

Islamic Republic of Pakistan:

Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP)

GBV and the Role of Healthcare Providers

Improving Knowledge on GBV, Harassment at Work Place and How to become a Master Trainer

An online orientation session with the nominated Master Trainers for a two -day TOT (3-4 Feb 2025) for the Health Care Providers from 32 SHC Facilities of Khyber Pakhtunkhwa, Pakistan

Presenter: Dr.Rakhshinda Perveen

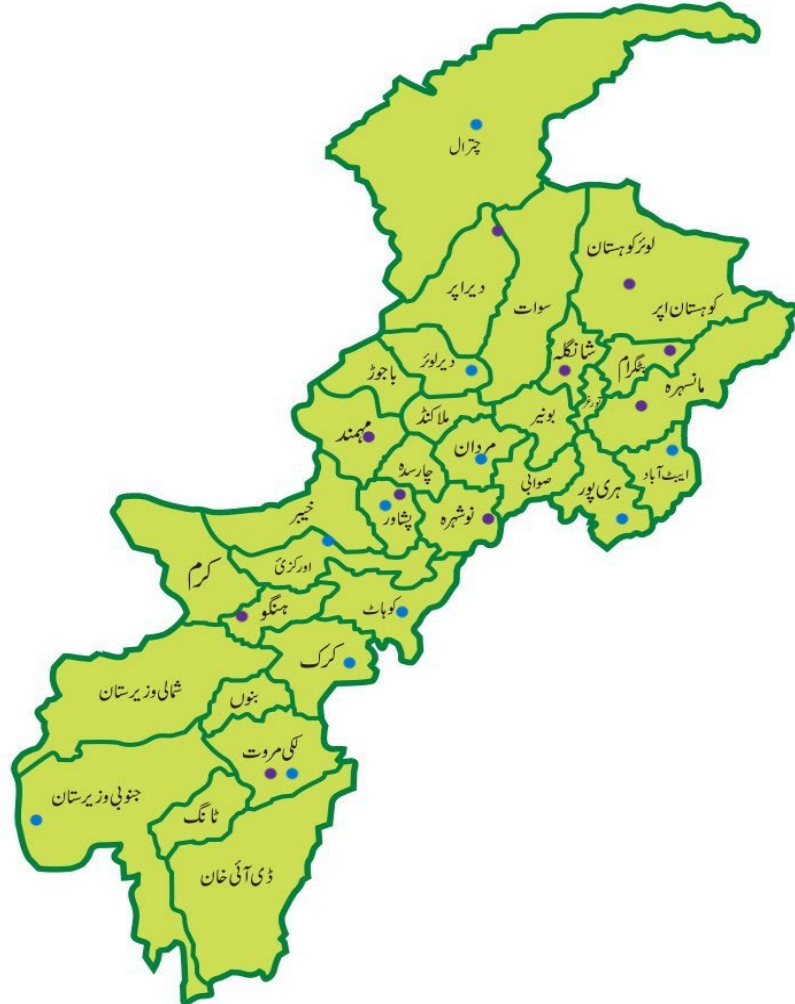
Consultant Gender Expert

ADB-KPHSSP



- **Every 10 minutes, a woman is killed**
- **Every 10 minutes, a woman is killed. Every 10 minutes, partners and family members killed a woman or a girl intentionally in 2023**
- **The crisis of gender-based violence is urgent.**

Welcome Trainee Master Trainers (TOT2)



SHC/DHQ for TOT2
DHQ Bannu
DHQ Hospital Batkhela
DHQ Battagram
DHQ Hospital Buner
DHQ Hospital Hangu
DHQ Hospital Dir Upper
DHQ Nowshera
DHQ Hospital Mansehra
DHQ Hospital Ghallania Momand
DHQ Hospital Lakki Marwat
NKBM Hospital
DHQ Shangla

Structure of the online Session

1. Ground Rules
2. Objectives of this online session
3. Brief overview Project
4. Brief overview GBV in KP
5. What will happen in the 2-day in-house workshop?
6. What are your expectations?
7. What is the expectation of the trainer/facilitators and organizers(Department of Health, KP)

Ground Rules

Timeliness

Learn & work together

Respect each other

- Listen with an open mind
- Let everyone participate
- Express disagreements respectfully
- Give feedback constructively
- Maintain pin drop silence during pre and post test administration
- Take the test without consulting with other participants
- Suggestions to improve are welcome!
- **Interrupting others (NO NO NO....)**

Be present

- Use of electronics (put you mobiles on silent mode, go outside the training room to take or make any calls, do not use social media during training, do not record, take pics with consent pl.).



