

Islamic Republic of Pakistan:

Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP)

GBV and the Role of Healthcare Providers

A two-day TOT with Health Care Providers of 32 SHC Facilities of Khyber Pakhtunkhwa, Pakistan

Training of Trainers on Improving GBV Knowledge, Harassment at workplace How to be a Master trainer with Health Care Providers of SHC Hospital- Khyber Pakhtunkhwa, Pakistan

24-25 February 2025

Presenter: Dr.Rakhshinda Perveen

Consultant Gender Expert

ADB-KPHSSP



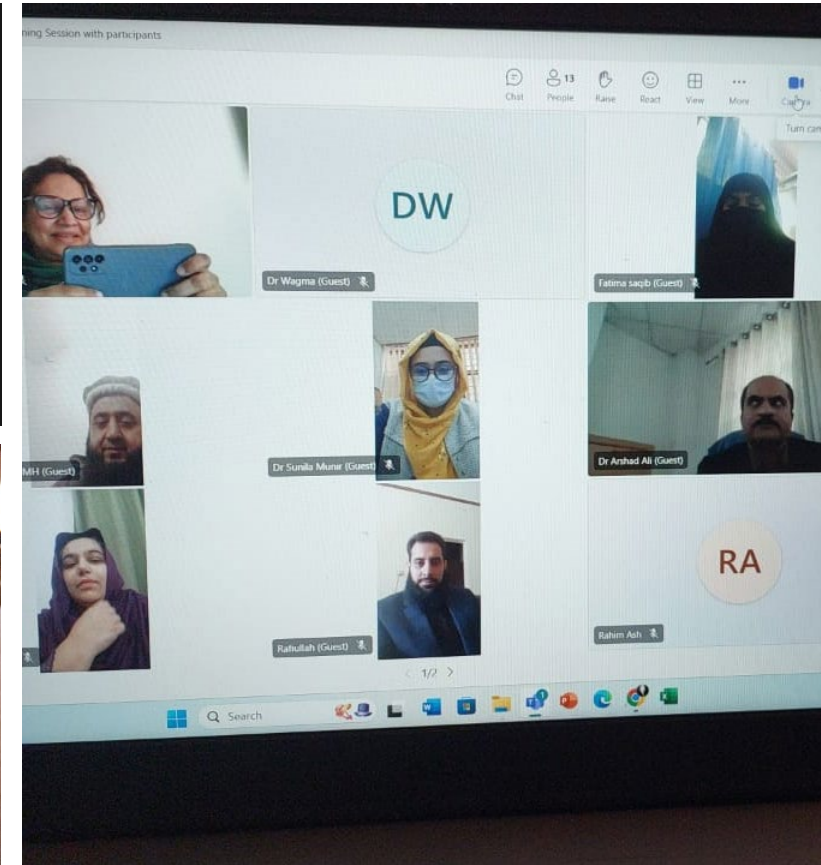
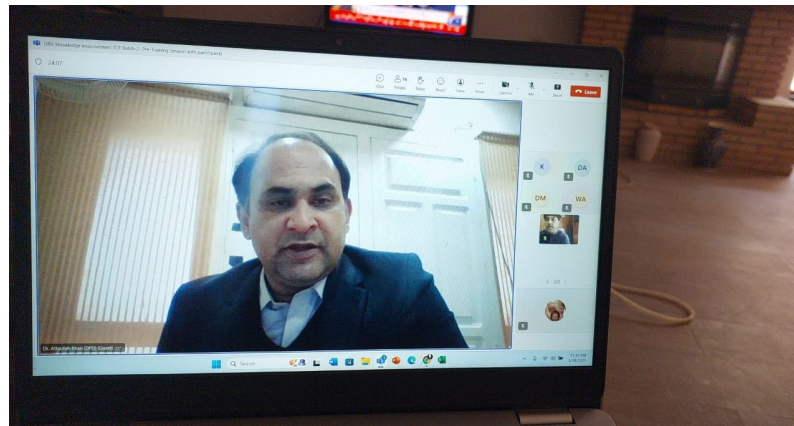
<p>3d1. Training on gender-based violence for all staff categories By the end of 2026, at least 60% of staff working at SHC facilities, of which 30% are women, reporting improved knowledge on GBV</p>		<p>2021 The training initiative has been launched in 4 DHQ hospitals</p>	<p>By the end of 2022, ≥10% 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>

Welcome Trainee Master Trainers (TOT2)

[illegible]

Rakhshinda perveen (Unverified) ...

