a woman, specializing in data analysis.

#### **② Conduct of Training for Police Officers**

Training for police officers is currently being supported by Bureau of International Narcotics and Law Enforcement Affairs (INL) under United States Department of State. As mentioned earlier, GIZ used to provide training through the Gender Responsive Policing Project I and II, but there was no support after the end of the projects. In addition, the United States Agency for International Development (USAID) previously provided training support at Police Academy, where training is conducted for new police officers who are cadre candidates and senior police cadre, but no support has recently been provided.

### **Major Challenges**

Based on the observation of the GCC Office and interviews with its Director and officer, the GCC has not established any data collection and storing system which is specific to GBV cases in Pakistan. Although the GCC collects data on a monthly basis, it does not utilize the data collected in an effective way by analyzing it and making recommendation for policy formulation or legislation. The problem does not lie only at the federal level, but also at the provincial level. Each Provincial Police does not have a specialized department to collect data on GBV cases, and police officers assigned by each Provincial Police collect monthly data on a volunteer basis and send it to the GCC. The data sent from each Provincial Police is not necessarily unified in terms of the definition of each type/case of GBV or accurate. Another major problem is that the data collected

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<sup>71</sup> <http://www.npb.gov.pk/index.php/gcc-introduction/> (Latest access on March 5, 2020)

<sup>72</sup> <http://www.npb.gov.pk/index.php/gcc-grpp/> (Latest access on March 5, 2020)

in this way is not made public on the website of the National Police Bureau. Thus, the GCC has not fully played its major role or contributed to the PCSW and other government/international organizations in terms for their advocacy and project/policy formulation analysis.

#### **4) Islamabad Police**

##### **Main Roles and Structure**

The Islamabad Police have a total of 11,626 police officers<sup>73</sup>. The Islamabad Police are headed by Inspector General of Police (IGP, ranked BS21), and under IGP, there are Deputy Inspector General (DIG, BS20), Additional Inspector General (AIG), BS19), Senior Superintendent of Police (SSP, BS19), Superintendent of Police (SP, BS18), and Deputy/Additional Superintendent of Police (BS 17) who are all police cadre. As professional experts, there are Inspectors (BS 16) and Sub Inspectors (BS 14). Under the cadre and professional experts, there are Assistant Sub Inspectors (BS 11), head constables (BS 9), and constables (BS 7)<sup>74</sup>. Of the 11,626 police officers, constables account for about 70% with 8,147<sup>75</sup>. Of the 11,626, about 500 are female police officers<sup>76</sup>.

##### **Main Initiatives and Activities**

###### **① Establishment of Women Police Station**

In Pakistan, “Women Police Stations”, composed of women police officers only, were established between 1993 and 1996 in nine cities, including Islamabad, Rawalpindi, Lahore, Faisalabad, Karachi, Larkana, Hyderabad, Peshawar, and Abbottabad<sup>77</sup>. Many of those stations are dedicated to complaints from women, specifically GBV survivors.

The Women Police Station in Islamabad is located in the G-7 district and all 29 police officers stationed there are women<sup>78</sup>. GBV survivors can be referred to this police station, no matter what police station in Islamabad they first visit for consultation or complaint. Its primary role is to register FIRs based on the requests of survivors, investigate GBV cases, and patrol the surrounding area. In the cases of rapes and gang rapes, DNA is collected as evidence and transported to a dedicated laboratory in Lahore for inspection.

The Women Police Station also undertakes the operation of a helpline project. It offers a 24-hour free consultation service under the helpline project. There are about 20 telephone consultations a day, most of which are consultations regarding DV and child abuse. The helpline operation is handled by women police officers who have received specialized training.

###### **② Training Opportunities for Women Police Officers at Women Police Station**

According to the women police officers working at the Women Police Station in Islamabad who were interviewed in this survey, training for women police officers at the Station is provided irregularly by NGOs. The training provided is usually on how to respond to GBV survivors and gender and human rights issues. However, the number of police officers who can participate in one training is limited to about 40. More problematically, women police officers in charge of investigation at the Station is busy with work and the training opportunity is often given to the officers in charge of administration.

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<sup>73</sup> <https://islamabadpolice.gov.pk/ipwe/Organization> (Latest access on March 5, 2020)

<sup>74</sup> *ibid.*

<sup>75</sup> *ibid.*

<sup>76</sup> Based on the result of the interview with women police officers stationed to women police station and experts working for Women and Children Protection Center on Feb. 13, 2020.

<sup>77</sup> <https://evaw-global-database.unwomen.org/fr/countries/asia/pakistan/2009/women-police-stations-and-women-complaint-centers> (Latest access on Feb. 23, 2020)

<sup>78</sup> There are 500 women police officers out of the total of 11,500. This number is far behind the target portion of women police officers by Islamabad Police which is 10 %.

### ③ Establishment of Network among Women Police Officers at Federal Level

As mentioned previously, with the support of GIZ, an official network of women police officers called “Women Police Officers Forum” has been set up within the National Police Bureau. Even after the end of GIZ's support, senior women police officers gather once a month to discuss the current situation and issues surrounding women police officers<sup>79</sup>. According to a senior woman police officer working at the Women Police Station in Islamabad, one of the most critical problems commonly faced by women police officers is a life-work balance between housework and childcare and duties as police officers.

### ④ Establishment of Women and Children Protection Center

On the premises of the Women Police Station in Islamabad, Women and Children Protection Center was established in March 2018. Although there are two more Women and Children Protection Centers in Multan, Punjab Province and Peshawar, KP Province in Pakistan, the center in Islamabad is only attached to the Women Police Center. The center in Islamabad is financially supported by the Australian Government in terms of the employment of professional staff members, such as a doctor, psychiatrists, and a lawyer.

The main roles and functions of the Women and Children Protection Center in Islamabad are similar to ones associated with a one-stop function where GBV survivors do not need to move from one to another organization, but they can get all necessary information and services at one place. The center is operated from 9:00 to 16:00 by one woman police officer who is in charge of reception, a female doctor, a female lawyer, and two female psychiatrists. Many of the women who visit the center are survivors of DV. Between March 2018 and December 31, 2019, the center received 177 women for DV consultations, 115 for sexual harassments’, 30 for rapes’, and 19 for child abuse’.

Most of DV survivors who visited the center do not seek to file a court case, but reconcile with their husbands/families. Therefore, the psychiatrists of the center provide mediation support for these women. There is a mediation hall set up in the center, where meetings for mediation/reconciliation are held by a committee called "Public Conciliation Committee". The committee is composed of 11 members, including two women police officers who have been appointed as Human Rights Officers at the Women Police Station, social workers, and so on.

## (2) Provincial Level (Punjab Province)

As mentioned previously, after decentralization under the 18th Constitutional Amendment Act of 2010, the Ministry of Women Development and Ministry of Social Welfare at the federal level were abolished and transferred their roles and powers to each provincial government<sup>80</sup>. Under these circumstances, the newly enacted or revised GBV-related laws have been implemented mainly by provincial governments. Major provincial government agencies working on GBV issues in Punjab Province include Women Development Department (WDD), Provincial Commission on the Status of Women (PCSW), Social Welfare Department, Punjab Provincial Police, and GBV Court.

### 1) WDD and PCSW

#### Main Roles and Structures

In Punjab Province like other provinces, the WDD and PCSW are key provincial government agencies which address GBV issues. Their prime mission is to promote gender equality and

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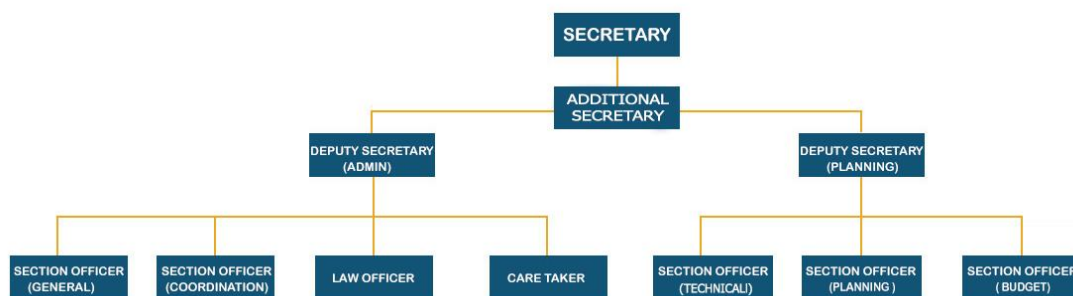
<sup>79</sup> In the interviews conducted on Feb. 13, 2020, DG of National Police Bureau said that there is a needs for supporting this women police officers’ network.

<sup>80</sup> NCSW. *Assessment of the Capacities of Women Development Departments*. Islamabad: NCSW.

women's empowerment at the provincial level. The WDD was first established to promote the implementation of the National Action Plan of the Beijing Platform for Action adopted at the Fourth World Conference on Women held in 1995 in Beijing<sup>81</sup>. Initially, the WDD was integrated within the Social Welfare Department dealing with social welfare, youth, sports, and education for children with disabilities, and provided only social welfare services for women<sup>82</sup>. Later, in 2012, the WDD became independent from the Social Welfare Department.

Both WDD and PCSW in Punjab Province, like NCSW in Islamabad, are mandated to review provincial GBV-related laws and policies if there are any articles which violate women's human rights and work to the detriment of women and to make recommendation and advocate relevant provincial government agencies for revision if necessary. In fact, the PCSW has conducted a number of policy and law reviews, research, and advocacy activities for the formulation of key laws and policies. In these ways, the PCSW has played a leading role in promoting the formulation and implementation of GBV-related policies and activities in Punjab Province. This was largely because after independence from the Social Welfare Department in 2012, the WDD suffered for several years from a shortage of officers with the vacancy of a half of the 30 posts, including professional posts of gender analysts<sup>83</sup>. In recent years when the organizational situation of the WDD has been improved, the PCSW takes responsibility for law and policy reviews, research, and advocacy, while the WDD focuses on the operation of helplines for GBV survivors and of hostels for working women and their children.

The organizational charts of the WDD and PCSW in Punjab Province are shown below.



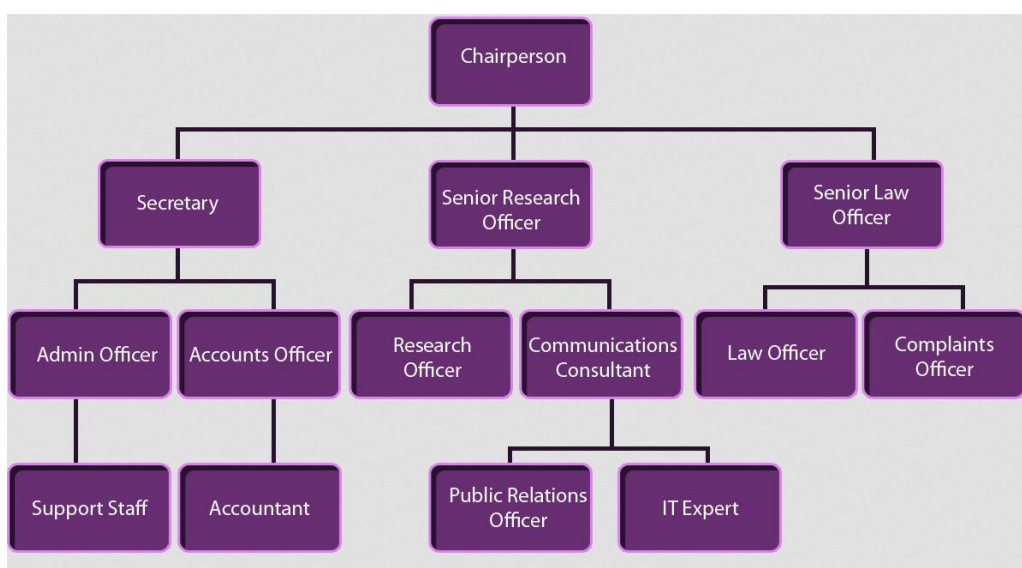
Source: website of WDD in Punjab

**Figure 2-3 Organizational Structure of WDD in Punjab Province (Secretariat)**

<sup>81</sup> *ibid.*

<sup>82</sup> *ibid.*

<sup>83</sup> *ibid.*



Source: website of PCSW in Punjab

**Figure 2-4 Organizational Structure of PCSW in Punjab Province**

### **Main Initiatives and Activities**

The PCSW in Punjab Province is taking a leading part to tackle GBV issues. First, from a short time after its establishment, the PCSW made a great effort to collect relevant data to grasp the status of women in Pakistan, based on “the Punjab Women's Empowerment Package and Initiatives 2012 and 2014”. The data collected covered the areas of education, health, inheritance, employment, and VAW/GBV on a nationwide scale. Based on the data collected, the PCSW established a database system, called “Gender Management Information System (GMIS)”, consisting of about 300 indicators. In connection with this, in 2017, the PCSW conducted a comprehensive survey on the current status of women in Punjab, focusing on VAW/GBV and other areas covered by GMIS. Findings from this survey was compiled in a report, titled “Punjab Gender Parity Report 2018”.

The PCSW also conducted a survey on the management status and the quality of services provided by Women Home Shelter or Dar-ul Amans which are operated by the Social Welfare Department in Punjab Province. In Punjab Province, Dar-ul Amans which are mandated to temporally protect the GBV survivors exposed to a risk of a life threat have been established and operated in all of 36 districts. In the survey, the PCSW survey team visited all Dar-ul Amans and conducted individual and focus groups interviews with staff members of Dar-ul Amans and GBV survivors staying at Dar-ul Amans. The team assessed the extent to which each Dar-ul Aman maintained a building and equipment, managed/operated the facility, and provided necessary services for the women and children staying, and analyzed key challenges faced by the Dar-ul Amans. Drawing from findings of the survey, the team made a report.

### **Major Challenges**

One of the biggest challenges facing the PCSW in Punjab Province is that in May 2019, the chairman of the PCSW, who had led the above efforts, was suddenly fired from the Punjab Provincial Government, and no activity has been conducted since then. As of February 2020, no new chairperson has been appointed. The stagnation of policy and law reviews and advocacy activities based on the GMIS updated and new research results is a very serious problem.

According to Secretary of the WDD in Punjab Province, while the WDD is placed as a leading agency in efforts to eliminate GBV at the provincial level, its efforts are considered to be done

mainly through "policy-level coordination" with relevant departments. She described that direct support for GBV survivors should be done by the Social Welfare Department.

