



**A RESEARCH ON
IDENTIFICATION OF GAPS IN EXISTING
RESPONSE SERVICES TO
GENDER BASED VIOLENCE IN
KHYBER PAKHTUNKHWA, PAKISTAN**

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List of Acronyms

BV	Blue Veins
BHU	Basic Health Unit
CEDAW	Convention To End All Forms of Discrimination Against Women
CM	Chief Minister
DV	Domestic Violence
DA	Dar Ul Aman
DHQ	District Head Quarters
DPP	District Public Prosecutor
FATA	Federally Administered Tribal Areas
FGDs	Focus Group Discussions
FIA	Federal Investigation Agency
GDI	Gender Development Index
GEM	Gender Empowerment Measure
GGI	Gender Gap Index
GBV	Gender Based Violence
HRCP	Human Rights Commission of Pakistan
HF	Health Facility
KIIs	Key informant Interviews
KP	Khyber Pakhtunkhwa
KPCSW	Khyber Pakhtunkhwa Commission on Status of Women

MoWD	Ministry of Women Development.
MLC	Medico Legal Case
MLO	Medic Legal Officer
NCSW	National Commission on the Status of Women
NHRIs	National Human Right Institution
PCSN	Pakhtunkhwa Civil Society Network
PP	Public Prosecutor
RHC	Rural Health Centre
SOPs	Standard Operating Procedures
SWD	Social Welfare Department
THQ	Tehsil Headquarters
USAID	United States Agency for International Development
UN	United Nations
VAW	Violence Against Women
WHO	World Health Organization
WEC	World Economic Forum

CHAPTER 1

1.1. Abstract

Gender Based Violence (GBV) is a global phenomenon, especially in third world countries like Pakistan where gender discrimination is rooted in traditional mind set, tribal values, cultural believes and interpretations of religious believes. Lack of gender sensitization from community to policy level further aggravate the situation. In Pakistan, social order has evolved, and standard of living has improved but improvement in discouraging gender discrimination seems neglected. Although Pakistan is the signatory of several international conventions like CEDAW (Convention on Elimination of all Forms of Discrimination Against Women), United Nations, Declaration on the Elimination of Violence against Women and other such covenants that highlighted gender based violence and proposed for its elimination. The Constitution of Pakistan also guarantees equality to all its citizens and protects their fundamental rights. Article 25 of the Constitution of Pakistan states, “there will be no discrimination based on sex alone” while article 28 stipulates, “steps shall be taken to ensure full participation of women in all spheres of national life”. However, implementations of the government policies in this regard are moving passively. From top to bottom service providers who directly or indirectly deal with the victims and survivors of gender discrimination do not respond to the aspiration of survivors/victims promptly. There are challenges and the unyielding forces which apprehend all stakeholders from responding to the needs of GBV survivors in timely and holistic manner. This study is about finding factors which hinder the effective GBV response in Khyber Pakhtunkhwa. This study explored challenges such as and gaps in the capacities, lack of networking, absence of written policies and procedures, parallel justice system, poor implementation of laws and limitations of the responders to improve the response mechanism gender in relation to addressing gender based discrimination exploitation and abuse.

1.2. Introduction

Commitments from the National and Provincial Government of Pakistan to address the issue of GBV reflects an official acceptance of the issue at policy level. There is a receptive political environment that, in theory, protects and promotes gender equality and punishes violence. While GBV and Violence Against Women are issues high on the political agenda, there are still widely recognized gaps regarding prevalence and determinants of GBV .

There are also a gaps in understanding the knowledge and attitudes of women, men, service providers and key decision makers towards the laws, policies and services that address GBV in general and Violence against Women in particular. This study aims to find some of these evidence gaps by quantifying the levels and consequences of GBV and cataloguing victims/survivors experiences in seeking justice. The study also assesses knowledge and attitudes amongst a wide range of stakeholders regarding policies and services that seek to address GBV in Khyber Pakhtunkhwa. Results of the research show weak patterns of implementation which results in relatively weak knowledge and poor use of services.

The study reflects that at the relevant government departments or line agencies have no specific and specialized GBV response units whereas the interdepartmental programs also lack synergy. Most service providers suffers from the shortage of trained female professionals. At the level of access to services, majority of service providers do not sufficiently promote the services among target population. Further, they do not take any responsibility to initiate the response and burden of Interaction which is solely on the beneficiaries (victims/survivors of GBV or their families).

While policies, Standard Operating Procedures, protocols, ethical and safety guidelines regulating the deal with GBV victims are not present. Communication between the government line department regarding GBV cases have gaps and inconsistencies. The research reflects that the health facilities are often the only chance for GBV victims to seek

assistance and protection outside of family circle. However, this opportunity is undermined by several contributing factors which are discussed in detail in this research.

The research reflects on the common use of “reconciliation approach” in treatment of GBV cases by the community, police officers and courts. This reconciliation, regardless of its outcomes or intentions of the mediating bodies, generates and secures the impunity of violence perpetrators which is the biggest hurdle in access to justice.

The available referral mechanism in the province presents a circuitous and lengthy route for GBV victims seeking protection, assistance and justice. On the other hand, lack of capacity to engage communities in cooperation and productive dialogue is a challenge for government and non-governmental agencies that are involved in GBV response. The weak coordination among the service providers is the main obstacles in dealing with GBV cases. The findings demonstrate that the top down coordination effort, albeit successful in addressing GBV cases on an ad hoc basis, was not efficient in bringing change to the routine operations of the departments and organizations responding to GBV cases. The research presents detailed recommendations to address the gaps in service provision which is identified by key stakeholders.

1.3. Background of Khyber Pakhtunkhwa (KP)

Khyber Pakhtunkhwa (KP) is one of the four administrative provinces of Pakistan, Khyber Pakhtunkhwa's provincial capital and largest city is Peshawar, with Mardan being the second-largest. It shares borders with the Federally Administered Tribal Areas to the west; Gilgit–Baltistan to the northeast; Azad Kashmir, Islamabad and Punjab to the east and southeast. Khyber Pakhtunkhwa does not officially share a border with Baluchistan, which instead borders Federally Administered Tribal Areas. It also shares an international border with Afghanistan, to which the province is linked via the historic Khyber Pass. (contributors, Khyber Pakhtunkhwa, 2017)⁵

Khyber Pakhtunkhwa is the third-largest province of Pakistan by the size of both population and economy though it is geographically the smallest of four. It comprises 10.5% of Pakistan's economy, and is home to 11.9% of Pakistan's total population, with the majority of the province's inhabitants being Pashtuns, Hazarewal, Chitrali, and Kohistani.

The province has an estimated population of about 30,523,371 million, according to 2017 estimates, which includes 15,467,645 are males, 15,054,813 are females and 913 are transgender. The average annual growth rate is 2.89 over a period of 1998 -2017. As per the provincial results, the urban population shows a growing trend with 18.77 % of the population living in urban areas.

According to latest Pakistan social and living standards measurements (PSLM) survey 2015, the literacy rate of population 60%. Province wise data suggests 53% in KPK : 71 % are male and 35% are females.

There are over 625 basic health units (BHU's) across Khyber Pakhtunkhwa and in agencies of the Federally Administered Tribal Areas (FATA). (contributors, People's Primary Healthcare Initiative KP, 2017)⁶

The largest ethnic group is the Pashtun, who historically have been living in the areas for centuries. Around 1.5 million Afghan refugees also remain in the province, the majority of whom are Pashtuns followed by Tajiks, Hazaras, and other smaller groups.

The Pashtuns of Khyber Pakhtunkhwa observe tribal code of conduct called Pakhtunwali which has four high value components called nang (honor), badal (revenge), melmastiya (hospitality) and nanawata (rights to refuge).