Dial in



Recap of Orientation (online) meeting on 28 Jan 2025 with Nominees of TOT 2

- **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.**



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.).



Please be Punctual
Please Participate
Please remain enthusiastic
Please pay attention
Please maintain respectful environment
We all are = here

Special Request

Technical Sessions & Activities



Globally Every 10 minutes, a woman is killed.

KPHSSP: GBV and the Role of Healthcare Providers\TOT



OBJECTIVES



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



setting the context -GBV : Globally & Locally ,
GBV Definition, Form of GBV,
Role of Health Care Providers, Glossaries,
Empathy (Recall from Online Meeting)
Activity 4: PPT Presentation & Key Messages (Reading)
Activity 5: Role play

Technical Session 1

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

1. Pakistan ranked **154th among 195 countries** in terms of the Healthcare Access and Quality Index, according to a Lancet study.
2. 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.
3. **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>
4. **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.

Gender Based Violence

Throughout the life cycle





- 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.**

Motivation/ Fears/ Concerns/ Resistance

Learning-Unlearning-New Learning

Asking about violence

Talk about violence only when alone with her.

Be sensitive, non-judgemental and empathic.

Language is important.

WHO Recommends Not Asking Women Before Meeting The Following Minimum Requirements:

Providers have been trained on how to ask and provide first-line support

A protocol or standard operating procedure has been established

A referral network/pathway has been established

Privacy and confidentiality can be ensured

WHO recommends **clinical inquiry** – that is, providers trained to have a low threshold for asking based on signs and symptoms or specific conditions – rather than **universal screening** – that is, asking everyone. A clinical inquiry approach that is **rights-based and gender-sensitive** means ensuring **her safety and asking in a non-judgemental way and using appropriate language.**

Please Refer to the Handout #: **FAQS (Response of Health Care Providers to GBV at SHC-Facility Level)**

Take Away Points

- Many providers have concerns about raising the topic of violence with their patients, as it may trigger their own memories of experiencing or witnessing abuse, or they may feel inadequate.
- However, data suggest that responding to women with empathy can be a source of healing for survivors.
- Many of us are passionate about providing care and assuring health and justice for our clients. This positive energy can fuel how we apply this training in our clinical practice.



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.

How and where GBV Takes Place?

