



PUBLIC SECTOR GENDER BASED VIOLENCE SOCIAL SERVICE DELIVERY MODELS IN PUNJAB

A Comparative Analysis



Lead researcher

Maria Rashid

Technical Advisory Group

Secretary Punjab Social Welfare Department

Director, Planning & Evaluation, Punjab Social Welfare Department

Programme Analyst M&E-UNFPA

Programme Analyst Gender-UNFPA

Team Lead -British Council Civil Society Component Aawaz II

Social Development Adviser /Lead Adviser Aawaz II Programme, FCDO UK Aid

Child Protection Officer, UNICEF

Executive Director, Dastak (private women's shelter)

GBV Policy Expert, Ms. Sarah Zaman

A Policy Brief

Context

Worldwide estimates suggest that one out of three women have faced some form of physical or sexual violence in their lives. Similar prevalence trends exist in Pakistan,¹ where over one in four ever-married women between the ages of 15 to 49 women (28%) report physical violence. 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 state services to assist women's recovery and empowerment and help to stop violence from reoccurring.²

Currently, three social service delivery models for women survivors operate in Punjab: 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.

This policy brief presents the key findings and recommendations of the study: Public Sector Gender Based Violence Social Service Delivery Models in Punjab - A Comparative Analysis conducted by Shirkat Gah - Women's Resource Centre in collaboration with the Social Welfare Department (SWD).

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:

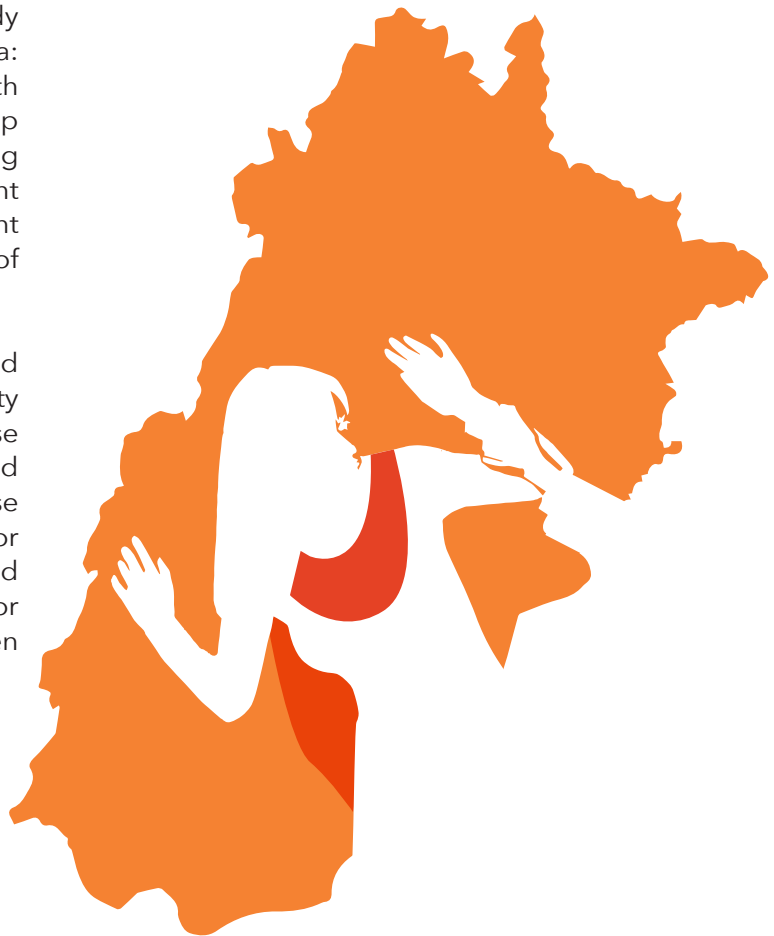
- ♀ Management and governance
- ♀ Staff and human resources
- ♀ Quality of services
- ♀ Quality of care

¹"Pakistan Demographic and Health Survey (2017-2018):"

²UNWOMEN et al., "Essential Services Package for Women and Girls Subject to Violence."