Khyber Pakhtunkhwa is divided into seven Divisions – Bannu, Dera Ismail Khan, Hazara, Kohat, Malakand, Mardan and Peshawar – each under an appointed Commissioner. The Divisions are subdivided into twenty-six districts, comprising twenty-one Settled Area Districts and five Provincially Administered Tribal Area (PATA) Districts. The administration of the PATA districts is vested in the President of Pakistan and the Governor of Khyber Pakhtunkhwa, by Articles 246 and 247 of the Constitution of Pakistan. Peshawar is the capital and largest city of Khyber Pakhtunkhwa. The city is the most populous and comprises more than one-eighth of the province's population.

Being the third largest provincial economy in Pakistan, Khyber Pakhtunkhwa's share of Pakistan's GDP has historically comprised 10.5%, although the province accounts for 11.9% of Pakistan's total population. Part of the economy that KP dominates is forestry, where its share has historically ranged from a low of 34.9% to a high of 81%, giving an average of 61.56%. Currently, Khyber Pakhtunkhwa accounts for 10% of Pakistan's GDP, 20% of Pakistan's mining output and, since 1972, it has seen its economy grow in size by 3.6 times. Agriculture remains important and the main cash crops include wheat, maize, tobacco (in Swabi), rice, sugar beets, as well as fruits are grown in the province. (contributors, Khyber Pakhtunkhwa, 2017)⁵

The Khyber-Pakhtunkhwa police is responsible for law enforcement and policing in the Khyber Pakhtunkhwa province of Pakistan. As provided by the Khyber Pakhtunkhwa government, there are almost 265 police stations, working in KP. (Pakhtunkhwa G. o.)¹⁵ On April 2017, Dawn newspaper reported that In Khyber Pakhtunkhwa, the percentage of women working in the police is as low as 1 present, with 683 policewomen working in a force of 68,106 personnel,” added the official. (Staff, 2017)²⁷ According to the Directorate of Prosecution in Khyber Pakhtunkhwa there are only 23 Assistant Public Prosecutors and 5 District Public Prosecutors which is a very low ratio.

1.4. Objective of Study

The subject matter of this study is to identify the perceptions and positions of the stakeholders working against gender-based violence and gaps among service providers to GBV survivors in Khyber Pakhtunkhwa.

Following are the key objectives of the study.

- To identify key actors providing services for GBV victims/survivors.
- To identify existing entry points for GBV response.
- To examine gaps in coordination among main service providers.
- To examine existing policies and procedures that regulate GBV response on all levels.
- To identify the needs and challenges of the government and non-government service providers.

CHAPTER 2

2.1. Methodology

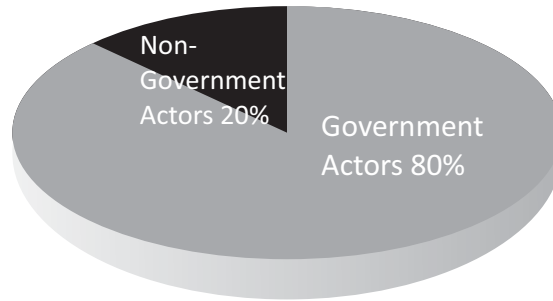
The methodology provided tools to study the issue in its specific context without any pre-assumption and pre-established hypothesis. A qualitative research methodology was adopted for this study, which included both primary and secondary data collection and analysis. Key stakeholders and duty bearers were identified as respondents for the collection of primary data. The study targeted response services including services from police, health/medico-legal, NHRIs, NGOs and Dar-ul-Aman. The secondary data source was review of trend analysis of GBV, published reports, researches, major of which includes Gender based Violence Scoping Study by Aurat Foundation 2011, health Sector Response to Emergencies by WHO, World Bank Group Gender Equality Strategy 2016 -2023, GBV in Pakistan among Afghan refugees by Intentional Medical Corps (IMC) 2010, International Journal of Innovative Research and Development 2015, Research of Medico -legal Systems responsiveness to GBV in Pakistan by Trócaire 2016,Medicolegal reports by Pakistan College of law 2015, GBV in Pakistan response on the perspective of health Sector Devaluation, Death in the Home by Ayub medical College. WHO/SEARO report. Combating gender-based violence in the South-East Asia region. India, Annual Report of Aurat Foundation (Violence Against Women, 2014), Violence in Pakistan: A Gendered Perspective by research society of international law 2017, The epidemiological patterns of honor killing of women in Pakistan. Eur J Public Health 2009;19 (2):193–7. Nasrullah M, Haqqi S, Cummings KJ, Zaheer Udin Babar, 'Violence Against Women in Pakistan: Current Realities and Strategies For Change' (Masters, European University Center for Peace Studies 2007, Pakistan: Women Fearing Gender-Based Harm/Violence (Home Office UK 2016), Zaman. S. and Zia.M., Women's Access to Justice in Pakistan, Working Paper submitted to the Committee on Women's Access to Justice, at the 54th CEDAW Session on behalf of War Against Rape & Aurat Foundation Pakistan , In 2014 another interesting research Patriarchy, Gender Violence and Poverty amongst Pakistani Women: A Social Work Inquiry conducted Maliha Gull Tarar and Venkat Pulla, Gender Based Violence in Pakistan by Rutgers in 2012, Socio-economic and Cultural Factors of Violence against

Women in Pakistan by SDPI in 2016 along with the media reports related to GBV cases for situational analysis of GBV response services. The research identifies the current prevailing issues and gaps in response services in rehabilitation and reintegration of GBV survivors in KP. Semi-structured individual interviews, observation during field visits and the analysis of written sources provided material for the Research. The data was collected from both governmental and non-governmental actors working for GBV response: healthcare facilities of various levels, police and judiciary, provincial/regional departments of Human Rights, Independent Human Rights Commissions including National Commission for Human Rights (NCHR), Khyber Pakhtunkhwa Commission on Status of Women (KPCSW), women’s rights organizations, defense lawyers and Dar ul Aman Staff.

The data was collected from four (4) districts including Peshawar, Charsadda, Mardan, and Nowshera. The detail is as follows;

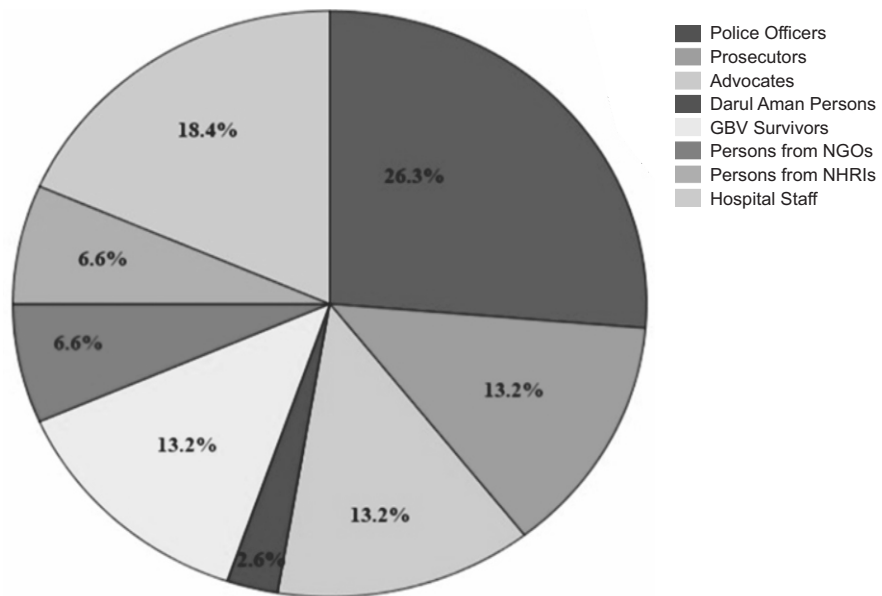
40 police officials	2 police station in each district and 5 police officers in each police station
20 prosecutors	5 prosecutors in each district
20 advocates	5 advocates in each district
4 Darul Aman persons	2 Darul Aman and 2 persons from each Darul Aman
20 GBV survivors	1 transgender, 3 female and 1 male from each district
10 persons from NGOs	1 person from each NGO and 2 NGOs from each district and 1 civil society alliance, 1 International NGO
10 persons from NHRIs	2 from Khyber Pakhtunkhwa Commission on the Status of Women, 2 from Directorate Human Rights KP, 2 from Federal Human Rights Directorate KP, 2 from National Commission for Human Rights, 2 from Child Protection and Welfare Commission KP
28 Hospital staff	4 units in Peshawar, 4 in Charsadda, 3 in Mardan, 3 in Nowshera

