



PUBLIC SECTOR GENDER BASED VI_QLENCE SOCIAL SERVICE DELIVERY MODELS IN PUNJAB

A Comparative Analysis





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**Public Sector Gender Based Violence Social Service Delivery Models
in Punjab - A Comparative analysis**

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Maria Rashid

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The research teams must be commended for their hard work, commitment, and perseverance. This includes those who rolled out the study questions and diligently monitored the progress of all field-related activities; the data management teams who worked tirelessly on the coding and data analysis; all those who provided administrative and logistical support as and when needed; and finally, the Principal Investigators who put in their heart and soul into ensuring that the voices of survivors are heard, and their experiences accurately represented.

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Message from Mr. Mehr M. Hayat Lak, Secretary, Social Welfare Department

The Social Welfare Department Punjab is committed to providing a fully functional social protection system anchored in principles of empowerment and social inclusion for all. By mobilizing partnerships and developing organizational capacities, the department aims to ensure well-coordinated and responsive social welfare services for marginalized and poor communities, with particular focus on the most vulnerable women survivors of violence and persons with disabilities in the province.

According to the Pakistan Demographic and Health Survey (PDHS) 2017-18 in Punjab, 21% of women age 15-49 have experienced physical violence whereas 5% have experienced sexual violence since age 15. About 32% of ever-married women have experienced spousal physical, sexual, or emotional violence. The most common type of spousal violence is emotional violence (23.3%), followed by physical violence (21.2%). 43.9% of women who have experienced any type of physical or sexual violence have not sought any help or talked with anyone about resisting or stopping violence.

To further improve organizational response on gender based violence, Social Welfare Department aims at developing better understanding of multi-dimensional dynamics including contributing factors and barriers that impede women's equal access. Social Welfare Department intends to improve uptake of government led gender based violence (GBV) services for women and girl survivors of violence, including persons with disabilities in Punjab.

In this regard, it has been my immense pleasure to oversee compilation of the 'Comparative Study of Gender-Based Violence Social Service Delivery Models in Punjab,' which has been a collaborative effort of the Social Welfare Department Punjab and Shirkat Gah - Women's Resource Center, with the support of the United Nations Population Fund (UNFPA) and Foreign, Commonwealth & Development Office (FCDO) UK Aid.

A comparative analysis of three types of social service delivery models for women survivors operating in Punjab i.e. Dar-ul- Aman (DuAs), Shaheed Benazir Bhutto Human Rights Centres for Women (HRCs) and the Violence Against Women Centre (VAWC) in Multan was conducted. Their evolution has been sequential, with each later model attempting to offset disadvantages of the former. Punjab, the largest province in the country, is the only province that has all three service delivery models, namely 36 DuAs, 12 HRCs and one VAWC.

I am grateful to the Technical Advisory Group members and UNFPA for their constant cooperation and valuable technical support as well as FCDO UK Aid who made this significant research possible. I also sincerely appreciate the efforts put in by Shirkat Gah - Women's Resource Centre for meticulously producing an extremely comprehensive analysis. I am fully committed to provide the requisite leadership and support to materialize findings of the comparative analytic study. I further look forward to working closely with all relevant partners to see the recommendations translated into actions for improvement of services and for betterment of all survivors of violence in Punjab.

Mr. Mehr M. Hayat Lak
Secretary,
Social Welfare Department
Government of Punjab.

List of Acronyms

APP	Assistant Public Prosecutor
AC	Advisory Committee
IDIs	In-Depth Interviews
CMC	Complaint Management Committee
CC	Crisis Center
COVID-19	Corona Virus Disease - 19
CSOs	Civil Society Organizations
DCO	District Commissioner Officer
DHQ	District Headquarter
DuA	Dar ul Aman
DWPC	District Women Protection Committee
ESP	Essential Services Package for Women and Girls Subject to Violence
FIR	First Information Report
FGDs	Focus Group Discussion
GBV	Gender-Based Violence
HRC	Human Rights Centers
KIIS	Key Informant Interviews
MIS	Management Information Software
MLO	Medico-Legal Officer
MoWD	Ministry of Women Development
PFSA	Punjab Forensic Science Agency
PWPA	Punjab Women Protection Authority
PPWVA	Punjab Protection of Women Against Violence Act
RPO	Regional Police Officer
SBB HRCs	Shaheed Benazir Bhutto Human Rights Centers
SP	Superintendent Police
SWD	Social Welfare Department
VAWC	Violence against Women Centers
VAW	Violence Against Women

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Executive Summary

Worldwide estimates suggest that one out of three women have faced some form of sexual or physical violence in their lives. Similar prevalence trends exist in Pakistan, where over one in four ever-married women between the ages of 15-49 women (28%) report physical violence.¹ This figure rises alarmingly to one in three (34%) if sexual and emotional violence incidents are also included. Several international covenants and national policy measures now recognize that women survivors require a range of coordinated multi-sectoral services from the state that stop violence from reoccurring and assist women's recovery and empowerment.²

Currently, three types of social service delivery models for women survivors operate in Pakistan: Dar ul Aman (DuAs), Shaheed Benazir Bhutto Human Rights Centres for Women (HRCs), and the Violence Against Women Centre (VAWC) in Multan. Their evolution has been sequential, with each new model attempting to offset the disadvantages of the last. Punjab, the largest province in the country, has all three service delivery models, namely 36 DuAs, 12 HRCs and one VAWC. Conducted in collaboration with the Social Welfare Department (SWD), this study is a much-needed comparative review of the three social service response models for women survivors of violence in Punjab.

Considering the resources and time available, the data was generated from seven institutions - three DuAs, three HRCs, and one VAWC from three selected districts (Multan, Lahore, and Vehari). The study collected two forms of primary data: (1) official documents, (2a) in-depth interviews and focus group discussions with survivors who are accessing these services, and (2b) key informant interviews with staff, government stakeholders, and advisory bodies of the three institutions.



Study Goal: To provide a model-specific & comparative review of the nature and standard of social services for survivors of violence in Punjab with specific reference to the following:

- ♀ Management and governance
- ♀ Staff and human resources
- ♀ Quality of services
- ♀ Quality of care

By recording survivors' experience of accessing and utilizing these services, the study sheds light on good practices as well as gaps in the quality and standard of that care at these institutions. Interviews with key service delivery staff and senior officials in management positions built an understanding of where and why critical challenges exist. Findings from the exercise are expected to serve as the basis for survivor-informed, evidence-based formulations of policy options for improved social services for women survivors of violence.

¹"Pakistan Demographic and Health Survey (2017-2018)" (Islamabad, Pakistan: National Institute of Population Studies, 2019).

²UNWOMEN et al., "Essential Services Package for Women and Girls Subject to Violence," December 30, 2015, <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>.

Findings and Recommendations

All three models studied provide valuable and much-needed services to survivors of violence with varying levels of effectiveness. The research has shown that the needs of women are diverse, and the different models address them differently and the search for a one-size-fits-all model would be counterproductive. The study recommends that all three models must be strengthened based on a careful review of the findings.



Governance and Management

The DuAs, by virtue of being the oldest women's protection structures in Punjab, enjoy a reasonably well-entrenched reputation within Punjab SWD's portfolio of response and protection services for women survivors of violence. By contrast, HRCs and the VAWC have a less developed and secure relationship with the SWD. Only the VAWC operates under a legal framework. The HRCs have suffered due to inadequate attention and prioritization on the part of the SWD.

The challenges with the governance of the VAWC are rooted in the fact that rules of business are missing under the Punjab Protection of Women Against Violence Act, 2016 (PPWVA) and Punjab Women Protection Authority Act, 2017.

DuAs

DuAs have a relatively robust system of governance, as reflected in across-the-board systems, notified protocols and standard settings, and structures for close supervision and monitoring. The range of services includes psychological services and some exposure to vocational training. Quality of life within these shelters has also improved in terms of basic services such as food, beddings and some provisions for accompanying children.

The institution struggles with issues of custodial restraint. As primary referral is through the courts and police, most women arriving at the DuA have already acquired legal counsel. Combined with custodial restraint, staff increasingly viewed their role as limited and the DuAs as only responsible for providing safety. As a result, the transformative potential of DuA to empower survivors is reduced to simply acting as a passive, temporary space of refuge for women survivors of violence.

This has resulted in ad hoc implementation, negatively impacting the protection systems that have evolved from these laws.

All three facilities have serious issues around adequate and timely budget release, with the efficiency of HRCs and VAWC being disrupted to a large extent. A lack of standardized record-keeping compromises data and information management. There is an inordinate focus on quantitative formats with little or no evidence collection of long-term impact indicators regarding the efficacy or impact of services. Systems for ensuring survivor feedback are weak and missing altogether in HRCs and VAWC.

HRCs

The HRCs tenuous legal status (or lack thereof) and accompanying limitations of resources, attention and vision pose serious challenges to their functioning. The centres work in an ad hoc fashion and there is little by way of standardization, minimum standard-setting or coordination between the 12 HRCs.

Women survivors who had approached the HRCs were employed and could not afford to be confined within the DuA. Some also had the support of their own families and did not require shelter facilities. This highlights the varied profile of survivors and the need for differentiated services. By and large, the survivors appreciated the HRCs services and that they were treated with respect and care.

Human Workforce and Development

Barring some exceptions, the staff interviewed have many years of job experience and possess a good grasp of their core work. However, several issues such as lack of regularization of staff and unclear promotional pathways have created considerable job dissatisfaction. All three institutions (seven in all) function below optimum and sanctioned staff strength. This has led to the appointment of staff to positions they may be untrained for, staff burnout, and a blurring of roles, creating a conflict of interest. Training opportunities have been outsourced mostly to international and national organizations, and the SWD lacks a systematic plan for capacity building.

Staff attitudes varied from city to city and from institution to institution, and no generalized comment can be made in this regard. However, what was obvious is that despite training, exposure, and job experience, many of the staff continued to be judgmental towards women survivors of violence and displayed stereotypical attitudes about such women. These attitudes clearly impact how they interact with women and perform their work with serious and direct consequences on the kind of services, if any, that are offered to the women.

VAWC

Hindered by ineffective implementation of the PPWVA Act 2016, and the accompanying challenges of resource allocation, the VAWC's functioning has suffered. A major challenge faced by the centre stems primarily from an inadequate governance framework that would allow the various departments of the facility to work together seamlessly as one institution.

In spirit (if not in current practice or implementation), the PPWVA Act 2016, the PWPA Act 2017 and the one-stop facility for survivors is a much-needed policy and systems intervention. However, it is an ambitious endeavor and needs firm political will, resources and a robust strategy based on a review of lessons on the ground for it to meaningfully translate into an effective response mechanism for VAW.

Services

Although information from the interviews with survivors comes with the caveat that the sample selection suffers from selection bias and because at times these interviews were conducted in the presence of staff, it is still promising that, by and large, the survivors of both the DuA and the HRCs appreciate the services of these facilities and that they were treated with respect and care.

The general perception of the DuAs in communities was negative and the stigma of approaching a DuAs particularly strong. Yet, this is by far the best-known service delivery model. The HRCs and, to some extent, the VAWC, are better perceived, although both suffer from a general lack of awareness about their presence, location, and services. There is little evidence of sustained community awareness drives to inform women of these services and address reservations around their image and reputation.

In all three types of institutions, medico-legal & health services, and referrals ranged from moderate to poor. There is a need for stronger coordination between the SWD and the District Health Services.

Policing services were consistently rated negatively by staff and survivors alike. In DuAs, issues with police attitudes explicitly related to their role as security providers for women residents. In the case of HRCs & VAWC, they were linked to challenges in the registration of FIRs and insensitive attitudes that trivialized domestic violence and saw rape as consensual. In the case of VAWC, even after FIRs were registered, faulty police investigation led to poor conviction rates. All three models provide free legal aid with varying levels of success. However, the lack of adequate budgeting for lawyers' fees and timely notification of lawyers' panels is a consistent problem. Other than the HRCs, where a psychologist was only available in one of the three institutions reviewed, the position of a psychologist was open in all DuAs and VAWC.

This is a welcome shift and highlights that this earlier neglected service is now recognized as necessary. A problematic overlap exists between the distinct functions of case mediation and reconciliation with psychological counselling of the survivor, with the latter being reduced to a communication technique to mediate or, in some cases, pressure the woman to return to the family. Another problematic role overlap is assigning a management position to the psychologist, as seen in some of the facilities. All three institutions actively present the option for a mediated reconciliation process and, in some, the case does not proceed to legal recourse unless this option has been exhausted. Each facility's legal mandate and authority to broker this settlement and monitor/enforce compliance varies.

A Note on Quality of Care

Mediation and reconciliation services offered at all three models can at times contravene principles of consent and safety. In all three institutions, in varying degrees based on the training and sensitivity of the staff involved and, at times, the capacity of the institution, there is a clear tendency to push women towards reconciliation. A point to note here is what counted as consent to reconcile is often a function of a lack of alternative options that all three models provide to women confronting violence in their homes. Faced with the prospect of limited or no means of earning a living for themselves and their families and little or no support from their own families, some women have little option but to opt for reconciliation. This reflects a deficit in service provision.

Mediation and reconciliation services are often offered without adequate safeguards for women's safety, a critical principle of survivor care.

DuAs provide mediation services under court sanction but have no precise criterion for assessing risk to the woman once she returns. The institution's authority and interest in ensuring that the conditions for reconciliation are met are low, and there is no defined protocol for follow-up at the DuAs. HRCs have no legal authority to mediate reconciliation agreements, and their follow-up system is ad hoc. The VAWC model is best suited to navigate the complexities, including the risks involved in the mediation process, as they have a dedicated position assigned to this task, the legal authority and infrastructure to mediate, including the involvement of the police, and a more robust follow-up system including rescue services through the District Women Protection Committee.

DuAs are the only institutions offering some form of vocational training. Vocational training is conceptualized to distract women and keep them busy during their stay rather than providing a marketable skill set. Efforts in the DuA are patchy & staff share challenges of planning income generation activities for women who are distressed and may be present in the DuA for a short period. The lack of attention to this essential service contrasts sharply with the emphasis on the need for such training by women survivors at both DuAs and HRCs.

Recommendations presented in the last chapter of the report are cross-cutting (institution-wide) as well as institution-specific. Institution-wide recommendations are applicable to all three models and respond to each of the critical areas identified above. The study stresses the need for the continuation of all three models and recommends that issues identified in governance and management, staffing as well as gaps in services must be addressed by the SWD across models to allow for more effective quality control, the opportunity for cross-learning, and synergy between them.

Chapter 1

Introduction

1.1 Background

Violence Against women (VAW) is a global human rights violation. Worldwide estimates suggest that one out of three women have faced some form of sexual or physical violence in their lives.³ Defined as *“any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”*⁴, the prevalence of violence against women must be of prime concern to any State that claims to uphold the law and dignity of nearly half of its citizens.

The Pakistan Demographic Health Survey (PDHS) 2017-2018 unequivocally confirms the presence of VAW in Pakistan. It reports that over 1 in 4 ever-married women between the ages of 15-49 (28%) have experienced physical violence, with the current husband being the most common perpetrator of physical violence against ever-married women (80%). This figure rises alarmingly to 1 in 3 (34%) if the incidents of sexual and emotional violence are also included. Of equal concern is the abysmally low rate of reporting of violence. 59% of women facing physical violence had never sought help or disclosed the violence they were facing to anyone. Only 1.3% of women who faced physical or sexual violence reached out for help from the police, and a dismal 0.5% were able to access a lawyer.⁵

The Constitution of Pakistan affirms gender equality and women’s participation in all spheres of public life. Articles in the Constitution reiterate principles of non-discrimination on the basis of sex, full access to public places and participation in national life.⁶ Pakistan affirmed its commitment to gender equality and the eradication of structural, socio-economic and cultural disadvantages that endanger the lives of women by ratifying the United Nations Convention on the Elimination of All forms of Discrimination against Women (CEDAW) as early as 1996. In 2017, Pakistan was the first country to integrate Agenda 2030 and its SDGs into development planning, including targets under SDG5 (gender equality), including Target 5.2: to eliminate all forms of violence against women and girls. Despite this, on-the-ground progress has been uneven and stark gender imbalances plague Pakistan’s record on gender justice. It currently ranks at 145 out of 146 countries on the 2022 gender inequality index of the World Economic Forum’s Global Gap Report.⁷

Recognizing that women facing violence require services from state institutions, in 1995 the Beijing Platform for Action recommended that States provide “shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence.”⁸

³World Health Organisation, “Violence against Women,” World Health Organisation, March 9, 2021, <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

⁴United Nations Human Rights Office of the High Commissioner, “Declaration on the Elimination of Violence against Women,” Pub. L. No. 48/104 (1993), <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women>.

⁵“Pakistan Demographic and Health Survey (2017-2018).”

⁶“Constitution of the Islamic Republic of Pakistan,” § Article 25, 26, 34 (1973), https://na.gov.pk/uploads/documents/1333523681_951.pdf.

⁷“Global Gender Gap Report 2022” (Geneva, Switzerland: World Economic Forum, March 2022), https://www3.weforum.org/docs/WEF_GGGR_2022.pdf.

⁸“Beijing Declaration and Platform for Action, Fourth World Conference on Women,” September 15, 1995, <http://hrlibrary.umn.edu/instreet/e5dplw.htm>.

General Recommendation 19 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) also emphasizes that States recognize the importance of shelters to ensure the security and safety of survivors of family violence.⁹ The UN's Essential Services Package for Women and Girls subject to Violence (ESP) goes one step further and attempts to increase access to *"a coordinated set of essential and quality multi-sectoral services"* and strengthen the *"provision, coordination and governance of essential health, police, justice and social services"* so that they can meaningfully *"mitigate the consequences that violence has on the well-being, health and safety of women and girls' lives, assist in the recovery and empowerment of women, and stop violence from reoccurring"*.¹⁰

The Government of Pakistan started government-run shelter homes for women, Dar ul Amans (DuAs), across the four provinces of the country as early as the 1970s. The number of DuAs has increased over the years and these shelter homes are now available in all 36 districts of Punjab, in 4 districts each in Khyber-Pakhtunkhwa and Sindh, and 2 in Balochistan. These shelter services are mandated to provide access to a lawyer, psychosocial counselling, facilitate attendance in courts as well as some skill development to enable empowerment and rehabilitation of survivors. In the 1990s, in addition to the DuAs, the federal government introduced Women Crisis Centres - later renamed Shaheed Benazir Bhutto Human Rights Centres for Women (referred to as HRCs within the report).

Following the 18th Constitutional Amendment in 2010, these Centres are run by provinces except for one Centre in Islamabad that continues to be run by the Ministry of Human Rights. Originally conceived of as a short-term crisis response to women needing shelter and other services, most do not provide shelter anymore but provide relief in the form of psychosocial counselling, legal support, and referrals for health services.

In 2017, the Government of Punjab initiated a scheme for Violence Against Women Centres (VAWC) under *"The Punjab Protection of Women Against Violence Act, 2016"* (PPWVA). The VAWC was set up as a one-stop model that brings together all services; shelter, health, police, legal assistance, psychosocial counselling etc. under one roof. To date, however, only one VAWC has been opened in Multan.

Several reviews of service delivery models set up by the provincial and federal governments reveal that these services are critical lifelines for women facing extreme and, often, life-threatening violence. They provide vital services such as shelter, legal help, medical assistance, and, more recently, psychosocial counselling. However, what is troubling is the quality and standard of services, and assessments, some by government bodies such as the National Commission on the Status of Women (NCSW),¹¹ Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW),¹² Punjab Commission on the Status of Women (PCSW)¹³ and others by national and international rights-based groups reveal several gaps and challenges.¹⁴



⁹"Convention on the Elimination of All Forms of Discrimination against Women," Pub. L. No. General Recommendation 19 (1992), <https://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19>.

¹⁰UNWOMEN et al., "Essential Services Package for Women and Girls Subject to Violence."

¹¹Sohail Akbar Warraich, "Access to Justice for Survivors of Sexual Assault" (National Commission on the Status of Women(NCSW), Gender Equity Program (GEP), Aurat Foundation (AF), December 14, 2015), [https://af.org.pk/gep/images/publications/Research%20Studies%20\(Gender%20Based%20Violence\)/Access%20to%20Justice%20for%20Survivors%20of%20Sexual%20Assault%20final%20with%20branding.pdf](https://af.org.pk/gep/images/publications/Research%20Studies%20(Gender%20Based%20Violence)/Access%20to%20Justice%20for%20Survivors%20of%20Sexual%20Assault%20final%20with%20branding.pdf).

¹²Saliha Ramay, "Assessment of Shelter Homes and Women Crisis Centres of the Social Welfare and Women Empowerment Department Khyber Pakhtunkhwa" (Provincial Commission on the Status of Women, Khyber Pakhtunkhwa, n.d.).

¹³"Sheltering Women from Harm Dar-ul-Amans of Punjab Achievements & Challenges" (Punjab Commission on the Status of Women, 2016), <https://pcsw.punjab.gov.pk/system/files/ShelteringWomenfromHarmDarulAmansofPunjabAchievementsandChallenges2016.pdf>.

¹⁴"Free Legal Aid Providers Directory for Gender Based Violence Victims in Sindh" (Legal Aid Society, Sindh Legal Advisory Call Centre, Women Development Department Sindh, n.d.), <https://www.las.org.pk/wp-content/uploads/2021/04/Free-Legal-Aid-Provider-Directory-Sindh.pdf>; Farida Shaheed et al., "Unmet Promises Alternative CEDAW Report 2020 on Pakistan's Fifth Periodic Report Alternative CSO Report," 2020, https://www.ecoi.net/en/file/local/2023281/INT_CEDAW_CSS_PAK_41115_E.pdf.

There continues to be a strong stigma around institutions that provide such services, making women's access to them challenging. Other critical gaps include the inadequate provision of basic amenities and social services to survivors; curtailment of freedoms of women within DuAs; a lack of understanding of rights and a survivor-centric approach that are evident in prejudicial attitudes of service staff; lack of adequate legal aid, and inadequate coordination between diverse branches of government. In addition, studies highlight that there is an inordinate focus on reconciliation and weak follow-up systems. Studies also suggest that the provision of vocational skills is poor and that these facilities rarely offer meaningful social and economic reintegration to reduce women's economic dependency. These challenges are troubling, for they not only severely limit the impact of these remedial measures offered to women survivors but also substantially increase their vulnerability to secondary victimization within these facilities.

There has been a sequential addition of service delivery response mechanisms to VAW from DuAs to HRCs and the more recent VAWC, with each new model attempting to offset the disadvantages of the last. The HRCs and VAWC were in part created to help address the challenges and gaps in service provision at the DuAs. Providing relief, without the challenges of custodial restraint, the HRCs tried to rebrand support for women survivors of violence without the heavy stigma that had become attached to DuAs.

One-stop centres such as the VAWC have become increasingly popular in low and middle-income countries to respond effectively and efficiently to sexual gender-based violence (SGBV), aiming to provide seamless service delivery that focuses on the empowerment of survivors and prevention of their re-victimization. The one-stop VAWC in Multan was developed in line with ESP guidelines and attempted to provide all relevant services under one roof.