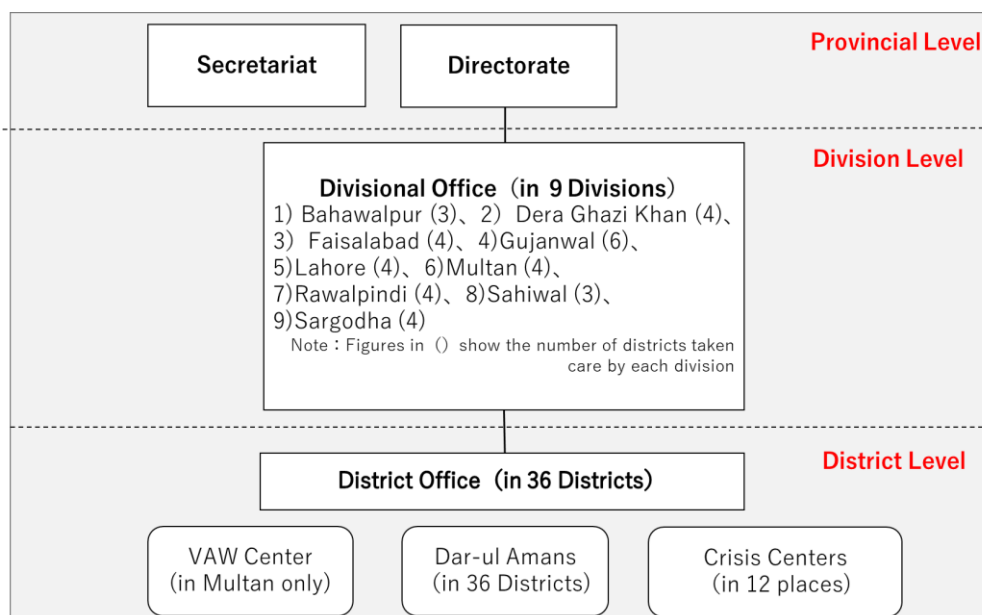
However, the issue is that the WDD has not actively worked with the Social Welfare Department. Support for GBV survivors should be addressed not from a social welfare perspective, such as giving alms to poor people who can do nothing on their own, but from a gender perspective focusing on women’s agency and empowerment. Thus, it is important for the WDD and PCSW to closely work together with the Social Welfare Department to improve the way of management and the quality of services provided in Dar-ul Amans from such a viewpoint. In the future, the WDD and PCSW, if a new chairperson of the PCSW is appointed, need to build active coordination with the Social Welfare Department.

## 2) Social Welfare Department

### Main Roles and Structure

In Punjab State, the Social Welfare Department is a provincial government agency responsible for formulating relevant policies and operating and supervising all facilities that aim to protect vulnerable groups of people, including orphans, abandoned women and elderly people, poor people, and people with disabilities. Public facilities for GBV survivors which are operated and supervised by the Department include Dar-ul Amans (Women Shelter Home) in 36 districts, Crisis Centers (Shaheed Benazir Bhutto Human Rights Centers) in 12 places, and Violence Against Women (VAW) Center (One-stop Center) in Multan.

The Social Welfare Department in Punjab Province consists of Secretariat mainly responsible for formulating policies, Directorate responsible for implementing policies and projects, and field offices, including 9 divisional offices and 36 district offices (see the figure below). The department has a total of 4,163 employees<sup>84</sup>.

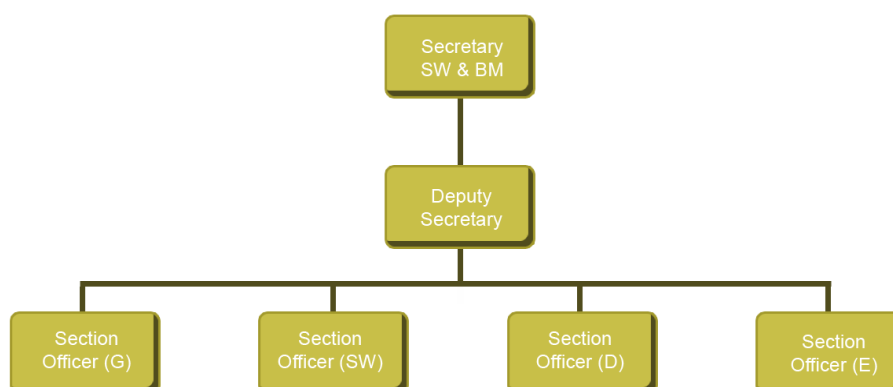


Source: developed by the author based on the results of interviews with key informants in the Social Welfare Department in Punjab Province

**Figure 2-5 Organizational Structure of the Social Welfare Department in Punjab Province Engaged in Support for GBV Survivors**

<sup>84</sup> Out of a total of 4,163 officers/staff belonging to Social Welfare Department, there are 1,132 ranked from BS 11 to BS 15 and 723 ranked BS 16 to BS 20 (Secretary).

The following figure shows the organizational structure of the Secretariat of the Social Welfare Department in Punjab Province.

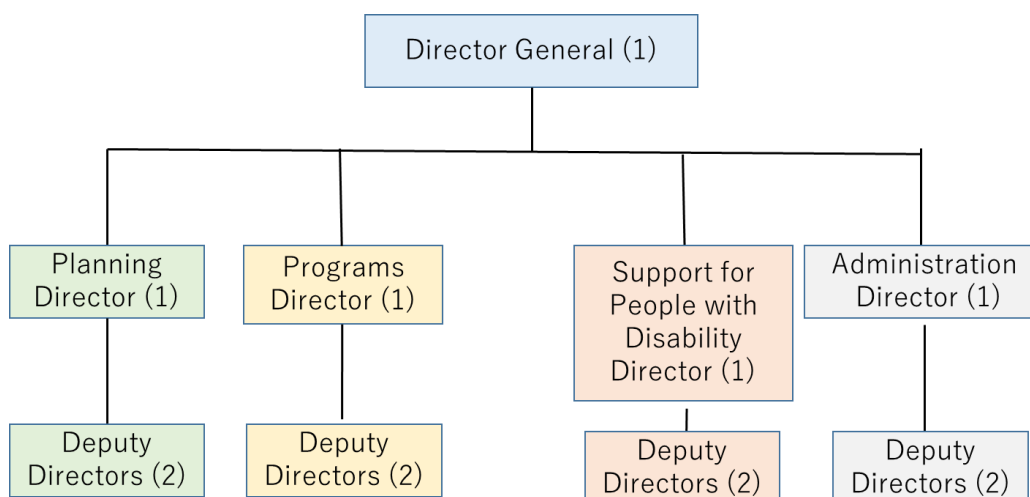


Notes: “SW & BM” in the figure stands for Social Welfare and Bait-ul Maal; “G” for General; “SW” for Social Welfare; “D” for Development; and “E” for Establishment.

Source: website of Social Welfare Department in Punjab Province

**Figure 2-6 Organizational Structure of the Secretariat of the Social Welfare Department in Punjab Province**

The Directorate of the department, headed by Director General, consists of four sections, including Planning, Programs, Disability, and Administration. For each of these four sections, one director and two deputy directors are allocated. The sections of Planning, Programs, and Administration take responsibilities for supervising the Dar-ul Amans established in each of all 36 districts, the Crisis Centers established in 12 places, and the VAW Center established in Multan which are all engaged in supporting GBV survivors.



Source: developed by the author based on the result of the local consultant’s interview with the planning director of the Social Welfare Department in Punjab Province

**Figure 2-7 Organizational Structure of the Directorate of the Social Welfare Department in Punjab Province**

As the field offices of the department, there are 9 Divisional Offices and 36 District Offices established at the division and district levels, respectively. One Division Director is allocated for each of the Divisional Offices and one Deputy Director for each of the District Offices. For the relevant facilities, including Dar-ul Amans, Crisis Center, and VAW Center, specific officers,



including Social Welfare Officers, and Medical Social Officers, are hired<sup>85</sup>. Those officers and staff members are engaged in direct and indirect support for GBV survivors in the relevant facilities.

### 3) Women Protection Authority, Women Protection Committees, and Women Protection Officers

#### Main Roles and Structure

After June 2020, Women Protection Authority (WPA) which was newly established under the Social Welfare Department in Punjab Province will take over the responsibilities and authority which used to be taken by and entitled to the department. The responsibilities include the operation and management of relevant facilities to support GBV survivors, and relevant personnel and budget authority will be delegated to the WPA. Under the WPA at the provincial level, a Women Protection Committee (WPC) will be established in each of 36 districts, and a Women Protection Officer (WPO) will be hired there. The WPA is supposed to play a key role in establishing a new mechanism for protecting GBV survivors which consists of existing facilities, including Dar-ul Amans, and new WPCs and WPOs. It will be also mandated to manage and monitor the mechanism. On the other hand, the WPCs and WPOs at the district level are supposed to take responsibility for the relief and protection of GBV survivors, in close coordination with the police and Dar-ul Amans.

The Punjab Provincial Government and the Social Welfare Department have made efforts to establish a part of the mechanism for protecting GBV survivors, based on the Punjab Protection of Women Against Violence Act 2016. As a typical example of such efforts, they established the VAW Center, which is the first and only one-stop center across the country, in Multan in March 2017 and have operated the Center since then. Based on this success, the Department considers to incorporate a low-cost one-stop facility that can produce as significant impact as the VAW Center despite a smaller scale, into each of existing Dar-ul Amans<sup>86</sup>. The role of the WPA is to manage these existing facilities and new facilities and to develop and implement a monitoring system to improve the quality of services provided in such facilities.

The WPA is preparing for taking up the role and authority which will be transferred from the Social Welfare Department in June 2020. Although the chairperson of the WPA was appointed in April 2019 and is already in business, the staff (14 to 15 officers) scheduled to be hired have not been hired as of February 2020. Similarly, the establishment of the WPCs at the district level and the recruitment and allocation of the WPO at the district level have not yet been carried out. For the WPA, a couple of directors of the Social Welfare Department have been in charge of startup work. The WPA's Board members have already been appointed and are also involved in the startup work (see the table below).

Table 2-9 Board Members of Women Protection Authority

|   | Organization        | Post/ Name                                    |
|---|---------------------|---|
| 1 | Provincial Assembly | Ms. Sabeen Gull Khan, MPA, W-328              |
| 2 | Provincial Assembly | Mr. Niaz Hussain Khan, MPA, PP-278            |
| 3 | Provincial Assembly | Mr. Muhammad Waris Aziz, MPA, PP-113          |
| 4 | Provincial Gov.     | Additional Chief Secretary of Home Department |

<sup>85</sup> Based on the result of this survey, officers allocated for the field offices under the Social Welfare Department in Punjab Province are 9 Divisional Directors and 36 Deputy Directors. The numbers of Social Welfare Officers and Medical Social Officers hired for the relevant facilities are 218 and 145, respectively.

<sup>86</sup> According to the director of the Social Welfare Department in Punjab, interviewed on Feb. 4, 2020, UN Women has planned to hire a consultant who is mandated to make a low-cost model of one-stop centers for the Department, but any consultant has not been hired as of February 2020.



|    |                 |  |
|----|-----------------|--|
| 5  | Provincial Gov. | Inspector General (IG) of Punjab Provincial Police |
| 6  | Provincial Gov. | Secretary of Financial Department                  |
| 7  | Provincial Gov. | Secretary of Social Welfare                        |
| 8  | Provincial Gov. | Secretary of WDD                                   |
| 9  | Provincial Gov. | Secretary of Prosecution Department                |
| 10 | Unknown         | Ms. Mehnaz Raffi                                   |
| 11 | Unknown         | Ms. Amina Sadaf.                                   |
| 12 | Unknown         | Mr. Farooq Iffikhar                                |
| 13 | Unknown         | Dr. Qaisar Rafiq                                   |

Source: Provided by Women Protection Authority

According to the Director of the Social Welfare Department, who is concurrently working for the WPA as well, there are two sub-committees established: One is to develop a SOP, a manual/guidelines, for the operation of the WPA; and another is to determine the budget and financial issues. He is involved in the first sub-committee and plays a leading role in making the SOP.

#### 4) Dar-ul Amans (Women Shelter Homes)

##### Main Roles and Structure

Women Shelter Homes or Dar-ul Amans are public shelter facilities that temporarily protect GBV survivors from a risk of a life-threat by letting them stay there. In Dar-ul Amans, shelter services, such as lodging and food, legal aid, medical and mental care, literacy classes, and vocational training are provided for GBV survivors. Based on the SOP and Minimum Standards set up, each Dar-ul Aman is operated and necessary services are provided for GBV survivors.

In Punjab Province, Dar-ul Amans have been established in all of 36 districts. Each Dar-ul Aman can accommodate up to about 50 women and about 15 accompanying children. In the Dar-ul Aman, there are a reception, the Superintendent's office, a medical office, lounges, classrooms for vocational training, literacy class for the women, and school education for their children, bed rooms for the women and their children, a dining room/a kitchen, and washrooms.

Dar-ul Amans in Punjab Province are to be staffed, as shown in the table below. On average, about 13 to 17 staff members are allocated and work there<sup>87</sup>. In addition to these staff members, a pool of 10 attorneys who are recommended by the district bar association provide legal aid services to GBV survivors. Except for defense costs, the costs related to administrative procedures and photocopying are covered by the financial support of Rs. 10,000 to 15,000 per case.

Table 2-10 Officials to Be Assigned to Each Dar-ul Aman in Punjab

|    | Post                           | Basic Scale | No. of Officials |
|----|--------------------------------|-------------|------------------|
| 1  | Superintendent                 | BS-17       | 1                |
| 2  | Medical Officer (20 out of 36) | BS-17       | 1                |
| 3  | Psychiatrist                   | BS-17       | 1                |
| 4  | Assistant/ Accountant          | BS-16       | 1                |
| 5  | Computer Operator              | BS-12       | 1                |
| 6  | Warden                         | -           | 1                |
| 7  | Craft Instructor               | BS-8        | 1                |
| 8  | Religion Instructor            | BS-8        | 1                |
| 9  | Driver                         | BS-05       | 1                |
| 10 | Cook                           | BS-02       | 1                |

<sup>87</sup> Based on the result of the interview with Planning Director of Social Welfare Department on Feb. 3, 2020, as well as the handout provided by him.

|    |            |       |   |
|----|------------|-------|---|
| 11 | Gatekeeper | BS-01 | 2 |
| 12 | Sweeper    | BS-01 | 1 |

Source: Based on the handout provided by Planning Director of the Social Welfare Department in Punjab Province

In Punjab Provinces, Dar-ul Amans do not require GBV survivors to get a “Court Order” issued by Court as a condition of their accepting the GBV survivors. In practice, however, the Superintendent and others usually ask each survivor to go to the police, register a FIR, and obtain a “Court Order”. Survivors with the order are banned from going out during their stay in a Dar-ul Aman until the departure date stated in the order.

In the case of Dar-ul Aman in Lahore, there were 36 women staying in February 2020. Most of these women were survivors of physical violence (DV) by their husbands, while remaining were survivors of economic violence, forced marriages, and disputes on land property among family members. According to the Superintendent of the Dar-ul Aman in Lahore, most of the women staying there looked for the next destination (another shelter, relatives' house, etc.) on their own in about two weeks. In the facility, with the cooperation of the Punjab Literacy Department, literacy classes were provided for the women, as well as simple sewing vocational training by the Warden. However, the period of two weeks is too short for the women to receive mental care, make their future plans, and have opportunities for discussions and mediation with husbands/family members.

On the other hand, security was very strictly enforced by the police and private security guards, as well as many Closed–circuit Televisions (CCTVs), in the Dar-ul Aman in Lahore. In that sense, the Dar-ul Aman in Lahore can be said to function as a facility of which primary purpose is to temporarily protect survivors from life-threats.

According to the Superintendent of the Dar-ul Aman in Lahore, there is no formal coordination network among all 36 Dar-ul Amans established in Punjab Province. Staff of the Dar-ul Amans have no opportunity to share information and experiences and learn from each other. The Superintendent of the Dar-ul Aman in Lahore has built an informal network with Crisis Center in Lahore and private shelters, such as Bali Memorial Trust, located in Lahore. According to her, main purposes of this informal network are to exchange information and lend and borrow human resources, specifically lawyers. Through this network, she has also sent her staff to Bali Memorial Trust so that the staff can learn on how to create a database from the staff of Bali Memorial Trust. Except these, there is no coordination or network built among diverse service providers in both public and private sectors.

