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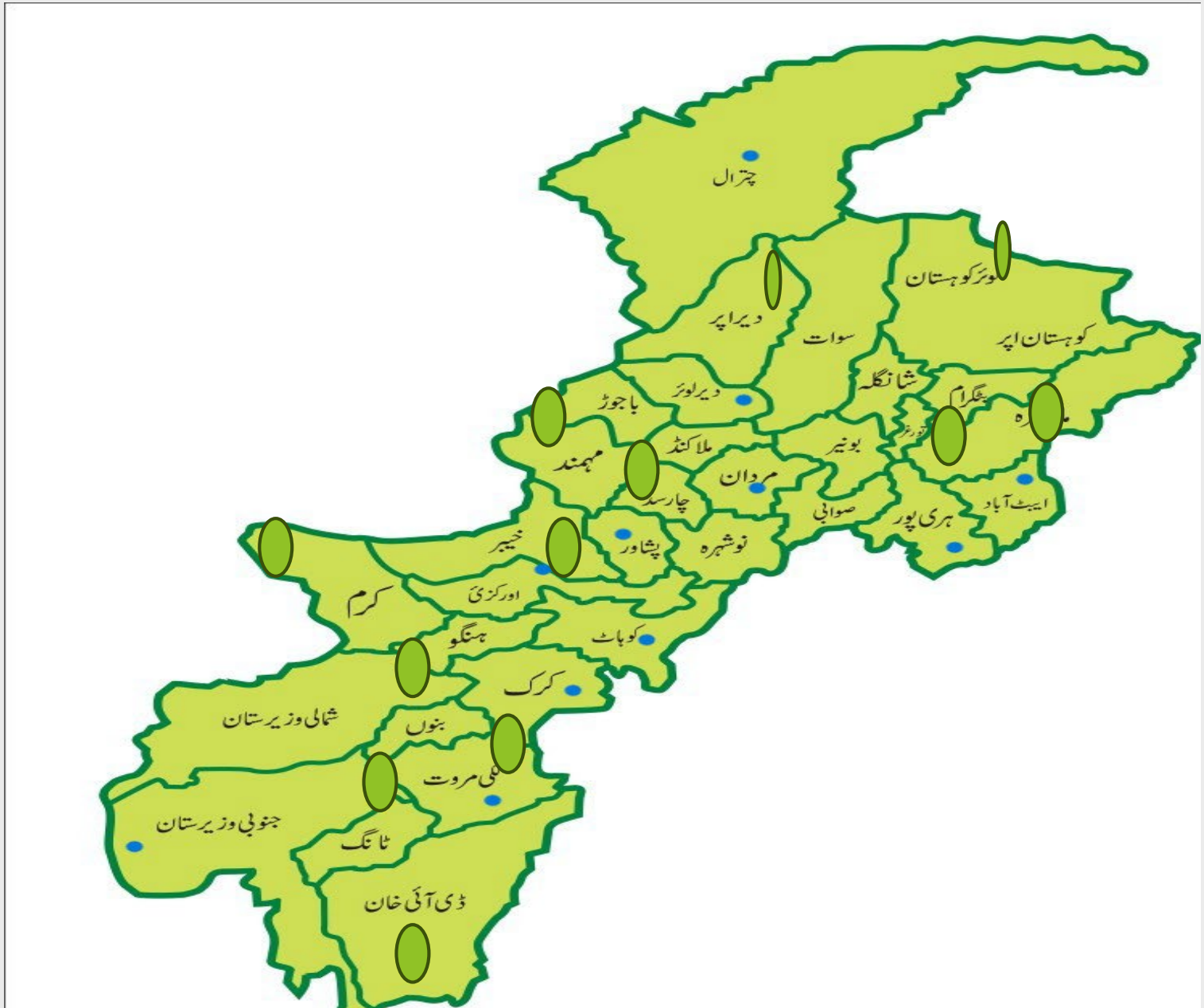