- Homes
- Institutions
- Workplaces
- Public spaces

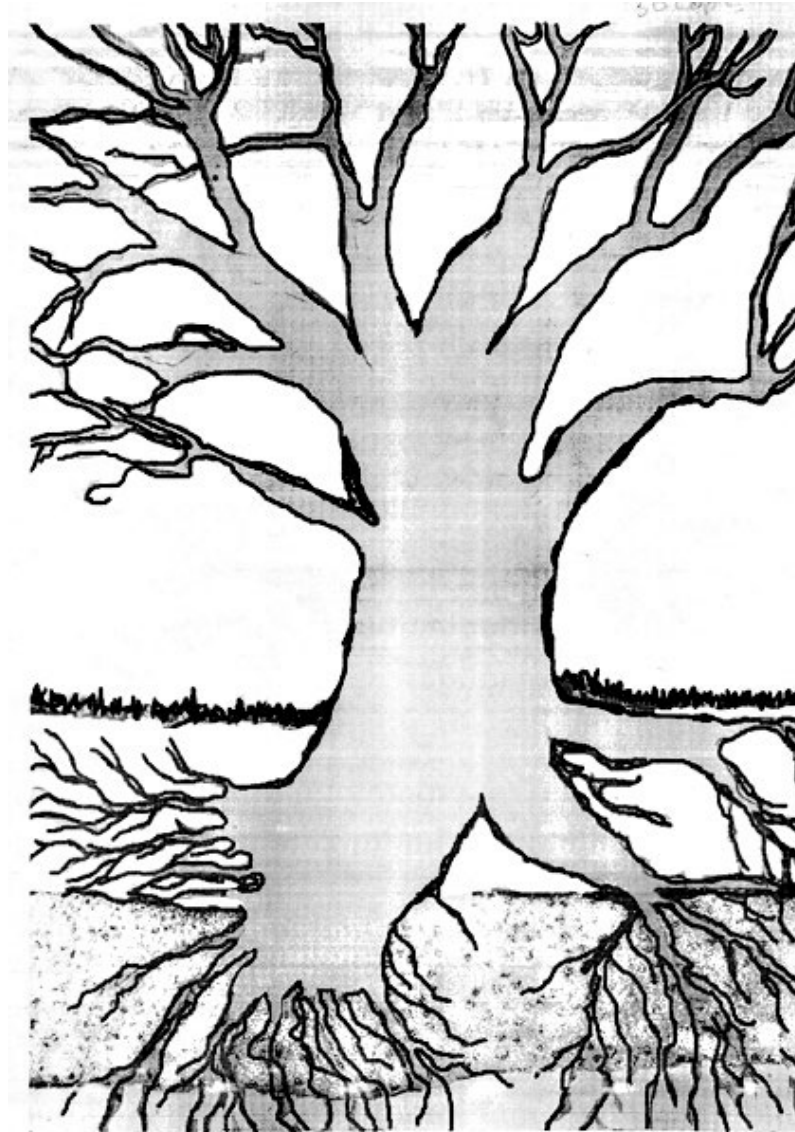
SGBV Tree

Roots = Causes eg Gender Discrimination like? Human Rights violation like?

Branches = Types of GBV

Leaves = After-effects, stigma, blame

Rain, fertilizer = Contributing factors



SGBV Manifestations

- ♦ Infanticide---Female Femicide is
- ♦ Domestic Violence
- ♦ Honour Killing
- ♦ Acid Burning
- ♦ Forced early marriages
- ♦ Rape
- ♦ Abuse Humiliation
- ♦ Psychological
- ♦ Financial
- ♦ FGM
- ♦ Gender Discrimination
- ♦ Confinement
- ♦ Denial of Education
- ♦ Kitchen deaths/Dowry
- ♦ Girl Child Marriages
- ♦ Harmful Cultural Practices
- ♦ Harassment at workplaces

The Change



Sustained behavior change

Try new behavior

Motivated to change

Concerned

Aware

Unaware



Violence starts early in women's lives

- Pregnancy **is not a protected time** for women. In many instances violence starts before and continues throughout pregnancy or may start during pregnancy.
- Health-care providers' **attention to violence during pregnancy** is important because of its consequences for the woman and for the foetus.
- *“We (WHO) don't have good data for violence against other populations of women It is important to be aware of this. As a health-care provider you will encounter these women as your patients in your routine work.”*

بم احساسی

زړه خوږي
zra khogai)

