

Islamic Republic of Pakistan:

Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP)

GBV and the Role of Healthcare Providers



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Online Mentoring session with the 36 Master Trainers who attended a two-day TOT on 20-21 Jan 2025, Peshawar for the Health Care Providers from 32 SHC Facilities of Khyber Pakhtunkhwa, Pakistan



خواخوړي
همدلی
بم احساسی



Structure of the online Session

Opening remarks by Moderator Dr. Attaullah Khan

Welcome by Organizers ADB Team

EVALUATION ANALYSIS) by Dr. Rakhshinda Perveen. Consultant Gender Expert ADB for KPHSSP & Trainer of the Master Trainer' Workshop/TOT

Comments by the Master trainers -Participants & Moderator Dr. Attaullah Khan

Recap Important Messages (interactive) by Dr. Rakhshinda

Organizing Training at SHC (interactive) by Dr. Rakhshinda

Q & A by Master trainers - Participants

Power Point Presentation (Recap : GBV key Messages, Key concepts & key steps of organizing a training) by Dr. Rakhshinda

Q & A by Master trainers- Participants

Wrap up by Dr. Rakhshinda

Closing remarks by Moderator Dr. Attaullah Khan





Ground Rules

- ✓ **Timeliness**
- ✓ **Learn & work together**
- ✓ **Respect each other**
 - Listen with an open mind
 - Let everyone participate
 - Express disagreements respectfully
 - Give feedback constructively
 - ✗ Interrupting others
- ✓ **Safe space**
 - Respect confidentiality, personal info stays in the room
- ✓ **Be present**
 - ✗ Use of electronics
- ✓ **Suggestions to improve are welcome!**

<p>3d1. Training on gender-based violence for all staff categories By the end of 2026, at least 60% of staff working at SHC facilities, of which 30% are women, reporting improved knowledge on GBV</p>		<p>2021 The training initiative has been launched in 4 DHQ hospitals</p>	<p>By the end of 2022, ≥10% of all staff working at SHC facilities has received training on GBV</p>	<p>By the end of 2023, ≥25% of all staff working at SHC facilities has received training on GBV</p>	<p>By the end of 2024, ≥45% of all staff working at SHC facilities has received training on GBV</p>	<p>By the end of 2025, ≥60% of all staff working at SHC facilities has received training on GBV</p>
<p>3d2. Counseling desks established in all OPDs on reproductive health and mental health By the end of 2026, at least 30 SHC facilities established in the OPDs counseling desk on reproductive and mental health Desks for reproductive health and mental health are to be counted separately.</p>	<p>Desks or consultation rooms for psychosocial care available in 7 of the program hospitals</p>	<p>2021 Development program funded program to be transformed from PC-1 to routine funding and implementation</p>	<p>By the end of 2022, ≥5 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health</p>	<p>By the end of 2023, ≥10 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health</p>	<p>By the end of 2024, ≥20 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health</p>	<p>By the end of 2025, ≥30 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health</p>
<p>3d3. Inquiry Committees established and operational By the end of 2026, inquiry committees in at least 28 SHC facilities established and operational. Code of conduct is displayed in offices and staff training is conducted. The committee is considered operational when there are at least two documented meetings per annum.</p>	<p>No formal (permanent) functional inquiry committee in any of the SHC facilities</p>	<p>2021 Inquiries have been conducted in several hospitals by ad-hoc committees, often initiated by ombudspersons identified at many hospitals</p>	<p>By the end of 2022 ≥ 3 SHC facilities have formally established and functional inquiry committees</p>	<p>By the end of 2023 ≥ 9 SHC facilities have formally established and functional inquiry committees</p>	<p>By the end of 2024 ≥ 18 SHC facilities have formally established and functional inquiry committees</p>	<p>By the end of 2025 ≥ 28 SHC facilities have formally established and functional inquiry committees</p>