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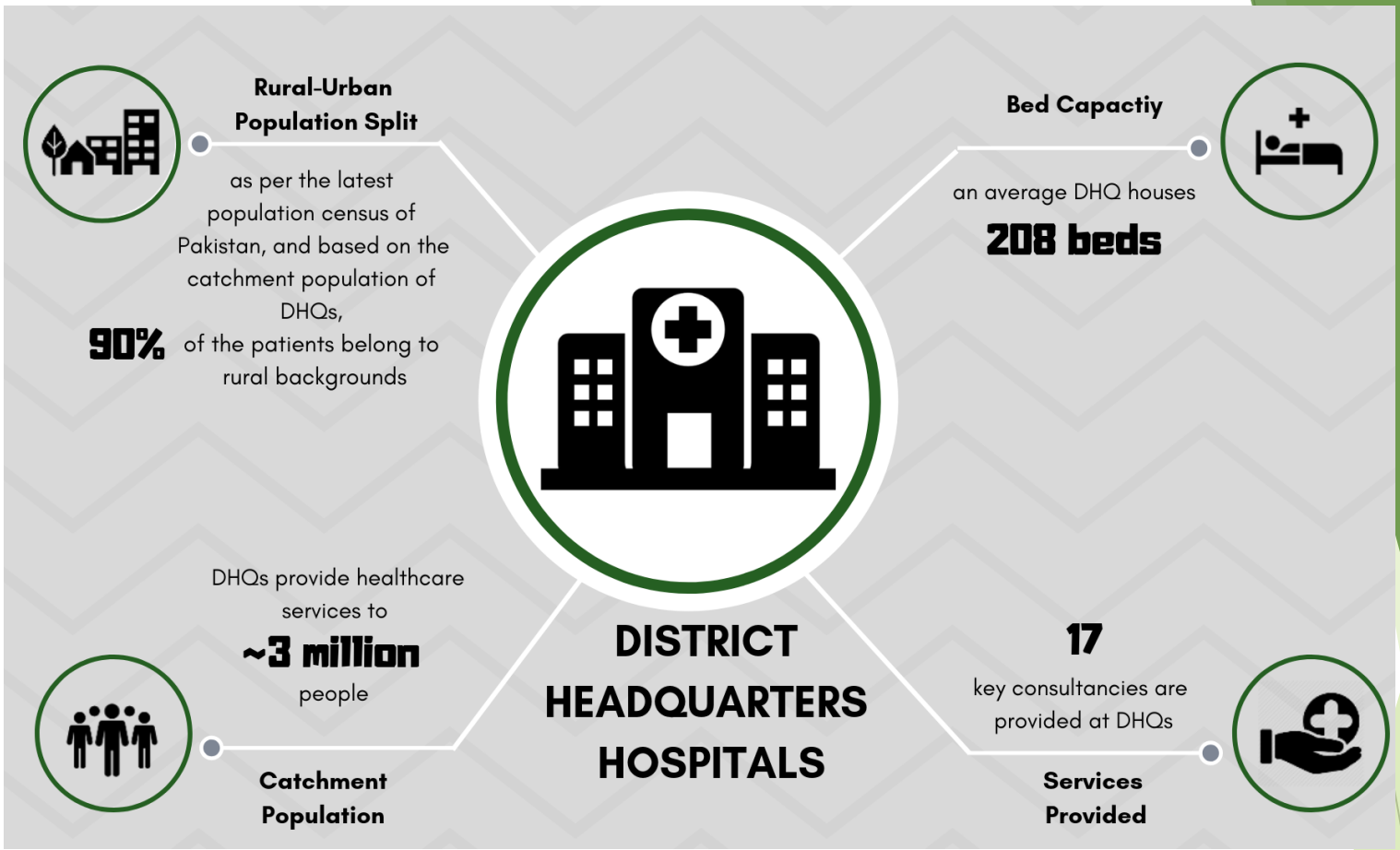