### **Major Challenges**

In 2016, a survey team of the PCSW in Punjab Province visited all Dar-ul Amans in the Province, and conducted a survey to assess and analyzed the level of operating and managing each facility and the quality of services provided in each facility through interviews with Dar-ul Amans’ staff and women staying there. Overall assessment was rated as significantly improved in terms of maintenance, security, and management, compared to before. Regarding the provision of shelter, legal and medical services, and counseling, the survey team of the PCSW evaluated that most of the Dar-ul Amans are operated in accordance with the SOP and Minimum Standards established. However, the team pointed out that some Dar-ul Amans face some problems related to maintenance of facility/sanitary environment, budget allocation, and the way of the staff’s response to survivors. More importantly, it raised the key operational problems of Dar-ul Amans as a whole include the negative effects of a "Court Order" and a lack of support for survivors after leaving a Dar-ul Aman.

First, as a facility and environmental problem, some Dar-ul Amans had no windows, which created hygiene problems. Secondly, it also pointed out that some staff at Dar-ul Amans are working unpaid due to delays in the budget's approval procedures. Thirdly, some Dar-ul Amans employed male staff members, instead of female staff members, contrary to the SOP. In addition, in many Dar-ul Amans, there was no doctor or psychiatrist, which resulted in limited services. Furthermore, the survey team of the PCSW pointed out that although the way of staff members respond to survivors was improved, they still saw women survivors staying there as "bad women." As a result, the staff members tended to control the women's behavior. Also, contrary to the SOP, there was a problem that privacy is not always protected when women consulted with a lawyer, doctor, and psychiatrist in some Dar-ul Amans.

Lastly, the survey team of the PCSW pointed out that one of the most critical problems with the operation of Dar-ul Amans lies in a "Court Order". While in Dar-ul Amans in Punjab, women survivors are supposed to stay there without a "Court Order", in fact, women who visit Dar-ul Amans are suggested to get a "Court Order". In accordance with the "Court Order", women survivors are not able to go out even if they want to receive vocational training provided in any organization outside the Dar-ul Aman. Based on the "Court Order", staff members of Dar-ul Amans tend to give priority on the protection of survivors and let them stay inside a Dar-ul Aman, and do not necessarily consider any support or measures to get survivors ready for rehabilitation and economic empowerment before they leave a Dar-ul Aman.

It is also pointed out that Dar-ul Amans did not provide effective vocational training to build up survivors' new livelihoods so that the survivors can get economically empowered after they leave a Dar-ul Aman. According to the survey team of the PCSW, there was no feedback system to revise the contents of the vocational training in which the comments and suggestions raised by the women who took the training are reflected into the process of planning the training. Under the circumstances in which survivors cannot easily get reintegrated into a community or build their new livelihoods by themselves after leaving a Dar-ul Aman, the survey team of the PCSW emphasized the importance of providing a place, such as "Transit Home", before returning to a community/society, as well as financial assistance for starting business.

## **5) Crisis Centers (Shaheed Benazir Bhutto Human Rights Centers for Women)**

### **Main Roles and Structure**

There are 12 Crisis Centers in Punjab Province<sup>88</sup>. Crisis Centers are functioned as one-stop centers, providing necessary services, including legal aid and medical care services and counselling, for GBV survivors who visit there. In the case of the Crisis Center in Lahore, when a survivor visits there, a Social Welfare Officer listens to her complaint at the first place. With the help of a Law Officer, the legal or marital status of the woman with a perpetrator and other necessary legal matters are confirmed. And her physical and mental health condition is confirmed. If the woman lives in the same place as the perpetrator, it is recommended to move to another place as much as possible, but if it is difficult, the Social Welfare Officer makes a safety plan for her. In addition, information on other service providers is provided, based on its own network with NGOs.

In the Crisis Center in Lahore, there are one Manager (Basic Pay Scale 18), one Social Welfare Officer (BPS 17), one Law Officer (BPS 17) or volunteer attorney recommended by the district bar association, one Psychiatrist (BPS 17), and one Assistant (BPS 14) hired. About 350 women visit the Center annually for consultation. Every month, there are about 30 new consultations and about 80 to 90 ongoing consultations. Most of the women visiting the Center are survivors of DV by their husbands and seek for mediation and reconciliation with their husbands, while some

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<sup>88</sup> There are 26 Crisis Centers across the country.

women who wish to divorce their husbands often consult on the custody of their children and claims for child support. Therefore, this Center provides a service for mediating/reconciling between a woman victim and the perpetrator of her husband or family, in accordance with the Survivor-centered Approach through which every process is taken upon a consent by the survivor. As a result, the mediation process is time-consuming, and it often takes about two years to reach final agreement of reconciliation.

### **Major Challenges**

As described previously, the Crisis Center in Lahore provides services necessary for GBV survivors, based on the Survivor-centered Approach. According to the Manager of the Center, however, all 12 Crisis Centers located in Punjab Province do not necessarily provide the same-level quality of services. Since an appropriate monitoring and evaluation system for Dar-ul Aman has not been established by the Social Welfare Department, not all Crisis Centers are operated, according to the SOPs and Minimum Standard. The level of the quality of services varies, depending on the commitment and capacity of the Manager and other staff members of each Crisis Center.

According to the Manager of the Crisis Center in Lahore, there are limited training opportunities for staff members of Crisis Centers. Before decentralization in 2010, there were more training opportunities provided by the Ministry of Human Rights. She pointed out that there is a great demand for staff members to take training for the development of specific skills on mediation between a survivor and family members and rehabilitation of a survivor, as well as mental care for staff members themselves to avoid them from suffering accumulated stress by listening to the stories of survivors and dealing with their family.

## **6) VAW Center**

### **Main Roles and Structure**

As mentioned above, Pakistan's first one-stop center, called VAW Center, was established in Multan in March 2017, since when it has been operated. The VAW Center was constructed by the Punjab Provincial Government with a total construction cost of Rs 2.32 billion (approximately 1.67 billion yen).

The VAW Center consists of four departments. First, a woman who visits the Center goes to the “Front Desk” for registration. Necessary services can be received at the next departments, according to the content of a case. Next is “Women Police Department” where a woman can register a FIR and request the Police to obtain a “Court Order”, if she wants. The third department is one for counselling, where three psychiatrists, including one senior psychiatrist and two junior psychiatrists, are stationed. Lastly, there is a department for mediation with some staff members who are specialized in mediation and play a key role in reconciling between survivors and perpetrators. In this department, women are also provided with legal information and related services.

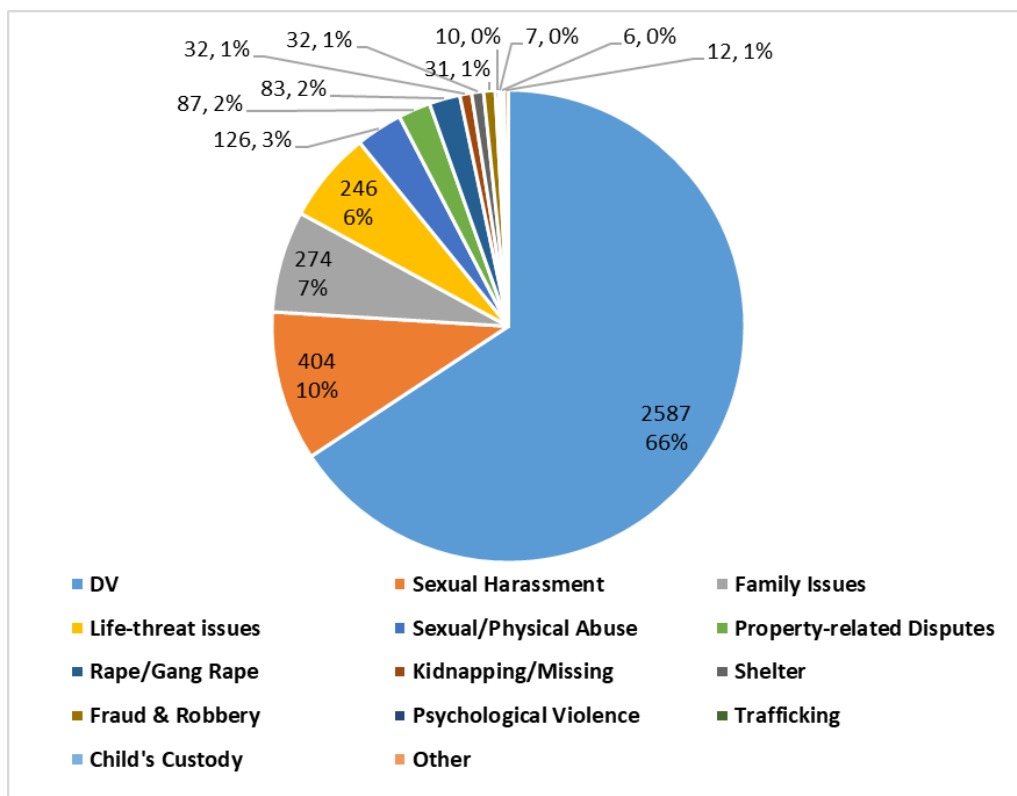
Inside the VAW Center, a family court has also been set up and two judges have been appointed. As of February 2020, no trial has actually taken place. A new Dar-ul Aman, which can accommodate up to 100 women, will be built on the land next to the VAW Center by June 2020. In addition, vocational training will be provided at the newly established Dar-ul Aman.

The VAW Center initially projected to serve for 1,200 women a year<sup>89</sup>. In fact, however, the Center handled 3,937 cases during less than three years from March 27, 2017 to December 31, 2019, surpassing that estimate. The most frequent consultation was on DV (2,587 cases), followed by

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<sup>89</sup> Office of the Manager/VAWC (Violence Against Women Center). “Report Regarding VAWC, Multan.”

sexual harassment (404 cases) (see the figure below).



Source: Office of the Manager/VAW Center, Multan. Report Regarding VAW Center, Multan.

**Figure 2-8 Complaints Received by VAW Center from March 17, 2017 to December 31, 2019**

### Major Challenges

One of the most urgent needs for the VAW Center is training and capacity development for staff members. According to the senior psychiatrist of the Center, training was regularly conducted in Islamabad and the Center in the past based on the Memorandum of Understanding between the Social Welfare Department and NGOs of Rozan and Oxfam Pakistan,. However, after the expiration of the memorandum in September 2019, the opportunity has disappeared. Previously, training was provided on how to interact with survivors and how to provide ordinary and specific counseling, including marital counseling. She also pointed out that stress care for staff members who respond to survivors who experienced long-term fierce violence are not adequately addressed.

Furthermore, although the VAW Center has a gynecological clinic facility with necessary equipment, a female gynecologist has not been hired as of February 2020.

## 7) Punjab Provincial Police/ GBV Investigation Cell

### Main Roles and Structure

As mentioned earlier, the police play a major role in protecting GBV survivors and punishing perpetrators. There are a total of 715 police stations in Punjab Province as of 2017. Among them, there are four Women Police Stations in Lahore, Faisalabad, Rawalpindi, and Multan<sup>90</sup>. In May 2018, with the support of the Australian Government, GBV Case Investigation Cells were established within the police stations in all six wards of Lahore City<sup>91</sup>. The GBV Case

<sup>90</sup> Punjab PCSW. 2018. "07 Justice" in *Punjab Gender Parity Report 2018*. Lahore: PCSW.

<sup>91</sup> Based on the result of the interview with female investigators of Punjab Police on Feb. 6, 2020.

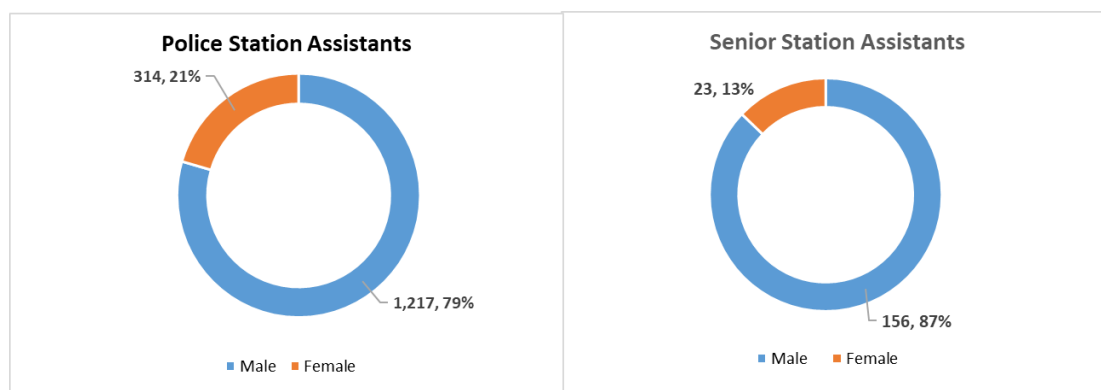
Investigation Cells are units dedicated to the investigation of only GBV cases, specifically rape/gang rape cases. In Lahore, a total of 31 women inspectors (BS 16) have been employed, out of which 19 are deployed in all six GBV Case Investigation Cells. In each Cell, there are 10 to 16 police officers, composed of both men and women inspectors and constables.

According to the women inspectors interviewed, many women visit the GBV Case Investigation Cells to register a FIR. However, only a few complaints (1-2%) are actually turned into cases and investigated by them. They explained the reason for this that many cases are solely girlfriend-boyfriend or wife-husband fights. This implicated that those women inspectors can be blinded by their own prejudices/stereotypes and may not necessarily recognize the concept of sexual violence between intimate partners.

## 8) Punjab Provincial Police/ Women Help Desk

### Main Roles and Structure

Of the 711 police stations, after excluding four Women Police Stations from the total of 715 police stations in the Province, 696 police stations (98%) have established a “Women Help Desk” inside the station<sup>92</sup>. The "Women's Help Desk" primarily plays a role in responding to a woman victim if she visits the station for complaint and consultation. Each desk set up at the station is operated by men and women police officers (Police Station Assistants: PSAs) and senior police officers (Senior Station Assistants: SSAs) to make survivors feel easier to consult<sup>93</sup>. The establishment of “Women Help Desks” was initiated by the Chief Minister of Punjab Province, based on “the Punjab Women Empowerment Initiative 2014”<sup>94</sup>.



Source: Punjab PCSW. 2018. *Punjab Gender Parity Report 2018*. Lahore: PCSW.

**Figure 2-9 Police Officers Working at Women Help Desks of the Punjab Police Stations**

### Recruitment Status of Female Police Officers in Punjab Provincial Police

As of the end of 2017, there was a total of 145,257 police officers in Punjab Province<sup>95</sup>. Of these, 141,359 (97.3%) were male and 3,898 (2.7%) were female. Out of the total (145,257) police officers, 640 were senior police officers (BS 17 or higher) and 30 (4.6%) were women senior police officers<sup>96</sup>.

<sup>92</sup> Punjab PCSW. 2018. “07 Justice” in *Punjab Gender Parity Report 2018*. Lahore: PCSW.