زړه سوي

همدلی

khwa khogai

بمدردی

خواخوږي

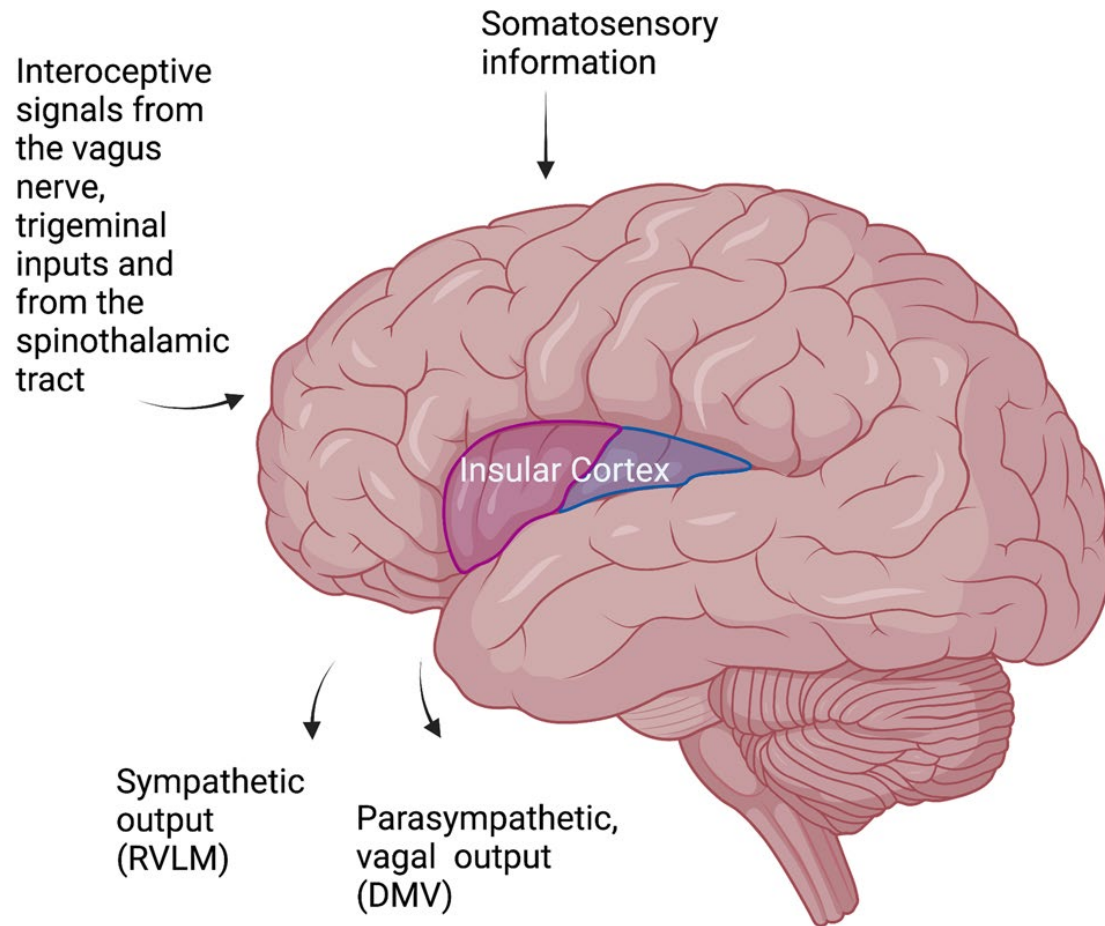
انتقال فکر

خواخوږي

Empathy Not Sympathy

Learning objectives

- Increase **awareness of and empathy** for the difficulties that women who experience violence face when seeking support
- Highlight how **gender norms and behaviours** can affect women's ability to seek help and obtain care
- **Encourage thinking** about **what you can do as providers** to offer an empathic response to survivors of violence



The anterior insular cortex is where the feeling of empathy originates

Empathy is teachable

Research has shown that empathy is not simply inborn but can actually be taught.

For example, it appears that medical training can actually diminish empathy, but on the other hand, physicians can be taught to be more empathic to their patients.

Confidentiality & NonJudgmental



You **canNOT** ask a close family member of a woman survivor to take care of her, without informing the survivor. (Confidentiality)

It is not okay for a husband to beat his wife under any circumstances.
(nonjudgmental)

Women who have been **raped are notresponsible** for the incident if they provoke men because of the way that they dress. (nonjudgmental)

Gender-based violence (GBV) is always the fault of the perpetrator.
(nonjudgmental)

Empathy : Key Messages

- By putting ourselves in the shoes of the survivor, we can empathize and understand her situation
- Know our own values and beliefs and, if they might cause harm, set them aside
- NEVER blame the woman
- Safety is a long-term goal, not quickly achieved
- Encourage women to look for options and support them to make decisions right for them