Punjab, the largest province in the country has all three service delivery models to respond to VAW, namely 36 DuAs, 12 HRCs and one VAWC. The former two models operate under the Social Welfare Department (SWD) Punjab and the third under a specially created Punjab Women Protection Authority. All these services have their own set of guidelines that outline the prerequisites for the premises of such facilities, provision of basic amenities for survivors, provision of legal aid, psychosocial counselling and vocational instruction, staff responsibilities and training, and guidance on management and governance. As such, it becomes an ideal site for a comparative study that would allow for an assessment of the advantages and challenges of the different service delivery models, with a view to paving the way for more effective and synergistic services for survivors of violence across the province. Conducted in collaboration with the Social Welfare Department (SWD), the study sought to compare the various State social service response models for VAW in the province of Punjab.

1.2 The Study

The study examined the functioning of each of the three distinct social service delivery models, and the nature of services and quality of care being provided at each. By recording survivors' experience of accessing and utilizing these services, the study has aimed to shed light on gaps in the quality and standard of care relevant to the provision of response services that prioritize survivors' dignity, rights, and empowerment. Interviews with key service delivery staff and senior officials in positions of management were a critical source of data to build an understanding of where and why critical gaps and challenges exist. Findings from the exercise are expected to serve as the basis for survivor-informed evidence-based formulations of policy options for improved services for women survivors of violence.

The principles and characteristics outlined in the ESP (for women and girls subjected to violence) and the minimum standards and guidelines developed by relevant government departments for the efficient and effective running of these shelter services were used to guide the framework for assessment and comparison of the three types of institutions. According to set international standards, all such GBV response services must "*prioritize the safety and well-being of women and girls and treat women and girls with dignity, respect and sensitivity*".¹⁵ To achieve this, services need to adopt a survivor-centric and rights-based approach, beginning from the time the survivor enters the system until the matter is concluded. Figure 1.1 shows a set of key research questions, developed to this end, that were used to develop the Research Framework.

1. Key Research Questions

- Are services offered available, accessible and acceptable for women survivors?
- Do services have a human rights-based approach i.e:
 - ♀ Ensure women's well-being and dignity, prioritize safety, consent and confidentiality.
 - ♀ Staff trained in survivor-centric approaches.
- Do services adequately cater to the needs of women?:
 - ♀ Basic necessities and amenities and adequate psychosocial counselling, legal aid, and vocational training for economic rehabilitation.
- How effective are coordination and linkages for referrals to ensure smooth operations.
- Are budgets appropriately allocated to prioritise the needs and rights of survivors?
- How regular is data collection and sharing with relevant government authorities to improve quality and standard of services.

Figure 1.1

¹⁵UNWOMEN et al., "Essential Services Package for Women and Girls Subject to Violence."

The Framework developed aimed to provide an assessment and comparative analysis of the following:

- ♀ Management and governance of services including political ownership and will, standard setting, resource allocation, monitoring and accountability, and data collection and management.
- ♀ Availability of adequate and sufficiently trained staff and human resources within these facilities.
- ♀ Quality of services such as housing (premises), admission procedures, psychosocial counselling, and legal aid; safety and security protocols; survivor rehabilitation including mediation and reconciliation systems, health and medical services, coordination with police and justice systems, and referral pathways.
- ♀ Quality of care as experienced by women, and its accordance with principles of well-being, dignity, safety, consent, and confidentiality.



1.2.1 Scope

Key services reviewed were the long-established DuAs, the more recent HRCs, formerly called the women's Crisis Centres, and the most ambitious integrated services of VAWC, established in 2017. The study's primary focus were the three service delivery institutions, the policy mandates under which they operate, their management, the staff that works in them and the women who accessed them. Survivors' experiences were critical to study insights, however access to survivors was constrained for several reasons. Access to women was facilitated through staff. In addition to an obvious selection bias, the research team was conscious that women were less likely to be open about their experiences. For this reason, Focus Group Discussions (FDGs) conducted in the communities as part of concurrent study by *Shirkat Gah: Barriers to Access and Uptake of Public Sector GBV Services by Women Survivors of Violence* (henceforth referred to as *Barriers*), were also used to supplement information on women's experience of these facilities.

The study did not directly address related services of the police, health, and judicial sectors or those such as the helplines connected to these services. However it does shed light on coordination mechanisms and challenges with these from the survivors' and the institutions' perspective.

Considering the resources and time available, the data was only generated in three districts selected in collaboration with the SWD, using three criteria:

1. Districts with the maximum number of available VAW response services.
2. At least one less-resourced district that nevertheless had an HRC.

3. Districts in which Shirkat Gah had strong pre-existing community linkages, a consideration for the concurrent research study mentioned above. The data from this also supplemented this study's findings.

This led to the selection of Districts Multan, Vehari and Lahore:

- ♀ District Multan was selected as the only district where the one-stop VAWC is operative.
- ♀ District Lahore was selected as the provincial capital where policies are decided, coordinated and rolled out; where all SWD data is collated, and policies reviewed; and as a highly urbanized district.
- ♀ District Vehari in south Punjab was selected as a more rural and less-resourced district, with more conservative norms. Vehari enabled a comparison of how effectively DuAs and HRCs function in districts where services may not be so well resourced or as robustly supervised, and where women's knowledge base may be weaker and their access more problematic.



1.2.2 Time Frame

The study was extended from June 2021 to March 2022. Originally conceived of as a six-month project, the period had to be extended largely due to delays during data collection.

1.2.3 Limitations of the Study & Data

Several challenges and circumstances limited the scope of the study. Securing permission from authorities to interview officials was lengthy and cumbersome, delaying the study so that the time frame had to be extended from December 2021 to March 2022.

In keeping with Shirkat Gah's earlier experience with similar assessments of shelter homes for women, access to survivors who were currently using or had used services in the past was not easy. Interviews with survivors who have accessed these services, especially at the HRC and VAWC, is especially challenging given these are non-residential facilities and contact information for those who have left the facility are kept confidential. Additionally, service staff tend to keep a vigilant eye on survivors during interactions with outsiders which can influence responses of survivors.

As such, unsupervised and open access to survivors was difficult. The study team was unable to do exit interviews as it was dependent on the institutions for survivor access. Concerns around confidentiality tempered by the risk of possible harm to women if they were called back to the institution were shared by the staff. As a result, for DuAs, the study relied on women who were currently residing there. This posed its own limitations, primarily selection bias, as the women chosen to be part of FDGs and In-depth Interviews (IDIs) were pre-selected by the staff. Secondly, interviews were conducted on the premises and, in the case of Multan, only allowed in the presence of staff.

As these women were in an institutional set up where their cases are still in process, it would be fair to assume that their ability to be open and express freely is likely to be constrained. In the case of HRCs there was some access to women whose cases had ended but this was a small number. Moreover, these too were conducted in the centre and, in the case of Vehari and Multan, in the presence of staff. No survivor who had used VAWC services could be accessed as the staff cited safety concerns for the women.

The research team was not able to make more than 2 visits to any of the facilities and the time spent within each facility was monitored by the staff. Although observation notes were taken diligently according to a predefined checklist, the team was allowed limited time in which to observe and record this information.

Official documents were shared unevenly across the three facilities. The DuAs and, to some extent, the HRCs were able to share a number of protocols including reporting format and documented systems. Official documents vis a vis working of the VAWC were not as forthcoming despite repeated requests. The team also had limited access to means of verification (such as actual progress data, monthly reports, the number of referrals or minutes of various committees) and has had to rely on self-reports of the staff and management. Some interviews with government officials were less than satisfactory when insufficient time was accorded to researchers. Despite repeated requests, no senior official of the Punjab Women Protection Authority (PWPA) overseeing the VAWC could be interviewed.

1.3 Methodology

To understand the dynamics on the ground that strengthen or weaken the kind of services provided within the three types of service delivery institutions available in Punjab, the study used a combination of primary and secondary data sources. It undertook a literature review of secondary data to elicit maximum information on these services in Pakistan and for a better understanding of the issues that may need to be examined in the field. This included previous assessments of service delivery models as well as other reports by Civil Society Organizations (CSOs) on response mechanisms to VAW in Pakistan. This review provided the basis for finalizing the research framework and the data-collection tools developed. A Technical Advisory Group was established to provide input on the research design, process and analysis.

The study collected two forms of **primary data**: (1) official documents, and (2) newly generated data in the field.

The first category consisted of:

- ♀ Government documents detailing established services, their mandates, and SOPs, including Minimum Standards and Guidelines for DuAs, HRCs and the one-stop VAWC.

The second category of primary data consisted of:

- ♀ 3 FDGs with 43 women survivors at DuAs.
- ♀ 13 IDIs of women survivors at HRCs and DuAs.
- ♀ 30 Key Informant Interviews (KIIs) – 21 institutional staff, 4 key government stakeholders, 5 members of Advisory Committees (ACs).

1.3.1 Ethical Protocols

Given the sensitivity of the matter being investigated, ethics around survivors' interviews were a key focus. A standardized protocol for full and informed consent for interviews was developed. This included providing information to survivors about the objectives and purpose of the study, the protocol for confidentiality, the right to withdraw and the risk/possible personal distress that could result from sharing their stories during the interview. Consent was taken for recording the interviews.

Confidentiality of records/documentation (storage/ access and anonymization of data) was also discussed and it was agreed that all data would be anonymized at the time of transcriptions of the interview by changing names. It was also agreed that no survivors accessing HRCs and the VAWC while the team was in the facility would be approached directly to avoid increasing distress of women.

1.3.2 Data Collection -Tools & Training

Tools for primary data collection were developed based on the 4 core themes of the Research Framework: management and governance, workforce development and management, services and quality of care. These included specific questionnaires based on the job description of the staff interviewed, amounting to 6 distinct questionnaires for staff positions, with further modifications according to the type of facility (e.g., psychologist at DuA versus psychologist at VAWC). Staff questionnaires contributed to all four themes.

Two sets of policy questionnaires were also developed; one for the district SWD staff and one for the provincial SWD Director and contributed largely to two of the four themes, namely management and governance and workforce development.

A third set of questionnaires was developed for survivors, with modifications for each of the three facilities. All questionnaires were originally developed in English and translated into Urdu.

An observational checklist was also devised to compile information on physical infrastructure, conditions and allocation of space within the facilities, including aspects such as cleanliness, crowding, the presence of varying features e.g., space for children, CCTV cameras and other security protocols, complaint boxes and TVs.

A data orientation workshop was held with the core data collection team in June 2021. In addition to orientation of the team to the research framework, data collection tools were reviewed and revised in the meeting. Given the sensitivity of the subject, all data collection team members were oriented to ethical guidelines and a checklist of ethical considerations for interviewing survivors was shared. This included a commitment to keep survivor data confidential and secure at Shirkat Gah.

After data completion from the first site, Vehari, further meetings were held between the research team to review data collection tools and discuss challenges emerging especially vis a vis survivor access. The following table gives a breakdown of the sample:

Type of respondent	DuA	HRC	VAWC
Manager/In-charge	2	3	1
Psychologist	3	1	1
Wardens	2		
Legal Staff (Law officer, Prosecutor)	0	1	2
Vocational teacher	2	0	0
Advisory board	3	1	1
Mediation officer	0	0	1
Front desk	-	-	2
Health (MLO)	0	0	1
Total per institution	12	6	9
Senior Management		4	
Survivors	34	9	0

Table-1. Respondents by Institution.

1.4 Data Processing and Analysis

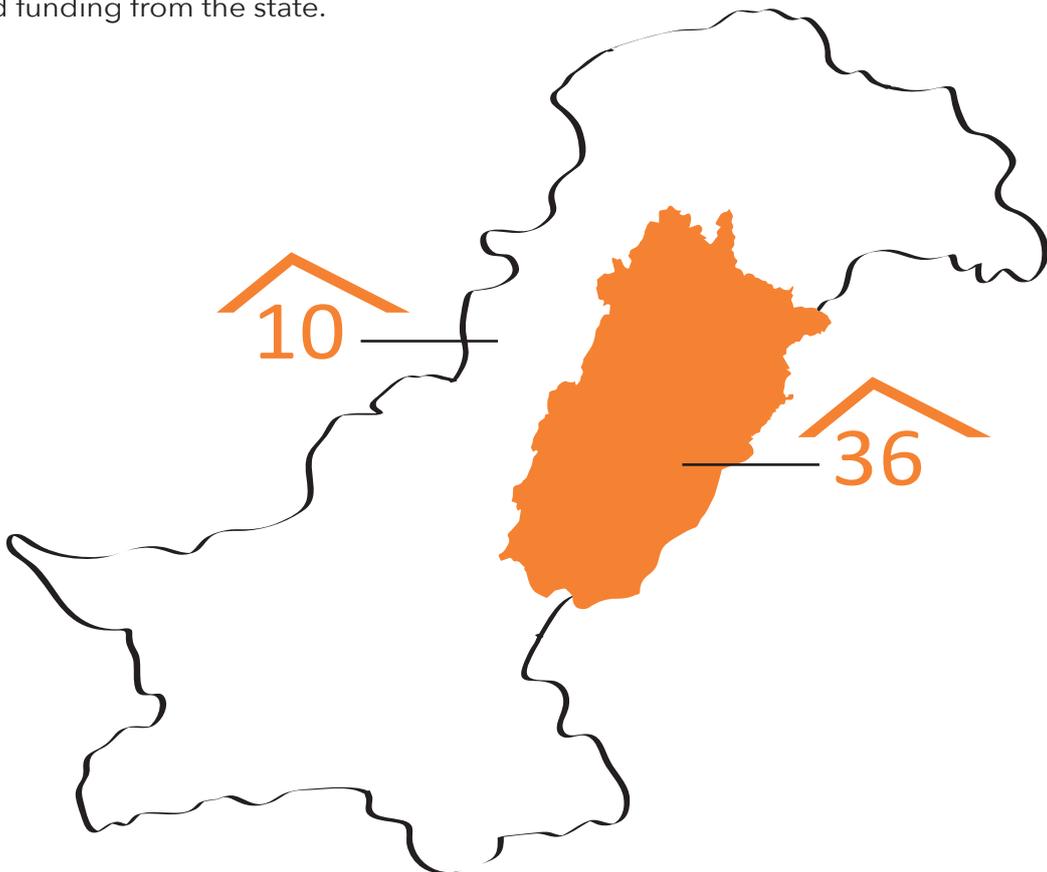
All primary data collected in the project was analysed using the NVivo qualitative data analysis computer software. The code book developed for the project was based on the themes and sub themes identified in the research framework. The first step of the analysis was to code all KIs according to the study framework across the four themes and their respective sub-themes. Survivor accounts were analysed to assess quality of services and contribute to the 4th theme: Quality of Care. This was initially done collectively by a 2-member team for the 2 KIs, 1 FDG and 1 IDI to ensure a uniform understanding of the framework and coding process. After this point, both team members worked separately with frequent check-ins.

Official documents were analysed textually and assessed for strengths and weaknesses and further corroborated against interview /primary data accounts to validate or highlight gaps between policy and practice. In the second round, each of the subcategories in the framework was further analysed to write narratives for each category. In this round, some of the subthemes were collapsed (largely in sub theme 3: Services and Sub theme 4: Quality of care) either because they allowed for a more holistic analysis of a particular service or for lack of information.

The report presented is based on the third round of analysis that built institutional assessments of each model (Chapters 2-4) and then compared them across themes to draw out relative strengths and weaknesses (Chapter 5). This comparative analysis was then used to develop institution-specific and institution-wide recommendations given in Chapter 6.

Institutional Assessment 1: Dar-ul Amans (DuA)

DuAs represent one of the earliest initiatives by the government of Pakistan to provide shelter to women. Set up in the 1970s as safe spaces for women whose cases were in court and who did not have a secure place to stay except in police custody, today DuAs operate in close to 50 cities in Pakistan with 36 in Punjab alone. The DuAs are well established in the VAW service provisions mechanism under the Social Welfare Department (SWD). Irrespective of the quality of service offered, over the years, they have managed to withstand the test of time and have received sustained funding from the state.



2.1 Data at a Glance

For the purpose of this study, three DuAs were included in the sample and the following section presents findings from data based on 2 primary sources:

A. Documents

This data set included documents made available to the research team by the SWD and DuA staff, and those available on the Punjab Social Welfare website. This included:

- ♀ DuAs Minimum Standards.
- ♀ DuAs Guidelines.
- ♀ Protection Guidelines.
- ♀ DuAs rules and responsibilities for residents in Urdu.
- ♀ Job descriptions for Superintendent, Warden, Psychologists.
- ♀ Formats for psychosocial assessment and record-keeping.
- ♀ Admission and discharge forms,
- ♀ Application to court (Form for release from DuAs).
- ♀ Notifications and ToRs for Advisory Committees (AC) and Complaint Management Committees (CMC).
- ♀ TORs for pool of lawyers and legal aid forms.
- ♀ Monthly progress report format.
- ♀ Staff performance evaluation report for contract employees.

B. Focus Group Discussions and Interviews:

- ♀ In total, 16 KIs were conducted with: Director Monitoring and Evaluation, SWD, (1), District SWD staff (Deputy and Divisional Directors) (3), AC members (3) and DuAs staff members (9).

- ♀ In total, 3 FDGs (one in each DuA) and 4 IDIs were conducted across the three DuAs. Observational notes as per identified indicators were taken by the research team and information compiled on the state of physical infrastructure, condition and allocation of space within the facilities.

DuA Survivor Profile:

- ♀ Age range: 17-38- Median age: 24.
- ♀ All except one was married - husbands were laborers, shop keepers, rickshaw drivers, tailors, drivers, soldiers etc.
- ♀ 14 (41%) were uneducated, 7 (20%) had primary to middle level education, and 7 (20%) had a middle to secondary school education and 3 (9%) had an undergraduate or graduate degree.
- ♀ 22 of the women had 3-5 children each.
- ♀ All except two women had left their homes after several incidents of severe abuse by their husbands and in-laws.
- ♀ Access to DuA was through lawyers' referrals or through the police, all except for a few who found out through their relatives, neighbours or rickshaw drivers.
- ♀ Most had filed for divorce and were using private lawyers.
- ♀ Most did not have the support of their paternal families.
- ♀ All were unemployed.

Access to women on the premises of the DuA was facilitated by the DuA staff. In addition to an obvious selection bias, as the cases of many of these women were ongoing, reflections by survivors on quality of care provided at the DuA are likely to be tempered by their continued reliance on the DuA staff and services (the FDG in Multan was conducted in the presence of staff).

To offset the sole dependence for information on women survivors residing within the DuA, FDGs conducted in the same communities as part of the concurrent study, *Barriers*, were used to supplement information on women’s experience at DuAs.

The table below shows the breakdown of research respondents across each city.

Type of interviewee/ District	Lahore	Multan	Vehari
Staff and Management	16		
In-Charge	1	1	Same person as psychologist
Psychologist	1	1	1
Warden	1	0	1
Vocational Teacher	0	1	1
Advisory Board Member	1	1	1
Divisional Director (for both DuA & CC)	1	1	1
Director (Planning and Evaluation), Punjab -SWD	1		
Survivors	34		
Survivors per DuA	9 (1-IDI, 8- FGD)	12 (1-IDI, 11- FGD)	13 (2 IDI, 11-FGD)
Total per DuA	14	17	18

Table-2. Respondents by City.

2.2 DuA Governance & Management

2.2.1 Standard setting & governance

The DuA is governed by the SWD Punjab Government; figure 1.1 displays the administrative hierarchy of the institution that designates specific roles across the Provincial, Divisional and District level offices of the SWD.

DuAs have detailed guidelines for their functioning with reference to services offered as well as quality of life and care within the facility. It also lists procedures with regards to admission and discharge and the facilities' working hours. Guidelines are notified and all staff interviewed seemed aware of them. Newer additions to these documents include the guidelines for minimum standards of operations, TORs of committees such as the advisory group and the pool of lawyers, but it is unclear if these additions have been introduced as complementary to the already existing guidelines, thereby avoiding information overlap and confusion.

The guidelines focus on the offered services and standards and do not detail information on DuAs staff positions, other than those of the In-Charge and the security detail at the facilities. With respect to the survivors, the Guidelines state that women can be self-referred and will have freedom of movement once at the DuA, unless they have been referred by the court; however, current practice, as evident through interviews below, is not in line with this.

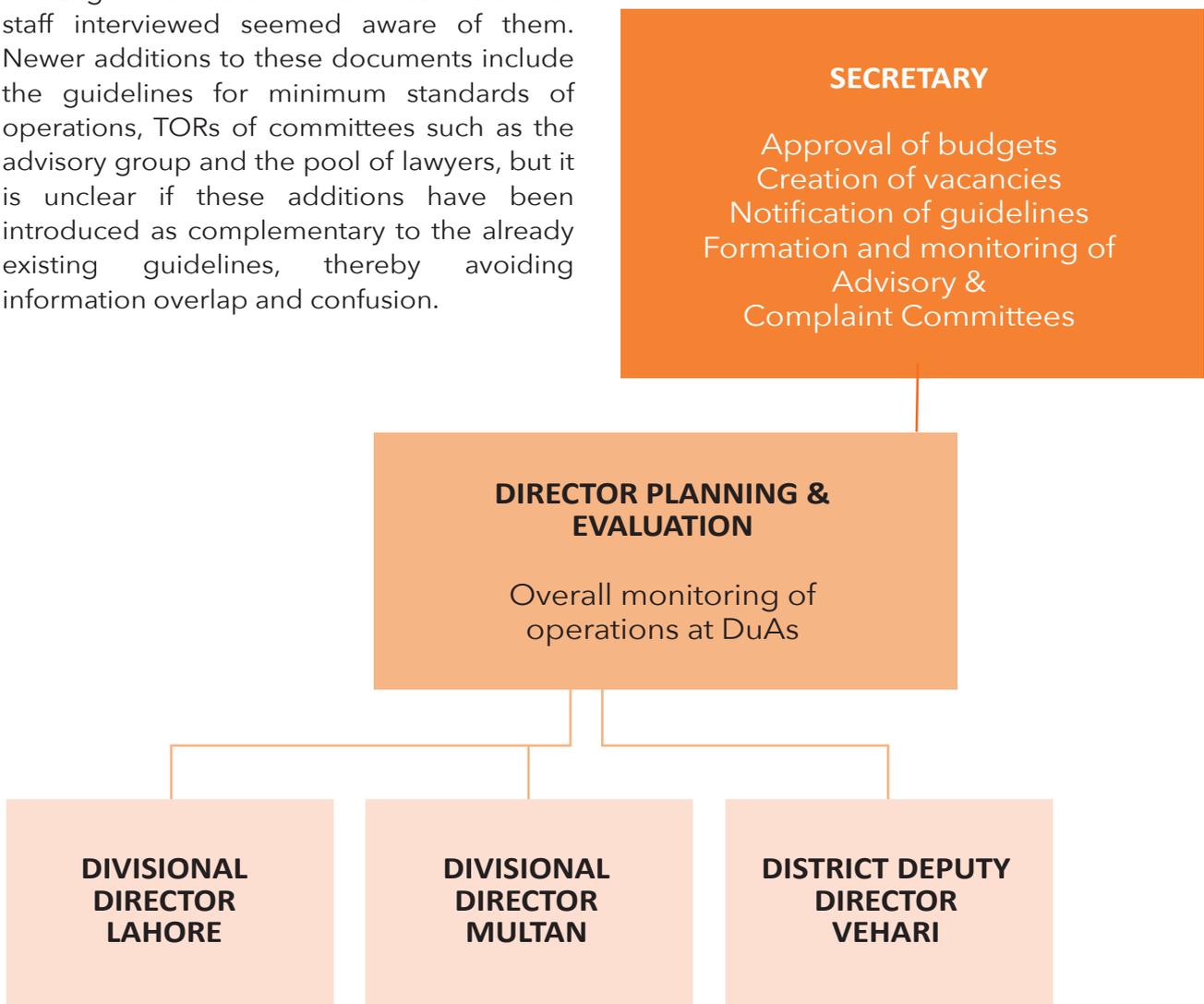


Figure 1.1

2.2.2 Resource Allocation

Staff salaries are released annually, operational budgets on a quarterly basis. These operational budgets are made by the DuA In-Charge and submitted for vetting to the Divisional Director in the case of Multan and Lahore and the District Deputy Director in case of Vehari, then forwarded to the SWD. Staff shared that they regularly submit their budget requests to the Department. However, they felt that despite this, final budget allocation was done by the SWD, and cited problems such as delays in budget release and inadequate budget under heads like food. Other budget deficits cited by staff included inadequate funds for equipment for vocational activities and for renovations.