<sup>93</sup> *ibid.*

<sup>94</sup> *ibid.*

<sup>95</sup> *ibid.*

<sup>96</sup> *ibid.*

## **Major Challenges**

The Punjab Provincial Police have made efforts to create an environment where GBV survivors can easily consult with police officers at the station and register FIRs, by establishing six GBV Case Investigation Cells in Lahore and Women Help Desks in almost all police stations in Punjab Province. However, even if a victim comes to the GBV Case Investigation Cell for a rape/sexual violence case, many cases are regarded as a domestic fight between partners or couples. Only one to two percent of the complaints/consultations received by the GBV Case Investigation Cell are turned into rape cases. This may be due to the fact that police officers in the GBV Case Investigation Cells do not properly understand the definitions of rapes and sexual violence and the ways of dealing with such cases, specifically between partners and couples. Therefore, it is necessary to provide training on how to identify rape and sexual violence cases and how to deal with the cases for all police officers engaged in GBV case investigation.

According to the Deputy Inspector General of the Investigation Department in Lahore Police, interviewed, the Punjab Provincial Police aim to increase the number of women police officers. However, any specific measures or strategies have not been taken. The police should set up target goals, deadlines, and specific measures to address and achieve them.

## **9) Punjab Provincial Courts/ GBV Court**

### **Main Roles and Structure**

In October 2017, Pakistan's first court dedicated to GBV cases only was established in Punjab Province. The GBV Court was established in cooperation of the Supreme Court in Lahore and Technical Assistance provided by Asian Development Bank (ADB). Based on the "Practice Note" prepared by an ADB consultant who is a lawyer, the Court tries to punish perpetrators without any secondary victimization, such as feeling mentally disgusted through the trial. For example, in the GBV court, an e-Room is set up separately from the room where the trial is taking place, where the victim can observe the trial, while the defendant cannot see the victim<sup>97</sup>. The Practice Note also includes the guidance that defendants' lawyers cannot ask the victim directly<sup>98</sup>. Here, the lawyers are supposed to submit questions in writing, and a judge checks the content and then asks the victim appropriate questions<sup>99</sup>.

During six months from October 2017 to March 2018, 123 rape cases were handled by the GBV Court<sup>100</sup>. Of these, 67 cases were dropped by survivors mainly because survivors changed their mind or their witnesses refused testimony in the Court on the way. In 10 trials of remaining 56 trials, defendants were convicted. However, in 13 trials defendants were acquitted<sup>101</sup>. The remaining 33 trials are pending.

### **Recruitment Status of Female Judges in Punjab Province**

Similarly to the Punjab Provincial Police, there were few women judges employed. As of the end of 2017, a total of 1,771 judges were employed in Punjab, of which 1,503 were men (85%) and 268 were women (15%)<sup>102</sup>. Of the total (1,771), 50 were judges of the Supreme Court of Lahore. And of these 50 judges, women judges were only 2, accounting for 4%.

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<sup>97</sup> *ibid.*

<sup>98</sup> *ibid.*

<sup>99</sup> *ibid.*

<sup>100</sup> *ibid.*

<sup>101</sup> Shirkat Gah. 2019. *Beijing-25 Years on 2014-2019: Pakistan's Parallel Report*. Lahore: Shirkat Gah.

<sup>102</sup> Punjab PCSW. 2018. "07 Justice" in *Punjab Gender Parity Report 2018*. Lahore: PCSW.

### Training for Judges in Punjab Province

ADB has provided training for judges in Punjab Province, along with the establishment of the GBV Court. Furthermore, in June 2019, the Chief Justice of the Supreme Court in Lahore declared that additional 116 GBV Courts should be established in Pakistan in the future. Based on this declaration, in-service training for judges has been conducted at Judicial Academy at the provincial level<sup>103</sup>.

### Major Challenges

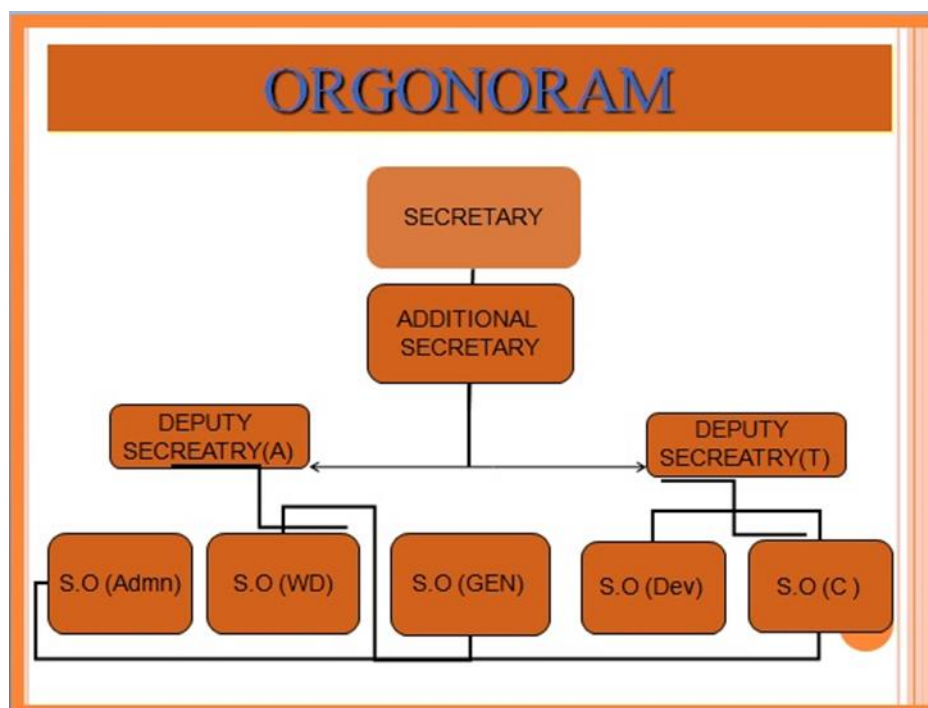
Similarly to the police, it is important to increase the number of female judges who are currently underrepresented. However, this does not mean any female judge appropriately responds to GBV survivors and avoids secondary victimization based on the Survivor-centered Approach just by being a woman.. It is necessary to continuously train both men and women judges on human rights and gender issues and GBV. According to the Secretary of the Punjab Law Department interviewed, judges in large cities, such as Lahore, have been trained on GBV through in-service training, so it is more effective to target local judges for GBV-specific training.

### (3) Provincial Level (Sindh Province)

#### 1) WDD and PCSW

##### Main Roles and Structures

In Sindh Province, as in Punjab Province, the WDD and PCSW play a key role in promoting gender equality and women's empowerment, as well as protecting women's rights. Sindh is the first province to establish the WDD independent from the Social Welfare Department in 2003. The organization chart of the WDD in Sindh Province is shown below.



Note: S.O. stands for Section Officer.

Source: the website of the PCSW in Sindh Province

**Figure 2-10 Organizational Structure of the WDD in Sindh Province**

<sup>103</sup> *ibid.*



Although the law concerning the establishment of the PCSW in Sindh Province was enacted in 2015, the chairperson was appointed only in September 2017, and the committee members (18 members) were appointed in November 2017. According to the chairperson and coordinator of the PCSW interviewed, as of January 2020, none of provincial government officer had been assigned and no budget had been allocated for the PCSW. Therefore, the chairperson has spent her pocket money to rent the office and hire an accountant and professionals who handle complaints. Until December 2019, two coordinators were employed with financial assistance from Australian Agency for International Development (AusAID).

### **Main Initiatives and Activities**

The WDD and PCSW in Sindh Province regard GBV issues as one of their priority areas and have implemented various initiatives. First, the WDD provides GBV survivors with legal aid services at four Complaint Cells in Sindh Province. According to the Secretary of the WDD interviewed, main complaints and consultations received at the Cells are related to divorce, child custody, and dowry. Each Cell receives about 20 consultations a month. In addition, the WDD undertakes helpline operations. Through these consultation projects, the WDD has strengthened its coordination with the Sindh Provincial Police. The WDD has made efforts to advocate the police to appropriately respond to GBV survivors, in accordance with the SOPs which were developed based on GBV-related laws, including the Sindh Domestic Violence (Prevention and Protection) Act, 2013, the Sindh Marriage Restraint (Amendment) Act, 2013, and the Sindh Protection Against Harassment of Women at the Workplace Act, 2018.

Like the PCSW in Punjab Province, the chairperson and coordinators of the PCSW in Sindh Province visited all three Dar-ul Amans and one shelter run through Public-Private Partnership (PPP) in Sindh Province to monitor how the Dar-ul Amans and shelter are managed and what quality of services they provide women staying there. Due to a lack of budget, they have visited all three Dar-ul Amans and one public shelter in Sindh Province only once in 2018. Three Dar-ul Amans are located in Hyderabad, Larkana, and Sukkur, while one public shelter is located in Karachi. The PCSW compiled a result of their visit and monitoring for the management and quality of services of the Dar-ul Amans and public shelter in their Annual Report 2018. In addition, with technical support by GIZ, the PCSW developed a SOP for the operation of “Safe Home”, a new facility which the Sindh Provincial Government and Social Welfare Department are planning to establish in all 29 districts across the Province. Apart from Punjab Province, in the case of Dar-ul Amans in Sindh Province, women survivors must obtain a “Court Order” in order to be accepted and protected in a Dar-ul Aman. Since it takes them one or two days to obtain the order, the Provincial Government and Department consider that “Safe Home” can have women survivors until they obtain the order and move to a Dar-ul Aman. According to the chairperson of the PCSW, however, no “Safe Home” has been established in Sindh Province as of January 2020.

### **Major Challenges**

The WDD in Sindh Province has been supporting GBV survivors through the operation of helplines and the Complaints Cells, and has been building a collaborative relationship with the Police. On the other hand, one of the most critical problems is that the WDD and PCSW are not working or coordinating closely with the Social Welfare Department which is the responsible agency for the protection of GBV survivors. In particular, the PCSW visited the Dar-ul Amans operated by the Department only once in 2018, and the detailed analysis of the management level and service quality of each Dar-ul Amans was not made at that time. Compared to the PCSW in Punjab, the system for conducting related research is not in place, and data collection and storing is an urgent issue. In order to carry out advocacy activities and making policy recommendations, drawing from the results and evidence of the research conducted, it is essential to carry out relevant research.

## 2) Social Welfare Department in Sindh Province

### Main Roles and Structure

Like in Punjab Province, the main mission of the Social Welfare Department in Sindh Province is to formulate relevant policies and protect vulnerable populations, including orphans, people with disabilities, and abandoned women and elderly people. The Department also supervises Dar-ul Amans and Crisis Centers which are mandated to support GBV survivors.

### Main Initiatives and Activities

There are four public shelters for GBV survivors in Sindh Province. The Social Welfare Department directly operates three Dar-ul Amans, in which GBV survivors can stay temporarily and receive necessary services, located in Hyderabad, Sakkar, and Larkana. The Department has one more shelter in Karachi which is operated through PPP with Sindh Human Rights Commission. As mentioned above, the Department plans to install "Safe Home" in all districts in the future.

## 3) Dar-ul Amans

The table below shows some information on four public shelters, compiled in the PCSW's annual report for 2017/2018.

**Table 2-11 Dar-ul Amans/Shelter Operated by Social Welfare Department in Sindh Province**

|   | Dar-ul Amans/Shelter                         | Number of survivors who stayed during the visit            | Number of officials/staff |
|---|--|--|---------------------------|
| 1 | Hyderabad                                    | 15 women (2 children)                                      | -                         |
| 2 | Karachi (Panah Shelter operated through PPP) | 25 women (5 children)<br>capacity is up to 70 persons      | 26                        |
| 3 | Sakkar                                       | 37 women (13 children)<br>capacity is around 40-60 persons | 8                         |
| 4 | Larkana                                      | 23 women (5 children)<br>capacity is up to 40-60           | 8                         |

Source: The Sindh Commission on the Status of Women. 2018. *Annual Report 2017-2018*. Karachi: PCSW Sindh.

### Major Challenges

Dar-ul Amans, run by the Social Welfare Department, in Sindh Province, face serious problems in terms of facility environment, services, and operational system. According to the Secretary of the Social Welfare Department interviewed, of three Dar-ul Amans operated by the Department in Hyderabad, Sakkar, and Larkana, the Dar-ul Aman in Larkana is operated well, while the Dar-ul Aman in Sakkar is not properly maintained due to a lack of budget. Also, the Secretary of the WDD in Sindh Province pointed out that poor staffing and a lack of training for staff working for Dar-ul Amans are problematic. According to her, although professional and non-professional staff were properly allocated at the beginning of their installation, after some professional staff resigned, sufficient replenishment was not made and training for remaining staff was also not conducted. Furthermore, the chairperson of the PCSW in Sindh Province pointed out that there were significant differences in the status and quality of services provided by each Dar-ul Aman due to differences in the level of the commitment and capacity of Dar-ul Amans' Managers.

In addition, a major issue related to operational system is that in Sindh Province, not all GBV survivors can stay in a Dar-ul Aman even if they wish. Obtaining a "Court Order" is an absolute requirement to be accepted and stay there. This condition is a major barrier for survivors to access any Dar-ul Aman. For this reason, the Social Welfare Department is considering establishing "Safe Home" in all 29 districts. Under the situation in which the Department is not able to manage even three Dar-ul Amans properly, the Department may not be able to coordinate and monitor the

operation of both Dar-ul Amans and “Safe Homes”. Before considering the installation of new facilities, the Department should review the SOP for Dar-ul Amans, specifically the condition of obtaining a “Court Order”.

#### **4) Panah Shelter**

##### **Main Roles and Structure**

Panah Shelter, operated through PPP between the Social Welfare Department in Sindh Province and Sindh Human Rights Commission, is a public shelter for GBV survivors, as is a Dar-ul Aman. In addition, similar to Dar-ul Amans, the Panah Shelter provides legal aid and medical care services, counseling, and literacy education for those women survivors. For promoting the economic empowerment of those women staying at the shelter, another organization provides vocational training.

The Panah Shelter has about 25 staff members. There are Manager who is responsible for the operation of the shelter, and Case Worker who plays a key role in reconciling between survivors and their family members of perpetrators, in accordance with the situation and needs of each survivor. In this shelter, all services, including legal aid and medical-and mental-care services, are provided for survivors, based on the Survivor-centered Approach by which each survivor’s needs are respected and based on them, she can make a decision on her future plans on her own.

Women staying in the Panah Shelters are primarily survivors of DV, but also include survivors of rapes and sexual assaults. According to 2017 results, 263 women were staying in the Panah Shelters (108 children). Of these, 146 were survivors of DV whose perpetrator were their husbands or fathers/mothers-in-law. In addition, 57 women stayed at the shelter because their family members opposed their love marriage, but they wanted to get married against the family’s opposition. Similarly, 39 women sought protection from life-threats of honor killing.

The chairperson of the Sindh Human Rights Commission, which runs the Panah Shelter, is a retired judge and chairperson of the Judges Association. Taking advantage of her connection with legal experts, she can provide sufficient legal aid services for women staying at the shelter. For example, if a GBV survivor staying there decides to bring a trial, the chairperson herself can work as a lawyer and also allocate other retired judge as a lawyer through her network. She has also made efforts to change the attitude of judges who still have stereotyped prejudice against women survivors by bringing them to the Panah Shelter and let them see the situation of women survivors there.