Government actors	40 police officers, 20 prosecutors, 4 Darul Aman persons, 10 persons from NHRIs, 28 Hospital staff
Non-Government actors	10 persons from NGOs, 20 advocates, 20 GBV survivors



■ Government Actors ■ Non Government Actors

Interviews among Government and Non Government Actors



Four districts were selected for this research from central zone of the Khyber Pakhtukhwa, two of these districts had Dar ul Amans while all the four districts are selected on the basis that higher number of GBV cases are reported from these districts regularly in media, these are also the main districts where maximum facilities are available. The reflection from these districts is very helpful in understanding the situation and response available to GBV in other remote district of Khyber Pakhtunkhwa.

2.2. Ethical Consideration of the Research

Following ethical considerations are used in relation to this research:

- No person under 18 was interviewed during this research keeping in view the principals of child safeguarding, consent and child protection issues.
- All people interviewed in relation to this research made voluntary participation and provided information with informed consent.
- Not a single persons name, facility and position is quoted in the research to respect the autonomy, decision-making and dignity of participants.
- Participants were selected from groups of people whom the research may benefit.
- Made sure that human rights are not violated.
- No information was shared between the participants.
- Introductory statement was used to introduce the survey and provide information regarding the purpose, intent, motivation, sponsoring organizations, potential use of data, and methods of data collection.
- All interviews were conducted face to face to avoid any misunderstanding.

2.3 Limitation of the Research

The research has certain limitations that need to be highlighted:

1. The focus on the four does not allow us to generalize the findings of the research. While this is assumed that because these gaps are identified at provincial capital level they must be present at all district levels.
2. Due to a Patriarchal mindset it was often difficult of the respondents to take one position.
3. Govt officials were highly reluctant to provide information on their departmental procedures as they feared backlash from their higher ups.

2.4 The research study was employed in the following three different levels.

First Level: Ground Work

At this level, a desk review of the last five years was done to prepare a ground for the studies available sources of information on GBV i.e. reports, articles, and journals. A questionnaire was developed for data collection as. The questionnaire comprised of open and close ended questions. The desk research was further used as a secondary source of data for the report.

The main topics explored by the questionnaire were:

- Structure and functions of organization or departments responsible for providing GBV response in KP through direct service delivery, monitoring of Human/women rights situation and policy making.
- Mandate of government and non-government service providers in relation to GBV response in Khyber Pakhtunkhwa including Police, lawyers, prosecutors, Dar ul Amans, NHRIs, CSOs and health facilities.
- Policies and procedures regulating GBV response.
- Practical experience about GBV response.
- Capacity of the personnel to deliver relevant GBV response.
- Capacity for being an “entry point” for GBV victims.
- Referral of GBV cases.
- Coordination with other agencies/organizations working in GBV.
- Needs and challenges in the delivery of services.

Second Level: Data Collection, Analysis and Compilation

At the second level, pre-testing of the questionnaire was conducted, and the gaps were addressed. The interviews were conducted with Police officials, Medical and Paramedical staff, prosecutors/ lawyers, officials of Darul Aman’s, NHRIs, NGOs and, GBV survivors. The data was collected through questionnaire and discussions during interviews. After data collection, the open and close ended questions were compiled and analyzed for findings.

In four districts that are Peshawar, Nowshera, Charsadda and Mardan, primary data has been collected regarding the first responders. In each district two Police Stations have been visited

one is city's main Police Station in Peshawar, Nowshera, Charsadda and Mardan, and other from the suburbs where at least five police officials have been interviewed in each police station and questionnaires have been filled. In some cases, police officials refused to record their identity, but their views and understandings have been made part of the report in shape of analysis.

Medical and Para-medical staff of in the selected health facilities of the each district who deal with Medico Legal Cases (MLCs) have been interviewed and the issue of GBV was discussed with them. They were not very open towards disclosing information although questionnaires have been filled. Likewise, in each district, district court has been visited where five prosecutors and five advocates have been interviewed and their responses were recorded. In district Peshawar and Mardan, prosecutors were very open and supportive while in district Charsadda and Nowshera District Public Prosecutors (DPPs) were reserve and seemed uncomfortable in sharing of information. In four districts, Peshawar, Charsadda, Mardan, and Nowshera there are two Darul Aman where victims/survivors can be accommodated. In district Peshawar and Mardan Darul Aman are present while in Charsadda and Nowshera there are no Darul Aman. From various districts women in need of shelter are brought to districts Peshawar or Mardan. In Peshawar staff of Darul Aman provided data of the last five years. In district Mardan due to strict restrictions and security reasons data collectors were not allowed to visit the premises. Even the female data collectors were not allowed to interact with female survivors living in Dar ul Aman.

Female GBV Survivors, transgender GBV survivors and one male GBV survivor of the targeted districts were also interviewed to get the first-hand information on the need and challenges of GBV victims/survivors. Representatives of NHRIs including KP Commission on the Status of Women, Directorate of Human Rights, Federal Human Rights Directorate, National Commission on the Status of Women, Child commission and National Commission for Human Rights were also interviewed to gauge their role and available mechanism to deal with the cases of GBV. Civil society organizations as key stakeholders were also interviewed to better understand their role, position, responses, available procedures and referral mechanisms

Third Level: Reporting

At the third level the data compilation was made and extractions from the literature review and interviews were incorporated into the research report.

CHAPTER 3

3.1. Literature Review

According to the United Nations Declaration on the Elimination of Violence against Women (VAW) “Any act of gender based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threat of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life” (Aurat Foundation, 2011)⁴.

Gender based discrimination and violence in a Pakhtun society mostly remains un-reported. Which makes the research work challenging. In addition, the demographic division of Pakhtuns is very diverse therefore taking one position is sometimes very challenging. While lots of research is available in Pakistan in relation to GBV it is disappointing to observe that less efforts are made by government and non-government service providers to improve their GBV response in the light and recommendations made by these researches.

A study under the topic of ‘Gender-Based Violence in Pakistan ‘A Scoping Study 2011’ conducted by Aurat Foundation for its Gender Equity Program, funded by USAID discusses the issue of GBV in international and regional perspective and narrates it as an issue of global concern. The general objective of this scoping study was to stimulate the thinking process among targeted audience regarding the understanding of GBV violence in Pakistan and effective responses and initiate process of dialogue to challenge stereotype gender roles in Pakistani society through the inclusion and participation of stakeholders in multiple sectors and at multiple level. This research mapped the current and past initiatives executed in Pakistan in relation to GBV, along with the key outcomes on gender-based violence by donors and international NGOs in Pakistan. The research identified key gaps in the literature on gender-based violence which includes near absence of information on NGO projects focused on gender-based violence, and of indigenous and new perspectives on violence in development and disaster strategies. The research also reflects that though international

NGOs have analyzed gender-based violence, particularly in health and human rights, the research of civil society organizations is not well-documented.