Waziristan (South)
Timergarah (D/L)
Peshawar
Orakzai (Mishti Mela)
Mardan
Lakki Marwat
Kohat
Karak
Haripur
Chitral
Abbottabad



28 proformas

Adjusted Analysis:

- **High Satisfaction (10/10):** 43% rated the TOT at the highest level, indicating a strong positive response from almost half of the respondents.
- **Overall Positive Feedback (8/10 or higher):** 93%, gave favorable ratings of 8/10 or above.
- **Lower Ratings (below 8/10):** Only 2 participants, or 7.14%, rated the TOT below 8/10, suggesting a minimal number of participants were less satisfied.

This indicates very strong feedback from the participants who submitted their evaluation, with nearly all showing satisfaction or high satisfaction with the TOT.

- **Total Insights: 39**
- **Final Count of Unique Insights:** There are 17 unique insights after removing the repeated ones from the original list of 39 insights

Unique Insights by Master Trainers in their Evaluation :

1. **Role of facilitator/master trainer (10/10)**
2. **Concepts of awareness and sensitization on GBV (10/10)**
3. **Concept of empathy (10/10)**
4. **Difference between empathy and sympathy (10/10)**
5. **Survivor-centered approach to address GBV in clinical settings (10/10)**
6. **Enhanced understanding of GBV (10/10)**
7. **Inclusion of children and males in GBV (10/10)**
8. **Men and boys and trans people are also affected by GBV (10/10)**
9. Opportunity to be a Master Trainer at SHC Facility level (9.5/10)
10. Forms of GBV (9.5/10)
11. Psychological support to survivors of GBV (9.5/10)
12. Mandatory display of the Code of Conduct in hospitals (9/10)
13. Difference between gender and sex (9/10)
14. Time Management (9/10)
15. How to deal with trainees (8/10)
16. Human Rights (7/10)
17. WHO's recommendation about clinical screening of GBV survivors at healthcare facility (7/10)

► Repeated Insights Across All Ratings:

- **Code of conduct on harassment at workplace**
(Mentioned by participants who rated 10/10, 9.5/10, 9/10, 8/10, and 7/10)
- **Smart phone Application RTS regarding harassment at workplace**
(Mentioned by participants who rated 10/10, 9.5/10)
- **Knowledge of GBV**
(Mentioned by participants who rated 9/10, 8/10, and 7/10)
- **Law against Harassment at Workplace**
(Mentioned by participants who rated 9.5/10, 9/10)
- **Empathy Concept**
(Mentioned by participants who rated 9/10 and 10/10)
- **DO NO HARM principle**
(Mentioned by participants who rated 9/10 and 10/10)
- **Active listening**
(Mentioned by participants who rated 10/10 and 9/10)
- **Harassment at Workplace**
(Mentioned by participants who rated 8/10 and 7/10)
- **Role of healthcare providers in addressing GBV**
(Mentioned by participants who rated 9/10)
- **Relationship between GBV survivors and healthcare providers**
(Mentioned by participants who rated 8/10)
- **Code of conduct**
(Mentioned by participants who rated 8/10 and 7/10)



Objective

To mentor Master Trainers to work as a Trainer and conduct trainings independently on improving Knowledge about GBV and Harassment at workplace at your SHC hospitals of KP





Violence against women is a major public health problem and a violation of women's human rights.

Estimates published by WHO indicate that globally about 1 in 3 (30%) of women worldwide have been subjected to either physical or sexual intimate partner violence or non-partner sexual violence in their lifetime. Violence against women is preventable.

The health sector has a vital role in providing comprehensive health care to women subjected to violence, and as an entry point for referring women to other support services they may need.

Role of healthcare providers

Do no harm

Identify violence

Empathic response

Clinical care

Referrals as needed

Documentation

Medico-legal evidence

Advocacy as community role model



**“Violence
Against Women
is an expression
of unequal
power or a
form of abuse
of power.”**

The World Health Organization does not recommend universal screening for violence of women attending health care.