##### **Major Challenges**

The chairperson of the Sindh Human Rights Commission, who runs the Panah Shelter, said that “Transit Home” can play an important role in rehabilitating women survivors until they are ready to get reintegrated into a community after they leave the shelter. However, the Commission or Panah Shelter is not affordable to financially support women survivors to let them stay in such facility after they leave the shelter. In addition, it is very important for women survivors to collect information through smartphones in order to make future plans. However, using a smartphone creates a risk of contact from their perpetrators. Therefore, the use of smartphones/mobile phones is restricted in the Panah Shelter. For example, in the Dar-ul Aman in Lahore, Punjab Province, it is a rule that survivors cannot use their smart/mobile phones during their staying there. Prohibiting or restricting of going out of a shelter or using a smart/mobile phone during stay in a shelter is a difficult decision for the staff because it has both advantages and disadvantages.

## 5) Sindh Provincial Police

### Main Roles and Structure

As in Punjab Province, the Sindh Provincial Police play a key role in protecting GBV survivors and punishing perpetrators. This Police's operational regions are divided into three: Karachi, Hyderabad, and Sukkur, and Karachi is further divided into the southern, eastern, and western areas<sup>104</sup>. Like the Punjab Provincial Police, the Sindh Provincial Police are composed of Inspector General of Police (IGP) at the top, Additional Inspector General (AIG), Deputy Inspector General, Senior Superintendent of Police (SSP), and Superintendent of Police (SP) who are cadres, Inspectors who are professional police officers, and Constables.

### Main Initiatives and Activities

As in Punjab Province, the Sindh Provincial Police have established Women Police Station, of which name was changed to Women and Children Protection Unit<sup>105</sup>. In addition, in 2017, "Women Protection Cell" was set up in Hyderabad Police Station to address GBV issues/cases via PPP, as well as in several other districts. According to the Secretary of the WDD in Sindh, Inspector General of Police, who is committed to the elimination of GBV, decided to set up a "Women Complaint Cell", in the police stations, in which women survivors can consult with police officers on their experience of GBV and register a FIR.

### Major Challenges

In Sindh Province, honor killings, exchange marriages, and child marriages continue to occur mainly through *Jirga*. Training to raise the awareness of police officers on GBV issues, including the necessity of policing *Jirga*, is essential. Furthermore, there is an urgent needs to establish specialized laboratories that can perform DNA tests in Sindh Province. At the same time, increasing the number and improving the capacity of experts on forensics investigation are also critical issues to be addressed.

## 2.5. Support by Other Donors, NGOs, and the Private Sector

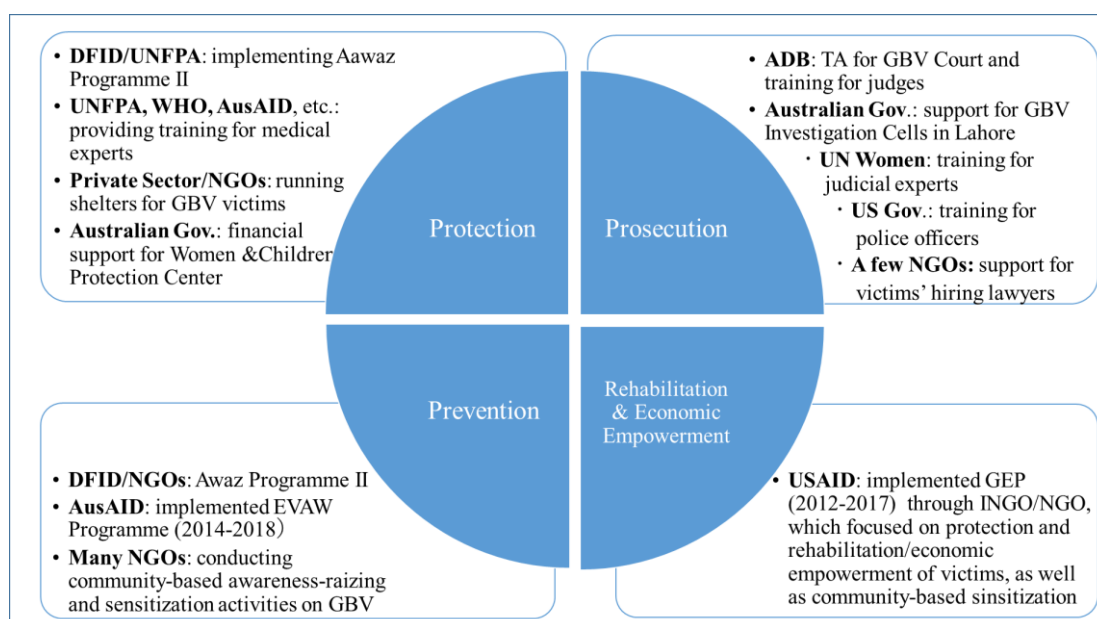
### 2.5.1. Status of Bilateral and International Aid Organization's Support

In Pakistan, there are several donors that have currently worked on GBV issues. They include the United Kingdom Department for International Development (DFID), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the United States Agency for International Development (USAID), and the Australian Agency for International Development (AusAID). On-going and past GBV-related projects implemented by these major donors and NGOs can be categorized into four aspects of GBV counter-measures: 1) protection of survivors; 2) punishment of perpetrators; 3) rehabilitation and economic empowerment of survivors; and 4) prevention of GBV (see the map below).

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<sup>104</sup> <https://www.sindhpolice.gov.pk/aboutus/organograme.html> (Latest access on March 6, 2020)

<sup>105</sup> <https://www.pakistantoday.com.pk/2018/05/10/women-police-stations-in-sindh-renamed-as-women-and-children-protection-unit/> (Latest access on March 6, 2020)



Source: developed by the author, based on the information collected through interviews with major bilateral and international aid organizations engaged on GBV issues in Pakistan.

**Figure 2-11 Map of Aspect-wise Support by Bilateral and International Aid Organizations**

### (1) DFID (Department for International Development)

DFID has implemented the Aawaz (Voice & Accountability) Programme II, focused on mitigation of GBV, by financially supporting implementing agencies, such as UNFPA and NGOs<sup>106</sup>. In preparation for this programme, DFID developed a mapping/framework on what kinds of critical GBV issues exist in each province and what kinds of interventions are necessary for each of the issues identified by the end of 2019<sup>107</sup>. The target provinces of the programme are KP and Punjab Provinces. The components of the programme include the capacity building of provincial government agencies involved in supporting survivors, such as the WDD, PCSW, Social Welfare Department, and Health Department, and community-based sensitization/awareness raising on GBV. First, capacity building for provincial government agencies will be undertaken by UNFPA. Specifically, UNFPA will provide technical assistance to relevant provincial government agencies of the target provinces in terms of: 1) data collection and storage; 2) policy formulation/planning; and 3) support for protection of survivors.

Secondly, awareness-raising activities at the community level will be carried out by the British Council and local NGOs that are implementing agencies. For these activities, religious leaders will be utilized as an entry point through which field workers of the implementing agencies can easily approach the target community. In addition, young people in the target community are also expected to play a central role in sensitizing and raising awareness of the community people on GBV.

### (2) UNFPA

As mentioned above, UNFPA is the implementing agency of the “Aawaz (Voice & Accountability) Programme II. With funding from DFID, UNFPA will support the provincial government agencies of Punjab and KP Provinces in terms of: 1) evidence gathering/data

<sup>106</sup> Aawaz Programme II is a project funded by DFID.

<sup>107</sup> As of Jan. 2020, the mapping/framework has not been available in the website.

collection; 2) implementation of existing GBV-related laws; and 3) prevention of GBV. First of all, data collection and storage will be conducted in cooperation with WHO, Ministry of Health, Provincial Health Departments, and Pakistan Bureau of Statistics which are all involved in conducting PHDSs. In Punjab Province, the PCSW has established GMIS, consisting of numerous indicators of gender priority areas, including GBV. Drawing on this system as a model, UNFPA is planning to support KP provincial government to develop such a system as GMIS in KP Province.

The second component is to strengthen the institutional capacity of the target provincial government agencies to make a plan and policy in order to implement existing GBV-related laws. As to support for KP provincial government agencies, UNFPA plans to strengthen the coordination capacity of the Social Welfare Department in KP Province with other agencies, such as the police, judicial experts, and health experts, that are directly involved in the protection of survivors.

The third component focuses on the creation of a GBV prevention and protection system at the community level. To this end, UNFPA will start with mapping for service providers available in the target communities.

In addition to the Aawaz Programme II, UNFPA, with the financial support of AusAID, has built “Women Friendly Space” in each of target local hospitals for refugees, internally displaced persons, and host communities in KP and Balochistan Provinces. The “Women Friendly Space” is a space in which women can feel free to consult with a doctor and nurse on reproductive health and family planning issues, as well as GBV. The medical experts working at “Women Friendly Space” are trained on GBV, specifically how to deal and communicate with GBV survivors.

### **(3) UN Women**

UN Women has implemented the “Essential Services Package for Women and Girls Subject to Violence” project in nine countries, including Pakistan. In this project, a training module was developed for medical experts, police officers, judicial experts, and service providers engaged in support for GBV survivors. The module focuses on how to deal with GBV survivors in each field, so that these experts will not hurt GBV survivors with their stereotyped prejudice and attitude toward the survivors. The training module consists of: 1) Overview & Introduction; 2) Healthcare; 3) Justice & Policing; 4) Social Services; and 5) Coordination & Governance of Coordination.

In the “Rule of the Law” project implemented by the European Union and the United Nations Development Programme (EU/UNDP), UN Women is planning to technically support the WDD and Social Welfare Department in Balochistan and KP Provinces in reviewing existing GBV-related laws and policies, making recommendations for revision of the laws and policies, and conducting advocacy activities for the revision.

Furthermore, UN Women will provide technical support for the Social Welfare Department in Sindh Province to develop a low-cost model for “Safe Home”, which is planned to be newly installed at the district level, as mentioned previously.

In addition, as a research project, UN Women has conducted “Costing Study of Child Marriage” which focuses on social and economic damage caused by child marriage. Based on findings from this study, UN Women is planning to make policy recommendations. The report on the study is expected to be published in June 2020.

#### **(4) World Health Organization (WHO)**

As mentioned earlier, WHO will be involved in the component of “evidence gathering/data collection” under the “Aawaz (Voice & Accountability) Programme II” funded by DFID. Under “Essential Services Package” project run by UN Women, WHO is providing training to medical experts by using the module.

In 2009, WHO conducted a survey focused on the awareness level of medical/health workers in Pakistan on GBV issues. This was based on the recognition that GBV is an important health issue. Key findings from the survey include: 1) Medical and health workers regard DV as a family issue and do not consider it as a health/medical issue; 2) A manual or guidelines on how to respond to GBV survivors, such as a SOP, has not been developed in Pakistan; and 3) GBV issues have not been incorporated into the field of public health.

Based on these survey results, WHO summarized what healthcare professionals need to know about GBV and how to respond to GBV survivors, and developed a SOP/handbook titled “Health Care for Survivors of Gender based Violence in Pakistan: A clinical handbook”. Based on this SOP/handbook, WHO is conducting training on GBV for healthcare professionals across the country.

#### **(5) USAID (United States Agency for International Development)**

From 2012 to 2017, USAID implemented a comprehensive GVB countermeasure project, titled “Gender Equity Program (GEP)”, in Sindh Province by funding INGOs and local NGOs which were implementing agencies. In this project, a wide range of activities was implemented. The activities included awareness-raising and prevention activities aimed at raising the awareness of women, in particular, on GBV; support for private shelters in terms for improving their services provided for survivors, and provision of training for police officers and judges.

USAID launched a follow-up project to the GEP in November 2019. This subsequent project consists of three components: 1) community-based awareness-raising and prevention of GBV; 2) women's economic empowerment; and 3) social change. The project mainly targets the area near the Afghan border in KP Province. Due to the low status of women in KP Province, the project aims to raise the awareness of women on their rights and GBV and improve the livelihoods of women survivors to become economically empowered. However, as of January 2020, USAID has not been able to even start this new project and implementation has been delayed. The reason for this is that the Government of Pakistan has not given the permission to the INGO of an implementation agency to conduct development activities in Pakistan.

#### **(6) AusAID (Australia Agency for International Development)**

AusAID implemented the “Ending Violence Against Women Project (EVAW) - Challenging Gender Based Violence in KP and Sindh” after 2014. However, the Government of Pakistan did not give the permission to the INGO which was an implementing agency of this project in 2018. Due to this reason, the EVAW was terminated in 2018, earlier than originally planned.

The EVAW included the components of: 1) advocacy for provincial government agencies working on GBV counter-measures and 2) improvement of services which NGO-operating shelters provide for survivors through better coordination with the police<sup>108</sup>. In the activities of Component 1), target provincial governmental agencies included the Police, Prosecution Department, Social

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<sup>108</sup> In EVAW, AusAID funded the implementing agencies of the INGO and local NGOs to technically support the private shelters of ABAD shelter in Hyderabad, Sindh Province and of Noor Education Trust in Peshawar, KP Province.

Welfare Department, Health Department, WDD, and PCSW. In addition to the INGO which was a leading implementing agency, there were seven local NGOs involved in the implementation of activities related to service delivery through shelters and support for policy development and capacity development of relevant provincial government agencies.

In the EAW, the NGOs-running shelters supported involved neighboring communities for an awareness-raising and prevention purpose. With the aim of creating an environment where community people support survivors, a model of awareness-raising activities called “Start Awareness, Support, and Action (SASA)” was adapted to raise community people's awareness and change their attitudes. Toward the implementation of such a prevention activity, Information, Education and Communication (IEC) materials were also developed and used.

After the termination of the EAW, AusAID has not implemented any project directly related to GBV countermeasures, but indirectly. AusAID is currently providing training on GBV for healthcare professionals in the "Sexual Reproductive Health Project" (2018-2021).

#### **(7) ADB (Asian Development Bank)**

ADB has provided TA for Punjab Provincial Government in establishing and operating the GBV Court, which conducts GBV trials only, in Punjab Province. This TA is a part of “Women’s Legal Literacy Project” which has been implemented in Afghanistan, Tajikistan, and Pakistan since 2017. ADB is planning to extend the GBV Court in other provinces and all over the country. In addition, ADB is providing training for 300 judges in Punjab Province.

#### **(8) World Bank**

The World Bank has not implemented any project in Pakistan which focuses on GBV countermeasures. As a part of the prevention of Sexual Exploitation, Abuse and Sexual Harassment (SEAH) by development aid organizations’ personnel, however, the Bank has introduced the risk assessment of GBV into the stage of formulating any new project worldwide. If the risk level is assessed high, any activities aiming at prevention of GBV and awareness-raising of target community people, and the project’s stakeholders on GBV will be integrated in the new project.

The World Bank has formed “GBV Task Force” of which members developed "Guidelines" for preventing SEAH, "Good Practice Notes for Infrastructure Context", and "GBV Risk Assessment Checklist Tools". Based on these, the GBV risk assessment is conducted in the planning process of each project, and necessary prevention-related activities are integrated, depending on the result of the assessment. The checklist includes several questions to assess the extent of a GBV risk to women and girls in the target area during the implementation of a project. In the assessment, a risk is evaluated as low, medium, or high, and the requirements of counter-measures to be taken for each risk level are indicated.

As a specific example in Pakistan, there is a large-scale road-construction project, of which GBV risk was assessed “high” at the planning stage. Some prevention activities, such as community-based sensitization/awareness-raising activities, are integrated in the project. The World Bank has allocated the budget of \$800,000 to \$1 million for implementing these activities.