Another study 'Gender Based Violence in Pakistan, Response in the Perspective of Health Sector Devolution', by Dr. Farzana Bari and supported by WHO provides technical analysis of GBV from several perspectives. It provides an analysis whether GBV is a human right issue or whether it is a development issue or whether GBV is a public health issue. The analysis is very important and thought provoking where a scientific approach has been applied for highlighting the issue of GBV. Factors and reasons behind GBV its root causes are systematically presented in this study. This study provides the reflection of the causal relationship between violence and the health status of women. It mentions that the physical and psychological impacts of GBV result in high social and economic costs not only for the survivors of violence but also for the society. The study reflects that evidence based advocacy campaigns spearheaded by governmental commitment and complemented by women, human rights groups and the NGO sector over the last two decades have led to increasing recognition of GBV as a public health issue.

The above study also suggest the health consequences of GBV which ranges from physical injury, chronic headaches, permanent disabilities and chronic pelvic pain and psychological disorders such as depression, trauma, anxiety, fear, loss of self-confidence and self-esteem. While the suicide, homicide, maternal mortality an HIV/AIDS constitute the more severe health outcome of GBV. The study recommends that, it is required that the recognition and integration of GBV as a public health issue should takes place with reference to the national health policy as well as the strategic plans at the provincial level. Similarly, GBV issues should be integrated into the provincial health services. Policy makers must design and approve institutional arrangements that are required for successful treatment of victims of violence, and approve protocols and guidelines to give practical shape to the response.

The above study was initiated to increase awareness and initiate dialogue amongst policymakers, health service providers and local communities on the inter-relation of GBV and human rights as a development and public health concern. It was observed terms Gender Based Violence and Violence against Women were interchangeably used in this research.

Likewise, GBV against Women in Pakistan, published by Center for Research and Security Studies 2016 is a quantitative study which describes alarming situation in Punjab regarding GBV. It distinguishes GBV from Violence Against Women (VAW) and describes GBV as 'derived from unequal power distribution and the resultant power struggle between men and women in which the female usually yields first or generally speaking, is forced to do so (Fatima, 2016)⁹.

In 2014 another interesting research Patriarchy, Gender Violence and Poverty amongst Pakistani Women: A Social Work Inquiry conducted Maliha Gull Tarar and Venkat Pulla Exposes the relationship between patriarchy, poverty and gender violence. According to the findings the poverty appears to be the direct cause of gender violence as it creates a stressful cycle. Women from low income families are economically dependent, having less access to educational facilities and suffered from poverty as well as violence. They are victims of violence but some of them ironically accepted that their disobedience although from their personal point of view was legitimate has become a cause to be at the receiving end of both verbal abuse and physical violence. According to the research the Poor women used different strategies to cope with their poverty and patriarchal structure utilized violence against women as a most powerful tool to control women's sexuality. Women were prone to face physical, psychological and social violence against them. The research indicates that to eradicate poverty and control violence, it is important to understand its psychological, social and gender aspects. It is also important to educate and empower women to promote economic, social and gender equalities as well as to improve the social structure. Social Work as enabling/ empowering profession can be used to solve the problems and restore the abilities by providing correctional and intervention services for those women who by sheer force of circumstances fall into the hands of anti-social elements and later on disowned by their family. The research concludes that Social work practitioners are needed to consider the dynamics of victimization and powerlessness in gender relations because empowerment oriented social work practice can focus on victim's strengths, adaptive skills and competencies to resolve their problems related to poverty as well as violence.

In March 2012 Rutgers presented the research report 'Gender Based Violence in Pakistan'. This is a ground-breaking study: never before have Pakistani women been approached directly and asked to be interviewed individually. The preliminary results show shockingly high figures according to which out of the 4,513 female respondents 75% of all interviewed women have experienced physical violence, 66% have been victims of sexual violence, 80% have been victims of psychological violence, 84% have had experience with violence of some sort.

Another ground breaking research in Socio-economic and Cultural Factors of Violence against Women in Pakistan by Sustainable Development Policy Institute (SDPI) in 2016 states that the foremost reason behind widespread prevalence of violence is the patriarchal culture norms, traditions and even the interpretation of religion define power relations within family structures and dictate men's dominance over women in all aspects of life. Male dominance prevails in the society at all levels; yet their "honour" fails to match their masculinity in all other matters and remains highly delicate, easily compromised by and highly dependent upon their women's modesty and sexuality. The study suggest to conduct a thorough analysis of the criminal justice system (especially the Pakistan Penal Code) and identify the social and institutional constraints that women may face at any point of the process. Only when the challenges are identified comprehensively, then a proper framework for their solution can be devised.

The study enforces on the need to understand the position of women in the power hierarchy within family and societal structures and considering that, violence against women should be treated as a state offense rather than an offense against the individual. This is to reduce the negotiations and compromises that women victims often make under the influence of society in general and family in particular.

3.2. GBV in Pakistan for the Last Five Years

The Islamic Republic of Pakistan is the sixth most populous country in the world and is ranked 125th out of 169 countries on the Gender Development Index (GDI) and 99th out of 109 on the Gender Empowerment Measure (GEM) (Aurat Foundation, 2011)⁴. In 2012, 3,100 cases of

GBV have been reported, this count of GBV increased threefold in 2014 as total of 13,183 women were oppressed. The intensity of GBV did not in any respect mitigate in 2015 (Fatima, 2016)⁹. There are several contributing factors towards increase in GBV cases in Pakistan which mainly consist of lack of relevant laws addressing GBV, lack of implementation of existing pro women laws, complex judicial system and poor economic condition of women.

The Gender Gap Index (GGI), 2015 ranked Pakistan second from the last among 145 countries in terms of gender based disparities. Published by the World Economic Forum (WEF), the Index measures national gender gaps in economy, politics, education and health. The position of Pakistan on the Index reflects the miserable condition women are in by living in the country (Rafique, 2017)¹⁷.

According to the World Economic Forum's (WEF) Global Gender Gap Report 2016, Pakistan has been ranked the second-worst country in the world for gender inequality for the second consecutive year. The report ranks Pakistan 143 out of 144 countries in the gender inequality index, way behind Bangladesh and India which rank 72nd and 87th respectively. Pakistan is also the worst performing government in South Asia and has been for the last couple of years, while Sri Lanka ranks 100th, Nepal 110th, the Maldives 115th and Bhutan 121st. The only country ranked below Pakistan is Yemen (144), while Syria is one place ahead at 142. Pakistan ranked 112th in 2006, the first year of the report. Since then, its position has been deteriorating every year. Pakistan ranked 135th in 2013, 141st in 2014 and 143rd in 2015 (Khan M. Z., 2016)¹³.

The statics and quantitative research of gender based violence (GBV) and violence against women (VAW) for the last five years are projecting the deteriorating scenario in Pakistan. According to the official figures released by the Ministry of Human Rights, 8648 incidents of human rights violation were reported in the country between January 2012 and September 15, 2015. These included 90 incidents of acid burning, 481 of domestic violence, 860 honor killings, 344 rape/ gang rapes, 268 sexual assault/harassment and 535 cases of violence against women. (Rafique, 2017)¹⁷

According to Human Rights Commission of Pakistan (HRCP) and non-governmental organization Aurat Foundation, 4,734 cases of sexual violence against women were recorded in Pakistan between 2004 and 2016. For the same period, 15,222 cases of honor crimes

against both men and women were reported, 1,843 cases of domestic violence against women, 35,935 cases of suicide by women and 5,508 cases of kidnapped women. For 2015, the data shows 32 cases of rape and gang-rape, 20 cases of attempt to rape and 987 cases of honor killing in K-P alone. Most of these cases were reported in the provincial capital Peshawar (104) and Mardan district (Razzaq, 2017)²¹.