The senior management cited delays in the submission of budget requests, leading to delays in budget release. This was attributed to a lack of training of the DuA In-Charge on budget making and processes, resulting in an over-reliance on clerks and assistants for preparing budgets. The current budget allocation for food (Rs.200 per person per day) was considered insufficient by both staff and management although the latter stated that this budget is being increased to PKR. 400 per person per day). The senior management also cited the provision of legal assistance to be insufficiently funded in the overall budget.

2.2.3 Data Collection and Information Management

There is extensive record keeping of cases handled by the DuA: every woman is assigned a code and separate manual files are maintained. Every month, the In-Charge, helped by the staff, compiles a monthly progress report that details information on demographics such as age, marital status, education level as well as types of violence suffered, the source of the women's referrals and the DuA services provided to them. This fairly comprehensive record keeping also covers operational aspects of the facility.

A category called "mode of rehabilitation" documents the exit status of each resident, classified as: reconciliation with husband, rehabilitated through employment, re-marriage or settlement with parent. There is also a category for cases followed up after rehabilitation. Although there is an open-ended section on difficulties and suggestions, staff interviews suggest this is used mostly for management-related concerns. The format remains largely quantitative and qualitative information such as case studies, challenges, and best practices are not recorded.

Some staff suggested data management systems need to be improved and staff capacity built on digitizing data. The Lahore DuA shared those two digital management systems are being developed: one in collaboration with the private shelter, Dastak, and the second with the public sector Punjab Information Technology Board. Partnerships were welcomed but it was stressed that DuA data recording in these facilities, both manual and digital, should be avoided.

SWD shares the numbers of women coming to the DuAs with concerned government departments and various research institutions, however, without sharing detailed identifiable information. According to staff, data is kept confidential, maintained in files and is available for retrieval by the woman or the court if required.

2.2.4 Monitoring and Accountability

The accountability and supervision mechanism involves quantitative reporting against various indicators; reports are compiled and submitted to the head office on a monthly and quarterly basis. Monthly reports include details of meetings amongst SWD representatives and decisions made. The form also records details regarding security (number of guards, cameras, dates of last training received on first aid and height of the facilities' perimeter walls) and cleanliness status. It has fields for details on the number of meetings held by the ACs, each district's pool of available lawyers and the CMCs, along with recording their dates of notification. There is space at the end for general observations on problems and suggestions.

Staff seem well versed in the reporting formats. While the record keeping is extensive, the data collected remains predominantly quantitative. For instance, psychologists will fill out the number of individuals, family, and follow-up sessions; similarly, the vocational teacher will fill out details of daily attendance of classes that women and children take.

Discussions with senior management officials at the district and provincial level primarily revolved around DuAs. It was apparent that the Divisional and District offices have a fairly active role in monitoring the DuAs beyond monthly reports, such as meeting women residents as members of the district CMCs. SWD evaluation teams also monitor DuAs through planned as well as random, unannounced visits to oversee activities and ask questions from women.



The Director Planning and Evaluation shared that the DuA Minimum Standards document was produced to streamline operations in DuAs across Punjab whose functions and scope varied based on occupancy and demand for services. The document consists of details regarding security and safety and basic needs of residents, a record of services offered along with means of its verification. In 2015, the Department started a process of regular mid-term and final reviews for DuAs in Punjab which will allow them to grade each facility. The process was delayed due to COVID-19, but the Department plans to resume this activity in the coming months.

DuAs have ACs that comprise of 10 members appointed for a period of 2 years. Notified by the DG SWD, its primary task is to monitor the performance of the DuA against set SWD guidelines.

Figure 1.2 illustrates the process of nominations and composition of ACs in each DuA.

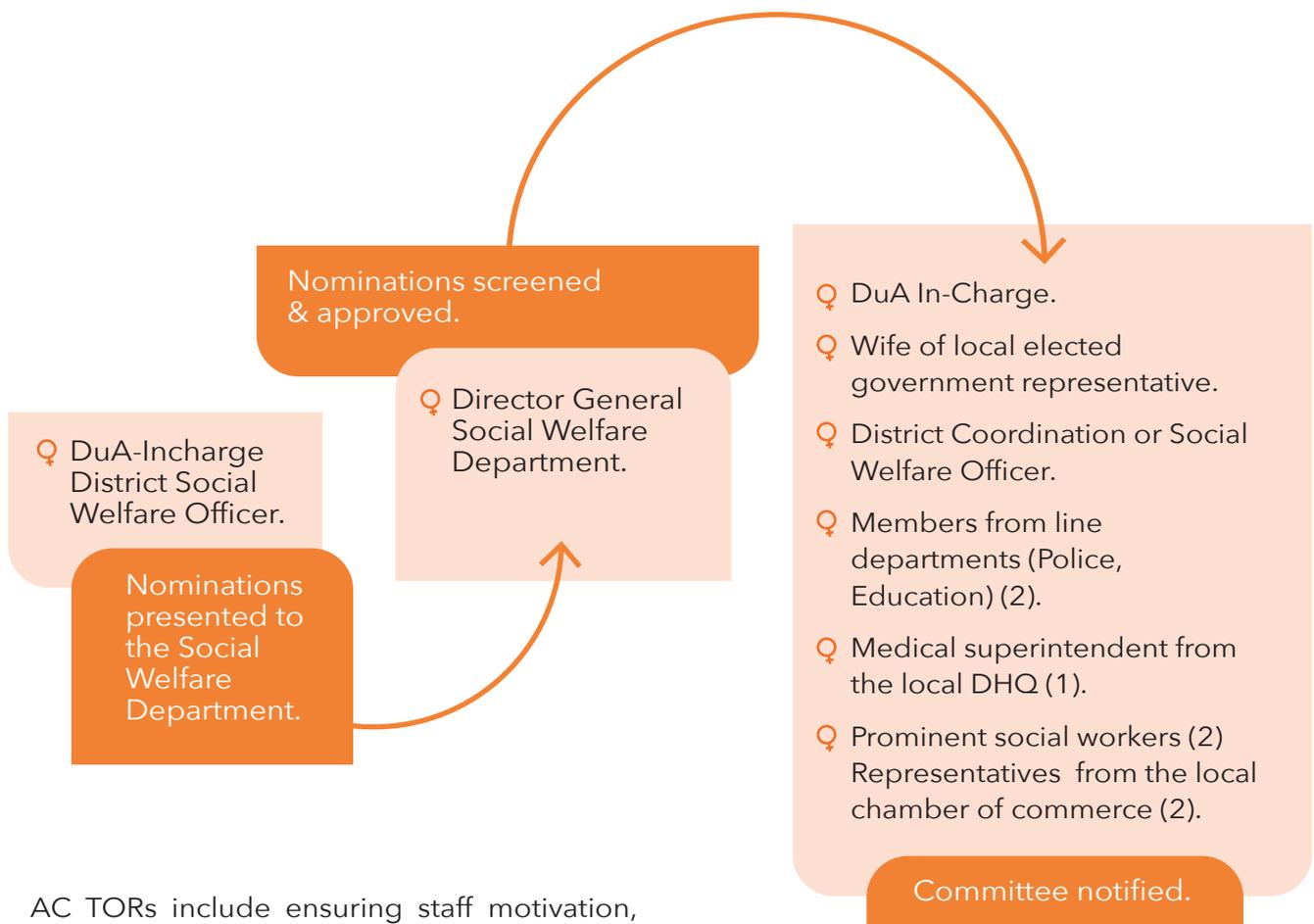


Figure 1.2

AC TORs include ensuring staff motivation, settling disputes and complaints, overseeing admission processes, mobilizing additional resources, strengthening referral mechanisms and improving the image of the facility.

There is also a notified District CMC; set up after the integration of a Protection Component in the SWD, this committee aims to detect and respond to any violation or abuse within DuAs.

Complaint boxes are the primary means through which residents can complain and these were present in all institutions visited and are monitored once a month by the District CMC. The staff verified that these committees do exist. Complaints are received and, according to the staff and Committee members, are often not serious and usually revolve around residents' dissatisfaction with custodial restraint conditions or, at times, misbehaviour of support staff.

2.3 Workforce Development & Management

All DuA staff report to the In-Charge. By and large, DuA In-Charges seem aware of their responsibilities as the facility's administrative head that include staff supervision, policy implementation, coordination with other organizations, oversight of services, and monthly reporting. Most staff members such as wardens and psychologists were aware of their roles and responsibilities as per their job description. The vocational teachers interviewed did not have their TORs and some were also providing religious instruction. Duties had been verbally explained to vocational teachers by the In-Charge and they are also sometimes expected to accompany survivors to court.

Only 2 staff members interviewed have regular contracts and those on contractual positions shared serious concerns around the long-standing issue of job security. There were also complaints regarding the promotion system with examples shared of employees not being promoted for as long as 10 years at a time. The staff performance evaluation report for contractual employees has only two performance categories against which staff is assessed: integrity and a generic category called 'overall grading' that includes evaluations of proficiency, efficiency, punctuality. The staff receives a rating on a 5-point scale.

Another significant problem highlighted was inadequate staffing. In Multan, currently, there is no warden, and the vocational teacher fulfils the warden's responsibilities. It is unclear how cases of women arriving after 4 pm are dealt with. In addition, certain positions require round-the-clock presence within the shelter premises including during holidays, as the DuA is functional 24/7. Currently, DuAs only have one warden each (in Multan this position was vacant). Wardens expressed reservations regarding the expectation of availability for 24 hours a day and during Eid and other holidays.

In Vehari, there is no In-Charge and the Psychologist has been given this additional charge temporarily. In the Lahore DuA, the seat for the vocational teacher was vacant.

Residents are often responsible for cooking and cleaning in DuA facilities, especially where there are no appointed cooks. The staff shared that they give additional responsibilities to residents such as supervision of cooking and cleaning by other residents, taking attendance, and ensuring discipline in the facility. Staff and management saw taking on light responsibilities as encouraging residents' involvement in the centre. The staff shared that they do this partly to make up for periodic staff deficits within the facilities. However, some residents do not see it as such and viewed it as a burden. Other than the issue of a cook not being appointed in one DuA, support staff was considered satisfactory. The recently relocated DuA in Multan, however, felt the need for an increase in the number of guards as the facility is large and located in a vast open area.

The process of training for DuAs has primarily been outsourced to non-governmental organizations and is not always linked to a long-term training plan viz. a viz. the institution. There is little or no follow-up by the Department and expectation of application of learning and ensuring attendance at trainings is not linked to performance/job appraisals. While most respondents appreciated the variety of training they received, some staff disapproved of the human rights training by NGOs and expressed reservations around the agenda and values of NGOs. Some staff members shared that their learning has been on the job, and they have not been to any training in a long time. Training needs that were highlighted by the staff included stress management, ongoing refreshers on dealing with GBV survivors, data management, and specialized training for professional staff such as law officers and psychologists.

Senior management mentioned a departmental training institute in Lahore (SWD Departmental Training Institute) but were unable to name any specific government sponsored training tailored for DuA staff.

Some staff members' attitudes about the women were judgmental and negative. Women were classified by some as '*criminal-minded*' and some suggested that women come to DuAs to marry their lovers. At times, attitudes such as 'women are better off reconciling with abusive families to save their children' were expressed. However, there were exceptions, and a few staff members were sensitive to the dynamics of violence and were non-judgmental towards decisions made by the survivors.

All staff members were aware of the concept of consent and the Warden and Psychologist at DuA Lahore shared that they must fill out the consent form and get the thumb impression of women before any meetings. They did not see their unsolicited advice or judgmental attitude as a barrier to free and informed consent. By and large, the staff seemed to be cautious of not using any force on women for fear of complaints, however, some of the staff felt resentful of this.



2.4 DuA Services

2.4.1 Availability and Accessibility

DuA staff shared that some women come from far-off districts, sometimes from other provinces. The lawyers and police may recommend women go to a far off DuA for security. Women are allowed to stay for three months but often stay longer, sometimes extending to a year, if their case is pending in court. A survivor's report of having to wait outside facilities overnight for office hours to begin brings into question the need for availability of staff after office hours and the provision of admission services round the clock.

Accessibility to the DuA and its services has financial implications. Women across all three cities said they had to pay money for conveyance. A large number of DuA residents were referred either by their lawyers, the court or the police. A few women came upon the recommendations of family, neighbours or, in one case, a rickshaw driver. Very few women benefit from the DuAs' free legal services as, most often, they have retained lawyers before they arrive, relying on their own savings or financial support by family or friends for legal fees. The lawyers or courts referring women to DuAs cite these as safe spaces for survivors to stay during their court proceedings. DuA staff and management confirmed that the DuA rarely provides free legal aid because women have already hired private lawyers before they come. Yet, survivors stressed the need for a way to approach the DuA without having to go through expensive private lawyers and the police, the latter being seen as corrupt.

Although the DuA does not turn away self-referrals, women are invariably taken to the court by DuA staff for the issuance of a judicial order from the Area Magistrate for their stay at DuAs.

2.4.2 Approachability & Acceptability

Many DuA residents said they had not heard about DuAs before arriving. Women in Multan and Vehari were relatively more aware of the DuA before entering. However, all of them shared that people had negative perceptions about these facilities. Residents shared that people think women who go to DuA are sold for prostitution and beggary on the streets. These views were also shared by community women in general who did not consider DuA as a viable option if they needed help. Both sets of women (those who had availed services and those who had not) believed that women who have been to DuA are not accepted by families and community once they return.

This view was consistent in interviews with survivors who had approached the HRCs. As an 18-year-old survivor shared *"I've heard that the women in DuAs are women who've run away from home with a man and go to the DuA for shelter when these men abandon them. I would never want to be in such a place."*

Most women were scared and nervous before entering the DuA, concerned about their safety and the attitude of other women and staff. However, nearly all of them shared that the negative perceptions were rumours and that the place was safe. Those facing severe threats to life were especially grateful for the security provided by the institution.

Some residents felt that one reason for the negative perceptions about women stemmed from survivors being taken to the court and DuA in a police van along with criminals. Such practices are harmful to women both with respect to their self-respect and how they may be perceived by others.

None of the staff mentioned any efforts to create awareness and outreach in communities. The Divisional Director in Multan shared that the government ran an awareness campaign in 2012 where posters were displayed at bus stops informing people about the DuA services. The senior management did not seem to think that perceptions of the DuA was a huge problem and felt that it had improved over the years.

One of the Divisional Directors did, however, acknowledge that most of the cases come from the police or court referrals and were not a result of people's awareness about these institutes. Another Divisional Director suggested that, as lawyers and police officers are informed about these institutions, they are best placed to refer women, so it was not necessary for women to be made aware of these institutions. Instead, women should be made aware of helplines like 1122.

There was a general sense that since the DuA service was receiving a regular inflow of cases resulting from court and police referrals, there was no immediate need for promotion of its services through outreach campaigns.

The reliance on referrals through courts and, by default, private lawyers make the service inaccessible to a vast population of women who may not know of the facility and cannot access it through already appointed lawyers.



2.4.3 Intake and Custodial Restraint

Different staff positions were responsible for intake at different DuAs, and the role seems to shift between warden and In-Charge. DuAs have no designated Social Welfare Officer.

Contrary to the DuA guidelines that do not stipulate any such requirement, women are taken to the court by DuA staff for the issuance of a judicial order from the Area Magistrate. DuA has strict rules around the mobility and communication of women with people outside the facility. When women are admitted, they are searched for valuables as well as harmful substances. They have to deposit their cell phone and can have little or no unsupervised communication with the outside world. Residents are not allowed to go outside unless requested by the court or in case of a medical emergency. Women are also not allowed to be in the open area after 7 pm in Multan. Women can call from the facility's phones, but they must do so based on a schedule, and the calls are limited to 3 to 5 minutes. Calls are also monitored. The Lahore DuA staff said that sometimes women try to sneak in their phones. In Vehari, the staff shared that women, at times, try to "escape". For visitors, they need a permission letter from the court and all visits are supervised.

The inability to leave the premises or even be allowed phones or laptops poses a challenge for women and creates considerable emotional stress, including practical implications for those who have jobs or wish to study while staying at the premises. For the DuA staff and senior management, this is a cost that women must pay for safety and protection. They shared that the facility's safety and those of its residents and staff will be compromised if women are allowed phones or free movement in and out of the DuA.

Many of the survivors interviewed felt that the level of control on their movement and communication is acceptable to them in exchange for their security. However, some women were not comfortable with these rules and wanted to leave the DuA because of them.

During focus groups with women who previously accessed services, a survivor who had been to a DuA shared that it was an unpleasant experience and cited that the application of these rules was, in fact, uneven and women who could pay were given access to phones and allowed unsupervised visits.

The staff stressed that the court has the authority to decide on women's admission, mobility outside the facility, release, and reconciliation. They saw their role as passive, and the DuA as a holding cell whose purpose was to temporarily house the woman while she awaited the completion of court proceedings.

2.4.4 Physical Environment and Accommodation

The buildings of all three surveyed DuAs were in reasonably good condition. Notice boards contained information on protection and rights, and, in Lahore, they also had the daily timetable and weekly menu.

The residential facilities in Vehari were somewhat overcrowded, with women sleeping in the verandah on *charpais*. In Lahore, the staff shared that before the pandemic, there were close to 100 women whereas the capacity of the facility was 36. The Multan DuA seemed underutilized when it came to occupancy. By and large, there was sufficient room capacity for offices and services although there was no separate private space for legal consultations which took place in cubicles or in the entrance halls. Office room furniture was sparse.

DuA provides basic facilities to women within the shelter: upon arriving, they are given hygiene kits, including soap, brushes, sanitary napkins, and towels if they do not have the means to arrange these for themselves. However, a staff member shared that it may not be possible to provide them to all women. Women who do not have clothes can also receive some clothes from the facility. Often, once women settle down, their visitors bring them things that they need. There is a set menu for food in the facilities. The staff shared that they manage the food within a limited budget, and that it may not be according to the required healthy diet, especially when women are in higher numbers. TVs were present in all DuAs.

In Multan, residents said they do not have safe drinking water, do not get fruits, and often do not have adequate arrangements for living in the hot weather. At times, they also do not have access to medicines. Women suggested that there should be a canteen-cum-utility store in the facility so that they do not have to ask someone to get things from outside. Although it varies from city to city, some overall recommendations for improving the physical environment, as voiced by the residents included:

- ♀ Space/ground for walking, playing, exercise, gardening.
- ♀ Playroom for children (if not already).
- ♀ Women's personal cupboards.
- ♀ Library.

Regarding Child Friendly Services, at DuAs, a female child can stay with the mother up to any age, but a male child only if he is 10 years or less. Above this age, the child is referred to the Child Protection Bureau.

Many survivors in Lahore expressed concern at the lack of a playground for children, and any proper formal or informal educational facility.

Two of the three DuAs had a room where children could play with toys or use some colouring books. Children were typically taught by a literate survivor, if available. In terms of nutrition, children were given a cup of milk every day. Apart from that, children ate whatever food items their mothers were provided with.

2.4.5 Health Services

Health services are not standardized across DuAs. Although a woman medical officer from the DHQ is assigned to the DuA as per SOPs, many residents in Lahore and Multan complained that they did not have access to adequate health care. Doctors were available till 4 pm; should a resident fall sick later in the day, she had to wait till the morning. Some complained that medicines were not available free of cost.

Staff however related that in case of emergency, women are attended to and hospitalized, if necessary. Staff also said they accompany women to the hospital to ensure adequate security including assigning a lady constable with the resident if she is hospitalized. Yet wardens stated that there are no special services for expecting mothers and that pregnant residents tend to leave before delivery for this reason (in Vehari, the assigned doctor, who is also a gynaecologist, visits once a week).

Women residents had not received their COVID-19 vaccines and one of the reasons cited was a lack of ID cards. Some DuA protocols for keeping the new admissions separate and requiring COVID-19 tests before women are admitted were followed, albeit sporadically. Medico-legal examinations in the case of rape or extreme physical violence are mostly done before the women are admitted to DuA as women come through court and police referrals. Although it is rare, should a woman come to the facility in DuA through self-referral and has visible injuries, the staff encourages her to get a medico-legal examination.

2.4.6 Policing

Police is one of the main sources of referral to DuA. This experience was rarely positive for women. Some shared that, at times, they had to pay bribes. Residents in the DuA must be escorted whenever they leave the premises to go to court or for health reasons. As mentioned earlier, being taken in a police van along with criminals makes women uncomfortable, aggravating the negative impression of the nature of services provided at the DuA and of the survivors themselves. A few residents also complained that the police can sometimes leak information such as their date of release to their family members which can increase the threat to their life.

2.4.7 Legal Advice and Representation

DuAs are mandated to provide free legal aid and representation to women. For this, as per the TORs shared, a pool of 10 lawyers is to be notified in each district, each year, in consultation with the District Bar Association. Panel lawyers are to provide legal counselling and services free of charge, other than costs for legal aid documentation for residents. They also advise the DuA with regards to management of legal obligations viz. a viz. court orders and represent the DuA if any legal case is initiated against it. The TORs stipulate the In-Charge meeting panel lawyers every 2 months. Not all panels had been notified and no numbers were shared.

Unfortunately, few women are aware of legal services and most approach the DuA after having already retained private lawyers. This was also cited by the staff and management as the primary reason DuAs provide free legal aid for very few survivors; the other reason being if a woman cannot afford a private lawyer. Knowing they could access reliable, sound and free legal representation would, in all likelihood, dissuade many survivors from hiring expensive lawyers that, if paid by others, also makes them vulnerable to exploitation by their male relatives and friends.

(Exceptionally, the Law officer from Vehari's Crisis Centre provides legal counselling and holds legal awareness sessions for DuA residents in fortnightly or monthly visits.) This gap in services contributes to the dissatisfaction residents expressed with regards the speed of their court cases and the lack of support they were getting from their lawyers.