Objective:

To prepare you to work as a Master Trainer and conduct trainings on GBV at 32 SHC hospitals of KP as per the project document

Salient features of the Project

“Revamping of Non-Teaching District Head Quarter Hospitals in Khyber Pakhtunkhwa.”

The Results Based Lending (RBL) RBL program supports the Revamping Secondary Health Care (RSHC) program, a flagship and province-wide program of the Government of Khyber Pakhtunkhwa (KP) to improve SHC services.

The RBL program aims to enhance the quality of SHC services in Province KP

At the outcome level, the RBL program includes (i) a DLI that supports safe child delivery in a hospital setting by increasing the number of deliveries by skilled birth attendants, and (ii) a performance indicator tracking the maternal mortality ratio in KP.

The program includes the implementation of, and adherence to, gender-sensitive clinical protocols and pathways for maternal care, gynecology and obstetrics, and other specialties, thus ensuring safe, patient-centered, and respectful health care.

The RBL program will increase the number and percentage of trained women in nursing, and the number of medical staff and health technicians; and improve the gender-responsiveness of hospital infrastructure.

The DLIs and performance indicators also ensure a focus on medical equipment for the obstetrics departments of hospitals. Six out of 10, DLIs are related to empowerment of women

The RBL

The RBL will ensure **the training of staff on Gender-Based Violence (GBV), gender-sensitive clinical protocols and pathways, the function of counseling desks for Reproductive Health (RH) and Mental Health (MH), and the role of inquiry committees in protecting women against harassment in the workplace. DLI 7 is “Gender issues are adequately considered.”**

“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 "under ‘**Output 3: Human Resources And Health Service Planning Reinforced**’ of the program document of ADB.

Reference: <https://www.adb.org/sites/default/files/project-documents/54297/54297-001-pam-en.pdf>.

<p>3d1. Training on gender-based violence for all staff categories</p> <p>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</p> <p>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</p> <p>By the end of 2026, at least 30 SHC facilities established in the OPDs counseling desk on reproductive and mental health</p> <p>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</p> <p>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</p> <p>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.</p> <p>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</p> <p>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>

GBV in KP

GBV is a global issue .Like elsewhere, it is also prevalent in all regions of Pakistan.

A shocking 32 % of women have experienced physical violence in Pakistan and 40 percent of ever-married women have suffered from spousal abuse at some point in their life. However, these statistics do not accurately represent the full extent of cases.

One in two Pakistani women who have experienced violence never sought help or told anyone about the violence they had experienced. The manifestations and interpretations of GBV vary regionally and are often sanctioned in the name of culture or religion. Thus, KP is no exception.

As per Demographic Health Survey (2017/18), in KP, 28% of women aged 15-49 have experienced physical violence since age 15; 34% of ever-married women have experienced spousal physical, sexual, or emotional violence; in the merged districts.

The four broader forms of GBV namely physical, sexual, economic, and psychological/emotional—remain a reality and normative practices in urban and rural settings.

Denial and unreported cases occur due to several factors, including the absence of any credible forum, distrust of police, lack of victim autonomy, absence of a survivor-centered approach, and missed opportunities by healthcare professionals due to their unawareness, lack of sensitization, and explicit or implicit biases. Addressing this grave issue is extremely difficult but doable as GBV is preventable.

VAW & GBV against Women in Pakistan including KPK

- Pakistan ranked 154th among 195 countries in terms of the Healthcare Access and Quality Index, according to a Lancet study.
- Pakistan ranks 145th out of 146 countries in the Global Gender Gap Index 2024, doing better only than Afghanistan,, with a score of 0.570 The Lancet, Vol. 391(10136), pp. 2236–2271. 2016.
- GII reflects gender-based disadvantage in three dimensions— reproductive health, empowerment and the labour market—for as many countries as data of reasonable quality allow. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions. <https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII>
- The Constitution of Pakistan, Article 25 (2), clearly states that no person should be discriminated against on the basis of sex alone. The Government of Pakistan recognizes that violence against women constitutes sex discrimination and is contrary to the Constitution's basic principles. Article 28 stipulates that 'steps shall be taken to ensure the full participation of women in a all spheres of national life.

- The 2023 Women, Peace & Security (WPS) Index ranks countries based on national averages for women's status:
- **Highest ranked:** Denmark, Switzerland, and Sweden
- **Lowest ranked:** Afghanistan and Yemen
- The WPS Index uses national averages, but these can hide variations within countries. For example, in Pakistan, the WPS Index ranks the country 167th out of 170, but the lowest-ranking provinces perform almost four times as poorly as the highest-ranking provinces.
- **What are the top 5 women's rights?**
- These include the **right to live free from violence and discrimination**; to enjoy the **highest attainable standard of physical and mental health**; to be **educated**; to **own property**; to **vote**; and to **earn an equal wage**.