In 2017 around 20 women have reportedly been killed in the name of honor in different parts of the province. According to data provided by non-governmental organization Pakhtunkhwa Civil Society Network (PCSN), three women were killed in District Swat and four in District Nowshera. The remaining cases were recorded in other districts including Kohat, DI Khan, Swabi, and Shangla (Razzaq, 2017)²¹.

The annual report of the Human Rights Commission of Pakistan (HRCP) 2016, suggested that five presidential ordinances were promulgated, 51 laws were legislated by parliament and 81 laws were adopted by provincial legislators during the previous year.

3.3. Forms of GBV in K.P Perspective

In all provinces of Pakistan Gender Based Violence (GBV) exists in same form with different names where women are made subject to torture and humiliation whether physical or mental. In addition, GBV is a violence involving men and women in which the female is usually the victim, and which is derived from unequal power relationship between men and women (Fund, 1998)¹⁰.

In terms of legislation the largest amount of legislative work was carried out by lawmakers from KP, who passed 30 laws. The KP government claims that the KP Assembly is ranked at the first position in Asia and the ninth position in the world in terms of largest law-making. But unfortunately it does not include any pro women laws. On the other hand HRCP's annual report 2016 report states that there are about three million pending cases in various courts of the country (Ahmad, 2017)². Here are some forms of gender based issues faced by women in our society especially from K.P perspective.

3.3.1. Ghag

“Ghag”, means a custom, usage, tradition or practice whereby a person forcibly demands or claims the hand of a woman/girl, without engaging the girl/women or her parent or wali. It is an open declaration either by words spoken or written or by visible representation or by an imputation, innuendo, or insinuation, directly or indirectly, in a locality or before public in general that the woman shall stand engaged to him or any other particular man or that no other man shall make a marriage proposal to her or marry her. (Pakhtunkhwa P. A., 2013)¹⁶.

This act of pronouncement is mostly through violent means to inform and intimidate the relatives of a girl and the whole community that she has become claim of the person. Which means that nobody else can send her a marriage proposal. This act of violation evolved in rural background where lack of education and awareness did not let a girl/ woman raise her voice against it and the culprits take advantage of it. Many girls facing the social evil of Ghag custom are not getting justice because despite the available law there are several gaps at policy and response level as identified in the research.

Desk review of media reports reveals that in May 2012, Muhammad Nawaz filed a write a petition in the Peshawar High Court seeking the orders of court to direct the provincial government and the law-enforcement agencies to ensure the security of his family against his nephews and members of a jirga. As per the petitioner, his nephews had announced ghag on his two minor daughters. In his petition, he had urged the court to declare the practice of ghag illegal and un-Islamic. At the time, there was no law on the custom. On his petition, the then Peshawar High Court (PHC) chief justice Dost Muhammad Khan issued notices to the Provincial government to introduce a legislation that penalizes the custom. Soon after this, Sitara Ayaz, the Minister for Social Welfare Department introduced the legislation on the assembly floor called “KP Elimination of Custom of Ghag Bill 2012” which was approved in the provincial assembly (Ahmad, 2017)².

But irony is that there are problems in the implementation of Ghag Bill, especially in Federally Administered Tribal Areas (FATA and Provincially Administered Tribal Areas (PATA), where this law has not yet been extended for implementation like other pro women laws. In the absence of law those who commit this crime can easily escape. Because the law is not yet implemented in PATA therefore the victims come to Peshawar for refuge and legal support,

but excuse of jurisdiction and non-implementation comes forward where the whole machinery becomes useless.

Because of cultural restraints cases of ghag are seldom reported in the media and it is believed that this practice is destroying the lives of many girls in KP and FATA. There was consensus among the responders of this research and the service providers that the implementation of laws is a major issue in Pakistan. The Provincial Government has not taken concrete steps to improve the implementation mechanism of this law (Ahmad, 2017)².

3.3.2. Abduction or Kidnapping

This crime against women is the manifestation of male patriarchic approach towards women who are considered as commodity and property of men in society. It is an act “to take away a person against his /her will or consent by use of force and fraud and keeping the person in false imprisonment without any legal authority either for ransom or for other criminal activity” (Raza, 2010)²⁰. General Law of Pakistan, Penal Code has fixed and provided severe punishments for abduction and kidnapping a woman. The perceived reasons in society behind this crime are lack of education, poverty, male dominance and patriarchal social norms. There are social stigmas and taboos associated for women who are kidnapped. Women and girls who fall prey to this crime are rarely accepted back in the family and their Chastity always remains under question after this crime is committed against them. The abduction and kidnapping put them at great risk and make them vulnerable to life threatening attacks by their own family members who think that she have brought bad name of the family and is a cause of dishonor.

The Aurat Foundation VAW Watch Report (2014), revealed that the highest numbers of cases of abduction were reported from Peshawar which was 61 cases whereas 75 cases were report from all over the province which contributed 3.46% of the total cases reported from all over Pakistan.

3.3.3. Sexual Harassment/Assault

Sexual harassment not only negates the fundamental rights of women, but also restricts them from taking an active and effective part in society according to the fullest of their potential and capabilities. This results in social, psychological and economic suffering of half of the

country's population and has negative implications for social and economic growth at the national level. "Harassment means any unwelcome sexual advance, request for sexual favors or other verbal or written communication or physical conduct of a sexual nature or sexually demeaning attitude, causing interference with work performance or creating an intimidating, hostile or offensive work environment or the attempt to punish the complainant for refusal to comply to such request or is made a condition for employment" (Definition clause)². In special and general laws such act of GBV has been addressed but challenges in implementation do not let the law to bring any change in our social fabric and traditional mind set, although punishment for those acts in black and white has created fear in those minds but has a temporary impact.

Sexual harassment has been on a rapid increase in KP. Yet, the Provincial government has failed to address sexual harassment against women at workplaces. Like other forms of gender based violence most of the cases of sexual harassment are carried out against women which are escalating alarmingly but not much has been done by provincial Governments to bring response to this challenge from 2010 to 2017 the provincial governments have failed to appoint Ombudsperson under the law which could look into the cases of sexual harassment. (Zaman)²⁵. While on the other hand women and girls are hesitant to take the cases of sexual harassment to courts directly because of the stigma, taboo and shame associated with such cases.

International Journal of Innovative research Development 2015 reports horrific picture of sexual harassment in the health sector of KP. According to the report "Sexual Harassment against Staff and Student Nurses in Tertiary Care Hospitals Peshawar K.P. Pakistan 2015) 80 percent of women working in the health sectors experienced sexual harassment while, 65.3% reported these incident to the authority. The management addressed 33.3 percent cases but 70.7% women are not satisfied from its measures. The journal also reflects that women staff in the health sector are mostly victimized by patient and their male visitors 55.3%, by doctor 25.3% by their colleagues 4.7% and by 14.7% by the administration.

According to District Nurses Association Peshawar, Such incidents not only affected the performance of nurses by making them feeling unsafe and resulted in their low self-esteem, but also forced them to reconsider their careers. "The primary objective of the Protection

against Harassment of Women at the Workplace Act, 2010 was to create a safe working environment for women, but it is yet to be implemented in our province," said Peshawar Nurses Association President Farrukh Jalil (Zia, 2014)²⁶.

In 2014 three model police stations including Gulbahar, Faqirabad and Town police station were established in Peshawar with women staff members but according to a female police officer in Peshawar, women were hesitant to report cases of sexual or other harassments in these police stations to males, now they can report it to women police officers but still they are reluctant to come to police stations because police stations are generally considered non friendly for women.