## 2.5.2. Support by NGO and Private Sector

In Pakistan, many NGOs, including Aurat Foundation, Sirkat Gah, Aahung, Aasha, Oxfam Pakistan, the Human Rights Commission of Pakistan, and the White Ribbon, are actively working on GBV issues. However, much of the support provided by these NGOs focuses on community-based awareness-raising and sensitization on GBV, women's human rights, and related laws. As a result, interventions and support in terms of “protection of survivors”, “punishment of perpetrators”, and “rehabilitation and economic empowerment of victims” are limited.

Although the number of NGOs involved in direct support for survivors in these three areas is limited, there are a few outstanding NGOs. First, War Against Rape and Legal Aid Society, both based in Karachi, Sindh Province, provide legal aid services for survivors in bringing a trial and hiring a lawyer. Secondly, there are a few NGOs offer telephone consultations from GBV survivors. For example, the Digital Rights Foundation (DRF) provides telephone consultations on the Internet harassment against women and girls. Bedari also handles telephone consultations from girls, in particular, who are facing forced early/child marriage.

Thirdly, there are some NGOs that operate shelters for GBV survivors. They include Dastak, Bali Memorial Trust, and the Sindh Human Rights Commission (Pana Shelter). In the aspect of rehabilitation and economic empowerment of survivors, there are only a couple of NGOs, such as Rozan, that provide direct assistance for survivors in mental care and vocational training in cooperation with public and private shelters. Furthermore, Deplix Smileagain Foundation provides financial support for medical treatments and vocational training and employment for survivors of acid attacks.

## 2.6. Challenges for Eliminating GBV in Pakistan

### 2.6.1. Government's Issues

As explained previously, in Pakistan, both federal and provincial governments have enacted and amended GBV-related laws and developed basic systems for taking GBV countermeasures in accordance with the laws enacted and amended. However, sufficient administrative services have not been provided for the protection of survivors and for the rehabilitation and economic empowerment of survivors in particular. Main reasons for this include: 1) shortage of provincial governments' budget and human resources; 2) lack of officers/staff members' capacity, 3) lack of coordination and network among stakeholders; and 4) lack of operation and monitoring and evaluation systems.

#### (1) Budgeting and Staffing Issues

In Sindh Province, only four districts out of 29 have public shelters. Two of these four shelters have not been properly maintained or managed because of a lack of budget and staff. In Punjab Province, on the other hand, Dar-ul Amans have been set up in all 36 districts and each Dar-ul Aman is basically staffed with Superintendent, Medical Officer, Psychiatrist, Social Welfare Officer, and other staff. In addition, in most of the Dar-ul Amans, buildings/facilities are maintained, survivors are secured, and shelters are operated and managed, in accordance with SOPs and Minimum Standards. However, many Dar-ul Amans in Punjab Province have faced the problem of delays for the approval of the Social Welfare Department to disburse budget for Dar-ul Amans' operating expenses.

## **(2) Issues of Staff Members' Capacity**

Regarding public shelters in Sindh Province, it was pointed out that no replacement of professional staff for resigned staff has led to the chronic shortage of professional staff and that there is a substantial problem of a lack of professional and non-professional staff's capacity. The Social Welfare Department in Sindh Province has not provided sufficient training for these staff. In Punjab Province, on the other hand, staffing has not been a major problem, but a lack of professional staff and non-professional staff's capacity and a lack of training are common problems. The different level of capacity and commitment of individual staff have led to differences in how they respond to and treat survivors, which results in differences in the quality of services provided to survivors. In some Dar-ul Amans in Punjab Province, in spite of the SOPs for the operation of Dar-ul Amans, the privacy of survivors are not always protected, by having counselling and consultation with survivors in an environment where other staff and survivors are around. The Survivor-centered Approach has not been thoroughly enforced among staff in many Dar-ul Amans. As a result, secondary victimization is occurring there.

The Punjab Social Welfare Department provided training to staff of Dar-ul Amans when it signed Memorandum of Understanding with NGOs, such as Oxfam Pakistan. However, it has not conducted any training for the past few years since the contract was terminated. In Punjab, many DV survivors visit Dar-ul Amans, the VAW Center, and Crisis Centers for consultation, and most of them seek mediation with their husbands or family members who are perpetrators of violence, rather than trial. Therefore, in these facilities, Superintendents, Social Welfare Officers, and Psychiatrists take up a role in mediation between a victim and a perpetrator. However, such staff do not regularly take training on specialized methods for reconciliation and mediation, and have not updated their knowledge and skills. Staff without sufficient specialized knowledge or skills cannot properly mediate between the victim and the perpetrator. As a result, they tend to return survivors to the home of perpetrators without completely succeeding in reconciling them and end up with having the victims again in a Dar-ul Aman.

## **(3) Issues of Lack of Coordination and Network among Stakeholders**

In the case of Punjab Province, there are 36 Dar-ul Amans across the Province, but networks between 36 Dar-ul Amans have not been established at all. As a result, there is no opportunity for staff working in Dar-ul Amans to share opinions, knowledge, and experiences and learn about case management through real cases, especially good practices, from each other. In addition, there is no network or coordination system with private shelters, NGOs, and other service providers in the private sector that are actively involved in the rehabilitation and economic empowerment of survivors in particular. Each Dar-ul Aman is primarily responsible for providing information on other service providers to survivors and refer them to relevant organizations, depending on the needs of each survivor. However, as in the Dar-ul Laman in Lahore, survivors actually look for the next destination on their own, without being provided necessary referrals. As the duration of survivors' stay in Dar-ul Amans is shorter than that of private shelters, it is difficult for Dar-ul Amans to provide proper vocational training to survivors. However, it is important for Dar-ul Amans to collect and update information on other related government agencies, NGOs, and the private sector that provide such vocational training, by building network or coordination systems with them.

In Punjab and Sindh Provinces, there is close coordination between Dar-ul Amans and the police, as well as the district bar associations. However, advocacy and influential power by the WDD and PCSW to improve the operation and management of Dar-ul Amans are weak. The PCSW in Sindh Province monitored Dar-ul Amans, and the PCSW in Punjab Provinces conducted a survey and compiled a report on the status of the operation and service quality of Dal-ul Amans. However, their suggestions for improvement have not led the Social Welfare Department to taking any

action.

#### **(4) Issues of Operational and Monitoring & Evaluation Systems**

In Sindh Province, it is imperative that survivors obtain a “Court Order” from the court to stay in any Dar-ul Aman. In Punjab Province, although not necessarily a requirement, Dar-ul Amans’ officials usually suggest survivors to obtain the order, and almost every survivor will do so. As a result, even in Dar-ul Amans in Punjab Province, survivors are not allowed to go out according to the Court Order and can usually stay up until the time limit set by the court. During a very short stay in a Dar-ul Aman, many survivors are not able to get recovered from psychological damage, make future plans, or develop skills necessary for their economic empowerment. As private shelters which are operated based on the Survivor-centered Approach, Dar-ul Amans also need to support survivors in accordance with the situation of each survivor by making a tailor-made plan for reconciliation, rehabilitation, and vocational training for economic empowerment in the future.

In Punjab Province, a new mechanism for the protection of GBV survivors, consisting of the WPA, WPCs/WPOs, VAW Center, and Dar-ul Amans, will be established in the future. Under the system, the WPA will be responsible to coordinate among these stakeholders and monitor the operation and performance of each stakeholder. Based on the concept of welfare, services provided by Dar-ul Amans for survivors are through a welfare approach, rather than an empowerment approach. Therefore, the WPA should take a leading role in supervising/monitoring if the WPCs/WPOs, VAW Center, and Dar-ul Amans are operating/managing their facilities and providing services to survivors, according to the Survivor-centered Approach, as well as the SOPs and Minimum Standards. To this end, the WPA needs to closely work with the WDD and PCSW and to establish a system for monitoring and evaluating the quality of services provided by each Dar-ul Aman, VAW Center, and Crisis Center.

In the case of the Social Welfare Department in Punjab Province, there is Monitoring Committee established within the Department. The members of the committee, however, do not regularly visit Dar-ul Amans for monitoring, specifically ones located far from Lahore. More problematically, there is no monitoring and evaluation system which consists of relevant indicators. Thus, monitoring by the members of the committee tends to focus only on the level of maintenance for the facility, not for the quality of the services provided for survivors. This has resulted in significant differences in the quality of services provided by each Dar-ul Aman.

#### **2.6.2. Areas which Are Required for Support**

As explained earlier, interventions by donors and NGOs for mitigating GBV in Pakistan are predominantly community-based prevention and awareness raising/sensitization activities. This is largely due to the fact that people’s lack of awareness and their discriminative prejudice against women are fundamental root causes of GBV. Thus, through community-based activities, both donors and NGOs try to change the attitudes of target community people, by using religious leaders, young people, and supportive men as “male champions” and “change makers”.

On the other hand, very few interventions for “rehabilitation and economic empowerment of survivors” have been done by donors and NGOs. Most of donors and NGOs do not directly support GBV survivors in terms of “rehabilitation and economic empowerment”. In the case of bilateral and international aid organizations, “Aawaz Programme II” funded by DFID focuses on capacity development of relevant provincial government agencies for “protection of survivors”. The international organizations of ADB and UN Women are providing training for the police and judicial experts, whereas bilateral organizations of USAID and GIZ used to provide training for the police officers.

Interventions/investment by donors and NGOs in “rehabilitation and economic empowerment of survivors” are few. Although USAID invested this aspect through “GEP”, it was limited to Sindh Province and targeted the private sector, rather than public sector. Thus, future investment/interventions for GBV counter-measures should be focused on the aspect of “rehabilitation and economic empowerment of survivors” and target both public and private sectors.

### **3. Direction of Future Support and Proposed Cooperation**

#### **3.1. Proposal for Technical Cooperation**

This survey has clarified the “current state of GBV in Pakistan”, “state of initiatives by the federal and provincial governments”, and “state of support by other donors and NGOs” as described above. Based on the analysis of these, many women survivors depend on their husbands and families socially and economically, so there is only the option of returning to the husbands and families who are perpetrators. Although there are great needs for support in the aspect of rehabilitation and economic empowerment of survivors, donors and NGOs do not provide much support in that aspect.

With regard to the Social Welfare Department responsible for overseeing Dar-ul Amans and Crisis Centers, there has not been an appropriate system established to monitor and evaluate the operational and management status of these facilities. This lack of the monitoring system has led to a significant difference in the quality of services provided by each facility. Support for survivors in Dar-ul Amans often focuses on protecting them from life-threats based on Court Orders. Based on the Survivor-centered Approach, however, support should be provided according to the situation of each survivor. Due to a lack of staff’s capacity and motivation, high quality service is not always provided. As a result, there tends to be delay for the health and mental recovery of women survivors and their rehabilitation and economic empowerment. Furthermore, Dar-ul Amans alone cannot provide sufficient support for the rehabilitation and economic empowerment of survivors due to the short stay period of the survivors, whereas NGOs and the private sector take up such a role. However, it was also found that there is no coordination or network established between Dar-ul Amans and NGOs and related service providers in the private sector.

In light of these issues described above, in JICA’s future support plan, the target province should be Punjab Province because it has relatively stable security, related laws on the protection of GBV survivors and prevention of GBV, and a support system by Dar-ul Amans and Crisis Center, to a certain extent. Regarding the contents of proposed technical cooperation, a focus will be put on: 1) capacity development for staff members of Dar-ul Amans and Crisis Centers, as well as WPOs, who are involved directly in support for GBV survivors, and 2) strengthening of collaboration and networking among various stakeholders, including the private sector. Specifically, it is conceivable to provide the staff members with training on case management, counseling, and referral, as well as support for holding network meetings between these staff members. It is also important to make efforts to promote women survivors’ entrepreneurship and employment for their economic empowerment after leaving the facility through collaboration with private companies, social entrepreneurs, women entrepreneur networks, vocational training schools, and NGOs. Within this proposed technical cooperation, the process and outcomes of these interventions will be examined and an effective intervention model and approach for the protection of survivors and their rehabilitation and economic empowerment will be developed. The model and approach developed is supposed to be disseminated to other provinces.

#### **3.2. Relevance and Effectiveness of Technical Cooperation**

As described previously, the actual state of GBV in Pakistan cannot fully be grasped because the accurate data collection and maintenance system for GBV has not been established in Pakistan. However, based on the results of the nationwide surveys conducted to date and the statements of key informants interviewed in this survey, it is clear that there are many women who cannot speak out about their own experiences of GBV and are not receiving any support. To date, the federal and provincial governments have developed related laws and support systems. However, due to the limited number of facilities, lack of staff members and their capacity, problems with

institutions and systems, and lack of cooperation among related stakeholders, existing resources, while limited, are not effectively and efficiently utilized for the rehabilitation and economic empowerment of women survivors. Therefore, in future technical cooperation, it is very appropriate and effective to address these problems by developing human capacity of staff members/supporters who directly support survivors at Dar-ul Amans and by strengthening collaboration among various stakeholders, including the private sector.

The Government of Pakistan has ratified the CEDAW and has developed a national action plan based on the Beijing Platform for Action. Based on this plan and other related laws and policies, it has made efforts to promote gender equality and women's empowerment and eliminate violence against women and girls. While a national action plan for the implementation of UN Security Council Resolution 1325 on Women, Peace and Security has not been developed, the provincial governments of Balochistan and KP, which include conflict-affected areas, are actively accepting GBV countermeasure support by bilateral and international aid organizations. In Punjab, although not a conflict-affected area, the Provincial Government newly established the WPA which will take all responsibilities for support for GBV survivors and allocated sufficient budget for its establishment and operation based on related laws and high commitment.

On the other hand, the Government of Japan formulated a national action plan for UN Security Council Resolution 1325 in 2015 and participated in the G7 Women, Peace and Security Partnership Initiative in April 2018. It has announced its policy to strengthen support for eliminating GBV and promoting women's active participation and leadership in conflict-affected areas. In addition, the Japanese Government's Development Cooperation Policy for Pakistan positions "Gender Mainstreaming" as one of the Development Issues under "Ensuring Human Security and Improving Social Infrastructure" which is one of Priority Areas. Some development projects categorized into "Gender Equality" under "Gender Mainstreaming" have been implemented in Pakistan. These policies of the Japanese Government are in line with the direction of the future support for GBV countermeasures proposed above.

Regarding the comparative advantages of JICA's assistance, unlike other donors such as USAID and AusAID which provide assistance through INGOs/NGOs, JICA provides technical assistance directly to the provincial government agencies. By doing so, JICA can reflect the outcomes of the direct technical assistance into existing institutions and policies of any target provincial government. In particular, when technical cooperation is carried out in an environment where the organizational system is maintained to a certain extent, even with a small amount of input, the cooperation can lead to great outcomes and its effects can spread to the whole. In the case of Punjab, unlike Sindh's, Dar-ul Amans have already been installed in all 36 districts. In addition, although there are issues regarding personnel and budget allocation, a certain level of operational management is being implemented. The remaining issues are: 1) capacity building for staff members of Dar-ul Amans; 2) strengthening of cooperation/networking among Dar-ul Amans, NGOs, and the private sector; and 3) improvement of the quality of services provided in Dar-ul Amans through the establishment of a monitoring and evaluation system by the Social Welfare Department. While addressing these issues through the implementation of pilot projects targeting some Dar-ul Amans and Crisis Centers, the knowledge and lessons learned from the pilot projects will be shared with staff members of other Dar-ul Amans, officials of the Social Welfare Department and WPA, and other stakeholders. This approach should be effective and efficient.