WHO does encourage Health Care Providers to raise the topic with women who have injuries or conditions that they suspect may be related to violence.

Key Differences:

GBV is a broader term and applies to anyone affected by violence based on gender, including men, women, and gender minorities.

GBV Against Women is a subset of GBV that focuses specifically on the experiences of women.

VAW refers to the violence directed at women exclusively and is often used in legal, policy, and human rights contexts.

Gender interacts with but is different from sex



Gender refers to the characteristics of women, men, girls and boys that are socially constructed.

This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other.

Gender as a social construct, gender varies from society to society and can change over time.

Gender is hierarchical and produces inequalities that intersect with other social and economic inequalities.

Gender-based discrimination intersects with other factors of discrimination, such as ethnicity, socioeconomic status, disability, age, geographic location, gender identity and sexual orientation, among others.

This is referred to as intersectionality.

Why is violence against women different?

A woman who has been subjected to violence may have some different needs from most other health-care patients. In particular:

- She may have various emotional needs that require attention.
- She may be frightened and need reassurance.
- Support, not diagnosis, is your most important role.
- She may or may not need physical care.
- Her safety may be an ongoing concern.
- She may need referrals or other resources for needs that the health system cannot meet.
- She needs help to make her feel more in control and able to make her own decisions.

In your practice:

Treat all survivors in a fair and respectful way and do not discriminate.

Recognize that women may face gender-based discrimination as well as other forms of discrimination because of their race, ethnicity, sexual orientation, religion, disability, or other characteristics, or because they have been subjected to violence.

You should advocate for zero-tolerance for Gender-Based Violence. Customary, cultural and beliefs should not discriminate against women

**and
should not**

contradict the interpretation, promotion and protection of women's rights and gender equality

In your practice: As a provider, you must avoid reinforcing gender inequalities and promote women's autonomy and dignity by:

- being aware of the power dynamics and norms that perpetuate Gender Based Violence
- reinforcing her value as a person
- respecting her dignity
- listening to her story, believing her, and taking what she says seriously
- not blaming or judging her
- providing information and counselling that helps her to make her own decisions.

Forms of VAW/GBV Against Women

There are many forms of violence against women, including:

- Domestic violence/intimate partner violence,
- sexual violence by someone other than a husband or partner,
- femicide,
- forced & early marriage,
- human trafficking,
- female genital mutilation (FGM),
- Honour Killings,
- Acid Attack,
- Dowry Violence in some regions.

The most common form of violence experienced by women is domestic or intimate partner violence.

Domestic violence also includes violence by other family members.

Sexual violence can also be perpetrated by friends, family members, acquaintances and strangers.

LAW AGAINST WORKPLACE HARASSMENT IN KP, Pakistan

- ▶ **Pakistan** has passed the **Protection against Harassment of Women at the Workplace Act, 2010**, which aims to protect women from incidents of **workplace harassment**.
- ▶ Women's right to work and access to public offices are priorities areas under the **Khyber Pakhtunkhwa Protection against Harassment of Women at the Workplace(Amendment) Act, 2018**.
- ▶ The **Ombudsperson Secretariat** is ensuring safe working places for women and protecting women's right to ownership as guaranteed in the Constitution of Pakistan.
- ▶ The Ombudsperson Secretariat established **strong linkages with the government and non-government institutions** to provide effective service delivery in the area of gender equality and access to justice.
- ▶ The Provincial Harassment Watch Committee and Coordination & Referral Mechanism of Human Rights Institutions are ensuring rule of law and gender justice.