According to Express Tribune, 104 women were subjected to physical harassment at workplace in the year of 2016 in Khyber Pakhtunkhwa (Rani, Honour killing cases on the rise in K-P, 2017).¹⁹ .The provincial Govt of Khyber Pakhtunkhwa has so far failed to appoint Provincial Ombudsperson in Khyber Pakhtukhwa to look into the cases of sexual harassment required under the (Protection against harassment of women at workplace act 2010). The Peshawar High Court (PHC) in Sept 2017 asked the Khyber Pakhtunkhwa government to appoint a Mohtasib to hear complaints of sexual harassment (PHC Asks KP Govt To Appoint Mohtasib On Sexual Harassment Cases, 2017)¹ while no compliance has been shown by the KP Govt to court orders in relation to hiring of the ombudsperson.

In KP as provincial level government committee called "Sexual Harassment Legislation Implementation Watch Group" consist of government departments, chaired by Secretary Social Welfare and Women Develop Department is also working to ensure the implementation of the legislation but no concrete actions are brought forward by this committee.

In compliance of the "Protection against harassment of women at workplace Act 2010" very less number of workplaces has established enquiry community, displayed information and devised reporting mechanism both in government, non-government sectors . Moreover, very few cases are reported due to cultural barriers According to Annual report of Aurat Foundation 2014, only 2 cases of sexual assault were reported in Khyber Pakhtunkhwa which makes 2.70% of the total cases reported in the country.

3.3.4. Domestic Violence

Domestic Violence (DV) refers to acts of violence that are perpetrated in the domestic sphere and includes physical violence (such as battering, beating, choking, slapping, shoving, kicking, etc), psychological violence and emotional violence (including verbal abuse, intimidation servitude, eviction, destruction of personal property, threats, accusations, humiliation, isolation, control and desertion and insulting the modesty and integrity of woman's body).

Domestic violence and mental torture are inflicted mostly by the in-laws and spouse. They (women) are beaten, mutilated and even burnt by their relatives often on petty issues (Raza, 2010)²⁰. Economic deprivation, poverty, unemployment, inflation and other such social issues have disturbed the societal fabric and affected the limits of tolerance which are blown out in several forms, where domestic violence is the one of the forms.

It is important to mention that in Khyber Pakhtunkhwa there is no law which prevents and responds to the cases of domestic violence. Until the gravity of the violence is very high women are reluctant to report it because the matter is assumed as "Private" and "family matter". According to Aurat Foundation report violence against women 2014, most common form of violence against women, which occurs on a daily basis, is domestic violence. According to a study carried out in 2009 by Human Rights Watch (HRW) 70% to 90% women in Pakistan are victims of domestic violence at least once in their lives.

Domestic violence for a long was considered as private family matter and not a crime. The 18th and 19th amendment of the Constitution of Pakistan authorized the Provincial Assemblies of the country to legislate for areas not listed on the federal legislative list. After the constitutional amendments the Punjab, Sindh and Baluchistan assemblies have passed the domestic violence bills, which recognizes domestic violence a crime. The DV bill in Khyber Pakhtunkhwa is still under consideration.

The literature review of domestic violence reveals that domestic violence is the only category of VAW crimes where the top district is not from Punjab. According AF Annual report 2014, Khyber Pakhtunkhwa and Baluchistan have low representations in other crimes categories but in domestic violence there are three districts from these two provinces; Peshawar with 37 domestic violence cases in 2014 tops the list of ten worst districts in domestic violence.

Total 66 cases were reported from KP in 2014 which makes 13.36% out of the total cases reported in the country.

According to Express Tribune at least 80 women have been killed between January to June, 2016 in KP. These include 68 women who fell victim to domestic violence (Rani, Honour, domestic violence claims lives of 80 women in K-P over past six months, 2016)¹⁸.

3.3.5. Early, Child and Forced Marriages

Child marriage, also known as early marriage, is defined as "Any marriage carried out below the age of 18 years, before the girl is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing.

Child marriage, on the other hand, involves either one or both spouses being children and may take place with or without formal registration and under civil, religious or customary laws. In many societies of developing countries, child marriages are used to build or strengthen alliances between families. Sometimes this may even include the betrothals of young children or babies.

Universal Declaration of Human Rights, 1948 states that marriage should be "entered only with the free and full consent of the intending spouses." But, in the majority of child marriages, there is often an element of coercion involved: parents, guardians or families pressurize, collude or force children into marriage. Today girls are still socialized into accepting child marriage as the norm, a 'given', and many give their consent as a duty and sign of respect. However, where one of the parties in a marriage is under 18 years, consent to marry in such cases cannot always be assumed to be of 'free and full consent' and may also not always be in the best interest of the child.

The census conducted by Pakistani year 2017 reflects that it has surpassed Brazil to become the fifth-most populous country on earth, According to the Pakistan Bureau of Statics 2017 census report The population in the country's four provinces and the tribal regions near the Afghan border stood at 207.77 million, Pakistan's population has been growing at an average

rate of 2.4 per cent per year in the past two decades, despite efforts by the government to control the rapid increase in population, the data shows.

According to Human Right Commission of Pakistan 2012 Report, child marriage ratio in district Mardan and Charsada Khyber of Pakhtunkhwa is as high as 74 percent. In 2013 deaths from pregnancy related complications stood 276 per 100,000 live births across Pakistan and child marriage was the major cause (HRCP, 2014). According to UNICEF (Government of the World's Children 2016) 21% of girls in Pakistan are married before the age of 18.

The UNICEF Government of the World's Children 2016 reports that Pakistan is amongst the 20 countries with the highest absolute numbers of child marriage (1,875,000). While according to (Global Alliance to End Child Marriages) In Pakistan Child marriage is more common in rural areas (29%) where longstanding traditions are more closely followed than in more urbanized areas (16%). Under the Devolution Ordinance Act of 2001 Local councils are responsible for registering births and marriages, but capacity constraints have been cited as an obstacle to proving that the girl is below the legal age of marriage.

The Prevention of Anti-Women Practices (Criminal Law Amendment) Bill 2008, was passed in December 2011. The bill states that forcing a woman into marriage for settling a dispute is a non-bail able offence and punishment for bartering a woman in such a way is between three to five years jail and a fine of Rs 0.5 million.

After the devolution, Sindh is the only province in Pakistan which has standardized the minimum age of girls as 18 years while Punjab was not able to raise the minimum age of marriage to 18 years for girls but the penalty was increased in Punjab province. Whereas KP and Baluchistan has still to amend existing law. The child marriage restrain bill 1929 which currently implemented in KP provide punishment of 1000 RS/ fine and simple imprisonment of one month or both. Our research also finds that there is no provincial level data is available with any stakeholder on the rates and ratios of child marriages happening in Khyber Pakhtunkhwa.

3.3.5. Rape

Rape is another form of violence against women where based on physical force and coercion without consent sexual urge is satisfied. Pakistan, is among the 10 worst countries when it comes to rape cases. According to a report released by War Against Rape (WAR) that at least four women are raped every day in Pakistan. There were only 108 FIRs registered against 369 rape cases. In the year 2014, 772 rape cases were reported while in 2015 the number of cases reported were 1,582 (Dost)⁸.

In many cases, it has been found that women are raped in revenge for seeking divorce, refusing marriage proposals, marrying of their own choice, defying cultural norms and for many other efforts at independent decision making (Raza, 2010)²⁰. In KP the number of reported rape cases is relatively low because of the traditional mindset, patriarchal values and the stigma, shame and taboos associated with highlighting such cases.