From the viewpoint of JICA's past assistance in similar fields and the availability of related resources in Japan, the above-mentioned direction of the future assistance should be appropriate. First, JICA has implemented technical cooperation projects aimed at the prevention of human trafficking and the strengthening of administrative capacity for the rehabilitation and economic

empowerment of survivors in the Asian region. For the past six years, JICA has also conducted training programs for women police officers in Afghanistan to develop their capacity for responding to GBV. In future support, JICA can utilize such experiences, knowledge, and lessons learned from the past similar projects for better implementation.

Secondly, as one of outstanding related resources in Japan, One-Stop Centers which provide survivors of sexual violence with support for health and mental recovery and civil and criminal litigation have been established in all 47 prefectures nationwide. Spousal Violence Counselling and Support Centers have also been established at 292 locations nationwide as of April 2020. At these facilities, safety of survivors is ensured, and support for their health and mental recovery and rebuilding their livelihoods is being strengthened. There are also many private support groups formulated in Japan, and as of 2018, 107 private shelters have been installed nationwide. In the private shelters, social workers and other specialists are working on the Survivor-centered Approach for the physical and mental recovery of survivors and their economic empowerment. Knowledge and lessons have been accumulated among various stakeholders through their active network activities. In the future support provided by JICA, it is extremely effective to utilize the knowledge and advice of such experts and support networks in Japan. In addition, it will be a precious opportunity for counterpart staff members of the future technical cooperation project, including staff members of Dar-ul Amans, to visit the One-Stop Centers and shelters in Japan and exchange opinions with the staff members of these facilities through the technical cooperation project. Such an opportunity should be meaningful not only for improving their knowledge and expertise, but also for increasing their motivation to support GBV survivors.

### **3.3. Specific Technical Cooperation Plan**

Based on the above, more specific support plans are presented as follows.

#### **【Outline】**

This intervention aims to enhance the capacity of concerned government service providers under the Social Welfare Department in Punjab. Through the capacity development, they are expected to deliver effective services in order to protect, rehabilitate and economically empower GBV survivors in accordance with Punjab Protection of Women Against Violence Act, 2016. To achieve the goal, this intervention particularly addresses: 1) the capacity building of Women Shelter Homes (Dar-ul Amans), Crisis Centers, and WPOs to promote survivor-centered protection, rehabilitation and economic empowerment of GBV survivors and 2) the enhancement of the network among themselves as well as with concerned stakeholders in the private sector for sustainable economic empowerment of GBV survivors.

#### **【C/P】**

Punjab Social Welfare Department (SWD) and Women Protection Authority (WPA) (autonomous body established under Punjab SWD)

#### **【Partner institutions and organizations】**

Punjab Women Development Department (WDD); Provincial Commission on the Status of Women (PCSW) – Punjab; Punjab Police; Women Shelter Homes (Dar-ul Amans); Shaheed Benazir Bhutto Human Rights Centers for Women (Crisis Centers); Violence Against Women Center (VAWC); Technical Education Vocational Training Authority (TEVTA); on-going JICA projects; private companies; social entrepreneurs; women entrepreneur's network; NGOs; women's organizations; private shelters; and financial institutions.

### **【Beneficiaries】**

(Direct Beneficiaries): Punjab SWD and WPA's officers (approx. 15); Staff of 36 Women Shelter Homes and 12 Crisis Centers (approx.  $240=36 \times 5+12 \times 5$ ); WPOs (1x number of target areas); and women police officers (10x number of target areas)

(Indirect Beneficiaries): GBV survivors<sup>109</sup>

### **【Overall Goal】**

Protection, Rehabilitation and Economic Empowerment of GBV survivors are enhanced.

### **【Project Purpose】**

Provincial mechanism for the protection, rehabilitation and economic empowerment of GBV survivors is enhanced based on the Survivor-centered Approach.

### **【Expected Outputs】**

1. The network among concerned private and government service providers including staff of Women Shelter Homes (Dar-ul Amans) and Crisis Centers, women protection officers is enhanced with their increased knowledge on the Survivor-centered Approach, which is an international compliance standard to support GBV survivors.
2. The protection capacity (counseling, case management, and referral services) of Women Shelter Homes, Crisis Centers, WPOs, and Women Police Officers in the target areas<sup>110</sup> is enhanced through the implementation of pilot activities in partnership with partner organizations in public and private sectors.
3. The capacity of Women Shelter Homes, Crisis centers and WPOs to promote GBV survivor's rehabilitation and economic empowerment (/social reintegration) in the target areas is enhanced through the implementation of pilot activities in partnership with partner organizations in public and private sectors.
4. Knowledge, lessons-learned, and good practices on the protection, rehabilitation and economic empowerment (/social reintegration) of GBV survivors are collected through the implementation of pilot projects
5. Knowledge, lessons-learned, and good practices on the protection, rehabilitation and economic empowerment of GBV survivors are shared and disseminated to the concerned stakeholders in Punjab and other provinces.

### **【Activities】**

1. The network among concerned private and government service providers including staff of Women Shelter Homes (Dar-ul Amans) and Crisis Centers, women protection officers is enhanced with their increased knowledge on the Survivor-centered Approach, which is an international compliance standard to support GBV survivors.
  - 1-1 To conduct a study to assess the capacity of the staffs of Women Shelter Homes, Crisis Centers and WPOs in Punjab.

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<sup>109</sup> VAW Center, a one-stop center, which was established in March 2017 in Multan, Punjab, estimated to provide protective and rehabilitation services to 1,200 women per year, but it crossed the figure of 3,976 between March 27, 2017 and December 31, 2019. In Punjab, there are 12 Crisis Centers which are small-scale one stop centers. Lahore Crisis Center, one of those 12 centers, usually receive 30 new complaints from GBV survivors per month and 360 per year. According to Punjab SWD, the total number of 15,277, including 11,668 women GBV survivors and 3,609 of their children during the year of 2018.

<sup>110</sup> Target districts should be selected from a perspective of security situation, as well as the possibility of networking with partner organizations.



- 1-2 To formulate a training plan for the concerned service providers based on the result of the capacity assessment above.
  - 1-3 To implement the training program in accordance with the plan formulated above
  - 1-4 To organize a meeting to formulate a provincial “Shelter Network”.(\*Network among service providers in private and public sectors including women shelter homes, crisis centers and women protection officers)
  - 1-5 To create a list of private service providers (private shelters, etc.) and a directory readily available for referral services
2. The protection capacity (counseling, case management, and referral services) of Women Shelter Homes, Crisis Centers, WPOs, and Women Police Officers in the target areas<sup>111</sup> is enhanced through the implementation of pilot activities in partnership with partner organizations in public and private sectors.
    - 2-1 To select target districts to implement pilot activities.
    - 2-2 To conduct an assessment study on the status of GBV, and the response capacity (women Shelter Home, Crisis Centers, the Police, and private shelters) in the target districts.
    - 2-3 To develop an action plan for the target women Shelter Homes and Crisis Centers to enhance their protection capacity including counselling, case management, and referral services<sup>112</sup>
    - 2-4 To implement the action plan developed above in close coordination with all relevant government, civil society, and private sector stakeholders
    - 2-5 To conduct training for the target female police officers concerned in target districts on the Survivors-centered Approach
  3. The capacity of Women Shelter Homes, Crisis Centers and WPOs to promote GBV survivor’s rehabilitation and economic empowerment (/social reintegration) in the target areas is enhanced through the implementation of pilot activities in partnership with partner organizations in public and private sectors.
    - 3-1 To conduct a community assessment study to identify available resources to promote economic empowerment of GBV survivors in target districts
    - 3-2 To organize sensitization workshops targeting partner organizations including private companies, social entrepreneurs, women entrepreneurs, NGOs, vocational training centers, and women’s organizations to increase their understanding on the impacts of GBV as well as the role of the society to support GBV survivors
    - 3-3 Develops a plan for pilot activities to address economic empowerment of GBV survivors as well as their social reintegration in partnership with private companies, social entrepreneurs; women entrepreneur’s network, NGOs, vocational training centers, and women’s organizations, etc.
    - 3-4 To implement pilot activities planned above<sup>113</sup>
    - 3-5 To conduct studies and workshops in order to promote business interventions for GBV survivors through innovative partnerships with public and private sector organizations

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<sup>111</sup> Target districts should be selected from a perspective of security situation, as well as the possibility of networking with partner organizations.

<sup>112</sup> Expected actions includes information management system, increase capacity for counselling and tailor-made support planning, creation of database of resources of private service providers

<sup>113</sup> Expected actions includes life skill trainings (communication skill, financial management, etc.); business and entrepreneurship training (business plan making, book keeping, product development, marketing etc.); vocational training (Office management, skill trainings, etc.) ; Peer counselling activities (handcraft making, sports activities, and activities to increase their self-esteem, sensitizing on women’s rights and empowerment, etc.); awareness-raising activities focused on GBV for GBV survivors’ families and community people, as well as private companies and others, and others

resulting in economic integration of GBV survivors through employment or entrepreneurship

4. Knowledge, lessons-learnt, and good practices on the protection, rehabilitation and economic empowerment (/social reintegration) of GBV survivors are collected through the implementation of pilot activities.
  - 4-1 To review the process and impact of each pilot activities
  - 4-2 To share the outcomes of the pilot activities with concerned stakeholders in order to draw lessons and identify good practices.
  - 4-3 To compile all knowledge, lessons learnt and good practice in a consolidated report in the form of an “Impact Assessment” on various indicators of GBV survivors’ protection, rehabilitation and economic empowerment
  - 4-4 To develop an action guide for each concerned stakeholder (Women Shelter Homes, Crisis Centers, WPOs, and Women Police Officers)
  - 4-5 To develop recommendations towards the revision of “Standard Operation Procedure (SOP)” for Women Shelter Homes and Crisis centers.
  - 4-6 To conduct a brief mapping of the private sector landscape to identify potential partner organizations based on the result of the pilot activity specifically for economic empowerment/ social integration of GBV survivors
  
5. Knowledge, lessons-learnt, and good practices on the protection, rehabilitation and economic empowerment of GBV survivors are shared and disseminated to the concerned stakeholders in Punjab and other provinces.
  - 5-1 To organize a workshop to share the knowledge, lessons-learnt and good practices obtained through the implementation of the pilot activities with concerned stakeholders in other districts of Punjab and other provinces
  - 5-2 To undertake trainings for the concerned stakeholders in based on the action guide developed through the implementation of pilot activities for stakeholders in other districts of Punjab and other provinces
  - 5-3 To conduct a national level consultative dialogue with concerned stakeholders highlighting the lessons learned from the Punjab pilot and brainstorming on key interventions required in addition to the action guide to further the impact on protection, rehabilitation and economic empowerment of GBV survivors

### **3.4. Items Necessary for Further Confirmation and Analysis in Future Surveys**

In providing the above-mentioned assistance, it is necessary to first analyze if the Social Welfare Department in Punjab Province, a prospective counterpart organization of a proposed technical cooperation project, has had appropriate institutional structures/systems and capacity to support for the officers and staff of Dar-ul Aman and Crisis Centers, prospective cooperating agencies, under the project. In particular, it is necessary to confirm how the Department monitors the quality of services provided by each Dar-ul Aman and Crisis Center and the way the officers/staff of each facility respond to GBV survivors and how the information and data of monitoring results are stored. In addition, it is important to conduct a more detailed survey on the situation of women survivors after they left a facility. If necessary, it is also necessary to modify or adjust the contents of the prospective technical cooperation, according to the actual situation identified. The items and areas which were not covered by this survey, but need to be confirmed or furthered examined in future surveys are described below.

### **(1) Collection and Storage of Data on GBV Casess**

As mentioned previously, in Pakistan, it is difficult to understand the GBV outbreak situation because the police has not established a data collection and storage system. Similarly, in Dar-ul Amans and Crisis Centers, the digitalization of information and data on GBV cases has not progressed, and only handwritten records are taken at each facility. While the details of each case are highly confidential and such information should be protected, numerical data, including the number of victims/cases disaggregated by types of GBV, must be collected and stored at the provincial and federal levels and widely utilized for the analysis of actual situation. In JICA's future technical cooperation project, though it is difficult to support for establishing a data-collection and storage system to grasp the actual status of GBV nationwide, surveys on the current situation of each concerned facility's collecting and storing data on GBV cases should be conducted. In addition, it is important to consider how to provide support for data-collection and storage and effective utilization of the data collected, at the provincial level. To this end, it is also important to consider the possibility of cooperation with other donors.

### **(2) Social Welfare Department's Monitoring Methods for the Operation of Relevant Facilities in Punjab Province and Status of Conducting Monitoring**

As mentioned above, the quality of services provided at each facility of Dar-ul Amans and Crisis Centers is not managed to be equal because of a different knowledge and commitment level of staff members working at each facility. It is pointed out that this is caused by a lack of a monitoring system with clear indicators by the Social Welfare Department at the provincial level. According to the Superintendent of the Dar-ul Aman in Lahore, an officer of the Social Welfare Department visits this Dar-ul Aman and conducts monitoring once every six months. It is necessary to clarify from the Department and a person in charge of monitoring about the presence or absence of the SOP specific to monitoring/assessing the quality of services provided in Dar-ul Amans, the content of monitoring, the frequency of monitoring, actions taken after monitoring, critical problems/challenges of Dar-ul Amans identified from monitoring, and so on. From the results, it is important to analyze the problems of the current monitoring methods, make recommendations to reflect them in the monitoring system to be established by the WPA in the future, and to reflect them in interventions/activities in JICA's future technical cooperation project.

### **(3) Interventions for Mediation and Reconciliation**

Many of the women who stay in shelters, including Dar-ul Amans, are survivors of DV. Those women tend to not be willing to divorce their husbands or cut family ties with their family members, but mediate and reconcile with these perpetrators. This is largely because of strict gender and social norms embedded in Pakistan and their fear of stigma which they might have to bear by divorcing their husband or cutting family ties. Indeed, officers and staff of Dar-ul Amans and Crisis Centers also play a role of mediation and reconciliation.

Further details on how mediation is actually carried out and what kind of life women survivors have spent as a result of the mediation/reconciliation after returning to their husbands or families should be identified. Based on the details identified, it is necessary to explore approaches to the future technical cooperation.

### **(4) Current Status and Challenges of Legal Aid for Survivors**

There are some private sector facilities that employ lawyers on a permanent basis, but many of public sector facilities almost exclusively depend on volunteer lawyers who are recommended by district bar associations when they need legal aid for survivors. In JICA's future support, it is important to understand the level of such volunteer lawyers' commitment and capacity, based on the evaluation of the women survivors who received legal aid services from them. In the case of

Law Department in Sindh Province, it provides legal aid services to GBV survivors through PPP with an NGO called “Legal Aid Society”. It is necessary to examine in more detail how effective support can be provided for women survivors, while also referring to such efforts in collaboration with the private sector.

#### **(5) Attitudes and Response of Judicial Experts to GBV Survivors**

In this survey, interviews with judges and prosecutors were not conducted due to time constraints. Based on the YouTube video of the GBV Court in Punjab which was first established in Punjab, the prosecutors and judges appointed to this Court seem to be well aware of GBV issues and try to secure justice for GBV survivors. On the other hand, it is also necessary to understand the actual status of the entire prosecution and courts in Pakistan in terms of their attitude and behavior towards GBV survivors. In Pakistan, where the guilty rate is quite low, understanding the awareness level and attitude of prosecutors and judges regarding GBV and gender issues is important to consider how to raise awareness of women and change the attitude of survivors towards reporting GBV crimes.