Context: DHQH In KP under KPHSSP Of DoH with ADB

In 2018 Pakistan's health sector ranked 154th out of 195 countries in terms of overall system performance.

https://www.pmuhealth.gop.pk/district-headquarter-hospitals/

Islamic Republic of Pakistan:

Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP)

GBV and the Role of Healthcare Providers

Online Mentoring session -28th Feb 2025

with the 43 Master Trainers who attended a two -day TOT

24th to 25th Feb 2025, Peshawar

for the Health Care Providers from 32 SHC Facilities of Khyber Pakhtunkhwa, Pakistan

خواخوری

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- Online Mentoring session -28th Feb 2025
- with the 43 Master Trainers who attended a two -day TOT
- 24th to 25th Feb 2025, Peshawar
- for the Health Care Providers from 32 SHC Facilities of Khyber Pakhtunkhwa, Pakistan

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		2021 The training initiative has been launched in 4 DHQ hospitals	By the end of 2022, ≥10% of all staff working at SHC facilities has received training on GBV	By the end of 2023, ≥25% of all staff working at SHC facilities has received training on GBV	By the end of 2024, ≥45% of all staff working at SHC facilities has received training on GBV	By the end of 2025, ≥60% of all staff working at SHC facilities has received training on GBV
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.	Desks or consultation rooms for psychosocial care available in 7 of the program hospitals	2021 Development program funded program to be transformed from PC-1 to routine funding and implementation	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	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	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	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
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.e The committee is considered operational when there are at least two documented meetings per annum.	No formal (permanent) functional inquiry committee in any of the SHC facilities	2021 Inquiries have been conducted in several hospitals by ad-hoc committees, often initiated by ombudsperson s identified at many hospitals	By the end of 2022 ≥ 3 SHC facilities have formally established and functional inquiry committees	By the end of 2023 ≥ 9 SHC facilities have formally established and functional inquiry committees	By the end of 2024 ≥ 18 SHC facilities have formally established and functional inquiry committees	By the end of 2025 ≥ 28 SHC facilities have formally established and functional inquiry committees

- Online Mentoring session -28th Feb 2025
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Structure of the online Session

Opening remarks by Moderator

Dr. Attaullah Khan

Welcome by Organizers ADB Team

Presentation 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

Q & A by Master trainers - Participants

Closing remarks by Moderator Dr. Attaullah Khan


G OF TRAINERS
ON GENDER-BASED VIOLENCE
TAFF AT SHC FACILITIES
STRENGTHEN ROGRAM
KHYBER PAKHTU
ebruary

- **Participants and Response Rate**
- **Total Participants:** 43 (21 males, 23 females)
- **Proformas Returned:** 40 (93% response rate)
- **Absent Participant:** 1 female doctor due to illness
- **Rating Distribution (Out of 40)**

Rating	Participants (%)	Breakdown
10/10	45% (18 participants)	8 men (4 doctors, 3 non-doctors, 1 unknown), 9 women (5 doctors, 4 nurses)
9/10	35% (14 participants)	8 women (5 doctors, 3 nurses), 3 men (all doctors), 3 unknown
8/10	10% (4 participants)	3 women, 1 male doctor, 1 unknown
7/10	12.5% (5 participants)	1 woman, 2 male doctors, 2 unknown

	Parameters	Numerical Data	Comment
	Total Number of Proformas returned	40	2 participants did not return the proforma One participant (female/doctor) was not present due to ill health
	Total Number of participants out of 40 who rated the TOT on a scale of 10 as 10/10 (highest)	18	8 men (8 disclosed name and designations) 4 doctors, 3 non doctors and 1 unknown 9 women (all disclosed name and designations) 5 doctors and 4 Nurses
	Total Number of participants out of 40 who rated the TOT on a scale of 10 as 9/10	14	8 females(all disclosed name and designations) 5 doctors and 3 nurses 3 males (all disclosed name and designations) all doctors 3 -unknown
	Total Number of participants who rated the TOT on a scale of 10 as 08/10	04	3 females and 1 male doctor 1 unknown
	Total Number of participants who rated the TOT on a scale of 10 as 07/10	05	1 female and 2 male doctors 2 unknown

Key Takeaways from Quantitative Data

- **80% of participants rated the TOT 9 or above,** indicating high satisfaction.
- **Only 12.5% rated the training 7/10,** suggesting some room for improvement.
- **Doctors formed a significant portion of high raters,** reflecting strong engagement from medical professionals.
- **Unknown participants' responses (6 in total)** indicate a need for better tracking.



Qualitative Analysis

Key Learnings & Insights Documented by Participants

Participants highlighted the following as the most valuable aspects of the training:

Training Content

- **GBV Awareness & Sensitization**
  - Forms of GBV
  - Difference between GBV & VAW (Violence Against Women)
  - WHO recommendations on clinical vs. universal screening of GBV survivors
  - Laws against workplace harassment
- **Healthcare Provider's Role in GBV Response**
  - Survivor-centered approach in clinical settings
  - Psychological support for GBV survivors
  - Principles of "Do No Harm" in hospital settings
  - Role of healthcare providers in GBV management
  - Mandatory display of the Code of Conduct in hospitals

Facilitation & Methodology

- **Role of Master Trainer** – Participants appreciated the opportunity to train at SHC facility level.
- **Interactive & Motivational Sessions** – Encouraged active participation.
- **Facilitation Techniques & Communication Styles** – Helped in knowledge retention.
- **Time Management** – Improved participants' understanding of structured training.