For 2015, the data shows 32 cases of rape and gang-rape, 20 cases of attempt to rape and 987 cases of honor killing only in KP. Most of these cases were reported in the main cities of the KP Province Peshawar (104) and Mardan district (Razzaq, 2017)²¹. The annual report of AF 2014 provides information that only 5 cases of rape were reported in KP which makes 0.33% of the total reported cases in the country. According to Human Rights Commission of Pakistan (HRCP) 32 rape and gang rape cases were reported in year 2015 while 20 attempts to rape cases were also recorded.

It is observed with concern that the conviction rate in crimes of rape is low because of the Jirga system which gives an opportunity to the rapist to settle the down the issue out of court as parallel legal system. Moreover, there are other contributing factors like lack of medico legal resources. Hospitals and basic health units even in the federal and provincial capitals have not been equipped with modern laboratory equipment. On the other hand the so called patriarchal norms of the society serve as major barriers for the rape survivors to prove their case in the court as the male dominated families often does not allow the survivor/victims to go through medical tests by the male health care providers.

3.3.6. Acid / Burn

Acid and burn cases in Pakistan are on the rise. It has been observed that the victims/survivors are usually females but cases against male are also on the record. According to the report of daily the Nation in 2017, approximately 65% cases of acid and burn victims were women and girls and 15% were children. 80% of the survivors earn less than Rs. 8,000/- per month (ALTAF, 2017)³.

The Criminal Law Amendment Act 2011, made acid and burn violence a crime against the government and imposed a fine of one million Pakistani rupees, along with a punishment of minimum seven years to lifetime imprisonment, for the crime of acid throwing. The legal milestone was widely welcomed but campaigners say it is not sufficient to eradicate acid violence, arguing that legislation needs to go further to include the trial and rehabilitation process. There is also concern that a lack of monitoring mechanisms jeopardized effective implementation of the law.

In year 2012, 150 acid attack cases were registered in Pakistan, 30 of which were reported only from Mardan district, According to Acid Survivors Foundation, the data shows an upward trend in this form of violence targeting women while it is important to mention that there is no NGO in Khyber Pakhtunkhwa which provides health and reintegration services to acid survivors. Some 45 per cent of the acid attacks are the result of family feuds while 17 per cent are linked to refusals to marriage proposals. A deeper analysis showed a significant 89 per cent increase in cases of acid-throwing, followed by a 62 per cent rise in domestic violence (Report, 2013)²².

Daily Dawn in 2015 reported that almost 98 percent of the cases filed by acid attack victims/survivors are never decided due to existence of various loopholes in the law because criminal Law Amendment Act 2011 only acknowledged that acid throwing is a crime. Between 150 and 400 cases of acid attacks are reported in Pakistan every year. Among which 80 per cent of the victims are women, and almost 70 per cent are below 18. Such attacks are not used to kill the victim but to cause disfigurement, and can often cause blindness, hearing loss and physical and mental pain (Junaidi, 2015)¹¹.

In 2013, the Peshawar High Court banned the open sale of acid. Chief Justice Peshawar High Court, Justice Dost Muhammad Khan, heard the case pertaining to an acid attack. Justice Khan remarked that acid was being used as a form of weapon, adding that women were being targeted with it. He moreover said that leaders legislate day in and out for their own interests, but do not implement court orders. In year 2013 print and electronic media highlighted a young Pashto actress Bushra had suffered critical burn injuries after a local TV drama producer allegedly threw acid on her while she was asleep in her home. This case has received a huge media visibility in KP.

The HRCP report (2016) mentions that hundreds of women and girls were murdered in 2016 by family members on the pretext of defending the honor of the family. In several of the reported cases, the victim had been set on fire. The report quoted an incident which took place on April 28, 2016 in which a 15-member Jirga in district Abbottabad ordered the killing a 16-year-old girl by burning her to death for helping her friend escape the village to marry of her will.

According to annual report of AF (2014), only 2 cases of acid burn were recorded in KP which constituted 3.08% of the total cases reported nationally while from January to June 2015, 27 cases of acid violence were reported in KP according to Women, Rights of the Disadvantage, Government of Human Rights in 2015, published by Human Rights Commission of Pakistan (HRCP).

There is no burn center for over 40 million people of FATA and Khyber Pakhtunkhwa. Annually 900,000 people suffer burn injuries,” Prof. Ubaidullah, a former head of plastic surgery ward at Hayatabad Medical Complex, told the conference organized by Association of Plastic Surgeons Pakistan in 2016 (Yusufzai, 2016)²⁴. In July 2017 Peshawar High Court bench expressed displeasure at the government’s failure to set up a proper burns center in the province.

The comprehensive bill on Acid Crime & Control Bill Khyber Pakhtunkhwa still awaits the approval of KPCSW and Law department before it could be presented in the provincial assembly for debate and approval.

3.3.7. Honor- Killing

The term honor crimes is a wide term which includes different manifestations of violence, such as honor killings, assault, confinement or imprisonment, and interference with choice in marriage, where the publicly articulated justification is attributed to a social order claimed to require the preservation of a concept of honor vested in male (family and/or conjugal) control over women and specifically women's sexual conduct, actual, suspected or potential. (P.4, Honour Crimes, Paradigms, and Violence Against Women, Edited by Lynn Welchman, Sara Hossain, Oxford University Press, 2005)

In all the four provinces of Pakistan, honor killings have different names like Kalakali in Punjab, Karokari in Sindh, Siyakaari in Baluchistan and Taurtoora in Khyber Pakhtunkhwa (Raza, 2010)²⁰. A significant contributory factor was the readily availability of firearms, aggravated by outdated and false concepts of gender roles in the house, culture and society (Shah, 2012)²³. While there is no honor in killing it is unfortunate that number of honor killing in Pakistan is on rise. Human Rights Commission of Pakistan (HRCP) recorded 987 cases of honor crimes in 2015 with 1096 female victims and 88 male victims, out of which at least 170 were minors (Rafique, 2017)¹⁷.

Twenty cases of honor killing have been reported in the first one and a half months of 2017 in different parts of the Khyber Pakhtunkhwa province – one woman murdered in the name of honor every second day on average, according to data provided by Aurat Foundation, which is one of the Pakistan's leading women rights organization. While according to other statistics provided by the Human Rights Commission of Pakistan (HRCP), a total of 4398 cases of honor killing were reported from different parts of Pakistan from January, 2011 to January, 2017. Of these, 390 cases were reported from different parts of Khyber Pakhtunkhwa with Peshawar on top – 71 cases – and Mardan second with 55 cases. 345 of those killed in the name of honor were women whereas 45 men were also killed in the name of honor (Khan A. , 2017)¹².

According to an international organization Human Rights Watch (HRW), in a patriarchal culture like Pakistan's, it is not unusual for men to murder female relatives to punish behavior they deem unacceptable. The respondents of the survey including government and non-government service providers reflected that in most reported cases, the harshest

punishments on grounds of "honor" come from male-dominated Jirga's. There are no credible official figures on "honor" killings because they often go unreported or are passed off as suicide or natural deaths by family members. The Human Rights Watch Report 2017 reports also mentions that in the Khyber-Pakhtunkhwa province 94 women have been murdered by close family members in year 2017.

Statistics obtained by the KP Police Department show that more than 187 women were murdered in 2016. Of them, 40 were killed in the name of honor. These are the cases that were reported to the police while the real figure must be much higher.

In year 2014, one major achievement was the tabling of Anti-Honor Killings Laws (Criminal Laws Amendment) Act, 2014 and Anti-Rape Laws (Criminal Laws Amendment) Act, 2013 from the upper house (Senate) by Senator Syed Sughra Imam.