Empathy



- **Health-care providers** are often **trusted** by women and serve as **role models** in the community.
- **Research shows that abused and non-abused women alike feel that violence-related discussion in health settings...**
 - can help abused women get help
 - makes women glad that someone took an interest
 - is not insulting to women who are not being abused
- **Violence is an underlying cause of injury and ill health.**
- **All women are likely to attend health services at some point, especially sexual and reproductive health services.**

Human Rights Obligations to the Highest Standard of Health Care

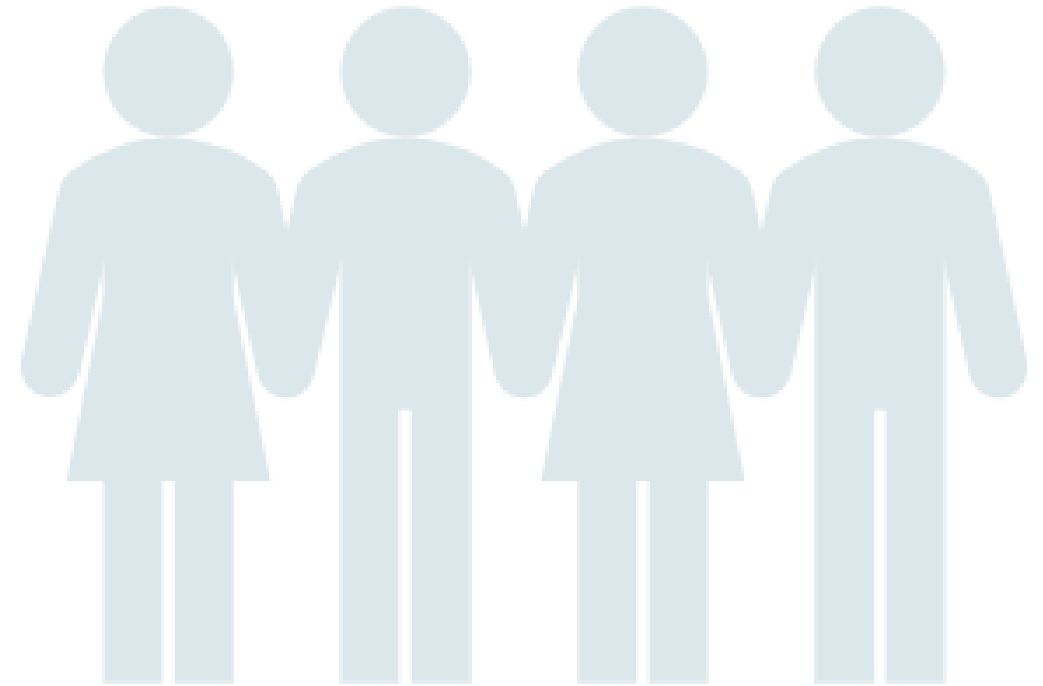
What does it mean to respect human rights?

- Autonomy
- Freedom from fear & violence
- Highest attainable standard of health
- Non-discrimination



Role of healthcare providers

- ✓ **Do no harm**
- ✓ **Identify violence**
- ✓ **Empathic response**
- ✓ Clinical care
- ✓ Referrals as needed
- ✓ Documentation
- ✓ Medico-legal evidence
- ✓ Advocacy as community role models



Ignoring violence can do harm

(Healthcare) Provider behaviour

Possible consequences

Blames or disrespects women or girls

Inflicts additional emotional distress or trauma

Doesn't recognize VAW behind chronic or recurring conditions

Woman receives inappropriate or inadequate medical care

Fails to provide post-rape care or address VAW in FP, STI/HIV care

Unwanted pregnancy, STIs, HIV, unsafe abortion, more violence

Breaches privacy or confidentiality

Partner or family member becomes violent after overhearing information

Ignores signs of fear or emotional distress

Woman is later injured, killed or commits suicide

Possible entry points for health care

- Maternal health (antenatal or postnatal)
- Family planning services
- Post-abortion care
- STI or HIV care
- Child health & early childhood development
- Adolescent health
- Mental health
- Substance abuse

Providers are NOT responsible for:

1. Solving violence-related issues
2. Addressing all violence-related needs
3. Addressing all aspects of treatment, care & support in one consultation

Providers are not responsible for solving the issues or making decisions for women or even addressing all the issues that a survivor faces at one go.