Conceptual Learnings

- **Empathy vs. Sympathy** – Differentiating between the two in clinical practice.
- **Difference between Gender and Sex** – Addressing common misconceptions.
- **Research-Based Stories & Statistics** – Strengthened participants' understanding.

Challenges Identified

- **Language Barriers at SHC Level** – Potential difficulty in replicating training at the facility level.
- **Training Delivery at SHC Level** – Concerns about practical implementation.

Identification of a KEY CHALLENGE:
I think due to language barrier as GBV does not have an apt translation in Pashto so it will be challenging task for me to train the other staff of the hospital" (Male, Doctor)

Positive Feedback and Acknowledgment:
"Must say that overall training was a fruitful event, definitely credit goes to health department especially Dr. Rakhshinda and Dr. Attaullah Khan" (Male, Doctor)

Sense of Responsibility:
"GBV is one of the most important issue of our society and being the health care provider it is our responsibility to play our role to eliminate or reduce it from our society" (Male, Doctor)
Challenges Faced:

Learning and Clarity:
"In TOT, I gained much more clarity regarding concepts of GBV, its types, workplace harassment and above all the facilitation skills which will be used in the SHC for trickle down training" (Female, Doctor)

Positive Learning Experience:
"Really it was too much amazing session to learn and gain knowledge about GBV and I also learn how to train my staff at hospital" (Male, Nurse)

Mixed Feedback:
"Mixed many things" (Male, Doctor): This brief comment suggests a mixed reaction to the training session, possibly indicating a blend of positive and critical perspectives or a variety of insights gained.

Unique Insights by Master Trainers in their Evaluation :

Overall, these insights reflect a range of participant perspectives, from appreciation of effective training and learning outcomes to challenges faced in communication and translation. It's clear that the training session made an impact by increasing awareness and skills related to addressing GBV within healthcare settings.

- **Repeated Insights By the Master trainers of TOT1 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)

Unique Insights by Master Trainers of TOT 2 in their Evaluation :

1. **Concepts of awareness and sensitization on GBV**
2. **Concept of empathy /Difference between empathy and sympathy**
3. **Survivor-centered approach to address GBV**
4. **Enhanced understanding of GBV**
5. **Men and boys and trans people are also affected by GBV**
6. Opportunity to be a Master Trainer at SHC Facility level
7. Forms of GBV
8. Psychological support to survivors of GBV
9. Mandatory display of the Code of Conduct in hospitals
10. Difference between gender and sex
11. Time Management
12. Training Skills
13. Human Rights
14. WHO's recommendation about clinical screening of GBV survivors at healthcare facility
15. DLIs
16. **DO NO HARM principle**
17. **Confidentiality**
18. **Nonjudgmental attitude & behaviour**

New learnings /insights documented by 40 participants

- Challenges of training at SHC level due to language barriers
- Code of conduct on harassment at workplace
- Communication Styles
- Concept of empathy
- Concepts of awareness and sensitization on GBV
- Difference between empathy and sympathy
- Difference between GBV and VAW
- Difference between gender and
- Difference between sex and gender
- DO NO HARM principle
- Empathy Concept
- Empowerment of women
- Enhanced understanding of GBV
- Facilitation techniques
- Forms of GBV
- Forms of GBV
- Interactive and Motivational sessions
- Knowledge on GBV
- Law against Harassment at Workplace
- Mandatory display of the Code of Conduct in hospitals
- Opportunity to be a Master Trainer at SHC Facility level
- Principle of DO NO HARM while addressing GBV as health care provider in hospital setting
- Psychological support to survivors of GBV
- Research based stories and statistics
- Role of facilitator/master trainer
- Role of health care providers in addressing GBV and managing survivors
- Survivor centered approach to address GBV in clinical settings
- Time management
- WHO's recommendation about clinical rather universal screening of GBV survivors at health care

- **Interpretation & Recommendations**
- **Strengths of the TOT**
  - **High Engagement & Satisfaction:** Majority of participants rated the training highly (9-10/10).
  - **Valuable Content:** Strong appreciation for survivor-centered approaches, empathy, and legal frameworks.
  - **Effective Training Methodology:** Interactive and participatory sessions were well-received.
  - **Practical Application:** Participants recognized the relevance of the training for healthcare settings.