- Gender-based violence is not restricted to any region or country, it is an issue that affects women and girls of different social and economic classes to varying degrees.
- ***India, Afghanistan, Syria, Somalia, Saudi Arabia, Pakistan, Democratic Republic of Congo, Yemen, Nigeria, and The United States of America (USA)*** were identified to be top ten worst countries for women with the highest GBV rates in the world according to a [2018 poll](#) conducted by the Thomas Reuters Foundation.
- In many cases, the victims of gender-based violence have to face many sexual and reproductive health consequences, including unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections, and sometimes death.



Pakistan

The figures from Pakistan are also quite staggering as 32% of women have experienced physical violence and 40% of women who are married or ever been married have suffered from spousal abuse at some point in their life.

An interesting report revealed that 1 in 2 Pakistani women who have experienced violence never sought help.

To address this pervasive culture of violence, the government is working with international organizations to strengthen the capacity of both the public sector and civil society partners.



International Commitments and Legal Instruments

- Pakistan is committed to many international conventions and legal instruments to protect and promote the rights of women, girls, children, and people with varied disadvantages. These include international covenants, conventions, and agreements such as the:
 1. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979,
 2. World Conference on Human Rights (Vienna, 1993),
 3. International Conference on Population and Development (ICPD, Cairo, 1994),
 4. UN Fourth Conference on Women (Beijing, 1995),
 5. Declaration of the General Assembly of the United Nations on the Elimination of Violence against Women,
 6. Beijing Platform of Action (1995)
 7. SDGs/Agenda 2030.
- These call for the protection of women and other socially excluded groups against violence and for the achievement of optimal health.
- The 2030 Agenda for Sustainable Development reaffirms the essential role of gender equality and the empowerment of all women and girls as drivers for sustainable development, peace, and the full realization of their human rights.
- Pakistan ranks 137th out of 166 countries in the SDG index.



OBJECTIVES



To prepare you to work as a Master Trainer and conduct trainings on GBV at 32 SHC hospitals of KP as per the project document



Recall our basic knowledge of GBV as a public health problem



Assess our own biases and attitudes regarding our role of health care providers in addressing GBV/VAW



To learn Facilitation Skills



To practice Active Listening



To test our own base line and improved level of Knowledge on GBV

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.**

Definition of VAW/GBV

Any public or private 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 with the family or general community

This global definition is the **UN definition** from the declaration of the elimination of violence against women.

Difference between terms GBV/ GBV
against women & VAW?

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

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.

Gender-based violence (GBV) is violence that is directed at an individual based on his or her biological sex OR gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life.

(Definition provided by womenforwomen.org)

THE DIFFERENT FORMS OF GBV

PHYSICAL

- Beating
- Kicking
- Burning
- Hitting
- Causing any type of bodily harm to a spouse or partner
- Female genital mutilation (FGM) or other harmful traditional practices

SEXUAL

- Forced marriage
- Forced prostitution
- Rape
- Harassment
- Denying someone the right to have protected sex
- Any type of unwanted sexual activity

PSYCHOLOGICAL

- Neglect
- Controlling a spouse or partner's actions
- Disrespect
- Shame
- Verbal threats

ECONOMIC

- Withholding family finances from a spouse
- Preventing someone from owning property
- Denying an individual's right to work or go to school based on their gender.

Agenda of 2-day inhouse TOT (3-4 Feb 2025)

Day 1 (8:30 am -4/4:30 pm)

- Key activities
- Pre test
- Post test
- Technical sessions
- Activity based sessions
- Practice sessions with Training Kit

Day 2 (8:30 am -1:30 /2:30pm)

- Recall Day 1
- Practice sessions with Training Kit
- Follow up actions
- Wrap up
- Evaluation of TOT
- Certificates distribution



Harassment at workplace

TOT for Improving Knowledge on GBV

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?**

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.

Expectations

1. What are your expectations? (participants will share their expectations)
2. What is the expectation of organizers(Department of Health, KP) : (Dr. Attaullah Khan will further explain)
3. What is the expectation of your trainer/facilitators ?
(punctuality, adherence to ground rules, come prepared, read the material shared with you in advance if possible)

Post in-house training actions

- You will get power point presentations and photographs in this whats app group
- We will organize an Online meeting on 28/01/25

(time and link shall be communicated later by Dr.Attaullah Khan) to respond to any follow-up queries

Attendance is mandatory

- Objective: To ensure that you are ready to undertake trainings at SHC facility level

Therefore, we will again discuss:

- Workplan
- Report sheet
- Training session (agenda & content)
- Monitoring
- Return of documents (electronically and manually)



THANK YOU
FOR YOUR ATTENTION