2.4.8 Psychological Services

Most of the staff recognized that women who come to the facilities have been through trauma and are going through depression, anxiety, and loneliness. They reported that women may have different behavioural signs, including frequent crying, improper sleep, excessive talking or being silent and aggressive behaviour. A few staff members were not as sensitized about women's mental health and the effects of violence on the survivor and used language like "retard", "psychotic" and "*pagal*" (mad) to refer to the women's mental health needs.

Psychologists in DuAs provide individual counselling sessions as well as group sessions, and conduct family counselling. Psychologists have a comprehensive format for documenting their sessions; counselling and other records of women are kept confidential. Some group counselling sessions are informational e.g., sessions on rights and guidelines of DuA. They also hold mock exercises for responding to earthquakes or violence. The Psychologist at Vehari shared that she prefers to have group sessions because women benefit by sharing with others. Survivors appreciated the presence of psychologists in the facility, relating how they share their woes and support each other in this time of grief and appreciated the support extended by the psychologists.

DuAs cannot accommodate women with severe mental health needs. The psychologist can refer these women for assessment and treatment to city-specific facilities: Lahore refers them to the Punjab Institute of Mental Health, Multan to Nishtar Hospital Psychiatric Department and Vehari to the DHQ. These referrals are mediated through the court. The psychologist in Vehari suggested that a psychiatrist should also visit DuA. Psychologists shared that while most cases are difficult, cases where women were paranoid and/or suicidal present severe challenges. Staff in general and the psychologist in particular talked about the stress of dealing with survivors of violence daily.

Regarding understanding the role of psychologists at DuAs, there is a disconnect amongst staff, AC members and the senior management. Some felt that their role was to placate the survivors and “convince” them to reconcile.

The psychologist at the Lahore DuA seemed to be the most skilled and clear about her own role and stressed the need to maintain professional boundaries and build residents’ coping and decision-making skills. The psychologist in Vehari, however, was also working as the In-Charge. This entails a substantial workload on the individual with implications not only on the quality of her service, but also potentially undermines the important role of the psychologist within the facility. The latter, by virtue of her role and interaction with the residents, should not be in an administrative position. Her position should ideally be neutral and survivor-centric and must also be clearly perceived by the residents as such (see section on Reconciliation).



2.4.9 Reconciliation or Mediation with family

Staff stressed that reconciliation can only happen with the consent of the woman and after permission from the court. Often, a woman's family will come to the DuA and would like to reconcile. Psychologists or superintendents will assess the level of risk and the potential of reconciliation themselves. No clear criteria used for this assessment were shared. Moreover, as follow up processes are nearly non-existent, the success of the criteria used can also not be determined. While lawyers are involved in drawing up the *sulah/raazi nama* (reconciliation settlement), no format or example was shared with reference to the documentation of the reconciliation process.

It is clear though, that both the DuA and the court actively present the option for a mediated reconciliation process which may take two to three sessions. With some exceptions, there was a strong inclination on the part of the interviewed staff and AC members to encourage and, at times, actively advise the woman to reconcile especially when children were involved. The Multan DuAs added that reconciliation was also encouraged by the Department and is reported in monthly reports as an outcome. All DuAs seek release orders for women before they are allowed to leave the facility after reconciliation.

Psychologists often play a significant role in reconciliation and mediation with family. They also offer family and couple counselling to the survivors. This is a problematic blurring of roles, however, where the psychologist whose primary role is to improve the psychological health of survivors and help them arrive at decisions becomes involved with negotiation with the family on behalf of the DuA management.

There seems to be no defined or standardized protocol for follow-up after a woman leaves the DuA following a reconciliation. Some DuAs take phone numbers and other contact details at the time of release but rarely follow up. Others are more proactive and seek the consent of the woman and ask if she wants to be in touch. The general view was that staff can record who the women left with, but they cannot force that information if a woman does not wish to share this or gives inaccurate information. They felt that it was enough that women have the number of the DuA and can contact them if they so wish, and that women returning to the DuA after reconciliation is not uncommon. Some staff said they do not contact the women themselves because they do not want to create problems for women in their homes.

In some cases, however, where the threat level is high, the court can ask for the women's presence in the court after a certain period, as a condition of release. It was unclear if this was an effective safeguard and what action, if any, the court took if the woman did not appear. There is no set requirement and the staff and management cite shortage of staff as the primary reason for not being able to conduct robust follow ups.

Senior management also highlighted the challenges of follow ups as they felt it could create more problems for the woman; overall, there seemed to be a mixture of helplessness and an attitude that once courts give exit clearance, women are no longer the responsibility of the DuA.

A stark example of the pitfalls of hasty reconciliation without follow up was shared by a survivor of violence in the community interviews. Her case had been handled by the DuA in the past and she shared how she had eventually returned to her abusive family.

"DuA staff called my parents and had them write down that they wouldn't beat me or torture me. When I was leaving, all my relatives, maternal and paternal uncles came to take me home. But once I returned home, things reverted to how they had been. It was the same routine once again. I didn't contact the DuA again because I had no more energy because I'd gone so far [for help] but my issue was not resolved."



2.4.10 Vocational Services

The rehabilitation activities in DuA include giving women some skills training like stitching, handicrafts, holding sessions on religious education, rights information and engaging them in different activities. The staff shared that since they do not know how long the women will stay, even if they plan an income generation activity, they can't execute them well because of the temporary and uncertain stay of most women. One of the ways that some women can generate some income is through stitching clothes.

Some of the vocational teachers were very focused on religious education. It was unclear to the research team how religious education has been categorized as vocational training.

2.4.11 Referrals and Coordination

The DuA staff sometimes refer women to other institutions. Some examples of institutions are Dar ul Falah, the crisis centre (if she needs to be mobile to work and is in no immediate danger) or in the case of severe mental issues, to a psychiatric facility. All referral requests are sent to the court, but the staff shared that except for cases where there is severe mental impairment, consent from the woman is taken before referral.

The court is the ultimate arbitrator of where the women will be sent, and the staff believes it is in their best interest and that of the women that the court take these decisions. They shared that they do not follow up after referral as they are not a party to her case and once she is referred through a court order, she is no longer their responsibility.

2.4.12 Security

Security protocols are in place and defined in the Department's Minimum Standards document. Movement in and out of the facility is strictly monitored. There are CCTV cameras (14 to 17) present in various common areas with monitors placed in the In-Charge's room. Security guards patrol the buildings and walls are above 2 meters in height. Women are taken to courts in police vans or, for medical emergencies, with a security detail. Visits by family and friends too are heavily secured and are only allowed with the court's approval. Women are checked thoroughly before they leave the building and when they enter from court. There have been a few cases of security breaches, which has led to more severe security measures by DuA.

Conclusion

DuA have a robust system of governance, as reflected in across-the-board systems, notified protocols and standard setting, and structures for close supervision and monitoring. Most staff have considerable on-the-job experience and have been in these positions for a considerable time. Staffing issues abound, both in terms of vacant positions resulting in dual charges, as well as conservative attitudes of staff towards residents.

DuA protocols and mandates have shifted and evolved over time. The range of services has broadened to include psychological services and some exposure to vocational training. Women are no longer referred to as inmates, but as residents, primary staff positions such as psychologists, wardens and superintendents /In-Charges are all women. Reports of exploitation of women within these institutions or women being killed due to lack of effective security have decreased with stricter security protocols and closer monitoring by the SWD. Quality of life within these shelters has also improved in terms of basic services such as food, bedding, and some provisions for accompanying children.

Although better known relative to other response mechanisms for women, DuAs have a very poor reputation amongst communities and women accessing their services are stigmatized. Despite this, there has been very little effort to systematically promote these services and build a more positive image.

The DuA is no longer required by law to accept women through a court order only and women can also be admitted without court referrals. Yet, the institution still struggles with issues of custodial restraint and its legacy of acting as a sub-jail with women having little or no autonomy within its premises. As most residents face a severe threat to life, by and large the strict measures were appreciated as some residents were very relieved that they had adequate security.

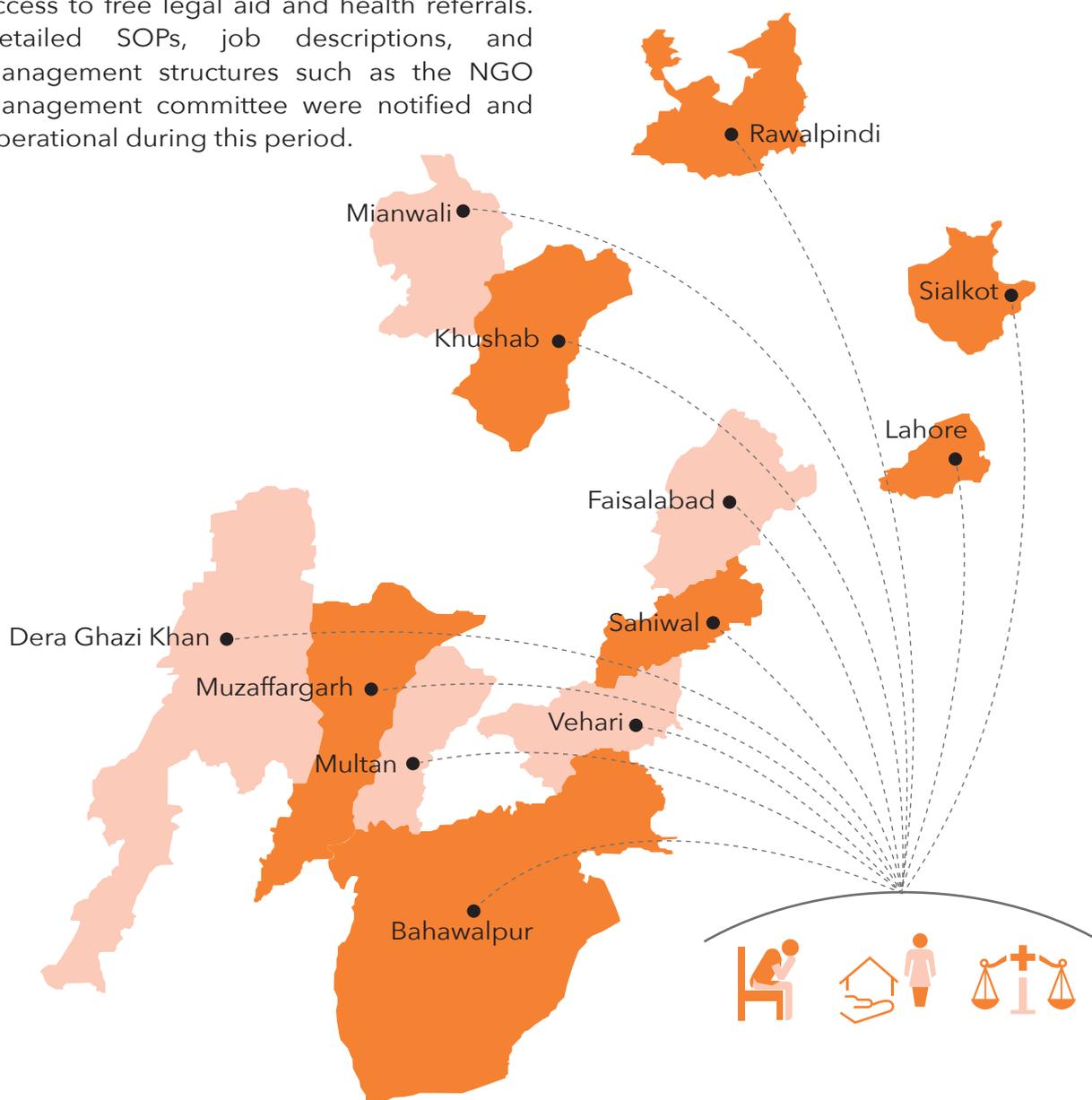
"I believe that the Dar ul Aman is a safe place for such women, it's a good place, here women's issues are resolved [whereas] at home, they're under pressure, beaten. Coming here, they relax here and learn some things."

As primary referral is through the courts and police, most women arriving at the DuA have already acquired legal counsel. Combined with the practice of custodial restraint, the staff increasingly viewed their role as limited, and the DuA as only responsible for providing safety. As a result, the transformative potential of DuA to empower survivors is reduced to simply acting as a passive, temporary space of refuge for women survivors of violence.

Institutional Assessment 2: Shaheed Benazir Bhutto Human Rights Centers for Women (HRCs)

In the late 1990s the federal government introduced Women Crisis Centres - later renamed Shaheed Benazir Bhutto Human Rights Centres for Women (referred to as HRCs hereinafter). Attached to the Ministry of Women Development, these centres operated through the Federal Government. Originally conceived as a complement to the DuA model, centres were to act as a crisis response mechanism for women survivors of violence that would provide psychosocial counselling, short-term shelter as well as access to free legal aid and health referrals. Detailed SOPs, job descriptions, and management structures such as the NGO management committee were notified and operational during this period.

Following the 18th Constitutional Amendment in 2010, the management of HRCs along with the budgetary responsibility were devolved to the provinces. Since 2014, in Punjab, 12 HRCs administered by the Punjab SWD are operational in the districts of Bahawalpur, Dera Ghazi Khan, Faisalabad, Muzaffargarh, Khushab, Lahore, Multan, Rawalpindi, Sahiwal, Mianwali, Sialkot and Vehari.



3.1 Data at a Glance

For the purpose of this study, the three HRCs in Lahore, Vehari and Multan were included in our sample and the following section presents findings from data based on 2 primary sources:

A. Documents

This data set included documents made available to the research team by SWD and HRCs staff. This included job descriptions for Manager, Law Officer and Social Welfare Officer, forms for referral and notification to family members of the woman, monthly progress reports, newsletters, and a TOR for an NGO Management Committee.

B. Interviews:

- ♀ In total, 12 KIIs were conducted: HRC staff members (5), Advisory Board member (1), District SWD staff (Deputy and Divisional Directors) (3) and Director Planning and Evaluation, SWD (1).
- ♀ In addition, 9 IDIs were conducted with women survivors who had utilized the services of the HRCs. Observational notes as per identified indicators were taken by the research team and information compiled on physical infrastructure, condition, and allocation of space within the facilities.

HRC Survivor profile:

- ♀ Age range: 18-55- Median age: 35.
- ♀ All were married - Husbands were mechanics, shopkeepers, drivers and, in some cases, unemployed.
- ♀ Except for 1, most women had some level of education.
- ♀ All except two women had left homes after several incidents of severe abuse by in husbands and in-laws.
- ♀ Referral was through friends, neighbours, employers, and online search.
- ♀ All women had received legal support in the past from the HRCs in family law cases such as divorce, maintenance and child support, child custody, reclaiming dowry, inheritance.
- ♀ Nearly all reported physical, sexual or emotional abuse. Some had been abandoned after husband's 2nd marriage.
- ♀ Most did not have support of their natal families.
- ♀ Nearly all were employed and worked as cook, tailor, home based garment worker, sweeper, beauty parlour worker, bank worker.

As pointed out in the limitations section, access to women who had used these services was challenging: HRCs no longer provide shelter facilities and it had been decided that women using the center at the time of research would not be approached, as these women were facing considerable stress already and reaching out to them at this point would not be ethical. Hence, even more so than in the case of the women residents of DuA, the research team had to rely on HRC staff to facilitate interviews with women survivors and getting their consent. This introduced a possible selection bias. The interviews in Vehari and Multan were conducted in the presence of staff. As some of the women's cases were ongoing, reflections by survivors on quality of care provided at the HRCs are likely to be tempered by survivors' continued reliance on the HRC staff and services.

The table below shows the breakdown of interviews across each city:

Type of Interviewee/District	Lahore	Multan	Vehari
Total interviews of Staff and Management	9		
Manager/In-Charge	1	1	1
Psychologist	1		
Law officer			1
Advisory Board Member			1
Divisional Director, SWD	1	1	1
Director (Planning and Evaluation) Punjab -SWD	1		
Total interviews with Survivors	9		
IDIs per HRC	2	4	3
Total interviews per HRC	5	6	7

Table-3.

3.2 HRC Governance & management

3.2.1 Standard setting & governance

The shift in governance from the Federal to the provincial governments following the devolution of authorities has had a detrimental impact on the functioning of these centres. A lack of attention and prioritization is evident in the notified SOPs - job descriptions that were shared with the research team were from the Federal Government time. No updating or revision had happened in the last six years, even as the governance, including working parameters, has shifted seismically. Managers too sense the insufficient prioritization of HRCs within the province's protection systems and schemes to address VAW. Managers who served in these centres under the Federal MoWD shared that the Federal government was more responsive to the requests of the centres and allocated proper budgets for staff, training, and other services for women.

The HRCs do not operate under a legal framework - interviews with senior management suggest that these centres are less prioritized as compared to the other two models.

This is even though these centres provide vital services to women who, for several reasons, cannot avail the DuA services. The Lahore HRC Manager emphasized that all women facing violence do not desire to go to the DuA.

“Even if we wanted to refer them to DuA, a lot of them cannot go there. If a woman is working, and she's being abused, she's already going through a hard time. She is not going to leave her job so that she can be incarcerated in the DuA. They need the money to survive. How can they leave their day-to-day function? They are teachers and other working women; they do not want to go to the DuA because they cannot go out.”

The lack of political will and interest in sustaining these centres is echoed in the policy interviews with senior management officials, divisional directors, and the director SWD. In the interviews with Divisional Directors SWD, it was apparent that they were more involved in the operations of the DuAs. The popular opinion seems to be that these centres are viewed as temporary and are to be transitioned into VAWCs, a view that obviously impacts the seriousness with which they are taken in their current state.

3.2.2 Resource Allocation

HRC staff highlighted budget delays and scarcity as significant impediments to work. As per policy, managers are responsible for making HRC quarterly budgets. These are vetted by the District Social Welfare Officer and then sent to the Secretary Social Welfare for final approval. The senior management was of the view that any shortfall in budget allocation is because centres did not communicate these in a timely fashion. Irrespective of where the problem lies, budget scarcity was more of a challenge for operations at HRCs than DuAs.

Only one of the 12 HRCs operates from a government owned facility; the other two are in rented premises. The Vehari HRC, one of the first to be piloted in Punjab by the Federal Government, moved to its current location after the provincial government assumed responsibility and now reeks of neglect with its building in very poor condition. HRCs in Lahore and Multan seemed better resourced and equipped with the Multan HRCs building located inside the SWD VAWC complex. Still, its distance from the city poses its own challenges in terms of women's access.

3.2.3 Data Collection and Information Management

HRCs collect information about every case that comes to their facility. They enter this information manually and share it with the SWD monthly on a standardized reporting format.

One Manager expressed concern that reporting, and evaluation formats unduly focus on numbers and not on quality of service. The research team's review of the reporting format shared confirmed the primarily quantitative nature of reporting. Moreover, the format provides for a single type of violence and kind of service. Women can face multiple types of violence and hence categories need to be cumulative rather than mutually exclusive. The current system can lead to inadequate and, at worst, faulty reporting. Furthermore, under follow up, it asked for the number of cases followed up without differentiating the types of service referred to. It is also an interesting category as lack of capacity for systematic follow up after referral was cited by senior management as well as centre staff.

The stage of development of an MIS system was unclear: whether this had been finalized and was functional or not. Regardless of its status, HRCs' ability to produce and contribute to any system of data collection and management would be severely compromised by the state of these Centres and the lack of equipment, especially in Centres like Vehari.

3.2.4 Monitoring and Accountability

The Divisional Director in Multan shared that the Department has a unit that reviews the monthly monitoring data, highlighting anything that needs attention. The monthly, quarterly, and annual reports of each Centre are used to assess the institution's performance.

None of the Centres visited had a complaint box or any formal complaints or feedback mechanism from survivors. What is promising is the presence of ACs/coordination committees in Lahore and Vehari, comprising members from the health and education sectors, and representatives of the judiciary and social workers who are mandated to meet once a month. Their role was somewhat unclear, however, and no TORs were available with the Chairperson of one of such committees. Selected by the District Social Welfare office, their appointment is vetted by the Secretary Social Welfare to serve for a period of 3 years.

In addition to monitoring the working of the Centre including updates on cases, the committee can support the HRC Manager in handling challenging cases and assist in referrals to various government Departments. They can raise funds for the HRC but have no jurisdiction over operational budgets released by SWD. It seems they have received little or no training on VAW. All in all, irrespective of their capacity, the presence of an established system of selection and functioning of these advisory bodies is a welcome sign.

Other than this and the reports produced by the HRCs and recorded by the Department, no clear mechanism such as evaluation, visits, complaint boxes etc. were shared by the senior management in the interviews where the focus was almost entirely on DuAs instead.

3.3 Workforce Development and Management

There seems to be ad hoc-ism and a lack of standardization across centres when it comes to staff positions and services offered. None of the HRCs visited had all its professional staff positions filled and none was functioning at optimum capacity. Positions were either vacant, with staff members fulfilling dual responsibilities or with staff deputed to other units in the city.

Vehari has three professional staff members only, namely the Manager, Social Welfare Officer and a Law Officer that provide services – the only HRC with a full time law officer. The Lahore Centre is the only HRC with a psychologist on its payroll. The Lahore HRC’s law officer has been deputed to the DG office and is only available once a week. The Multan HRC does not have a law officer and relies on the VAWC within the same compound for legal services.

Staff is hired on a contractual basis and the HRC management is conscious of the lack of a legal status and resultantly their own job precariousness. There is no apparent mechanism for promotion. The contractual nature of jobs was seen as a major hurdle in job satisfaction by the staff and acknowledged in large part by the senior management as an issue that needs to be addressed. In some cases, however, the lack of regularization was erroneously attributed to the fact that the crisis centres were ‘adopted’ from the federal government and hence its staff was relatively new.

Lack of training opportunities was cited by staff. Many had received on-the-job training and some on and off exposure to training by NGOs. Staff highlighted their need to receive stress management training as their work is very challenging. The psychologist in Lahore and law officer in Vehari both suggested that they need more training in their respective areas.

The senior management referred to the SWD Training institute and an annual training plan with reference to generic professional skill building but did not mention any systematic training agenda specific to VAW services being offered by the Department.

3.4 HRC Services

3.4.1 Availability and Accessibility

Staff in Lahore and Vehari shared that women access HRCs from different districts. Although the office timing is 9 am to 4 pm, the staff claimed that women who come after official times are also accommodated. The nature of services afforded after hours was not clear from the interviews; other than in urgent matters, they will go to the centre. The Multan HRC is not optimally located for access, approximately one hour away from the main city, something reiterated by survivors interviewed. In Vehari, the HRC has moved to a new location that is inaccessible through public transport, so women must arrange a rickshaw.

Manager interviews made clear that very few women with disabilities approached these centres. The Lahore HRC is located on the 1st floor with no disability access. The Divisional Director Vehari shared that they had a district Disability Welfare Committee that provides medical services to women with disabilities. It may be fair to assume that this suggests an access and awareness issue rather than a lack of demand.

3.4.2 Approachability & Acceptability

Most women approach the services based on word-of-mouth referrals from neighbours, family members and all reported positive experiences. Exceptionally, one woman found out about it by searching online. HRCs appear to have a better reputation than DuAs – although the latter are clearly better known.

Another reason that women may prefer the HRCs to the DuA is the fear of being confined and unable to work. A 45-year-old woman from Vehari who had approached the HRC to recover her dower from her first husband and was the primary breadwinner for her family related:

“When my husband divorced me, a woman said I’ll take you to the DuA. Then I found out that that place is like a jail, and they imprison women in it.”