#### **(6) Collection of Good Practices**

Among GBV survivors interviewed in this survey, there were some women who divorced their husbands and determined to live alone, living with family members at parents’ home. The stories of these women healing their wounds of bodies and mind, regaining self-affirmation, and achieving financial empowerment can serve as role models for other survivors. To this end, it is important to collect good practices, based on which a model can be developed.

## 4. Key Efforts towards Elimination of GBV

### 4.1. Important Points for Effective Support for GBV Survivors

It is essential to understand the situation of each survivor and provide her with support tailored to the needs of hers, which can lead her to rehabilitation and economic empowerment. The following are points that each stakeholder in Pakistan should keep in her/his mind in supporting GBV survivors according to the Survivor-centered Approach.

#### 4.1.1. Tailor-made Support for Each Survivor

As described previously, in Pakistan, many women do not report their experiences of GBV to the police or consult with related organizations due to the fear of stigma they might have by doing so. Another reason is their economic dependency on the perpetrators of their husbands or families. According to the results of a survey conducted in Punjab, only 1.9% of DV survivors reported to the police and 2% sought shelter support. Thus, women survivors who have access to Dar-ul Amans and Crisis Centers and eventually visit such a facility for help are very limited.

The women who will be able to reach out to Dar-ul Amans or Crisis Centers through JICA's future technical cooperation might be only a part of the whole survivors. Under such a circumstance, in order to reach out to more women survivors, it is necessary to ensure that information on Dar-ul Amans should reach the needed by closely working with various related organizations, regardless of public and private sectors. In addition, it is important to earn the trust of the community and society in Dar-ul Amans by providing courteous and high-quality services that match the situation and needs of each victim. Furthermore, helping women survivors become empowered and grow as a supporter for other survivors should be important.

#### 4.1.2. Interventions to Promote Rehabilitation and Economic Empowerment of GBV Survivors

Pakistan is a country affected by both Islamic and South Asian cultures. Therefore, the root causes and background of GBV in Pakistan are closely related to Islam-based gender discrimination and injustice by custom laws (e.g. *Zina*) and South Asian custom-based harmful practices (e.g. honor killing, dowry murder, and acid attacks). These cultural and religious backgrounds and factors also make it difficult for women suffering from GBV to become socially and economically independent and get reintegrated to a community/society. In order for GBV survivors to live a truly secure and safe life, it is necessary to make persistent efforts to eliminate discrimination against women and girls and gender inequality, which are fundamental factors, not a compromise measure.

On the other hand, JICA is expected to first provide technical support, through which survivors can recover from mental and physical damage and rebuild their livelihoods. Furthermore, JICA also needs to provide technical support for creating the environment where community people well understand the situation in which those survivors are placed, foster compassion for these survivors, and expand the circle of supporters within the community where the survivors return. At present, many DV survivors seek mediation for reconciliation rather than divorce from their assailant husbands. The professional staff acting as mediators at Dar-ul Amans and Crisis Centers understand the circumstances in which these survivors have been placed. Therefore, while the professional staff recognize that mediation is not the best measure, they provide mediation support for reconciling with survivors' husbands or families as a practical measure, according to the practical needs of the survivors. However, not only mediation between two parties, but also efforts to transform the entire community and society into supporters of survivors should be made at the

same time. It is also important to strengthen the system of accepting survivors by people in the community where the survivors return and expand the circle of support from private companies that can be the source of employment for the survivors.

## **4.2. Suggestions for Addressing GBV issues in Islamic Countries and Points to Take into Account when Implementing Related Projects**

In Islamic countries, including Pakistan, patriarchy that men is dominant is deeply embedded, and the social and gender norms that prohibit sexual relations before marriage are strict. Women are often unlawfully condemned and punished by custom laws if they violate or are suspected of violating such social and gender norms. This is the basis of the common belief that justifies violence against women and girls and GBV. In addition, in Islamic countries, women are usually protected as men's dependents, so it is not socially acceptable that women live independently of their families. For this reason, it is difficult for GBV survivors to live alone apart from their husbands or families who are even perpetrators after they finished their temporary stay in shelters and left there. This is because many of these survivors used to economically depend on their husbands or families and have never worked for a living. Their lack of literacy and skills also tend to make them economically dependent. Thus, it is important to first understand the situation surrounded by GBV survivors and possible constraints of their getting reintegrated into a community and economically empowered. Based on these, effective measures and support should be considered.

Based on the above, effective measures and interventions for the protection of GBV survivors and their rehabilitation and economic empowerment in Islamic countries are described below.

### **4.2.1. Strategic Alliance with Religious Leaders and Youths**

Religious leaders usually gain tremendous trust from citizens in Islamic countries and have a great influence on the citizens' thinking and behavior. Many people in developing countries, especially in rural areas, have never been to school or dropped out in lower grades, so awareness-raising in school education cannot necessarily reach out to all. On the other hand, in the Islamic region, Muslim believers go to mosques and listen to religious leaders, regardless of their educational level. It is important to first approach religious leaders in high-impact areas before implementing a technical cooperation project, explain the content of the project to them, and request them to participate as cooperators in supporting GBV survivors. Religious leaders can be expected to play a role in changing the stereotypes of justifying violence against women and girls rooted in Islamic societies and of GBV survivors' stigma.

In addition to religious leaders, young people (both men and women) are expected to play the role of "Change Maker". Young people can play a major role as community caretakers and leaders at the grassroots level in raising community people's awareness and supporting survivors. This is because, unlike adults whose mindsets and values are fixed, many young people have wish to contribute to building better society and communities by defeating the conventional belief and stereotypes of GBV and flexibly correcting wrong ways of thinking. Young people also have an advantage in initiatives that make full use of Information Technology, including Social Network Services. With such an advantage, they can disseminate information to more people and take initiatives to change society from innovative ideas.

#### 4.2.2. Utilization of Medical and Health Services as an Entry Point

In the Islamic world, many women have limited freedom of mobility and even limited access to friends and parents' houses. Even in such a situation, if women are allowed to go out and get in touch with outsiders, it tends to be the facility that provides medical and health care services. When women visit a medical/health facility, their husbands or other family members should accompany them. However, if there is a women-only space, such as "Women Friendly Space", in the medical/health facility, it will be possible to approach only women, without their husbands. It is of utmost importance to provide an environment in which women can discuss their experiences of DV or other GBV in peace, in the absence of their husbands and families.

In terms of community activities of a technical cooperation project, it would be an effective approach to start activities with the provision of medical and health services as an entry point.

#### 4.2.3. Provision of a Women-only Space

In many Islamic societies, based on the tradition of *Purdah*, men and women have kept the habit of separately enjoying conversations over tea in separate places/spaces. It is often the case that women gather in private places/spaces, such as woman's house or community's water fetching places. Such private places are the only opportunity for women to talk to someone other than their family members about their own and family issues.

For women in the Islamic world who often have limited freedom of mobility, contact with outside parties other than family members is extremely valuable in terms of increasing access to information and knowledge and consulting their problems with others. By providing a women-only space, women can exchange information, discuss their problems, and help each other, which can lead to community-based protection of GBV survivors, their rehabilitation and economic empowerment, and prevention of GBV.

#### 4.2.4. Employment and Entrepreneurship Support for Survivors

Support for employment and entrepreneurship is necessary for women survivors to become economically empowered. This is because many women are not self-reliant both socially and economically in the Islamic world. Therefore, it is indispensable to support women survivors to become physically and mentally healthy, restore self-affirmation and self-confidence, and motivate them to become economically empowered. In the process, it is important to help women always being connected to a support network without feeling isolated or alienated and provide tailor-made support so that they can get economically empowered.

Support for women survivors' employment should be carefully designed in accordance with their educational levels. For women survivors who have been educated to some extent, it is important to develop their skills, such as computer skills necessary to work as receptionists or clerks in governmental organizations and private companies in the formal sector. In order to get these women survivors more competitive, it is desirable to provide them with financial support so that they can take courses at government-run vocational training schools and receive a certificate of completion from the schools. On the other hand, for illiterate women survivors or those with low education levels, support for entrepreneurship should be provided. In that case, not only skill development, but also business training on business plan preparation, simple book-keeping, and marketing is required as support contents. In addition, it is important to provide them with support for developing financial literacy with finance for women to start and expand a business. Support for strengthening network among women entrepreneurs is also important.

In Islamic countries, ensuring safety on commuting routes is essential for women's labor participation. In these countries, including Pakistan, one of reasons for restrictions on women's working outside is an opposition by their husbands or families. Moreover, safety concern, such as sexual harassment on buses which are public transport, is another major reason. In Karachi City, Sindh Province, with the spread of smartphones, booking a safe taxi and moving around by it have become possible, which has promoted women's more freedom of mobility and working outside. Similarly, some private textile and apparel companies in Lahore City, Punjab Province promote the employment of women workers by running commuter buses for their female employees. Not only GBV survivors, but all women in the Islamic countries seek the safety of mobility and commuting when they work outside, whether their work is categorized in the formal or informal sector. It is important to remove such concerns when supporting for the employment and entrepreneurship of women survivors.

#### 4.2.5. Strengthening Women's Leadership

In Islamic countries, including Pakistan, due to patriarchal ideology and customary laws, women tend to have a history of being unjustly charged and punished despite being survivors of violence. Against this background, in many of these countries, women have been organized and women's movements have collectively and actively been carried out. In the countries, specifically Islamic countries, where the status of women is overwhelmingly low, it is effective to support such women's organizations. It is essential for eliminating GBV to assist these women's organizations to strategically advocate the government to develop necessary laws and systems and secure budgets. More importantly, support for encouraging and assisting GBV survivors to take initiatives and work for eliminating GBV by themselves.



## 5. Mainstreaming a GBV Perspective into JICA Projects

### 5.1. GBV Mainstreaming into JICA's Ongoing Projects in Pakistan

When addressing GBV issues in JICA's intervention, it is important to not only formulate and implement projects targeting to respond to GBV issues, but also incorporate a GBV prevention perspective and its counter-measures in every project.

Prevention and mitigation of the risk of GBV in the target areas of the projects can accelerate active participation of women and girls in social and economic activities, which may contribute to ensure women's human security as well as economic development in the target area.

The following proposes concrete activity plans on how to integrate actions to prevent and respond to GBV issues in some of the ongoing JICA projects in Pakistan.

#### 5.1.1. Advancing Quality Alternative Learning Project (AQALP)

The Alternative Quality Alternative Learning Project (AQALP) was implemented from September 2015 to March 2020, in cooperation with the counterparts of the Federal Ministry of Education and Training, the Punjab Literacy Department, the Sindh Education Department, and the Balochistan Social Welfare Department. A subsequent project is planned and will be implemented after 2020. In this Project, literacy and life skills classes were offered as a part of non-formal education to women who have not had access to education due to gender discrimination and other reasons.

Even in the subsequent project, women who take literacy and life skill classes might include many GBV survivors. Therefore, it is important to raise the awareness of the women who attend the classes and provide them with necessary information through the classes offered in the project. In particular, it is important to incorporate into the curriculum on life skills contents of human rights, women's rights, GBV-related laws, and measures to be taken if they experience GBV, as well as information on available service providers<sup>114</sup>.

#### 5.1.2. Project for Improvement of Livelihoods and Well-being of Female Home-Based Workers (FHBWs) in the Informal Economic Sector in Sindh Province

The Project for Improving the Livelihood and Well-being of Female Home-Based Workers (FHBW) in the Informal Sector in Sindh Province (March 2017 to October 2022) aims to strengthen the institutional capacity of the Sindh WDD, NGOs, and the private sector to help FHBWs improve their livelihoods and well-being.

In this project, as in AQALP, technical support is provided for the Sindh WDD, NGOs, and the private sector so that they can improve women's livelihoods and life skills. The project has been trying to strengthen women's knowledge and skills on financial management, including savings, and improve their livelihoods and promote their entrepreneurship.

According to the representative of Women Development Foundation Pakistan (NGO) involved in the project as one of partner organizations, a large number of GBV survivors are among the beneficiaries who attend life skill training and income generation activities undertaken in the

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<sup>114</sup> According to the representative of Group Development Pakistan interviewed in this survey, they also consider to coordinate with JICA's new project and try to integrate a GBV perspective into non-formal education curricula, particularly on child abuse issues.

project. However, there are many women who cannot consult with anyone and endure due to stigma. Under these circumstances, it is important to incorporate in the textbook for life skill training women's human rights, women's rights, the contents of GBV-related laws, measures to be taken if they experience GBV, as well as information on available service providers.

### 5.1.3. Project for Skills Development and Market Diversification (PSDMD) of Garment Industry of Pakistan

The Project for Skills Development and Market Diversification (PSDMD) of Garment Industry of Pakistan is a project implemented in cooperation with the Federal Ministry of Textiles and two vocational training institutes in Punjab Province. The project aims to develop high value-added products to expand the apparel industry of Pakistan, as well as develop human resources, including women, and promote their employment in the apparel/garment industry of Pakistan.

In this project, some leading apparel/garment companies/factories are involved as the source of employment for trainees in the vocational training institutes. Thus, it is important to encourage these companies/factories to integrate GBV issues, including sexual harassment at the workplace, into their training programs for their employees. By taking such training programs, their employees can raise their awareness of GBV. In a society where people still believe that women are beaten because they are bad, it is expected to raise the correct understanding of GBV by involving not only the family but also private companies that have an impact on society. On the other hand, these companies/factories have needs of employing more women workers to meet market demand. Therefore, it is meaningful to encourage them to consider to employ GBV survivors who are willing to become economically independent by developing their sewing skills and working for such companies/factories.

### 5.1.4. Health- and Reproductive Health-related Project

In Pakistan, JICA has ever implemented a number of medical- and health-related projects, including "Polio Eradication Project" and "Strengthening Routine Immunization Project". By 2021, "Strengthening Routine Immunization Project" will also be implemented. In addition, a project focused on maternal and child health care is planned to be implemented in the future.

In the future project focused on the capacity development of medical experts, it is important to incorporate GBV issues in training activities. It is pointed out that prejudice against GBV survivors, specifically transgendered people, by medical experts is very problematic in Pakistan. It is urgent to raise their awareness on human rights of GBV survivors, change their attitude toward survivors, and provide proper medical services for survivors. As mentioned earlier, WHO has already prepared a handbook on how to deal/communicate with GBV survivors for medical and healthcare professionals, and has conducted training based on that handbook. Collaborating with WHO in terms of training for the professionals can save the effort of newly developing handbooks and training modules and also help to unify the ways of the professionals' responding to GBV survivors across the country.

Furthermore, under the future maternal and child health care projects, some pilot projects can be implemented to strengthen target hospitals' institutional capacity and systems in addition to capacity building of medical personnel. As UNFPA has already done a similar intervention in its reproductive health projects in KP Province, Pakistan, it is important for JICA's future maternal and child health care projects to establish a "Women Friendly Space" in each target hospital of the pilot projects, where women, including GBV survivors, can freely consult with a doctor and nurse on their family planning and GBV experiences and if necessary, they can get proper medical

treatment and mental care services. In Pakistan, medical services in hospitals are the services most needed by people in rural communities, and hospitals are also a place to reach out to more women, including GBV survivors. In this light, establishment of “Women Friendly Space” is essential for creating a space where women can freely consult with a doctor and nurse on their reproductive health issues and GBV experiences.