Instead, their task is to really help women make choices and decisions about their lives.

REMEMBER

- Today's session and future trainings are designed to contribute to healthcare providers' knowledge of GBV, while strictly adhering to the Do No Harm principles.
- Please note that these sessions, which are introductory and meant as a refresher/orientation for a diverse audience, are not intended to impose clinical management of GBV on SHC hospitals.
- Please note that there is no overlap with the role of social services; rather, the sessions aim to foster an interdisciplinary and multisectoral approach to addressing GBV.
- Raising awareness, sensitizing staff, and engaging in advocacy will ultimately strengthen the health system at the SHC level.
- Furthermore, GBV Trainings will support the effective functioning of the already established and to be established RH and mental health counseling desks.



Key Messages

- Violence against women takes many forms
- Health impact can be short- and long-term consequences for health and well-being
- While not disclosing abuse spontaneously, many women seek treatment for conditions or complications caused by violence
- Health-care providers have a central role to identify and support survivors
- GBV is a global issue. Like elsewhere, it is also prevalent in all regions of Pakistan. The manifestations and interpretations of GBV vary regionally and are often sanctioned in the name of culture or religion. Thus, KPK is no exception.



GBV means: Harmful acts against a person's will that are based on gender differences between males and females.

Health care and Psychosocial support are included among the services required by the survivors of GBV.

Forms of GBV include: Physical, sexual, emotional/psychological, and socio-economic abuses.

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

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

Evidence shows that the forms and nature of violence faced by women and by men are different. Violence faced by women is rooted in unequal gender power relations and is more likely to come from a close male partner or other family member (or within other trusted relationships) and to be hidden.

Gender-based violence (GBV) is always the fault of the perpetrator.

Women and Girls are NOT THE ONLY Survivors of GBV.

Every survivor of GBV has NOT the same needs.

It is not okay for a husband to beat his wife under any circumstances.

Women who have been raped are not responsible for the incident if they provoke men because of the way that they dress.

Survivors can be children of all ages, including infants and children in early childhood, of all sexual and gender identities and expressions.

You cannot ask a close family member of a woman survivor to take care of her, without informing the survivor.

Activity 6: What basic skills should a facilitator and a trainer know? What is the difference between the Two? (Brainstorming)

Activity 7: PPT presentation and discussion

Activity 8: Time Perception Exercise

Activity 9: Active listening/Communication Skills

Technical Session 2: Basics of Facilitation Skills & Practice session

Skills

Facilitation



Active listening: A conscious activity that involves attitude, attention, and adjustment.



Communication:
The ability to communicate clearly, concisely, and confidently with different audiences.



Time management: A foundational skill that helps establish credibility and guide group processes.

Training

- **Problem-solving:** Identifying and solving unexpected situations
- **Communication:** Communicating effectively
- **Active listening:** Listening to learners and finding out what they already know
- **Organizational skills:** Managing time and staying on track
- **Patience:** Supporting learners who may not have a formal academic background
- **Subject knowledge:** Knowing the subject area and how to answer questions
- **Emotional intelligence:** Understanding trainees and creating effective training experiences



Active Listening

here are some active listening skills:

- **Give your full attention:** Focus on the speaker and avoid distractions.
- **Show you're listening:** Use body language to show you're paying attention, like nodding, smiling, and making eye contact.
- **Ask questions:** Ask open-ended questions to learn more about the topic.
- **Paraphrase and summarize:** Repeat what you heard in your own words to show you understand.
- **Defer judgment:** Try to be neutral and non-judgmental.
- **Respond appropriately:** Be open and honest in your response. You can also use verbal affirmations like "I understand" or "Yes, that makes sense".