No consistent outreach programme was mentioned by HRC staff other than in Lahore where, recognizing that people are unaware of women’s rights and the services available for women’s protection, the HRC Manager started awareness and outreach campaigns. Having no SWD-allocated budget, initiatives were undertaken with the help of their AC. Awareness camps were organized, staff visited jails, colleges, and universities, and ran sessions in different community spaces about human rights and laws. They even produce a newsletter from time to time.

3.4.3 Intake

HRC Managers have considerable on-the-job experience, and some have also received training nationally and internationally. The Social Welfare Officer is responsible for intake, but the position is sometimes vacant. When a woman approaches the HRC, staff take her history, identification (if available) and listen to her story. Most women approach HRCs for legal help or mediation.

The manager and psychologist in Lahore shared that women often go through different emotional states after coming to the HRC and may change their minds in a few days or weeks about their initial statement. Therefore, they take a written initial statement from women so that if they change their minds later, the facility is not held responsible for deciding without their consent. The Law Officer in Vehari meets the woman several times before referring the case to a lawyer to ensure that the woman has made up her mind about the decision.

3.4.4 Physical environment

In Vehari, the building was in a deplorable state. Steps to the entrance were broken, and the exterior paint and bricks were chipped. It had no functional phone lines and no computers, laptops, or printers. The staff uses personal phones for professional work without reimbursement. There were individual offices for the manager, law officer, Social Welfare Officer, and one room for meetings. There were no security cameras in the vicinity. The bathrooms were in an abysmal condition.

The Lahore HRC operates out of a rented building. It was in very good condition, and they had computers, printers and air-conditioning. There were unutilized spare rooms as the emergency shelter service was discontinued.

The Multan facility was located 40 minutes away from the city centre within the government social welfare complex. It was in very good condition and large empty corridors provided sufficient ventilation and open spaces. The facility was very clean. All staff had their individual offices that were well-furnished and had air conditioning.

3.4.5 Policing

By and large, the experience of HRC staff and survivors was negative when it came to the police. Survivors shared negative experiences and expressed a desire to avoid any direct interaction with the police. For them it was an overwhelmingly male dominated space unsafe for women as they felt their reputations would suffer. Hence, survivors appreciated the role of the HRC as a buffer between them and law enforcement.

Staff's negative views were often based on experience. The police's attitude was assessed as often prejudicial and, in some cases, partisan towards the abuser and his family. Instances where the police had asked for bribes, e.g., in the form of mobile uploads from the survivor or from the other party were shared.

Instances of women referred to the police station by the HRC being forced to reconcile were also shared. Where the proclivity towards reconciliation without consent or through pressure tactics is common in all institutions assessed, instances involving the police hint at two additional problems: first, there is corruption involved; second, there is little or no accountability towards the referee institution, in this case an institution of the provincial government namely the HRC. The police do not feel they are in any way liable to report back and regard themselves as free to act and intervene.

One Manager reported the following in the case of a woman who had been referred to the police for medico-legal services accompanied by the driver of the HRC, as the legal officer was not available. The Manager reported that she contacted the driver after many hours,

"I had sent him and asked him where he was, as it was evening. Has the test happened? [The driver] said, they took my number to fill in their forms. Then they called the other party, took money and did a reconciliation and sent her home".

She went on to stress that any police referral must be accompanied by the law officer who knows the legal rights of the survivor, but that without a law officer and with limited staff, she had been obliged to send the women with the driver.

The need for better coordination with the police was highlighted by the staff interviewed. The manager at HRC Lahore recommended that information sharing between police and crisis centres should be institutionalized. She asserted that police received a lot of cases of violence or rescue where if the HRC intervenes in the household, they can address the violence before cases become severe. At this point, referral is mostly one way, with HRC referring cases for police assistance rather than vice versa.

3.4.6 Legal Advice & Representation

Most women approach the HRCs for legal aid. As per procedure, the Social Welfare Officer refers the case to lawyers. Survivors seek divorce, but many also seek child support, child custody, haq mehr (dower), and reclaiming women's dowry, inheritance, and assets. There are fewer criminal law cases. This was one service that was most appreciated by the survivors.

While family matters are solved within 6 months, inheritance or rape cases may take longer. Each HRC has a panel of lawyers. In Lahore, there is a 50% male-female lawyers' ratio. In Vehari, two female and four male panel lawyers are active: in Multan, three female and one male lawyer. The HRC staff sends nominations for lawyers to be included in the panel. It appears that managers have the discretion to decide who the lawyers are, but sometimes there is pressure from government sources regarding nominations. Lawyers often work pro bono as the Department does not have a sufficient budget for them and HRCs only cover the costs of one case per woman. HRCs have insufficient budgets to send cases to the High Court. The Lahore centre seems to have had more success in appointing and training lawyers on its panels and has also devised systems to cut down on costs e.g., by filing different cases of one woman as one case.

3.4.7 Psychological services

Other than Lahore, none of the centres assessed had an appointed psychologist whereas staff and survivors' interviews both reflect the need for psychosocial support for women approaching the facilities. A point to note is that the position of psychologist was in the original conceptualization of these centres. In Lahore, the psychologist position was filled after much active lobbying by the centre's manager.

In Lahore, women with serious mental health conditions are referred to government hospitals for psychiatric assessment and treatment. No specific referral for psychiatric or psychological services was mentioned by the staff in Multan or Vehari and it was unclear if the staff is adequately trained in assessing psychological issues faced by women.

A key function of the Lahore psychologist seems to be family counselling and relationship counselling with the women, and she seemed to be very closely involved in the reconciliation, mediation, and follow-up with women. It appeared that the Law Officer in Vehari is also involved in psycho-counselling along with legal counselling.

The overlap between the function of case mediation and reconciliation with the family and psychosocial counselling of the survivor, apparent in findings from the DuA interviews, seems to be present here too. There was a tendency to regard counselling as a communication technique to mediate, or in some cases, pressure the woman to return to the family. In the case below, one of the Directors interviewed in the district office put the children's needs above and beyond those of the survivors. In this case, convincing the women is erroneously labelled as "counselling" which aims to convince the woman to return to the home.

"We can't decide for her, but we counsel her, and we meet her and her family and then make decisions. We meet each party separately and then have a collective meeting and our 1st priority is always that after counselling she returns to her home, so the children do not suffer."

3.4.8 Reconciliation or Mediation with family

What emerged in almost all interviews with staff and some members of the management was the proclivity towards reconciliation with the family with some additional safeguards for women. This was starkly obvious in the interview with a law officer who categorically stated that reconciliation and mediation with family was one of the primary goals for HRCs.

“Our work is different from DuAs. Women come to us to strengthen the family unit. We set some terms and conditions with the husband on stamp paper e.g., you will not beat the woman and you will provide her with these things. We also counsel the woman that if she lives in a family set up, then you need to avoid certain things/behaviours. So, they give up something and they give up something. In time, there are changes and the family unit is strengthened.”

However, in cases where the husband did not want to reconcile and had initiated divorce, the centre provided legal support. Some managers did share that sometimes women want reconciliation even though they could see visible signs of extreme violence and felt that the woman was further endangering her life. In such cases, staff shared their dilemma of having to go along with what the woman said, *“When she insists on reconciliation then I can’t opt for divorce, even when I can see she is living through hell and if she returns, her life may be at risk.”*

It is interesting that although HRCs consider mediation and reconciliation as one of their major services, the Director SWD felt that, unlike the VAWC that had a legal mandate to execute reconciliations and the DuAs that facilitate the reconciliation process through court oversight, the HRCs do not have the legal authority to do this.

He admitted that they are aware that HRCs do this and there are no systems to follow up or legally bind the parties to adhere to the terms agreed. However, SWD does not feel compelled to either stop this practice or give them legal cover to do this in a more meaningful way.

An HRC Manager shared that although they would like to follow up on reconciliation cases, it is complicated as they are not authorized to go to homes or rescue women. When cases arise here, they know that a woman can be harmed at home, they must deal with it very tactfully and can only follow up through phone calls.

The Lahore HRC has developed some systems such as informing the woman and the family/husband at the time of reconciliation that they will stay in touch and call them from time to time. Sometimes they may call the woman to the centre on false pretexts to ensure her safety. While these acts are commendable, these are ad hoc systems and need policy as well as legal cover. The Lahore HRC Manager shared a case of a pregnant 19-year-old woman whose husband was very violent. She had been sent home after reconciliation and later died in childbirth due to neglect. This highlights the need for robust follow-ups and the fact that the lack of systems for this critical service can have serious consequences for women. This challenge was echoed in senior policy interviews, and it seems that the management acknowledges the need but has yet to devise a strategy for this.

3.4.9 Referrals and coordination

HRCs have limited services so women requiring shelter or health services are referred to other government or private facilities. In the past, this has also included referral for drug addiction and rehabilitation. Senior Management referred to District Protection Committees set up as an important mechanism to address referral and coordination needs. However, these were not mentioned by any HRC staff and their effectiveness in playing this role needs further assessment.

Prior to the devolution, some of these centres could provide shelter for at least 48 hours until a more permanent shelter for the survivors could be found. HRCs are no longer mandated to provide shelters and the three visited referred women needing shelter to the nearest DuA or, in Lahore, private shelters.

However, staff and some survivors highlighted that they do not prefer DuAs. As pointed out by the Lahore HRC Manager, many women who seek their help need to continue working to support their families, or do not want to disrupt their children's education, or want their boys over 10 years of age to stay with them. This precludes referrals to DuA. In Lahore, the HRC can refer women to a private shelter home that affords women and their children more freedom of movement including linkage with vocational training institutes. Multan and Vehari had no such options.

HRCs do not provide vocational training and seemed to have limited options for referral regarding this. Survivors suggested that the government should create opportunities for women to be financially independent. Women living with parents after divorce were very conscious of the burden, they were placing on them and expressed the need to be financially independent. The inability to earn was cited frequently as the most important reason for staying in an abusive relationship.

3.4.10 Security

As the HRC does not provide shelter, it doesn't have elaborate security protocols as DuAs do. None of the HRCs visited had CCTV cameras. Still, staff stressed that although they faced less security threat than the high-risk cases dealt with in DuAs, there had been instances where they felt they were under threat and were insufficiently protected.

Conclusion

By and large, the survivors appreciated the HRC services and the fact that they were treated with respect and care. They found the environment women-friendly and for those women who sought legal assistance, the feedback was generally appreciative.

The HRCs' tenuous legal status (or lack thereof) and accompanying limitations of resources, attention and vision pose serious challenges to their functioning. The centres work in an ad-hoc fashion and there is little by way of standardization, minimum standard setting or coordination between the 12 HRCs. Women survivors who had approached the HRCs often had the support of their own families and did not require shelter facilities. Although this can be viewed as a function of the kind of services offered (with women requiring shelter being referred to DuA or private shelter facilities in larger cities like Lahore), it also highlights the varied survivor profile and requirement for differentiated services: women utilizing the services of these HRCs often have a place to stay and enough social support to survive outside. Some work or have male children older than 10 years of age and cannot afford to be confined in an institutional setting.

Chapter 4

Violence Against Women Centre, Multan (VAWC)

In March 2017, the Violence Against Women Centre (VAWC) Multan was set up as a Protection Centre under the Punjab Protection of Women Against Violence Act, 2016 (PPWVA). The Act aims to provide a protection system to women survivors of violence, especially domestic violence, and consists of 1) a Protection Committee at the district level, 2) a Protection Centre and 3) a shelter facility in the district. The responsibility for control, regulation and monitoring of the systems established under the PPWVA rests with Punjab Women Protection Authority (PWPA), as mandated by the Punjab Women Protection Authority Act, 2017.



4.1 Data at a Glance

Currently, there is only one VAWC in Multan District. Staff from each of the 4 VAWC Departments were interviewed, and the following section presents findings from data based on 2 primary sources:

A. Documents

This data set includes the document titled 'Job Description' of Staff VAWC with job descriptions for manager, assistant, accountant, prosecution department, psychologist, mediation and counselling officer, prosecutor, women medical officer and support staff. The provisions of the PPWVA 2016 and the findings of the concurrent research carried out by SG, *Barriers to Survivors' Access and Uptake of Public-Sector GBV Services in Punjab*, were also reviewed and drawn upon.

B. Interviews:

A total of 10 KIIs were conducted with staff and SWD management positions linked to the VAWC. The police department could not be interviewed, however transcripts of interviews with police station officers (SP and SHO) of the VAWC centre for the concurrent SG study on "*Barriers impeding...*" were reviewed.

Observational notes as per identified indicators were taken by the research team and information compiled on physical infrastructure, condition and allocation of space in VAWC.

The research team was not allowed access to any women survivors who had benefited or accessed the VAWC. The staff believed contacting any woman survivor would endanger her. This was interesting, as this is the only centre with a more developed and robust follow up mechanism as reported by staff. Coupled with the fact that the HRCs were able to allow access to women who had used their services in the past, the research team did not feel that the reasons given by the VAWC were justified.

Type of Interviewee	
Total Interviews Staff and Management	10
Ex-Manager/In-Charge	1
Senior Psychologist-also serves as current Manager	1
Manager - also serves as Senior Psychologist (separate interview)	1
Assistant Public Prosecutor (APP)	1
Advisory Board Member	1
Front Desk Officer (2)	2
Mediation Officer	1
Divisional Director Multan SWD	1
Punjab, SWD Director (Planning and Evaluation)	1

Table-4. Respondents at VAWC.

4.2 VAWC Governance and Management

4.2.1 Standard Setting and Governance

The rules of business under the PPWVA and PWPA laws have not been framed yet, resulting in ad hoc implementation and negatively impacting the protection systems under these laws. The laws envisage the VAWC as a one-stop facility for survivors with all essential services under one roof namely, psychological counselling, police reporting and registration, prosecution of cases, medical examination, treatment and, where needed, collection of forensic evidence; free legal aid; shelter services; access to a system of mediation and reconciliation. The VAWC was established without creating a District Women Protection Committee (DWPC) or shelter home, both conceived in the law as essential elements. The DWPC and the District Woman Protection Officer (DWPO) are intended to be the key mechanism to operationalize and supervise the district protection system which entails approving and monitoring the Protection Centre and shelter home. There has been an inordinate focus and reliance on the VAWC to provide all services described in the law. The DWPC was set up a year later than the Protection Centre/VAWC in 2018, and is headed by the District Commissioner (DC). The Protection Centre Manager has been assigned responsibility as the DWPO, a mandate that clearly conflicts with her role as the Centre's Manager.

The other missing component in the protection system was the shelter home. This was met by shifting the SWD Multan DuA into the VAWC compound which now works with the VAWC through an 'informal' arrangement. The DuA operates under the SWD DuA policy with a different set of rules and practices. Consequently, referrals to the DuA by the VAWC is tantamount to sending women to another facility even when physically within the same premises.

For example, the DuA will send all women admitted, including the ones referred by VAWC, for a judicial order from the Area Magistrate for her stay. This puts the woman under custodial restraint which is a major downside for women who need shelter but do not or cannot afford to be in confinement while their cases are resolved.

A collective governing framework for the various government departments involved such as the police, health, and prosecution in the VAWC is missing, as are SOPs for VAWC that have yet to be notified or shared with staff. Therefore, each department functions according to its own respective departmental laws. The staff shared that a draft of SOPs for VAWC exists in some form, but these do not seem to have been notified and their use (if at all) is unclear as no one seemed to have a copy. What is available is a set of job descriptions for staff and various departments of the VAWC and a set of Rules and Code of Conduct for the Police Department.

4.2.2 Resource Allocation

The VAWC remained under the SWD till May 2018, despite the formation of the PWPA in June 2017. Changes in government in 2018 further impeded the functioning of the PWPA which was without budgets for a considerable length of time. Serious consequences included a scaling down of the VAWC staff and activities, and the staff not being paid for close to 9 months. The VAWC started reporting to the PWPA but budgets were provided by the SWD until financial year 2021-22. According to the DG Planning and Evaluation SWD, the operational budget for salaries and day-to-day functioning has now shifted to the PWPA. The staff has welcomed this move as their salary disbursement issues have been resolved and contracts are now renewed on an annual basis affording them some job security.

4.2.3 Data Collection & Information system

VAWC staff creates monthly, quarterly and annual reports based on pre-designed formats. The front desk is tasked with maintaining entries on a designated form and, as per job description, the front desk officers are charged with maintaining records. Recently, an MIS system has been developed, as shared by the Manager, with the previous practice being to record data manually. Currently, the manager is trying to coordinate and encourage staff to upload everything electronically to Google Drive.

Data reports shared with the research team were largely quantitative and provide little information beyond annual numbers of cases and lists of services referred to. How this information may be used for improvement of services and systems of service delivery, including rates of conviction or legal outcomes in favour of survivors, is unclear. To date, close to 6,390 cases have been attended by the VAWC with the highest ratio of cases falling under domestic violence. The demand for services has been steady, as can be seen from the annual caseload shared, ranging from 1,338 in 2018 to 1,517 in 2020 and 934 in the first six months of 2021 alone.

4.2.4 Monitoring and Accountability

The VAWC is plagued by several problems with regards to monitoring and accountability. The foremost being the shifts between the Women Protection Authority and the Social Welfare Department as the primary reporting authority. A second challenge is the dual appointment of the manager (also the Senior Psychologist) as the DWPO for the district, a role that, as stated earlier, conflicts with her role as Manager of the VAWC. Third, is the lack of centralized reporting systems that results in inadequate accountability of functions.

Like DuAs and HRCs, the VAWC also has an AC, however its efficacy beyond encouraging wider community ownership is unclear. The AC has positions for 11 members. The committee's structure and membership have been revised several times under different administrations. The DCO is the presiding officer of the committee that includes the Regional Police Officer (RPO), Deputy Superintendent Police, senior lawyers, psychiatrists, VAWC manager, and VAWC SP (Superintendent Police). In addition, there are non-official members such as the president of the Pakistan Ulema Council, a minority religious leader and two women who work with NGOs. The role of the committee is to provide advice and meant to meet quarterly. The interviewed AC member could not provide much detail about the types of issues tackled by the committee and general challenges with VAWC's activities. This might be due to infrequent meetings and insufficient involvement in what is happening at the VAWC.

Reportedly, the SWD Planning, and Development Department has conducted an evaluation. However, no information is available at this point regarding when this was conducted, its aims and scope and findings.

4.3 VAWC Workforce Management & Development

VAWC has four Departments: Police, Prosecution, Medical, and Mediation and Rehabilitation. By way of operations staff, the VAWC's working is to be guided by the job description. There was a reference to an internal 45-page SOP that was not shared with the research team.

Close to 80 staff were appointed at the VAWC's inauguration by the SWD, encompassing administrative positions including the Manager, front desk team, and staff for the Mediation and Rehabilitation Department. Staff for the Prosecution, Police and Medical Departments as per the PC-1 for the project, are appointed from relevant government departments. All SWD-appointed staff are on contract.

Currently, several posts are lying vacant in VAWC which is operating far below planned capacity with staff taking on dual charges. For instance, the Manager of VAWC has been assigned three responsibilities. Initially hired as a full-time senior psychologist in 2017, since March 2020, she was given additional charge as manager, another full-time role. Subsequently, in January 2021, she was given a second additional charge as DWPO for which she received neither orientation nor SOPs, and since she assumed this role, only two meetings had been held by July 2021.

The mediation officer supports the manager in administrative responsibilities and has also been assigned as the Women Protection Officer. The administrative burden of the facility is managed by the Mediation and Rehabilitation Department staff. The Department has a sanctioned strength of 6 positions, but is currently operating with three persons, two of whom have been given additional duties. In addition to stress and burnout due to the additional workload, this disrupts the lines of accountability and oversight in the VAWC.

The Prosecution Department is understaffed too, with only one prosecutor instead of the 3 sanctioned. The post of the Junior Prosecutor designated to handle cases of Magisterial courts is currently empty. The position's vital role - that of advising and overseeing police functions during the early stage of investigation including determining possible lines of inquiry, evidentiary requirements, pre-charge procedures, framing charges under the relevant laws - is non-existent. According to the prosecutor interviewed, the Police Department rarely files FIRs. This was the rationale forwarded by the District Prosecutor's office for not appointing additional staff. The Prosecution Department operates in an ad hoc fashion and, instead of oversight, provides only legal advice to the VAWC management and the Mediation and Rehabilitation Department, and to some extent the Police Department. The Assistant Public Prosecutor (APP) at the VAWC acts as a legal officer, overseeing mediation agreements drawn up by the mediation team and advising the Manager on legal issues/queries in her role as District Protection Officer or Manager VAWC. The current prosecutor also reported training the VAW Police Department on the 2016 criminal law amendments. The APP, like the manager, has been assigned several women-protection related tasks in the district. Over the years, under successive government initiatives, she has been appointed as District Gender Focal Person and more recently as the District Legal officer by the Prosecutor General Punjab but said she lacks clear TORs on this.

The VAWC's Medical Department had been without staff for close to a year in July 2021. Even when a Woman Medical Officer (WMO) was present, the Department operated primarily to conduct Medico Legal Examination (MLE) referred by the VAWC police station.

It also gave first aid and prescriptions; however, any cases of serious injury were referred to government hospitals, such as Nishtar Hospital.

The Police Department operates out of the VAWC but as a unit of the District Police Department rather than a section of the VAWC, by intervening in cases independently and not always seeking and involving the VAWC management.

Despite job descriptions for each position and in the case of the Police Department, 'Rules and Code of Conduct', there is a lack of cohesion and coordination between different Departments. The VAWC lacks centralized reporting systems. While staff job descriptions stress coordination between different Departments, there are no clear SOPs/flow charts to indicate how such coordination would function in practice. Parallel lines of reporting are most stark in the functioning of the Police Department that feels accountable to the Police Department rather than the VAWC. All department personnel other than the Mediation and Rehabilitation, which by virtue of staff overlap is connected to the management, report to their respective Departments.

The Manager's JD requires her to maintain effective liaison, conduct 'progress' meetings with all Departments and ensure compliance with the VAWC's rules and regulations but the JD fails to clearly position her as the centralized reporting authority overseeing case management - starting from induction at the front desk and referral to specific Departments and services offered.

As it was not possible to conduct survivor interviews at the VAWC, it is difficult to comment on the quality of care. Interviews indicate that the Manager and Mediation Officer are sensitized about women's issues and the principle of consent. Furthermore, the Manager, Mediation Officer and the APP, seem knowledgeable and clearly have the requisite professional experience of working on this issue in their specific capacities.

Interviews with the prosecutor and the previous MLO made apparent that they were less sensitized. The MLO's perceptions of sexual violence cases were quite stereotypical. She lacked clarity about her role, which is to treat the survivor if needed and collect evidence regarding an offense and not give her opinion on whether the act was through coercion and a crime or otherwise. The SHO at the VAWC categorically suggested that rape cases are almost always fake and a waste of police resources and time. Based on the interviews, it is also evident that the police do not regard domestic violence as a criminal case unless injuries are excessive and, therefore, will desist from filing FIRs.