Source: <https://ombudsperson.kp.gov.pk/#sthash.OLQJKlpR.dpuf>

Important questions

1. What is a workplace?
2. What is harassment at workplace?
3. What are some examples of workplace harassment?
4. What should I do if I am harassed by a manager, co-worker, or other person in my workplace?
5. What can I do if I witness workplace harassment?
6. What will my employer do if I report harassment?
7. What can happen to me if I harass others at work?
8. Is all workplace harassment illegal?
9. **Are men protected from sex harassment?**



کام کرنے کی جگہ اور ملازمت کرنے کی جگہ پر ہراساں کرنا
پاکستان میں کام کرنے کی جگہ اور ملازمت کرنے کی جگہ پر ہراساں کرنے کے
کام کرنے کی جگہ اور ملازمت کرنے کی جگہ پر خواتین کو "2010 خلاف قانون
میں ترمیم کی گئی 2022 کے تحت آتا ہے، اور اس میں "ہراساں کرنے سے بچاؤ

ہے۔
Harassment At Work place: Pakistan's workplace harassment
law is governed by the Protection against Harassment of
Women at the Workplace Act, 2010, and its 2022
amendment. The Protection Against Harassment of Women
at the Workplace Act 2010 protects people from harassment
at the workplace in the Khyber Pakhtunkhwa (KP) province
of Pakistan.

پاکستان کے خیبر پختونخوا صوبے میں "کام کرنے کی جگہ اور
ملازمت کرنے کی جگہ پر خواتین کو ہراساں کرنے سے بچاؤ" کا
قانون 2010 لوگوں کو ہراساں کرنے سے محفوظ رکھتا ہے۔

In Pakistan, the penalties for workplace harassment include:

Imprisonment: Up to three years in prison

Fine: Up to PKR 500,000

Reduction in rank: To a lower post or stage in a time-scale

Compulsory retirement: The employee may be forced to retire

Removal from service: The employee may be removed from service

Dismissal from service: The employee may be dismissed from service

The Protection Against Harassment of Women at the Workplace Act 2010 was amended in 2022 to align with international commitments. The amended law includes the following provisions:

The definition of a workplace has been expanded to include any place where an employee works, including for gig workers, temporary, part-time, freelance employees, trainees, domestic workers, home-based workers, and apprentices. Employers are required to have a committee on sexual harassment and to post a code of conduct for employees in the workplace.

is law against harassment at workplace only for women?

No, the law against harassment at the workplace in Pakistan is not only for women. The law protects all people from harassment, including discrimination based on gender.

the Federal Ombudsman has exclusive jurisdiction with respect to all complaints pertaining to such areas in the federation that are not included in any of the provinces.

Harassment

The Act defines harassment as:

any unwelcome sexual advance, request for sexual favors or other verbal or written communication or physical conduct of a sexual nature or sexually demeaning attitudes, causing interference with work performance or creating an intimidation, hostile or offensive work environment, or the attempt to punish the complainant for refusal to comply to such a request or is made a condition for employment.^[199]

According to this definition, harassment includes not only sexual harassment but also verbal or written abuse which may affect the working conditions or make the working environment unsafe for an individual. This definition, as already mentioned above, is in compliance with the CEDAW Committee's General Recommendation No. 19. The three significant forms of sexual harassment in the working environment, as mentioned in the Code of Conduct, are abuse of authority, creating a hostile environment, and retaliation.^[199] On the face of it, the definition of harassment is broad and seems to encompass all forms of harassment in addition to sexual harassment. However, the Federal Ombudsman has narrowed its meaning while interpreting it. In one of the cases decided by the Federal Ombudsman, while analyzing whether the words *jahil* (illiterate) and *badtameez aurat* (uncivilized woman) constitute harassment, it was clarified that in order for an action to constitute harassment, the action should be severe and persuasive enough to alter the working conditions of the victims' employment or render the workplace atmosphere intimidating, hostile or offensive.^[200] It is interesting to note that in this case, the Federal Ombudsman did not reject the notion that verbal abuse could be harassment, but by reasoning that the verbal abuse was not severe enough and was an isolated incident, decided that it did not constitute harassment. Contrarily, in another case

the Federal Ombudsman found that such verbal communication did constitute harassment because of the continuous nature of the conduct and the overall sexually demeaning attitude of the accused.^[201] It can be seen that in both cases, the Federal Ombudsman has focused upon the intensity of the conduct.