WorkPlan & agenda of training by Master Trainers and online meeting for newly trained Master Trainers

Activity 11: Practice Session for Master Trainers (Group work in pairs/ or group of 3 from same SHC facility)

Technical Session 3: Post TOT follow-up activitie

PPT. Presentation, Youtube(podcast 4-5 min) & interactive session

Technical Session 4: Harassment at workplace



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?**



- A workplace is a location where people perform their jobs for an employer, and can be a physical space or a virtual one:
- Physical spaces
- A workplace can be a traditional office building, a factory, a home office, a co-working space, or even a break room.
- Virtual spaces
- The development of new communication technologies has led to the development of the virtual workplace and remote work.
- Workplaces can vary widely across industries and can be on-site, mobile, or fully remote. The characteristics of a workplace can include the tools and materials available, the social connections, and the physical well-being of the employees.

What is harassment at workplace?

Workplace harassment is unwelcome conduct based on a person's race, color, religion, sex, national origin, older age, disability, or genetic information.

Harassment includes: Offensive jokes, objects, or pictures. Name calling. Physical assaults and threats.

**Examples of harassment include
offensive or derogatory jokes,
racial or ethnic slurs, pressure for
dates or sexual favors,
unwelcome comments about a
person's religion or religious
garments, or offensive graffiti,
cartoons or pictures.**

HARASSMENT AT SHC level (your workplace)

What should I do if I am harassed by a manager, co-worker, or other person in my workplace?

- If you are being harassed at work, you have a responsibility to tell your employer. If you feel comfortable, you also should tell the harasser that you find his or her behavior unwelcome.
- Contact Inquiry Committee against workplace harassment at your SHC Facility

What can I do if I witness workplace harassment?

- If you witness workplace harassment, you should tell your employer. You also can tell the harasser that his or her behavior is not funny and must stop. Finally, don't laugh at the conduct or give the harasser an audience - that will only encourage further harassment

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 Office operationalised since **February 1st, 2019** and working as **quaisi judicial**. Under the Khyber Pakhtunkhwa Enforcement of Women's Property Rights Act, 2019, the Ombudsperson office has also been given additional jurisdiction to ensure women's property rights.

Quasi-judicial is a term that describes a body or process that interprets the law in a manner similar to a judge, but without a formal legal basis

- 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.OLQJKIpR.dpuf>

Harassment plagues institutions across K-P

163 cases Of harassment have been reported from January to December 2024 in K-P

32 were resolved, 24 were referred, five were active, while two cases were on hold

549 enquiry committees were

registered with the Ombudsperson in K-P.

majority of cases of sexual harassment were reported from

educational institutions,

<https://tribune.com.pk/story/2517655/harassment-plagues-institutions-across-k-p> 22/12/24

workplace harassment is a form of gender-based violence (GBV)

- **workplace harassment is a form of gender-based violence (GBV)**

- **Definition**

- GBV in the workplace includes a wide range of experiences, from subtle hostility to physical assault, and can also be sexual in nature.

- **Impact**

- GBV in the workplace can have a negative impact on a person's health, job security, and earning capacity. It can also contribute to a toxic work environment and kill productivity.

- **Causes**

- GBV in the workplace is enabled by gender stereotypes, discrimination, and unequal power relations.

- **Prevention**

- Gender-responsive work health and safety approaches can help prevent GBV in the workplace. These approaches include risk assessment, integrating equality and non-discrimination legislation, and providing remedies for workers who have been harmed

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.

WorkPlan & agenda of training by Master Trainers and online meeting for newly trained Master Trainers/Discussion on Master Trainer's Guide
Activity 15 : How to Train at SHC Facility level?
Participants will be asked to give a 2-3 min Demo.

Technical Session 5:

Post TOT follow-up Activities

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.







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