The VAWC staff has been trained by various government departments and national and international NGOs. These trainings include general topics such as gender sensitization and stress management or have been specific to the services that they offer e.g., Prosecutors exchange programme, MLO training, counselling skills and strategies, case management, training in using MIS software. These trainings, especially gender sensitization and violence, are appreciated by the staff. Some stressed the need for refreshers and ongoing training such as stress management. Training on mediation in VAW cases was another learning need identified by staff. Exposure visits to other facilities, national and international that were involved in handling cases of VAW were also recommended.

4.4. VAWC Services

4.4.1 Availability and Accessibility

The VAWC is operational 24 hours a day. The front desk staff works in 8-hour shifts and the police station is open at all hours. Although women do not need an ID card to avail services, especially for access to mediation and medical services, the Front Desk Officer stressed that any police referral required the ID card of the complainant or a member of the family accompanying her. This reflects the inaccessibility of services for people who may not have any documentation or a supportive family member. According to staff, women from urban as well as rural areas and across different social strata access the centre and women from other parts of South Punjab also find their way here. These cases are mostly referred to services within their district.

The centre has been involved in rescue operations with the help of the police, however, the number of such cases was not shared. It is important to note here that these raids are conducted under supervision of the Manager in her capacity as DWPO, calling upon the district police not the police stationed in the VAWC.

The VAWC being located far from the city centre was cited by staff as a possible hindrance to access. There is a bus stop nearby but the number of bus routes that stop here are limited. The establishment of more bus routes to facilitate this access is pending in the DWPC agenda. Notwithstanding issues with access, according to data shared by the staff, an average of 130 plus cases a month reach the centre, a number that has gone up with the introduction of a centralized helpline service at Lahore.

4.4.2 Approachability and Acceptability

Without survivor interviews, it is also difficult to comment on the general approachability and acceptability of VAWC. According to the mediation officer, the cases have increased since the helpline was introduced and the VAWC was promoted with support from a local NGO.

Given that the VAWC receives a high number of cases every day, a number that steadily goes up as promotional efforts increase, it would be fair to assume that the VAWC generally enjoys a better reputation in the community than for example the DUA. The appeal of all services under one roof and the high number of female staff clearly increases its acceptability for women survivors and their families, who had strong reservations about going to the police or to a DuA as cited in community interviews conducted as part of the concurrent *Barriers* study. Interestingly, only one woman amongst the 23 interviewed had heard of the VAWC and had been referred by her area's police station.

The staff interviews reflect that they face challenges in being acceptable for religious leaders in Multan. In 2016, a petition in the Federal Shariat Court challenged the Protection of Women Against Violence Act 2016 and specifically against the VAWC on grounds that it promotes divorces. Although the case is still in court, the petitioners did not appear in the last hearing on 30th June 2021.

4.4.3 Intake

VAWC has a set protocol for admission. When a woman enters the VAWC, she is first met by the front desk officer who, after listening to her, gives her information about various services offered. The front desk officer enters necessary information like contact details and collects necessary and available documentation such as marriage certificate, previous record of complaints and ID cards etc.

Furthermore, they seek the survivor's consent for audio and video recording and get their statement on record. Of concern here is the tension between record-keeping and consent. The rationale for recording videos of survivors during admission is explained to the woman. The front desk officer related that many women hesitate, but they explain the reasons and women the consent. However, it is unclear whether women feel they can deny the consent to record and how their rights are presented to them.

Finally, the front desk officer refers survivors to the relevant unit in VAWC. If they have injuries, they are referred to the medical unit first. If they ask for the police, they are referred to the police station. In most cases, the Front Desk Officer said they are referred to the Mediation Department, but the Mediation Officer said cases do not come to her directly and first go to the Manager. The only time cases are referred to the Mediation Officer directly is when she is Acting Manager.

This reflects the challenges brought on by dual assignments as well as the challenges of coordination in institutions that have overlapping cross-departmental responsibility sharing. There is an inter-Departmental referral form that indicates which services are referred to at different times for each case. For instance, a case might go to both the police and Mediation Officer and be further referred to a psychologist.

The Manager shared that sometimes they receive cases where a woman approaches them several months after violence has occurred as she was unaware of the institution earlier. In such instances, a case against the accused cannot be made due to a lack of evidence. Therefore, they guide the woman and ask what she would like to do next. If she wants to reconcile, they approach the husband. If the husband does not respond or is not interested in reconciliation, they offer her legal help to get her rights.

4.4.4 Physical Infrastructure

The VAWC is a purpose-built facility in good condition and well maintained. There is adequate allocation of rooms for each of the Departments that are generally well-equipped with AC, laptops, printers, PCs and water dispensers. Signage of each Department is displayed albeit in English, along with information about helpline and services. CCTVs outside and within the facility were visible and operational.

4.4.5 Medical Department

As indicated above, the VAWC Medical Department is currently without staff and even when staff was present, it lacked medical supplies that would enable the Women Medical Officer to provide treatment in the case of moderate to severe injuries. Currently, as in the past, it seems that the medical Department operates as a referral facility for the government hospital. There is an X-Ray machine but due to the absence of a radiologist, cases are referred to Nishtar Hospital.

The WMO is a notified Medico-legal Officer (MLO) and the Department carries out medico-legal examinations when received with the police docket from the VAWC Police Department. The facility of conducting the exam within the same premises is in and of itself a very promising step and the previous MLO posted at the VAWC highlighted how women appreciate the one-stop nature of the facility. The consent of the survivor is taken in writing for this examination.

The MLO lacked training on rape and the psychological effects associated with it, however. She also seemed inadequately trained in terms of collecting evidence as she did not think samples from other parts of the body were required. She appeared to be judgmental in her attitude towards rape victims and unclear about her role as MLO that only requires her to record evidence, not attempt to ascertain whether a crime has been committed or not.

4.4.6 Policing and Justice Services

Staff interviews reflected strong tensions regarding coordination with the police. The APP at the VAWC is supposed to guide and oversee police investigation, but both the manager and prosecutor said that the police do not register FIRs. The prosecutor shared an example of a woman seeking to register a workplace harassment case who the policewomen threatened to lock up for perjury. The VAWC staff had to reach out to senior police management to resolve the issue.

Other challenges include police staff engaging in mediation without involving the mediation team and, at times, directly taking on cases referred by another Police Station without involving the VAWC. In keeping with the general trend of police stations trivializing violence against women, the general attitude is that unless there are broken bones or other signs of severe violence, FIRs are to be avoided. Often the station at the VAWC tries to effect resolutions between couples, a role that clearly falls outside their purview. The Prosecutor highlighted they often register a 337-F complaint which is non-cognizable, and the case ends there.

As comprehensively explained by the APP, the VAWC police station has jurisdiction in cases under sections 376 (rape), 354 (criminal assault to outrage the modesty of a woman), 354-A (stripping a woman naked in public), 377-B (sexual abuse), 377 (sodomy), 509 (outraging the modesty of a woman through word, gesture etc.), 294 (eve-teasing) and 336-B (grievous hurt by burning). However, *“The investigations are quite faulty. There is delay in completion of investigation. I have repeatedly told them to write down the sources of information. In cases of minors, I’ve told police to get the [section] 164 statements of the victim recorded but mostly it’s not done. The DPP told VAWC police officials to get written guidelines for investigation from APP (me) after the registration of FIR. The challans are delayed, PFSA [Punjab Forensic Science Agency] reports are delayed.”*

Asked whether she had ever reported a faulty investigation, the Prosecution Officer reported that she had and action had been taken, but these practices continue. The AC member shared similar problems with the Police Department and their lack of sensitivity in dealing with women violence survivors.

According to the VAWC SP, as per provision of the PPWVA Act, the SP can order the transfer of investigation of any FIR of rape registered at any other police station in Multan to the VAWC. The SP did not elaborate on systems or protocols that would allow her to do this or if this is an active practice, however, underscoring the incomplete and ad hoc nature of the Act’s implementation. In any event, with only two investigation officers presently working at the VAWC it would be illogical to assume that they would be able to investigate or even supervise all cases of violence registered in Multan. The SHO shared that in 2020, 24 FIRs were registered and many of these are at the trial stage, but categorically stated that the conviction rate is zero since the inception of the VAWC.

The Manager shared that, as the DWPO, she is supposed to have designated police support to conduct raids to rescue women, but does not receive this from the VAWC Police Station and, instead, must request the SSP to send police when needed. This creates hurdles in an emergency when police staff is needed right away. As per the PPWVA, there are supposed to be two courts in the VAWC: one of the Magistrate and the other of an Additional Sessions Judge. When she initially requested these, the Manager was refused on account of the caseload being too low. She later discovered that a Magistrate had been appointed through notification, but the VAWC had never been informed. Since then, the Manager had received a notification from the Sessions Judge about a designated Family Court judge for VAWC cases and since May 2021, they have started referring matters to this Magistrate for protection orders, residence orders etc.

4.4.7 Legal Advice and Representation

In July-August 2021 no panel of lawyers had been notified for the VAWC, so the centre relies on a 5-member lawyers' panel to handle family law cases as part of an informal arrangement. Earlier, the front desk staff referred clients to lawyers by giving them their visiting cards and informing the lawyers as well. The VAWC retains a record of the clients so referred. Clients then visit lawyers in their chambers. The lawyers are not supposed to ask for any fee as VAWC provides free legal aid to clients. However, there have been a couple of incidents where clients reported back to the VAWC that lawyers had asked for a fee. Currently, survivors are referred to lawyers after seeing the psychologist as there have been issues in managing legal aid.

The VAWC has faced numerous challenges in paying lawyers. Initially, the VAWC paid the lawyers PKR 10,000 per regular case, and PKR 15,000 for a high court case. Out of the paid amount, 50% of the amount is for documentation and the remaining for services. However, in 2018, payments were ceased because of a lack of funds allocated in the budget. During this time, VAWC ended up referring more cases to affluent lawyers who can sustain court charges out of their pocket until they are paid. Meanwhile, some lawyers went to court over unpaid dues. The VAWC has had to resort to seeking NGO support (Rozan in the past and AGHS currently) to pay pending lawyer fees and this practice is ongoing.

Criminal cases are to be addressed through the Prosecution Department. The VAWC APP was very well versed with the law and familiar with legal changes and developments. However, she had very little VAWC-related work and rarely went to court.

4.4.8 Mediation and Rehabilitation Department

According to the SWD Deputy Director, Planning and Evaluation, unlike the HRCs, the VAWC has the legal authority to mediate cases. There is some confusion as to the case flow of women not requiring immediate medical or police referral, however. According to one front desk officer, all cases are sent to the Mediation Officer, whereas the Mediation Officer stressed that cases are referred to her via the Psychologist (doubling as Manager). This could be because of overlapping functions and dual charges of both the Manager and the Mediation Officer.

Of critical importance is the need for a clear distinction of responsibilities of psychologist and mediation services, regardless of being housed in the same department. This demarcation designates that the psychologist is primarily responsible for conducting psychological assessments and providing counselling and therapy. The Mediation Officer provides an additional service, namely, to mediate on behalf of the client with her family members, when and if she so wishes. This distinction is clearly reflected in the VAWC job description document. It is jeopardized in practice for two reasons in the VAWC, however. First, because of dual charges and sharing of workload between the Mediation Officer and the Psychologist and Acting Manager. Second, because of community pressure. The Psychologist feels that she must aim at reconciliation in the first instance as much as possible to avoid the VAWC being labelled as a place that encourages divorce and family breakups.

This pressure is not merely a societal indictment but is keenly felt by the Manager as she is the primary defendant in a writ filed against the VAWC accusing it of being just that. Since a petition against VAWC for promoting divorces was filed, the Manager focuses on mediation and family counselling before referring the woman for legal aid.¹⁶

¹⁶The petition has now been dismissed.

She works with both parties for several months to determine whether they want reconciliation, divorce, or separation. Despite this, she estimated that following settlements and counselling, about 25% of mediation cases relapsed as women faced violence and abuse again.

The Mediation Officer too gets cases from the Police Department and, at times, from lawyers. If referred by lawyers, when the accused must go to court and cover the expenses of the lawyer, courts, and dowry, they often opt for mediation. When the Mediation Officer determines that both parties are interested in reconciliation, she arranges a couple's session for reconciliation. In around 5 to 10 % of cases, the defendants do not appear despite being called repeatedly. Then VAWC police have a procedure called "*parwana*": the VAWC Mediation Officer will create a parwana for the defendant and the local police in the defendant's territory go to their house and compels them to go for a hearing at VAWC.

There is a defined three-step procedure: The Mediation Officer first meets with the defendant, then the complainant, and then collectively. They have a formal mediation agreement that they get both parties to sign in the presence of two witnesses from each side. The reconciliation agreement is also audio-video recorded. A survivor interviewed as part of a concurrent "*Barriers*" study was referred to the VAWC for mediation by a police station so there is evidence that the police do refer cases for mediation. The survivor verified these steps were carried out and reconciliation was done through a formal signed "*raazi nama*" (agreement).

The Mediation Officer recommended that a male psychologist be available to talk to the male relatives of the women who approach them. In her view, his presence would help the access to and work with male partners and, in general, handling the family.

Should the Mediation Officer be unable to bring about reconciliation or if there is a violation of the agreement, the senior psychologist is called in. Should both the Mediation Officer and Psychologist not be able to handle the case, they file a complaint to the police (SHO). In the complaint, they describe what processes have been done, the reconciliation agreements, and how the survivor or defendant have violated these agreements.

The VAWC has a stronger follow-up system than the DuAs and HRCs. VAWC staff (mostly mediation officers) follows up with women from time to time for up to one year after reconciliation. Generally, the first follow-up is in one week, followed by fifteen days, one, two, and three months respectively. Follow-up depends on the severity of the case - some critical cases require continuous follow-ups. Follow-up is not always in-person, but the team attempts as much as possible to conduct the first few follow-up sessions in person. Follow-up can be terminated before a year at the discretion of the Mediation Officer. In critical cases, should the VAWC officer suspect something is wrong, the woman will be specifically asked to come to the centre. In case there is a relapse, defined as reoccurrence of a major complaint - often violence - and if the woman files a new complaint, cases can be re-opened and referred to a different VAWC Department such as the police or for legal aid.

According to the Divisional Director Multan, one challenge in following up with clients is that of increasing the risks of harm for the woman by continuously staying in touch.

4.4.9 Referral and Coordination

VAWC has a good referral system with the local DuA and HRC and, thanks to the APP position, to some extent with the district courts. In the past, although this could not be ascertained in the interview with the previous MLO for lack of time, this may have helped in referrals for health facilities. Notwithstanding tensions with the Police Department, the Manager and the APP have access to the Regional Police Officer for complaints and pressure building, and hence seem better positioned than the staff of DuAs and HRCs.

The VAWC also has contacts for referring cases outside Multan as well as to facilities in Multan, such as the Sanatzars, Dar-ul Falah, Drug Rehabilitation Centre (presently in the same complex as the VAWC) and Nishtar Hospital for psychiatric evaluation. It also has strong coordination with non-profit partner organizations - one conducted an awareness drive on rickshaws and motorbikes, and reached out to homes to inform them about the VAWC helpline, significantly boosting calls. VAWC has partnered with and has direct working relationships with SPO, Rozan, Asia Foundation, Oxfam and AGHS.

4.4.10 Security

There has never been a security issue, according to the mediation officer, as the facility is located outside the city and staff available 24/7, including the Police Station in the facility. CCTV cameras are located within the common areas. It could not be ascertained as to whether the presence of a DuA on the same premises poses any additional security risk for survivors and staff in either facility, although the staff did say that sometimes DuA visitors find their way into the VAWC and vice versa.

Conclusion

Hindered by ineffective implementation of the PPWVA Act 2016, and challenges of resource allocation, the VAWC's functioning has suffered. A major challenge faced stems primarily from an inadequate governance framework that would allow the various departments of the facility to work together seamlessly as one institution.

If adequately staffed by trained personnel, the departments in the VAWC represent all key services needed by survivors under one roof. A one stop centre that lessens the burden on women survivors needing different services has been a long-standing demand. Caseworkers that can facilitate women across these departments is a gap, however, needing reflection.

The recognition of the need for a mediation section and staff is a welcome sign. The presence of a Police Station as part of the VAWC and the corresponding notification of a District Protection Committee and a DWPO in the district to supplement the mediation agreements, specifically the often-neglected area of follow up, is promising.

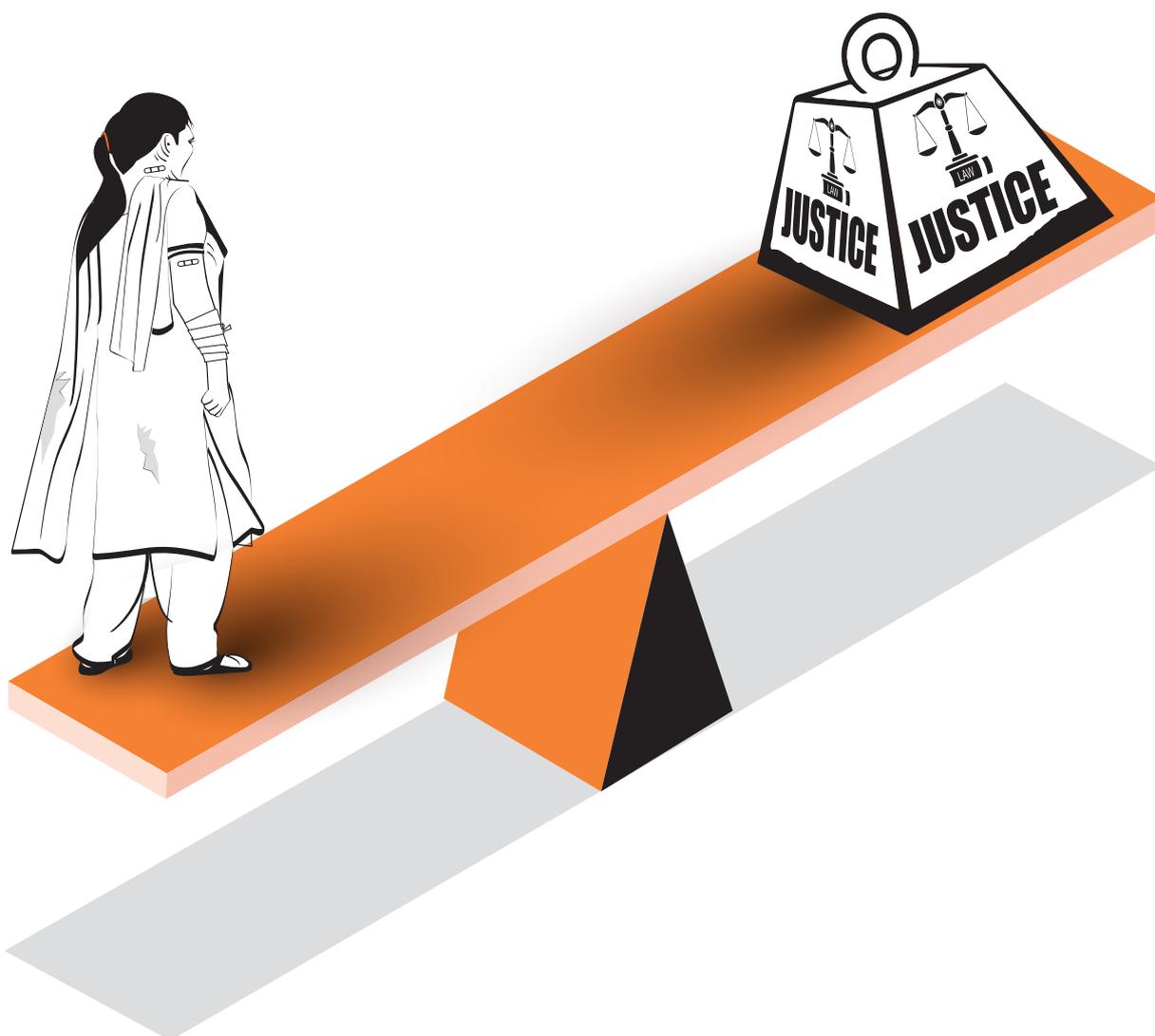
In spirit (if not in current practice or implementation), the PPWVA Act 2016, the PWPA Act 2017 and the one-stop facility for survivors is a much-needed policy and systems intervention. Nonetheless, it is an ambitious endeavour and needs resolute political will, resources and a robust strategy based on a systematic review of lessons for it to meaningfully translate into an effective response mechanism for VAW. Before attempting any further scale up in terms of setting up VAWCs in other districts, it would be important to address the gaps highlighted in this section.

Chapter 5

Comparative Analysis of Social Services Models

Using the institutional assessments provided in the last three chapters, this section builds a comparative thematic profile across the three social models. It highlights comparative strengths and weaknesses of each institution along with potential synergies between them.

Four themes were identified in the original research framework developed, based on the UN Framework for Essential Services Package.¹⁷ Limited by the information accessible to the research team, all categories listed as themes in the research framework are not addressed evenly or in the same detail.



¹⁷UNWOMEN et al., "Essential Services Package for Women and Girls Subject to Violence."

5.1 Management and Governance

5.1.1 Governance & Standard Setting

The DuAs, by virtue of being the oldest women protection structures in Punjab enjoy a well-entrenched reputation within Punjab SWD's portfolio of response and protection services for women survivors of violence. Reporting lines are clear at the local and provincial level.

By contrast, HRCs and the VAWC have less developed and secure relationships with the SWD. Only the VAWC operates under a legal framework. The HRCs have suffered because of inadequate attention and prioritization on the part of the SWD. This is in part because Punjab, unlike other provinces, has a comprehensive network of well-established DuAs across the province. There is a tendency within senior management to view the HRCs as duplicating services or an unnecessary drain on limited resources. This is unfortunate and suggests an inadequate understanding of the varied needs of women survivors of violence. As echoed by survivors in Vehari, the HRCs services cater to survivors who do not need or want to be confined in a DuA, which does not allow them to leave the facilities.

The VAWC's governance challenges are rooted in the missing rules of business under the PPWVA and PWPA laws and consequent ad hoc implementation that impedes the envisaged protection systems. Even after the DWPC was set up, a key function, that of DWPO was assigned to the VAWC Manager, a role that is in conflict with her primary mandate as psychologist and additional charge of manager.

Moreover, relocating the DuA, with its practice of custodial restraint, as shelter home does not meet the needs of the VAWC model.

Women accessing the VAWC may have varied needs including freedom of movement and may not need custodial protection of the court. This aside, no attempt was made to adjust the DuA procedures to allow smooth referrals and women's access to ongoing services from the VAWC.

DuAs too have benefitted from sustained partnerships with several international and national civil society organizations (CSOs) that have supported standard setting and training of staff within these centres. Functioning is supported by several standard setting documents including the General Guidelines for DuA, and subsequently produced minimum standard documents. Later additions, such as TORs for District Complaint Committees and the AC, are signs the DuA governance is responsive to emerging needs and its systems as reflected in these newer additions, added as annexures. Moreover, the Guidelines are silent on several staff positions, and focus exclusively on services and standards. The Guidelines stipulation that women can be self-referred and will have freedom of movement unless they have been referred by the court is contravened in practice.

HRCs notified SOPs and job descriptions have not been updated since the transfer to the provincial government. As such, with the depleted resource allocation and the limited staff positions, there can be little or no expectation that standards are being met.