Areas for Improvement

Addressing Language Barriers:

Develop translated materials for SHC-level replication.
Consider bilingual facilitators for future sessions.

Enhancing Practical Implementation:

Provide additional support for Master Trainers at the SHC level.
Offer follow-up mentoring or refresher sessions.

Tracking Participant Identities More Rigorously:

Ensure all respondents provide full details on forms.
Use digital tracking for future evaluations.


ADB
TRAINING OF TRAINERS
PROVING KNOWLEDGE ON GENDER-BASED VIOLENCE
AMONG HEALTH STAFF AT SHC FACILITIES


ADB

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.


ADB

Training Resources : (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)

Attendance sheet
result card
consolidated result sheet
evaluation form
Pretest
post test
agenda
workplan

Proformas of Training Kit

Essential Information Based on Some Frequently Asked Questions

What is the recommendation of WHO regarding GBV against women's screening?

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.

What do I (as a healthcare provider) do if I suspect violence?

Never raise the issue of partner violence unless a woman is alone. Even if she is with another woman, that woman could be the mother or sister of an abuser. If you do ask her about violence, do it in an empathic, nonjudgemental manner. Use language that is appropriate and relevant to the culture and community you are working in. Some women may not like the words "violence" and "abuse." Cultures and communities have ways of referring to the problem with other words. It is important to use the words that women themselves use.

What about men and sexual violence?

Men also may be victims of partner violence and sexual assault. However, in general women experience more sexual violence, more severe physical violence, and more control from male partners. While the focus here is on violence by men against women, much of the advice is also relevant to sexual violence against men and boys. It also applies to violence against women by other family members, such as a mother-in-law or a father.

What about children?

Violence against children and adolescents may also come up in discussion. Kindly Refer to Sessions 9 and 10, in WHO's manual on clinical care for sexual assault, cover specific considerations for children and adolescents.

PLEASE REFER TO THE HANDOUT

Some Key References

Here are some references that provide valuable information and guidelines for training health professionals on responding to GBV:

1. **WHO Clinical Handbook for the Management of Rape and Intimate Partner Violence**
    - This handbook offers detailed guidance on clinical management, including immediate care, documentation, and referral.
    - Clinical Handbook for the Management of Rape and Intimate Partner Violence
2. **UNFPA Guidelines on Gender-Based Violence**
    - These guidelines provide comprehensive information on GBV, including best practices for health professionals.
    - UNFPA Guidelines on GBV
3. **IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action**
    - These guidelines offer strategies for integrating GBV interventions into health and other humanitarian services.
    - IASC GBV Guidelines
4. **USAID Training Manual for Health Professionals on GBV**
    - This manual provides training materials and best practices for health professionals to address GBV.
    - USAID GBV Training Manual
5. **CDC Guidelines for Responding to Domestic Violence**
    - While focused on domestic violence, these guidelines offer practical advice on managing cases and supporting survivors.
    - CDC Guidelines on Domestic Violence
6. **World Bank Group Gender-Based Violence Toolkit**
    - This toolkit provides resources and strategies for addressing GBV in health settings.
    - World Bank GBV Toolkit

These references will help provide a strong foundation for training health professionals to effectively respond to GBV.

1. Rapid Assessment: Health Sector Capacity and Responses to Gender Based Violence in Pakistan. World Health Organization. Regional Office for the Eastern Mediterranean.ISBN: 978-92-9021-6.2011.

Preparing yourself as a Trainer-some more tips & technical advice

Practice your session

1. How to start a training session? (refer to cue sheet)

2. How to do Brainstorming Session about GBV? (refer to handouts & recall TOT)

3. How to tell trainees about forms of GBV? refer to handouts & recall TOT)

4. What 3 messages should be given to trainees about Harassment at Workplace?

(It is a form of GBV, Inquiry Committees & Amended law is inclusive –all genders a& all forms of harassment –sexual or not …).

- Read ,Read ….& Understand
- Read all resource material
- Atleast read FAQ
- & Glossaries
- & Training methods/techniques
- There is NO Shortcut
- Practice with your friends
- Repeat


We
wish
you
all
best


Thank
You