Workplace

'Workplace' has been defined as:

place of work or the premises where an organization or employer operates and includes building, factory, offices, even open places, geographical areas, where the activities are

Checklist for Organizing a Training

Pre-Training Preparation:

- List of the Names of Potential attendees/trainees with contact numbers & designations
- Attendance sheet (Proforma)
- certificates
- **Photocopies:** Agenda, Pré-Test, Post-Test, Evaluation sheet, (all placed in clearly labeled envelopes). + CONTENTS of the Welcome Packet/folder. Welcome packet/folder (Agenda& handouts).
- Room setup plan (arrangement of chairs, tables, and materials for group activities)
- Setting up a WhatsApp group to share PowerPoint presentations after training/meeting and any other logistical information before training.

► **Training Material Preparation:** : (responsibility Master **trainer. Master trainer can consult Dr.Rakhshinda or Dr.Attaullah if any assistance is required.)**

- **Develop or customize training content to suit the audience.**
- **Prepare presentations, handouts, and any multimedia tools. (You have it already)**
- **Translate materials into the necessary languages if required.**

► **Logistics and Scheduling:** (SHC Facility Admin.& Management & KP DoH- PMIU)
Contact Person: Dr.Attaullah Khan & MS Of Your Hospital

- **Confirm the venue, timings and equipment for the training.**
- **Ensure technical support is in place (audio-visual, internet).**
- **Send invitations or reminders to participants with details (time,, pre-reading, etc.) via whats app group and or personally.**



Training Days

Housekeeping Information:

1. **Mobile Phones:** Request participants to put their phones on silent mode during sessions to avoid disruptions.
2. **Wi-Fi Access:** Share any available Wi-Fi details, including network name and password, if applicable.

During-Training Tasks:

1. Welcome and Orientation:

- Ensure all participants are settled.
- Introduce yourself and if you are doing with other trainers and facilitators introduce all of them.
- Review the agenda, objectives, and expectations for the session.

2. Participant Engagement: :

- Facilitate introductions or icebreakers to build rapport.
- Encourage participation through Q&A, discussions, or interactive activities.
- Monitor participant engagement (questions, chat, or body language).

2. Session Flow and Timing: :

- Keep track of time to ensure all topics are covered.
- Adjust the pace if necessary, depending on participant comprehension.
- Take short breaks to avoid fatigue (especially in long sessions).

Technical Support:

- Ensure audio/visual quality is maintained throughout.
- Be prepared for any technical difficulties and troubleshoot quickly.
- Have backup materials or alternative methods (e.g., switching from Multi MEDIA TO FLIP CHARTS or Only Verbal presentation) You can ask Participants to open files /power point presentation on their phones.

Documentation: :

- Record or write down key points/or summaries during discussions.
- Take notes of any questions that need follow-up or additional resources.
- Ensure attendance is recorded.

Conclusion: :

- Summarize key learnings and takeaways.
- Announce the next steps (e.g., post-training materials, upcoming sessions).
- Thank participants for their involvement and share feedback mechanisms.

This checklist will help streamline the preparation and delivery of effective training sessions!

Training Materials and Resources:

- Multimedia
- Sound system/microphone
- Ample space for group work
- Flip charts
- Paper tape
- Black markers
- Notepad and pen
- Projector or large screen (for presentations)
- Whiteboard and eraser (for dynamic discussions)
- Laptop or tablet (for managing multimedia presentations)
- Extension cords and chargers (to ensure access to power for devices)
- Water and refreshments (to keep participants energized)

Gender Based Violence *Throughout the life cycle*





► Every 10 minutes, partners and family members killed a woman or a girl intentionally in 2023