In light of resource and time availability, data was generated from 7 institutions: 3 DuAs, 3 HRCs and the VAWC in the following three districts: Multan, Lahore and Vehari. The study collected 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.

The study sheds light on good practices as well as gaps in the quality and standard of care provided at these institutions from a survivor-centred perspective. 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.



Findings

The three models studied provide valuable and much-needed services to violence survivors with varying levels of effectiveness. The study confirms the diverse needs of women survivors differently addressed by the three models. Consequently, the search for a one-size-fits-all model would be counter productive. Instead, all three models must be strengthened.



Governance & Management

As the oldest structures in Punjab, the DuAs enjoy a reasonably well-entrenched reputation within Punjab SWD's portfolio of protection and response services for women survivors of violence. They have a relatively robust system of governance, as reflected in across-the-board systems, notified protocols and standard-setting, and structures for close supervision and monitoring.

HRCs work in an ad hoc fashion with little standardization, minimum standard-setting, or coordination between the 12 HRCs. By contrast, HRCs have less developed systems and structures. Perhaps because these started as federal initiatives, they are less integrated into the SWD system and do not receive adequate attention and prioritization. This poses serious challenges to their functioning.

Only the VAWC operates under a legal framework: Punjab Protection Women Against Violence Act, 2016 (PPWVA) and the Punjab Women Protection Authority Act 2017 (PWPA) as the governing authority. The VAWC was created with the intention to bring together social protection services with necessary health and police departments and court services in a single complex. Still, the business rules have not been framed to date under either law, resulting in ad hoc implementation with responsibilities and budgets divided between the SWD and the Women Protection Authority (WPA).

This negatively impacts the protection systems envisaged by these laws and the functioning of the VAWC. The effectiveness of the VAWC is hindered by the ineffective implementation of the PPWVA and resource allocation challenges. A significant challenge stems from an inadequate governance framework that would allow the facility's various departments to work together seamlessly as one institution.

All three facilities have serious issues around adequate and timely budget release, with the efficiency of HRCs and the VAWC being disrupted to a large extent. A lack of standardized record-keeping compromises data and information management, and there is an inordinate focus on quantitative formats with little or no evidence-collection of long-term impact indicators regarding the efficacy or responsiveness to survivors' needs.



Services

Only the DuAs provide shelter, but as residents are not allowed to leave the premises except for court hearings and medical emergencies, they do not cater to students or working women who must be mobile to continue their studies, children's studies, or work.

All three models provide free legal aid with varying levels of success, but only the HRCs have a Law Officer position; the lack of adequate budgeting for lawyers' fees and timely notification of the lawyers' panels is a consistent problem across models. In all three models, referrals e.g. for medico-legal examinations, health and psychosocial counselling services ranged from moderate to poor.

Policing services were consistently rated negatively by staff and survivors alike. In DuAs, issues with police attitudes relate specifically to their role as security providers for women residents. In the case of HRCs and the VAWC, this was linked to challenges in registering FIRs and insensitive attitudes that trivialized domestic violence and saw rape as consensual. In the case of the VAWC, issues persisted even after FIRs were registered and were related to faulty police investigation leading to poor conviction rates.

The position of a psychologist is available in all DuAs and the VAWC but in only one of the three HRCs reviewed.

The former is a welcome evolution, underscoring that this earlier neglected service is now recognized as an important but unmet need in the HRCs. Still, even where psychologists are present, there is a problematic overlap between the distinct functions of case mediation and reconciliation, with the psychological counselling of survivors in the latter instance 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 seen in some of the facilities as an additional charge.

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.

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

All three institutions actively present the option for a mediated reconciliation process. The legal mandate and authority to broker this settlement and monitor/enforce compliance vary by institution. DuAs provide mediation services under court sanction but have no clear criterion to assess risks to the woman once she leaves the institution – particularly important as all women are made court-dependent, which increases risks when they leave. 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. 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, where necessary, the involvement of the police, and a stronger follow-up system including rescue services through the District Women Protection Committee.