The staff at the VAWC has shared that a draft of SOPs for VAWC exists in some form, but these do not seem to have been notified and their use (if at all) is unclear.

5.1.2 Resource Allocation

All three facilities have serious issues around adequate and timely release of budget with the efficiency of HRCs and VAWC being disrupted to a large extent.

The systems for budget allocation for both DuA and HRCs is that the In-Charge creates a budget demand for each quarter, vetted by the Divisional Director or Deputy Director, and then forwards it to the SWD headquarter where final decisions are taken. According to staff, budgets released are not in line with demands and there is often a delay. The senior management was of the view that budget-related issues was primarily due to inadequate capacity of the staff in producing budget demands and providing justification in a timely fashion.

Budget deficits cited by DuA staff included inadequate funds for food, equipment for vocational activities and for building renovation. Budget scarcity was more prominent amongst HRCs than DUAs. Only one HRC was operating from a government-owned facility as it had been relocated within the VAWC complex.

The VAWC too has suffered from the delayed release of operational budgets and in their case for salary disbursement. As a result, the PWPA as the body designated to control, designate and monitor was without budget for a considerable period and the scale and momentum with which the centre was launched suffered. Funds for legal fees are either non-existent, as in the case of VAWC (these are currently being paid through local NGOs), or there is very limited funds to cover lawyer fees that has a detrimental impact on the quality of legal services offered. In the case of VAWC some lawyers went to court over their unpaid dues.

5.1.3 Data Collection and Information Management

All Managers and In-Charges seemed conscious of the need for confidentiality of data. There is considerable record keeping of cases in the DuAs: forms are well developed and yield reports of cases/services as well operational matters, e.g., demographics such as age, marital status, educational level as well as types of violence, source of referral and services offered. The format remains largely quantitative. Qualitative information such as case studies, challenges and best practices are not recorded.

The reporting format of the HRC was considerably poorer, reflecting overlapping categories. Data reports from the VAWC shared with the research team were largely quantitative and provide little information beyond numbers of cases per year and list of services referred to. According to the Director Planning and Evaluation SWD, recording-keeping is central albeit largely quantitative and is likely to be compromised by differing reporting formats. What is unclear in all three institutions, is how the data is being utilized beyond being a performance or monitoring tool. There seems to be no evidence collected of long-term impact indicators regarding the efficacy of service such as number of convictions, no family law cases being resolved in favour of complainants, time taken for resolution, number of cases of 'relapse' after mediation.

The reliance on manual records remains a problem across the board, even in the VAWC which has computer facilities. The status of two MIS systems being developed was unclear.

Subsequent to the completion of data collection, it came to light that a Flexdashboard MIS system has been developed within SWD, incorporating all variables of the private sector MIS piloted in Lahore. Progress reports and data started being uploaded on a regular basis in November 2021 and staff from DUAs, HRCs and VAWC were trained in March 2022. It is important to follow up on necessary staff training and to verify whether equipment within the HRCs and, to some extent, in the DuAs, has been upgraded as these will impact the effectiveness of the MIS.

5.1.4 Monitoring and Evaluation

DuA monthly reports are fairly comprehensive tools used by the SWD to ascertain compliance to standards, including records of meetings of various committees. There is a clear interest and oversight by the local and provincial Department through additional measures such as the visits and introduction of schemes such as the mid-term and final reviews for each of the DuAs in Punjab initiated after 2015.

No such monitoring activities or evaluation schemes were mentioned in the case of HRCs. For the VAWC, the responsibility of monitoring rests with the PWPA. An official from the PWPA could not be interviewed, despite numerous requests so the research team could not identify any monitoring framework devised for the VAWC. An evaluation of the VAWC conducted by the Planning and Development Department SWD was mentioned but the scope and findings of this internal review were not shared.

All three facilities have Advisory Committees. The ACs of the DuAs and HRCs were more active and had a clearer understanding of their role. DuAs also have formal District Complaints Committees. Only the DuA has a feedback mechanism as part of its system, namely a locked complaint box within the facility.

ACs however, at times, are assigned the problematic role of overseeing case management with the In-Charge asking them to intervene in cases directly. It was unclear what, if any, training these committee members had had to undertake such a role and it may be advisable to review the TORs of the committees to use them more effectively for external function such as public image building, relationship building with other referral sites or supplementary fund raising.

5.2 Human Workforce & Development

There is significant overlap in the challenges under this head across the three types of facilities studied. Staff of all three facilities, except for certain staff in the DuAs, are on contract. Regularization and promotional pathways are unclear and have resulted in considerable job dissatisfaction - the disbursement of some VAWC staff salaries were delayed by up to 9 months.

By and large, staff JDs were present in all three types of institutions except for a few positions such as Vocational Teacher. However, all seven institutions reviewed of the three service delivery models (3 DuAs, 3 HRCs and the VAWC) were functioning below optimum and sanctioned staff strength with staff being given additional charges.

This leads to appointing staff to positions they may be untrained for, unclear reporting lines, staff burnout and perhaps the most problematic of all, a blurring of roles, creating conflict of interest. Three examples of this are the assignment of a managerial role to the psychologist (see section on psychological services below) in the DuAs and VAWC and the assignment of the Manager VAWC as the DWPO. Similarly, the warden position in DuAs cannot be handled by a single person as it demands round-the-clock services.

Inadequate staffing was particularly severe in HRCs and VAWC. In the former, vital posts such as Law Officer and Psychologist were vacant or not sanctioned. In the VAWC, the medical department did not have a single medical officer and was generally severely understaffed working at one third to half strength.

Unlike the DuAs and HRCs, there was a clear lack of centralized reporting systems or authority in the VAWC that lacks a governing framework to streamline coordinated operations of the various government Departments involved in the VAWC and, instead, the police, health, and prosecution Departments function according to their respective Departmental laws.

Trainings were by and large outsourced to non-governmental organizations. Senior management mentioned the SWD Training Institute in Lahore but were unable to name any specific government sponsored training related to functioning of these facilities. Most staff interviewed had many years of on-the-job experience and except for the MLO and the Police staff at the VAWC, possessed a good to strong knowledge about their core work. Training needs highlighted by the staff included stress management, ongoing refreshers on dealing with GBV survivors, data management, and specialized training for professional staff such as Law Officer and Psychologists, Mediation Officer and exposure visits to other facilities, national and international.

5.3 Social Services

5.3.1 Availability and Accessibility

All three institutions have women coming in from outside their cities of operation, albeit the HRCs fewer. Approaching the DuA of a different city is sometimes by design to afford more security to women. The VAWC seems to refer women to facilities in their own district where available.

The HRC shuts down at 4pm while the VAWC and DuAs both offer round-the-clock services, seven days a week. The VAWC can provide this coverage as the Front Desk operates through shifts with staff assigned night duties. In the case of DuAs, where the official timing is also up to 4 pm, should the warden not be present after hours, women received by the security staff at the gate have to wait till the Warden or the In-Charge arrive; sometimes this is the next day. The presence of a trained front desk team is a relative strength of the VAWC, in the case of the DuAs, this issue can be mitigated by increasing the number of staff and adding an assistant warden position as the needs of the DuAs as a shelter space are different from drop-in centres.

Access to all institutions requires resources for transport, and with facilities located outside the city this becomes more challenging. In Multan, the DuA and HRC have both been relocated within the same SWD compound as the VAWC at a fair distance from the city centre. There is only a single bus stop nearby. Public transport routes to the area may need to be reviewed along with promoting access routes as part of any informational strategy to promote services generally but especially for the Multan VAWC, DuAs and HRCs. DuAs and HRCs are better located for access in other cities.

Service provided by HRCs and VAWC are by and large free of charge. However, unaware of free legal aid services in the DuAs, most survivors will have already hired a lawyer using their own savings or financial support by family or friends for legal fees.

The vast majority of survivors are referred to DuAs by the courts or police - so the DuA provide few women free legal aid. Survivors stressed the need for a way to approach the DuAs without having to go through expensive private lawyers. Moreover, this reliance on private lawyers as the route for the DuA makes the service inaccessible to a vast population of women who do not have the wherewithal to hire private lawyers.

Self-referrals are accepted in all three facilities reviewed, although the DuA invariably takes them to the court for the issuance of a judicial order from the area Magistrate for their stay in Dar ul Aman.

5.3.2 Approachability & Acceptability

The general perception of the DuAs in communities was negative, as a place where women are exploited or where women of ill-repute seek refuge; the stigma of approaching a DuA is particularly strong. Yet, this is by far the best-known service delivery model. Some efforts have been made to promote the DuA (e.g. a promotional campaign in 2012) but there was a general sense that as the DuAs were receiving a regular inflow of cases through court referrals and police, there was no real need to promote awareness of services. Furthermore, senior management did not consider the negative perception of DuAs as a serious problem and felt the image had improved over the years.

The HRCs, and to some extent the VAWC, are better perceived although both suffer from a general lack of awareness about their presence, location and services. There was very little evidence of sustained community awareness drives to inform women of these services and address reservations around their image and reputation.

Small scale promotion through CSO partnerships by the VAWC and outreach activities by the Lahore HRC were shared as examples that community outreach and promotion do result in a corresponding increase in uptake of services, hinting at the hidden unmet demand for services.

While the DuAs are the only shelter home service, entry results in custodial restraints for the residents despite the DuA Guidelines not stipulating any such requirement. The practice is justified by staff and senior management on grounds of safety. Stressing that the court has the authority to decide women's admission, mobility outside the facility, release, and reconciliation, staff saw their own role as passive and the DuA as a holding cell, temporarily housing women while they awaited court decisions.

Consequently, as cited by HRC staff and some women survivors, DuAs as a shelter space is not an option even if they need a place to stay, for women who need to work, send their children to school or do not want to be separated from their male children above 10. This is supported by a comparison of the survivor profiles presented in the institutional assessment earlier. Women that reach out to HRC tend to be older, do not face a severe threat to life, and are mostly employed already or seeking employment to supplement their income.

5.3.3 Intake

In DuAs, no specific person oversees the initial intake and procedures vary from city to city, with either the Superintendent/In-Charge or Warden taking on this task. In the Multan DuA, the VAWC Psychologist assesses the survivor before referring her further within or outside the institution, whereas in Lahore, the woman is given a few days before any further referral.

The HRC has a more systematic approach, and the Social Welfare Officer is in charge of the intake - a post missing in the other two facilities studied. In the VAWC, intake is further streamlined: all women are inducted through the front desk staffed by trained personnel and their interview is recorded. The front desk officer then refers them to the relevant unit in VAWC based on her assessment: the medical unit, the VAWC police station, or and usually, the Mediation Department, or the Manager. In the case of the VAWC that offers a range of services, the absence of a caseworker that the survivor can be assigned is an oversight.

ID cards and documentation are requested and added to case files by all three institutions. However, other than the VAWC referral to the police station, they are not considered mandatory for service provision.

5.3.4 Physical Infrastructure

The VAWC in Multan is a purpose-built facility which is in good condition and well maintained. There is adequate allocation of well-appointed rooms.

Most HRCs had adequate space for counselling and legal support provision, but the HRC building in Vehari was in very poor shape, lacking requisite equipment including phone lines and furniture.

Buildings of all three DuA visited were in reasonably good condition except the overcrowded residential facilities in Vehari. In contrast, the Multan DuA seemed underutilized. Four to six women typically share a room in a DuA. Although women are supposed to be given hygiene kits upon arrival, this is provided on a needs basis only and, at times, these run out. Constraints around food budgets were shared by staff. Residents shared concerns about lacking safe drinking water, access to medicines and insufficient cooling in hot weather.

Unlike the other two DuAs, there was no separate space for children in Multan. Some overall recommendations for improving the physical environment voiced by the residents included requests for grounds for exercise, walking, playing, gardening, playroom for children in facilities that lack them, personal cupboards for residents and a library.

Office space was adequate in all although there was no separate private space for legal consultations in some and these took place in cubicles or in the entrance halls.

5.3.5 Child Friendly Service

There is little or no provisions for children in HRC or in the VAWC. As a walk-in facility for women in distress, this is a lapse in service provision and a child minder and space where children can be attended to while the mother avails services are missing.

In DuAs, female children can stay with the mother up to any age. However, male children above the age of 10 are not allowed. Two of the DuAs had a room where children can play with toys or use some colouring books. Children are typically taught by a survivor who is educated. In terms of the dietary needs of children, the only concession made is a cup of milk every day. Many survivors in Lahore shared that the children do not have a ground to play, and there are no proper education facilities.

5.3.6 Health Services/Medical Department

Medico-legal and health services and referral for all three institutions ranged from moderate to poor. HRCs only provide referral for health and, except for Lahore which seemed to have identified various health care providers that were both government and private, the other two centres seemed to lack a defined contact list for referral for health issues.

The VAWC has a Medical Department that is mandated to provide medico-legal examinations along with recording and treatment of injuries the survivor presents with, but currently has no staff and lacked medical supplies that would enable the WMOs to provide services beyond treatment of mild injuries. Medico-legal examinations were conducted at the VAWC in the past, however, the ex-MLO interviewed was not adequately trained or sensitized to do so.

Health services were not standardized across DuAs, although a WMO from the DHQ is assigned to the DuA as per SOPs. There was little or no provision for pregnant women. Many residents in Lahore and Multan complained of not having access to adequate health care after hours. In Vehari, the Doctor only visits once a week.

This highlights the need for stronger coordination between the SWD and the District Health services. In the case of VAWC and DuAs, this implies ensuring the presence of trained and sensitized WMOs within the premises during office hours (and on call after hours) along with adequate medical provisions. In the case of HRCs this implies a strong referral system with the SWD Medical superintendent in the DHQ in their area of functioning.

5.3.7 Policing

Police was consistently rated negatively by staff and survivors alike, and this is perhaps the single most critical challenge to effective service provision especially where cases of sexual violence and domestic violence are concerned.

For the HRCs and VAWC, challenges relate to the registration of FIRs and insensitive treatment of women. Even after FIRs are registered, police investigations are often faulty and lead to poor conviction rates. In the case of DuAs, the additional challenges with police attitudes relate specifically to their role as providers of security for women residents.

In the case of VAWC, these tensions and the poor skills of the policewomen stationed in the VAW police station, impact directly on the centre's ability to act as a one stop centre for survivors. This emanates from (1) poorly defined regulatory framework for functioning (2) police reluctance to register FIRs to reduce case load, and (3) stereotypical attitudes that trivialize domestic violence against women and see rape as consensual. The last two impact policing services provided to the HRCs and DuAs as well.



5.3.8 Legal Advice and Representation

All three delivery models provide free legal aid albeit with varying levels of success and all three lack adequate budgeting for lawyers' fees which is addressed through varying strategies. In DuAs, very few women are provided legal aid as most already have lawyers by the time they are admitted; the VAWC relies on ad hoc funding from NGOs and the HRCs rely on pro-bono services. In the absence of adequate commitment to providing free legal aid, the reliance on reconciliation and mediation as service becomes even more pronounced.

The VAWC currently has no notified panel of lawyers and relies on a panel of 5 lawyers to handle family law cases through an informal arrangement. These lawyers are paid minimal rates with support from non-governmental organizations. Criminal cases are to be taken up by the Prosecution Department. The APP at VAWC was very well versed with the law and familiar with legal changes and developments, however, she had very little VAWC-related work experience and rarely went to court.

All three institutions have had notified panels of lawyers in the past. However, the re-notifications are often delayed and in some cases not done resulting in informal and ad hoc recruitment of lawyers for legal representations. The DuA is mandated to provide legal awareness and representation to women, however as women are unaware of the latter, most have already recruited a private lawyer before being admitted.

Most women approach the HRCs for legal aid or mediation. Cases mostly relate to Family Law, criminal cases are exceptional. Each HRC had a panel of lawyers in March 2022 (the Lahore HRC panel had not been notified).

By virtue of its focus on legal services, the HRC seems to have a more active panel of lawyers and are involved in the selection and in some cases training of the lawyers. Lawyers often work pro bono as the Department does not have sufficient budget for them and the HRC only covers the costs of a single case per woman. The HRC budget is insufficient to send cases to the High Court.

5.3.9 Psychological services

Psychologists were present in all DuAs visited who provide a range of psychosocial services including individual and group counselling as well issue-specific sessions, e.g. stress and anger management sessions for residents, aspects not mentioned by the VAWC Psychologist who, however, has two additional charges to fulfil. In contrast, other than in Lahore, none of the HRCs assessed had an appointed psychologist.

Across the three models, a primary challenge in provision of psychological services is an overlap between the function of case mediation and reconciliation with the family and the psychological counselling of the survivor. There is a tendency to regard psychological counselling as a communication technique to mediate or in some cases pressure the woman to return to the family. In some cases, the overlap was not just in approach but in actual additional role assignment, e.g., giving a management position to a psychologist. This latter issue was observed in both a DuA and the VAWC.

5.3.10 Mediation and Rehabilitation

All three institutions actively present the option for a mediated reconciliation process. In some cases, the case does not proceed to legal recourse unless this option has been exhausted. It is encouraged as an outcome and often guided by attitudes of the staff. What is different perhaps is each facility's legal mandate and authority to broker such a settlement and to monitor/enforce compliance.

In DuAs, after shelter and psychological counselling, perhaps this is the next most frequently provided service. As the DuA provides mediation and rehabilitation services under cover of court sanction, it has a legal authority to do this. It claims that it assesses the potential risk to the woman, although a clear criterion for such an assessment was not shared.

Moreover, as follow-up is next to non-existent, the success of the criteria used cannot be determined. No format or *sulah/raazi nama* was shared with reference to the documentation of the reconciliation process, however lawyers are involved in drawing this up. The institution's authority - or for that matter interest - in ensuring that the conditions for reconciliation are met by both parties is low, however. Should the threat level be high, the court may ask that the woman appear in the court at a later date. Whether this was an effective safeguard and what actions were taken by the court should the woman not appear could not be determined. There also seems to be no defined or standardized protocol for follow-up at the DuA and the general attitude was that once courts give exit clearance, women are no longer the DuA's responsibility.

HRCs consider mediation and reconciliation as one of their major services that sets them apart from DuAs, one staff member suggesting that strengthening the family was their primary goal. In any event, assisted by the Law Officer, HRCs too arrange for signed agreements, but the legal validity of these could not be ascertained. The Director SWD was of the view that, unlike the VAWC that had legal mandate to execute reconciliations and the DuAs that facilitate reconciliation through court oversight, the HRC lacked the legal authority for this. At present there seems to be no plan to provide HRCs with legal cover to do this in a more meaningful way.

The VAWC has the legal authority to mediate in cases and are somewhat better positioned to enforce the terms agreed between parties. The notice to the family/husband is sent by the police and in case the husband does not appear, there is a system for the police to visit and compel the other party to attend. In case of violation of the agreement, the Mediation Officer can file a complaint with the police station SHO.

Unlike the other models, the VAWC has a specially designated Mediation Officer to carry out mediation. For these reasons, the VAWC model is perhaps best suited to navigate the complexities including the risks involved in the mediation process.

VAWC has a stronger follow-up system than DuAs and HRCs. VAWC staff (mostly mediation officers) follows up with the women from time to time close to up to one year after reconciliation. For HRCs who do follow up with cases after reconciliation, the matter is complicated as they are not authorized to go to homes or rescue women, nor do they have any budgets for this task.



5.3.11 Vocational Services

The DuA is the only model that offers vocational activities, including giving women some skills training like stitching, and making handicrafts. One way that some women can generate income is through stitching clothes, if they already have the required skills. Efforts were patchy at best and staff confronts the challenge of planning income-generation activities for women who are distressed and whose stay in the DuA is unknown.

Currently, DuA vocational training is conceptualized mainly as a way to distract women and keep them busy during their stay, rather than an attempt at providing a marketable skill set for those women who may wish to learn a trade. Although, the DuA Guidelines stipulate liaison with the Sanatzars, or industrial homes, there is little scope for such interaction as DuA residents are not allowed to leave the premises. Where this challenge is understandable, investment in different kinds of trainings for at least those women who stay for longer periods (often between three to six months) is possible, provided there is political will.

Although HRC and the VAWC may not be ideally primed for vocational training by virtue of the nature of their services as walk-in centres, the need for women survivors to have options for learning a trade that is employable and can afford some measure of financial security remains, as surfaced by the *“Barriers to Access”* study. This need came through in interviews with survivors accessing the HRCs.

5.3.12 Referral and Coordination

VAWC has a good referral with the DuA and HRC situated in the same complex and, thanks to the APP position, with District courts to some extent. Despite tensions with the Police Department, the Manager and the APP can call on the RPO for complaints and pressure-building.

The VAWC also has referral contacts outside Multan as well as to facilities in Multan such as the Sanatzar, Dar-ul Falah and the Drug Rehabilitation Centre (which is present in the same complex as VAWC) and Nishtar Hospital for psychiatric evaluation, and strong coordination with non-profit partner organizations. HRCs to some extent have good referral networks, primarily as they provide a limited range of services. Some of them have reasonably good working relationships with NGOs. HRCs are no longer mandated to provide shelters and the three visited as part of the study cited the challenges of referring women to DuA with its policy of custodial restraint. Unlike Lahore which has two private shelter homes, Multan and Vehari do not have the option of sending women to private shelter homes as is the case for Lahore.

5.3.13 Security

Generally, all three facilities especially the VAWC and DuA are secure institutions. The VAWC operates out of the SWD complex in Multan and has a police station within its facility and CCTV cameras. The presence of multiple institutions in the compound can sometimes pose a challenge, for example, sometimes DuA visitors find their way into the VAWC and vice versa.

The DuA operates through the principle of custodial restraint and has the strictest security protocols in place. Movement in and out of the facility is strictly monitored. Although located within cities in most cases, they are protected by high walls patrolled by security guards. CCTV cameras are present in common areas with the monitors placed in the In-Charge’s room. As the HRC does not provide shelter, its security protocols are not as elaborate. None of the HRCs visited had CCTV cameras. However, the staff stressed that although they faced less of a security threat than DuAs, there have been instances where they felt insufficiently protected.

5.4 Quality of Care

All survivors of GBV have the right to receive quality care and support for them to be safe and to recover from the impact of the violence. Survivors are especially vulnerable to secondary victimization at the hands of service providers and structures that purport to help them.

Assessment of quality of care, more specifically key principles of consent, confidentiality, safety, well-being and dignity, are woven through the discussion on Services above. This section reflects in more detail on the challenges posed to quality of care during mediation and rehabilitation, follow ups and psychological counselling. It also looks at attitudes of staff towards women survivors.

Mediation and reconciliation services offered at all three models can at times contravene principles of consent and safety. Consent was a concept that all staff was aware of that translated into different ways in practice. At one level it translated into signatures taken during case management such as consenting to a medico-legal examination at the VAWC, being recorded at the front desk at the VAWC, request to the court for referral, for release or for mediation with the family in the DuA or signing a '*sulah nama*'.

Consent is very much part of the language at the three service delivery models studied and by and large the staff seems to be cautious of being seen as doing something against the survivor's consent. This is a positive step. DuA staff shared that they do not use any force on women for fear of complaints. This does not imply, however, that the principle of consent is always practiced in a meaningful way. For some, it meant that the woman had to be "*convinced*" to agree to what they felt was a better course of action. They did not see their advice-giving or judgmental attitude as a barrier to free and informed consent.