DuAs are the only model offering some form of vocational training. Vocational training is poorly conceptualized, used to distract women and keep them busy during their stay rather than to provide a marketable skill set.

The lack of attention to this essential service contrasts sharply with the emphasis on the need for such training by women survivors using DuA and HRC services.

The general perception of the DuAs in communities was negative, and the stigma of approaching a DuA was particularly strong, yet it is far the best-known service delivery model. The HRCs in particular, and to some extent the VAWC, are better perceived, although both suffer from a general public lack of awareness about their presence, location, and services.



Human Workforce & Development

Barring some exceptions, the staff interviewed have many years of job experience and possess a fairly good grasp of their core work. Several issues, such as lack of staff regularization and unclear promotional pathways, have created considerable job dissatisfaction. All three models function below optimum sanctioned staff strength, with key staff appointed on dual positions across the seven institutions reviewed. Consequently, staff may be assigned positions they may be untrained for, which may also cause 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 capacity-building plan.

Staff attitudes varied from city to city and from institution to institution, and no generalized comment can be made in this regard. However, it is evident that despite training, exposure and job experience, many staff remain judgmental about women violence survivors, displaying stereotypical notions and attitudes, as they are not systematically trained on case management. These attitudes impact how they interact with women and perform their work, with severe direct consequences on the kind of services offered to the women.

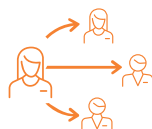


Recommendations

Findings underscore the need for (1) a continuation of all three models, (2) formalised coordination mechanism amongst the social sector services under the SWD and the WPA, the lack of which impedes effective service delivery, and (3) SWD and WPA addressing gaps to enable more effective quality control, opportunities for cross-learning, and synergies that will simultaneously enhance cost-effectiveness and meet survivors' diverse needs.

Institutions-wide Recommendations

Coordination



1. Establish a coordination mechanism for all GBV response mechanisms and ancillary support institutions (e.g. Sanatzars, Dar ul 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. Ensure all models are working at optimum capacity by:
 - ♀ Filling sanctioned staff vacancies in all three models on a priority basis.
 - ♀ Avoiding the practice of allocating dual charges & deputation of staff for duties outside the facility.
2. Regularize contract staff across all models and

♀ Devise clear pathways for promotion.

♀ Reinforce feedback mechanisms and ways of appreciating staff performances.



Resource Allocation

3. Streamline budget allocation and disbursement processes by reviewing bottlenecks in the system, including building the capacity of Managers in the budget preparation and process.



Human Resource Development

4. Develop ongoing Annual Training Plans, including general and job-specific training with certification for service providers, linked to performance appraisals & promotional pathways. Preferably, training should be Department-owned and delivered by SWD master trainers through the SWD Training Institute.
5. 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

6. Improve Data Collection and Information Management systems by:

- ♀ Standardizing data collection tools across three models (using both qualitative and quantitative indicators).
- ♀ Digitizing records with a corresponding increase in staff capacity and up-gradation of equipment in the institutions.
- ♀ Collecting long-term impact indicators regarding the efficacy of service.
- ♀ Devising clear feedback loops for data to be used for planning and improving systems.



Monitoring and Accountability

- 7. Review and strengthen functioning and membership of auxiliary monitoring bodies such as advisory bodies and the District Complaint Management Committee.
- 8. Introduce appropriate mechanisms for obtaining information on survivor satisfaction.



Improving Access and Quality of Services

- 9. 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 access to these facilities.
- 10. Strengthen legal aid services across the three models through:
 - ♀ Timely notification of the pools of lawyers.
 - ♀ Lawyers' panels to comprise at least 50 percent women, and the panels should have experience in both family law and criminal law.
 - ♀ Vetting and monitoring lawyers for service quality and sensitivity and training them where necessary.
 - ♀ Increasing budget allocation for lawyer fees, including fees for the high court, in all three models. Restriction of one claim/suit per woman should be done away with in HRCs. Women should be supported to file multiple cases to resolve immediate and related legal issues.

- ♀ Having a law officer in all facilities to monitor lawyers' performance and progress of court cases, provide legal advice to residents and accompany survivors to police stations or court when deemed necessary.
11. Ensure mediation and reconciliation services safeguard consent and the best interest of the survivors:
 - ♀ Conduct staff training on mediation skills.
 - ♀ Develop a clear criterion for assessing risk to survivor safety during and after reconciliation.
 - ♀ A reconciliation agreement should be drawn up in the presence of a lawyer, including witnesses on both sides. At least one year of follow-up should be built into the agreement as mandatory.
 - ♀ All centres facilitating reconciliation should have the legal authority to provide rescue services in coordination with the DWPC and DWPO of their area. (This requires an extension of the PPWVA 2016 to all districts and the establishment of functional DWPCs).
 12. Maintain neutrality and quality of psychological services. The Psychologist should not manage mediation and reconciliation services, nor should they be involved in management tasks.
 13. Ensure access or referral to vocational training as part of any service package offered to women survivors:
 - ♀ For VAWC and HRCs, this implies strong referral links with vocational training institutes, both government and private, and referrals for job placement opportunities.
 - ♀ Review feasibility of running market-appropriate and time-sensitive vocational training programmes for women residing in DuA.
 - ♀ Consider establishing 'midway' homes to meet the dire need of survivors for financial solvency for reintegration into the society that would provide longer-term residency.
 14. Introduce child-friendly spaces in the VAWC and HRCs and those DuAs where these are missing.
 15. Ensure transport, including driver and adequate budget for fuel and maintenance of the vehicle in all three models.
 16. Strengthen coordination between SWD and VAWC with District Health Departments to provide better health services in facilities.

DuA Specific Recommendations



Combined with the practice of custodial restraint and the reliance on private lawyers hired by women, staff increasingly views its role as limited and the DuA as only responsible for providing physical 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. Actions required are to:

1. Review and update DuA Guidelines to streamline all new changes within existing rules to avoid confusion and address overlap.
2. Take measures to overturn the practice of making all DUA survivors court-dependent:

- ♀ Engage with the judiciary to promote greater adherence to the DuA Guidelines.
- ♀ Review the policy of police escorts when attending court hearings or for medical treatment; where possible, women should not be made to attend court hearings in a police van along with criminals.

3. Appoint Assistant Wardens to enable working shifts that provide 24-hour coverage.
4. Advertise free legal aid provided by the DuA and appoint Law Officers.
5. Increase budget allocation for food for residents and special dietary allocations for children and pregnant and lactating mothers.
6. Provide open space in DuAs for women to exercise.
7. Introduce a basic medical and utility store/ canteen on the premises.
8. Provide access to medical care in DuA in case of emergencies after office hours.



★ HRC Specific Recommendations

HRCs must continue as vital services for women survivors who work or are studying and cannot be confined within the DuA as per current practice or for other reasons do not need shelter. The need for more accessible, city-based, centrally located HRCs should continue even after VAWCs are opened in other districts. VAWCs may be located away from the city, necessitated by the size of operation, as is the case of existing VAWCs in Multan:

1. A clear legal framework for the operation of HRCs so that budgetary allocation and disbursement is secure. Corresponding revised SOPs for the functioning of the HRC must be notified by the SWD.
2. Adequate budget allocation for repair and up-gradation of HRC buildings' physical infrastructure, including operational expenditures and funds for office equipment.
3. Appointment of Psychologists in all HRCs.

★ VAWC-Multan Specific Recommendations

1. Strengthen the District Protection Committee and assign an independent DWPO so that it can function to monitor and support the VAWC.