One district SWD staff said that women are not forced or motivated to make any decision and that the SWD respects the decision that they make. However, he contradicted himself later by sharing that he guides women to think about their children if they want a divorce.

"The decision is yours, but before you decide, think about your daughters that you have left behind. They have to get married and will hear for the rest of their life that they are daughters of a mother that ran away".

Consent and choice continue to be heavily loaded terms in a patriarchal society such as Pakistan.

The staff shared that many women themselves want to reconcile and change their mind frequently. A point to note here is what counted as consent to reconcile is often a function of a lack of alternative options that all three models provide to women confronting violence in their homes. Faced with the prospect of limited or no means of earning a living for themselves and their families and no or limited support from their own families, some women have little option but to opt for reconciliation. This reflects a deficit in service provision. This is not to suggest that all women would choose to opt out of their marriages, many women do want reconciliation, but it can only be termed consent or choice if there are options to choose from.

What is couched as consent of the survivor can sometimes also be pressure by the staff to return where they have no viable options to offer survivors and at times because they themselves have firmly internalized societal norms. In all three institutions, in varying degrees based on the training and sensitivity of the staff involved and, at times, the capacity of the institution, there is a clear tendency to push women towards reconciliation.

Many staff, management and AC members feel it is in the best interest of the women, her children and the institution of the family that she reconciles with varying level of intervention and safeguarding by the institutions. The push to reconcile is erroneously labelled as 'counselling' women where the counselling is reduced to a communication tool used to convince the women to "consent" to mediation. This is proposed without concern for the safety, dignity and well-being of the survivor. At times, the push to reconcile is societal pressure on these facilities. Since a petition against VAWC for promoting divorces was filed, the Manager now consciously focuses on mediation and family counselling before referring the woman for legal aid.

Mediation and reconciliation services are often offered without adequate safeguards for women's safety, a critical principle of survivor care. The fact that these agreements are drawn often in the presence of lawyers is a positive sign. However, there are big gaps in this provided service: the lack of follow up systems in DuAs and to some extent the HRCs, the corresponding lack of staff strength, or legal mandate to conduct rescues or physically follow up to ascertain safety of the survivor after she returns home is a big gap in this service. DuA staff is very clear that women are no longer their responsibility once women leave the premises after release from the court. In contrast, VAWC has the strongest follow up system as well as the legal mandate to enforce terms of agreement of the mediation with the family. How this works in practice needs further scrutiny and, one would imagine, may need police intervention, a support that the Manager finds challenging even in her capacity as DWPO.

In the case of psychosocial services offered, confidentiality and the survivor's well-being is contravened by combining the role of the psychologists with that of a mediator. The role of the psychologist in a facility for survivors of violence is to conduct psychological assessment and provide counselling and therapy. However, in the DuAs and to some extent the HRCs, the Psychologist is actively involved in mediation with the family on behalf of the facility. The job description supports this distinction of duties but in practice, psychologists at the DuAs are actively pulled into the reconciliation and mediation with the family by offering - what is termed as - family and couple counselling. This is a problematic blurring of roles where the psychologist whose primary role is to work on the psychological health of survivors and help them arrive at decisions, becomes involved with negotiations as a representative of the centre's management.

Problematically, in two of the seven facilities assessed, the Psychologist had the additional charge of Manager. This is an additional problem. It is partly due to vacant staff positions and assignment of dual responsibilities but also exists because of an inadequate understanding of the function of the psychologist on the part of senior management despite there being clarity in project documents such as SOPs and job descriptions.

Staff attitudes varied from city to city and from institution to institution and no generalized comment can be made in this regard. However, what was obvious is that despite training, exposure and job experience many of the staff continued to be judgmental towards women survivors of violence and displayed stereotypical attitudes about such women.

These attitudes were sometimes particularly problematic in certain groups such as wardens at the DuAs, MLO and police staff of the VAWC with the staff of the HRC and psychologists across institutions being more sensitive.

These attitudes clearly impact how they interact with women and perform their work and have serious and direct consequences on the kind of services offered to the women. An example is the police station at the VAWC that trivializes violence faced by women and refuses FIRs unless there is evidence of severe physical violence such as in the form of broken bones. Access to legal services can also be hindered or delayed if the staff of the institution feels that the woman should reconcile.

Some staff members' attitudes about the women were judgmental and negative. Some characterized women coming to the DuA as uneducated, coming from a "lower-class" or from "villages." One of the wardens shared, *"We are a different kind of women, and these women are different altogether. In a way, they are criminal-minded. It is difficult to handle them"*.

Some staff members trivialized the violence faced by the woman and suggested that women come to DuAs to marry their lovers. However, in FDGs in the DuAs, women shared severe cases of violence, abuse and neglect. There is, of course, truth to the claim that some DuA residents seek to exercise their right to marry of their own free will. However, it is important to recognize that the threat and violence they face when and if they exercise this right in a patriarchal society is real, and the facilities are mandated to safeguard these rights and protect them from violence. Moreover, in a society such as Pakistan, women have limited support systems outside of family and often their own families do not accept them if they walk out of an abusive marriage.

There is a heavy dependence on men as breadwinners and as providers of security. In such a context, many of these women can only leave a marriage if they find another partner and rely on a male support system for resources to access the DuA including fees incurred for legal representation. Judging women for these decisions and choices is unethical and can severely hamper the respect and dignity with which they are treated within the DuA.

Although information from the interviews with survivors comes with the caveat that the sample selection suffers from selection bias and because at times these interviews were conducted in the presence of staff, it is still promising that by and large the survivors of both the DuA and the HRCs appreciated the services of these facilities and that they were treated with respect and care. They found the environment women friendly. In DuAs, the psychosocial services were appreciated and in the case of HRCs, feedback by women who had sought legal assistance was generally appreciative. Since we do not have survivor interviews at VAWC, little can be commented about the quality of care at VAWC from a survivor's perspective.

Recommendations

All three models studied provide valuable and much needed services to survivors of violence. The research has shown that the needs of women are diverse, and the varying models address them differently and the search for a one-size-fits-all would be counterproductive. Recommendations in this chapter as such are given within this perspective that believes that all three models need to be strengthened.

The recommendations are drawn from the institutional assessments of the three types of social service models in place in Punjab for survivors of violence as well as the comparative analysis of the relative strengths and weaknesses of each of the models. As such, there are cross cutting suggestions (institution-wide) as well as institution-specific recommendations. Institution-wide recommendations, applicable to all three models, reflect critical areas and gaps in services that must be addressed more systematically by the SWD as they plague all three models. Addressing them more holistically will allow for quality control, better coordination and potentially more synergy across services. Moreover, there is a need for effective coordination mechanisms amongst the social sector services, the lack of which currently impedes effective service delivery.

6.1 Institution-wide Recommendations



Coordination

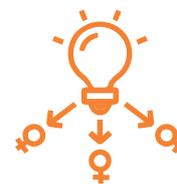
1. Establish a coordination mechanism for all GBV response mechanisms and ancillary support institutions (e.g. Sanatzars, Darul Falahs, zakat funds etc.) under the Social Welfare and Baitul Mal Department, and

2. Establish a coordination mechanism between the Women Protection Authority overseeing the VAWC and the SWD GBV response services.



Staffing

1. Increase the number of women in senior SWD postings at the district level.
2. Ensure all models are working at optimum capacity through:
 - ♀ Filling sanctioned staff vacancies in all three models on priority basis.
 - ♀ Avoiding practice of allocating dual charges.
 - ♀ Not deputizing staff for duties outside the facility.
3. Regularize contract staff across all models and:
 - ♀ Devise clear pathways for promotion.
 - ♀ Reinforce feedback mechanisms and ways of appreciating staff performances.



Resource Allocation

4. Streamline allocation and disbursement of budget through reviewing bottlenecks in the system including building capacity of Managers in budget making and processes.



Human Resource Development

5. Devise ongoing annual Training Plans including general and job-specific trainings with certification for service providers (core competencies-skills/knowledge/attitudes e.g., gender, GBV, institution-specific protocols and SOPs, survivor supportive mediation, case management):
 - ♀ Trainings should be department-owned and delivered (not outsourced to NGOs) through the Department's Training Institute.
 - ♀ SWD master trainers should be developed to run these trainings.
 - ♀ Trainings should be linked to performance appraisals & promotional pathways.
6. Provide opportunities for mutual learning by bringing together staff from diverse districts, and opportunities for engaging with senior SWD and WPA.



Data and Information Management

7. Improve Data Collection and Information Management systems by:
 - ♀ Standardizing data collection tools across three models (using both qualitative and quantitative indicators).
 - ♀ Digitizing data collection with a corresponding increase in capacity of staff and upgradation of equipment in the institutions.

- ♀ Collecting long-term impact indicators regarding the efficacy of service such as number of convictions, no family law cases being resolved in favour of complainants, time taken to resolution, no of cases of 'relapse' after mediation.
- ♀ Devising clear feedback loops for data to be used for planning and improving systems.



Monitoring and Accountability

8. Review and strengthen functioning and membership of auxiliary monitoring bodies such as advisory bodies and the District Complaint Management Committee, including extending the latter to HRCs and VAWC.
9. Introduce appropriate mechanisms for obtaining information on survivor satisfaction e.g., third-party evaluations, survivor exit interviews etc. in all three institutions. This can include (but not be limited to) installing locked complaint boxes at HRC and VAWC also. Boxes should allow for privacy for complainant.



Improving Access and Quality of Services

10. Organize sustained ongoing awareness campaigns to (a) improve the image of existing facilities especially DuAs and (b) promote existing services especially HRCs and VAWC including publicizing information on public transport vehicles and stops.

11. Strengthen legal aid services across the three models through:

- ♀ Timely notification of the pool of lawyers.
- ♀ Ensuring lawyers' panels comprise both family and criminal lawyers and preferably have at least 50% women lawyers.
- ♀ Making gender sensitivity and awareness of VAW issues a prerequisite for appointment of lawyer panels for all three institutions.
- ♀ Vetting and monitoring lawyers for quality and sensitivity of service, and ensure training where necessary.
- ♀ Increasing budget allocations for lawyer fees including fees for High Court cases in all three models. Eliminating restriction of one claim/suit per woman and supporting women to file multiple suits for resolution of legal issues.
- ♀ Appointing Law Officers in all facilities to monitor performance of lawyers, progress of cases in court, provide legal advice to residents and accompany survivors to police station or court when deemed necessary.
- ♀ Developing a list of pro bono lawyers from CSO's and bar councils as back up in all Institutions.

12. Mediation and reconciliation services to be based on the principle of consent and best interest of the survivors (and not driven by concerns around strengthening family unit). Mediation should only be offered if it is the woman's preferred mode of action and not a result of internal institutional policies or staff values:

- ♀ Conduct staff training on mediation skills.
- ♀ Develop a clear criterion for assessment of risk to survivor safety during and after reconciliation and mediation services.

- ♀ Ensure reconciliation agreements are drawn up in the presence of a lawyer including witnesses on both sides. Follow up phone calls and/or visits by the institution management for up to one year at least, should be built into the agreement as mandatory.
- ♀ All centres facilitating reconciliation should have legal authority and follow up systems in place to identify breach of contract and to provide rescue services in coordination with the DWPC and DWPO of their area. (This requires extension of the PPWVA 2016 to all districts and the establishment of functional DWPCs).

13. Maintain neutrality and quality of psychological services. Mediation and reconciliation services should not be managed by the psychologist, nor should they be involved in management tasks.

14. Ensure access or referral to vocational training as part of any service package offered to women survivors:

- ♀ For VAWC and HRC, this implies strong referral links with vocational training institutes both government and private, as well as referral for job placement opportunities.
- ♀ Review feasibility of running market-appropriate and time-sensitive vocational training programmes for women residing in DuAs. Where possible, the DuA should collaborate with specific Technical and Vocational Training Authorities (TEVTA) and Sanatzars to design tailor made short-term programmes for DuA residents in-house.
- ♀ Consider establishing 'midway' homes to meet the dire need of survivors for financial solvency for reintegration into society that would provide longer-term residency, so women can acquire requisite marketable skills.

15. Introduce child-friendly spaces in the VAWC as well as HRC and in those DuAs where these are missing. Women with children must have access to a space where they can leave their children for short periods while they avail services.
16. Ensure transport including a driver and an adequate budget for fuel and maintenance of vehicle in all three institutions.
17. Strengthen coordination between SWD and District Health Departments for provision of better health services in facilities. This mode of coordination will vary based on the model ranging from provision of staff in these facilities and strong referral networks. However, the district health department needs to be a well-integrated link in the service chain for survivors of violence.

6.2 DuAs

1. Review and update DuA Guidelines so that all new changes are streamlined within already existing rules to avoid confusion and address overlap. This is especially with regards to minimum standards.

Other newer additions such as TORs of committees for the advisory group, district complaint management committee and pool of lawyers can also be reflected in the main standard setting document rather than as annexures. The standard setting needs to be in line with key staff positions and guidelines should also list down staff needed for implementation.

2. Take measures to overturn the practice of making all DuA survivors court-dependent:

- ♀ Engage with the judiciary to promote understanding of and greater adherence to the DuA Guidelines.
- ♀ Review the policy of police-escorts when attending court hearings or for medical treatment. Women should not be made to attend court hearings in police vans along with criminals.

3. Appoint Assistant Warden to enable work in shifts to provide coverage 24 hours.
4. Advertise free legal aid provided by the DuA and appoint Law Officers in DuAs to provide legal advice and support to management for managing court appearances for residents, legal information and advice to women and oversee progress of cases (both private and DuA appointed lawyers).
5. Increase budget allocation for food for residents as well as special dietary allocation for children and pregnant and lactating women.
6. Provide open space in DuAs for women to exercise.
7. A basic medical and utility store/canteen should be operated on the premises.
8. Provide access to medical care in DuAs in case of emergencies after office hours provided through coordination with the District Health Department.
9. Ensure the presence of Warden/Assistant Warden on the premises at all times to ensure timely response.
10. Review the current practice of taking women in police vans with other criminals for court hearings. Police protection should be set apart from police custody.

6.3 HRCs

HRCs provide vital services to women survivors who require services but either do not need shelter or cannot utilize it as they need to continue to work or study which precludes the usage of DuAs. This is because residents are not allowed mobility outside the premises, or access to internet. Until such time that VAWCs can be set up in each district, HRCs must continue. Furthermore, the need for more accessible, city-based HRCs may continue even afterwards as VAWCs may be located away from the city, often necessitated by the size of operation.

1. A clear legal framework for operation of HRCs must be established so that budgetary allocation and disbursement is secure. Corresponding revised SOPs for functioning of the HRC must be notified by the SWD.
2. Adequate budget allocation for repair and upgradation of physical infrastructure of HRC buildings, including operational expenditures and funds for office equipment.
3. Fill position of Psychologist in all HRCs.
4. Staff members, preferably lawyers, to accompany survivors to police stations for reporting and registration to avoid harassment and exploitation.

6.4 VAWC Multan

1. Strengthen DWPCs and assign an independent DWPO so they can monitor and support the VAWC. The complete protection system envisaged under the PPWVA Act 2016 is an essential framework for effective functioning of the VAWC.
2. Notify SOPs that outline a governing framework for the functioning of the VAWC including commitment to provide staff and other provisions from government departments such as the police, health, and prosecution.

This should include revision of current job descriptions of personnel from government department so that they do not conflict with their functions under their parent department's laws.

3. Improve access to the VAWC Multan through increasing number of bus routes that stop at the facility and advertise these routes as part of any informational strategy to promote VAWC.
4. Appoint case worker/social workers to VAWCs to facilitate women as their case moves through various departments. This will also allow the woman to have one point of contact and reduce the stress of navigating different departments.
5. Where possible, appoint one male Mediation Officer to handle meetings with family members.
6. Commission a review of the VAWC to guide SWD and WPA as it moves towards introducing new VAWCs in other districts of Punjab. The review must include an assessment of:
 - ♀ The effectiveness (and limitations) of DuA as a shelter attached to the VAWC.
 - ♀ Police investigation methods at the VAWC to better understand failure in obtaining conviction for cases including coordination with/and role of the APP VAWC.

6.5 POSTSCRIPT DECEMBER 2022

On 18 November 2022, the Punjab Protection of Women Against Violence Act, 2016 was extended to all of Punjab and on 21 December 2022, the measures became publicly available. This extension has been done without a thorough review of existing bottlenecks and issues. Therefore, new provisions are likely to create further problems and compound existing ones. The extension of the law:

- a. Notified all twelve Shaheed Benazir Bhutto Human Rights Centres (HRC) (previously the federally-run Crisis Centres commonly still referred to as such) as protection centres under this law, and where these do not exist the Darul Amans have been declared to be protection centres.¹⁸
- b. Declared all DuAs in the 36 districts as Shelter Homes under this law.
- c. Notified as District Women Protection Officers the Managers of the twelve HRCs and, where these do not exist, the Superintendents of the Darul Amans; and psychologists in the DuA and HRC as Women Protection Officers.¹⁹
- d. The extension law omitted the limitation of 120 days for the formulation of the Rules of business.

Additionally, on 14 December 2022, the Lahore High Court issued a notification designating trial judges for cases under the Act in District headquarters and Tehsils.

Some functions that were previously the remit of the provincial government have been given to the Punjab Women Protection Authority (WPA), such as appointing and removing non-official members of the District Protection Committee. However, the SWD Secretary retains the power to delegate any of the functions of the Protection Committee to the District Coordination Officer.

Additionally, the Annual report on the protection system in the province is to be prepared by the Women Protection Authority and submitted to the SWD for placement before the provincial assembly.

Issues:

The extension of the PPWVA to all of Punjab without due consideration of implications for implementation, raises a number of critical concerns.

- All DuAs have been notified as Shelter Homes under the law. However, as there are no rules and the clause pertaining to making these rules within a stipulated timeframe has been deleted, there is nothing to ensure that the functioning of the Darul Amans is aligned with the Shelter Homes as envisaged in the PPWVA. To make the protection system under this law effective, it is imperative to review the recommendations relating to the current operation of DuAs and HRCs as well. For this, please also see the Policy Brief on the GBV Social Sector Services as well as the two research reports and briefs.
- Notifying HRC Managers as District Women Protection Officers (DWPO) raises the question of whether HRCs will be able to continue to function when the Managers assume the duties of DWPO and HRCs become Protection centres. It is essential that the HRCs now converted to Protection Centres continue to serve the demographic which DuAs cannot, due to restrictions on leaving the premises for purposes other than attending court or a medical emergency. Specifically, this includes working women, students and women with school-going children, but also applies to other women.

¹⁸Sub-sections 6 and 7 added to section 13 of the law.

¹⁹This has been done after amending section 14 to enable the SWD Secretary to appoint any SWD officer to perform the duties of the District Women Protection Officer and Women Protection Officer. However, as the posts that are eligible are not specified, this can be problematic.

Additionally, HRCS provide financial referrals and advice on other matters, including sexual harassment. Where there are no HRCs and DuAs have been declared as Protection Centres, it is unclear how vital services would be provided to women violence-survivors who cannot or opt not to avail of shelters.

- Serving HRC Managers and DuA Superintendents have been notified as DWPOs without evaluating whether these officers have the requisite skills to carry out their new tasks. Nor is there any indication they will be trained for this. Additionally, some HRCs operate without adequate institutional facilities.²⁰ The appointment of the psychologists in the DuAs and HRCs as Women Protection Officers is highly problematic. The management tasks assigned to, or assumed by, DuA psychologists already detract from their primary function which must be to provide women survivors with psychosocial support and therapy for reintegration.
- The failure to pass Rules of Business and SOPs under the original law has already proved to be a major source of implementation problems. Omitting a timeframe for passing rules under this law will further multiply problems as Rules are to cover many of the issues identified in this Report, including in particular, the regulation of affairs of the Protection Centres and Shelter Homes. Rules would also determine sanctioned posts and facilitate SOPs for smooth coordination amongst the various institutions involved in the protection system services: the SWD, Women Protection Authority, the Police, Department of Health, prosecution and judiciary.
- There is no indication regarding how the input of the police and health departments are to be ensured in either the HRCs or DuAs converted to Protection Centres. The absence of these inputs defeats the purpose of the VAWCs as a 1-stop service centre for violence survivors.
- The relationship between the WPA and SWD in running the newly designated VAWCs and protection system lacks clarity and can create further difficulties. The law envisages the WPA as the body responsible for running and supervising the protection system including Shelters Homes, but the staff is that of the SWD, with the department authorised to make all appointments. Issues will inevitably arise regarding appointments, transfers and promotions of staff serving the system. It is also unclear whether the HRC staff – all of whom was on contract and governed by their current service structure – has been regularised.

²⁰ See Research Reports & related Policy Briefs: (1) Barriers to Access & Uptake of Public Sector GBV Services by Women Survivors of Violence and (2) Comparative Analysis of Three VAW Service Delivery Models in Punjab, as well as the GBV Social Sector Services Brief.

RECOMMENDATIONS

To reinforce Punjab's Women Protection System, the Punjab Protection of Women Against Violence Act (PPWVA), 2016 and the Punjab Women Protection Authority Act, 2017 (PWAA) the following actions are recommended:

- Immediately formulate Rules under PPWVA, 2016 and PWAA, 2017, including the regulation of affairs of the protection centres and shelter homes specified in Section 29 of the PPWVA, and adjust SOPs after these are passed. Rules should:
 - ♀ Elaborate a clear framework for the full functioning of the protection system envisaged in this law based on a thorough review of experiences to date at the Multan VAWC at the earliest.
 - ♀ Spell out the manner in which coordination is to be achieved with services provided by different departments such as, in particular, health, police, prosecution and the judiciary.
 - ♀ Ensure job descriptions of personnel from prosecution, police and health at the protection centres do not conflict with functions under their parent department's laws.
- Fill all vacant sanctioned posts at the Multan VAWC and end the practice of additional charges.
- Ensure officials designated as DWPO and WPOs have no additional charge.
- Recall the notification making psychologists Women Protection Officers and recruit new personnel for this task.
- Elaborate specific job descriptions and operational modalities for the DWPO and WPOs; evaluate the skill-set of those notified as DWPOs to fulfil this role at the earliest and institute trainings to ensure necessary skill-sets and outlook.
- Ensure that all Protection Centres have the requisite personnel, structures, facilities and budgets in place in all districts at the earliest.
- Ensure that the services provided by HRCs continue to be available.
- Ensure the WPA has the requisite budget, authority and full-time dedicated personnel to run the protection system.

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Key findings and recommendations of the study, Comparative Study of Gender-Based Violence Social Service Delivery Models in Punjab, conducted by Shirkat Gah - Women's Resource Centre in collaboration with the Social Welfare Department with support from UNFPA and FCDO-UK Aid.

Conducted in Lahore, Multan and Vehari districts, the study reviewed seven institutions, that is three Dar ul Amans, three Shaheed Benazir Bhutto Human Rights Centres (commonly referred to by their former name, Crisis Centres), and the Violence Against Women Centre in Multan. The study collected and analysed three forms of primary data: (1) official documents, (2) in-depth interviews and focus group discussions with survivors accessing these services and (3) key informant interviews with staff, government stakeholders and advisory bodies of the three institutions.

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