2. Notify SOPs that outline a detailed governing framework for the VAWC's functioning, including a commitment to provide staff and other provisions from government departments (police, health, and prosecution).
3. Improve access through publicizing services and increasing the number of bus routes to the facility.
4. Appoint caseworkers to facilitate women as their case moves through various departments.
5. Appoint one male mediation officer where possible to handle meetings with family members.
6. Commission a detailed review of the VAWC to guide the extension of the Act to other districts of Punjab. Include an assessment of:
 - ♀ The effectiveness (and limitations) of DuA as a shelter attached to the VAWC
 - ♀ Police investigation methods to better understand failure in obtaining a conviction for cases

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.³
- 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.⁴
- 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.

³Sub-sections 6 and 7 added to section 13 of the law.

⁴This 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.

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. 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.⁵ 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.

⁵See 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.

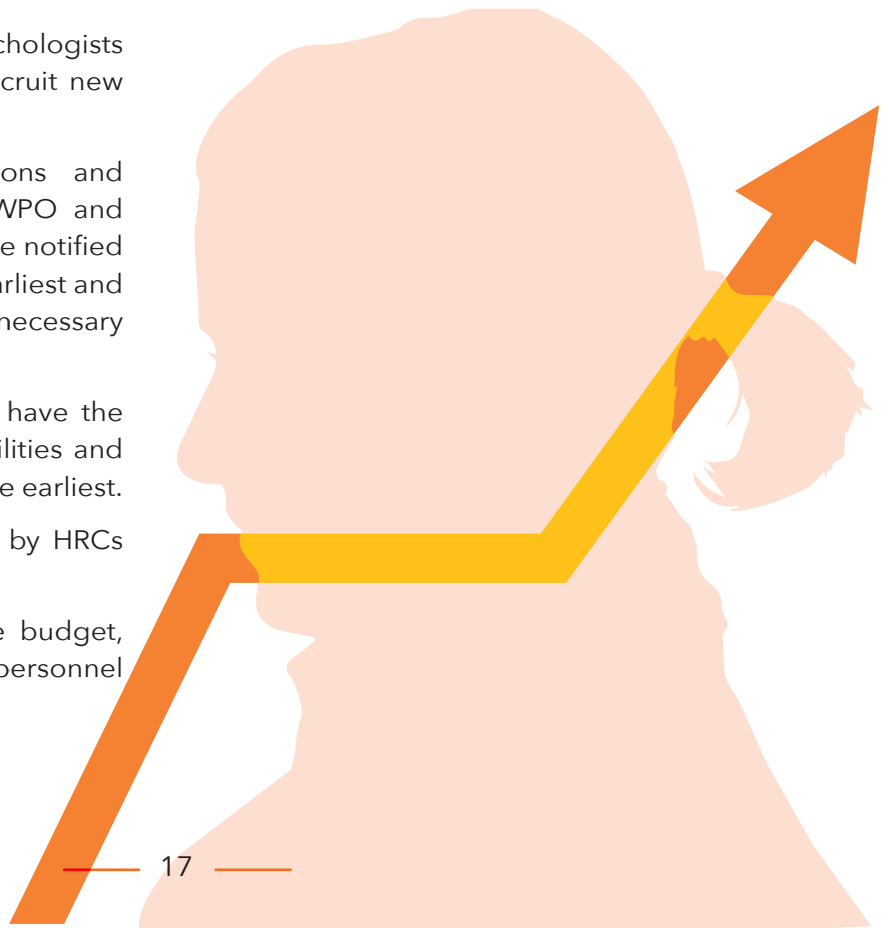
- The failure to pass Rules of Business and SOPs under the original law has already proved to be a major source of implementation problems. Omitting a timeframe for passing rules under this law will further multiply problems as Rules are to cover many of the issues identified in this Report, including 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.

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.



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.

Shirkat Gah - Women's Resource Centre

📍 Lahore Office

68 Tipu Block, New Garden Town, Lahore.

☎ Ph: 042-35836554, 35838815, 35832448

📍 Other Offices: Karachi, Peshawar, Quetta

Email: sgah@sgah.org.pk

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