3.3.8. Murder

Alarming murder is the second highest category of violence reported against women in Pakistan. Out of the total VAW offences reported, 16% of them were those of murder. According to Aurat Foundation annual report (2014), the collected data showed significant increase in the heinous crime of murder over the past seven years and despite the alarming figures the government has failed to effectively respond to this issue. Prevention strategies formulated are not timely and women friendly. The provincial Govt of Khyber Pakhtunkhwa has failed to table domestic violence and at the same time did not succeed in tabling any other pro women laws at the legislative assembly.

According to Aurat Foundation Report 2013 Peshawar was among three districts showed the highest number of reported cases. According to the report the total cases reported from KP were fewer than those from Punjab and Sindh, but district Peshawar is at third spot in the top 10 districts list.

Compared to its low population the 97 murder cases reported from Peshawar are proportionally higher than the other cities of Pakistan. The reason behind the prodigious number of murder cases are patriarchal culture and traditional practices, which lead to killing of women on minor social issues. The increase in religiosity in the province, IDPs influx to the

city and the increase in terrorists' attacks are also other contributing factors leading to the escalation of murder of women in Peshawar. According to the AF annual report 2014 Khyber Pakhtunkhwa reported 324 cases of women murder which made 20.12% out of the total murders in Pakistan.

3.3.9. Women Trafficking

Trafficking of women is a serious issue of concern in Pakistan. United Nations Office on Drugs and Crime (UNODC) in Pakistan released a research report titled "Recent trends of human trafficking and migrant smuggling to and from Pakistan" in January 2014 in which it is stated that trafficking of women and children from here to the Persian Gulf for sexual exploitation was on the rise. While it did not give any statistical evidence, other than anecdotal data which showed that women from Pakistan were regularly trafficked to United Arab Emirates to work as dancers and were then subjected to sexual exploitation. United States Department of State, 2014 trafficking in Persons Report – Pakistan issued 2014 states that Pakistani women were subjected to sex trafficking in the Gulf states. The report labeled Pakistan as a source, transit, and destination country for men, women, and children which is subjected to forced labor and sex trafficking. The report also observed that social media and internet cafes were used for recruiting and blackmailing girls for sex trafficking.

The Prevention and Control of Human Trafficking Ordinance 2002 (PACHTO), renders a detailed definition of human trafficking. It has been criticized for solely focusing on trafficking in and out of Pakistan and not addressing issues of internal trafficking. It is important to note that the Federal Investigation Authority (FIA) does not consider internal trafficking as part of its mandate.

FIA registers 368 human trafficking cases in KP in three years. Khyber Pakhtunkhwa reported the investigation of 55 sex trafficking cases in 2016, an increase compared with 27 cases in 2015, and the prosecution of 263 alleged sex traffickers in 2016. Khyber Pakhtunkhwa did not convict any traffickers in 2016—the same result as in 2015 due to complex judicial mechanisms which has benefited the accused.

According to media sources every year dozens of minor girls are kidnapped, cases of which are hardly ever reported in the media or registered given the lax attitude of the police. The existence of human trafficking rings in Khyber-Pakhtunkhwa that kidnap and buy girls under the guise of marriage and then sell them to rich people in Punjab and Afghanistan is common knowledge. This trade is widespread throughout the province and yet, they manage to operate without inviting any attention from concerned quarters.

3.3.10. Male and Transgender GBV Survivors

Media and service provider reports of Sexual and Gender Based Violence (SGBV) perpetrated against men in Khyber Pakhtunkhwa has increased. However, response to these reports has been limited, as existing evidence and programs have primarily focused on prevention and response to women and girl survivors of GBV. Gender Based Violence perpetrated against men and boys often goes unreported by survivors and others due to cultural and social factors including survivor shame, fear of retaliation by perpetrators and stigma by community members. Currently there is no viable program available by government and non-government service providers which looks into the needs of male GBV survivors.

Similarly, the GBV cases against the transgender community is extremely high in Khyber Pakhtunkhwa. Blue Veins an NGO working on the rights of transgender community and TransAction (Provincial Alliance for transgender and Intersex Community) has recorded 52 killings and 390 cases of violence against transgender community from January 2015 to August 2017. Out of 52 cases of murders 39 were killed as result of intimate partner violence. Govt. of Khyber Pakhtunkhwa has established a special Govt. committee headed by the advisor of the Chief Minister KP Mr. Mushtaq Ghani and allocated 200 Million RS first time for the welfare, wellbeing and protection of transgender community but failed to spent any allocated budget (News Links)²⁷.

3.3. Status of FIR

First Information Report (FIR) is a written document prepared by the police when they receive information about the commission of a cognizable offence. It is a first report, which formally details the alleged crime and hence is called the First Information Report. It is generally a complaint lodged with the police by the victim of a cognizable offence or by someone on

his/her behalf. Non-registration of FIR is an offence and can be a ground for disciplinary action against the concerned police officer. FIR is a very important document as it sets the process of criminal justice in motion. It is only after the FIR is registered in the police station that the police start investigation of the case.

All stakeholder reflects that lodging an FIR by a GBV Victim/survivor is not an easy task, police officer responsible for registration of cases delay till to the extent they can and even if they lodge FIR it is of poor quality which is major hurdle in proving the crime during trial.

Annual report (2014) of AF provided information that in terms of the rate of registration of FIR in GBV cases, the highest rate is from Baluchistan with a 100% rate, followed by Khyber Pakhtunkhwa, which has an FIR registration rate of 80.01%. Where we can see, a total of 10,070 cases were reported in the media but only 7,354 FIRs were registered, which means that in 73.03% cases FIRs the second highest registered FIRs were seen in Khyber Pakhtunkhwa where 589 FIRs were registered from the province Khyber Pakhtunkhwa, where 589 FIRs were registered for the total 736 cases reported from the province, makes 80.01% FIRs registration rate in the province.

In 2013 Khyber Pakhtunkhwa police have made a standard operating procedure for the registration of online FIR on their official website. This facility is English language and have several formalities which if often not available with women and transgender GBV survivors like having an internet connection, NIC number and landline phone facility.

3.4. Age and Martial Status of GBV Survivors

The available data gives a clear picture that most of the GBV cases are against married women. According to Aurat Foundation an Ngo working on women issues only in 2014 4,846 married women were subject to violence. In year 2014 736 GBV cases were reported from Khyber Pakhtunkhwa which included 411 married women, 165 un married women, 11 divorced women, 10 widow women while there was no information about the marital status of 139 women. Women who reported GBV cases had following age ranges in Khyber Pakhtunkhwa Province.

0-18 years	94
19-36 years	85
37 and above	22
No information	535

Source (AF 2104 Annual report)

CHAPTER 4

4.1. Existing Prevention and Response Mechanism for GBV

Provincial autonomy and empowerment provided a window of opportunity for strengthening GBV response at provincial levels. One of the devolution objective was to improve access to justice in the form of improved performance by local administrations, courts and police, with greater awareness of basic human rights protected under devolution. In the post devolution context provincial governments are empowered to pass laws that are needed to protect women from family and societal violence.

People generally believes that discrimination and violence in Pakistan is more a societal problem than legal. Society breeds discrimination which often finds its manifestation in gender based violence. Legal framework is not supportive towards the needs of GBV survivors, thereby aggravating the situation by leaving no breathing space to those who at times find it difficult to escape the vicious trap of violence (Rafique, 2017)¹⁷. It is often found that even the service providers lacks gender sensitization and therefore respond according to their perceptions and mindsets which needs to be addressed at all levels in a systematic manner. Most of the cases of GBV are responded on the ad-hoc basis with non-coherent and non-holistic manner.

Following are the key actors in Khyber Pakhtunkhwa who plays an important role in the prevention and response to GBV cases.

4.1.1. Police

The Khyber Pakhtunkhwa police is responsible for law enforcement and policy. According to police website www.police.kp.gov.pk there are almost 265 police stations in the province. The interaction with police officers through this research reveals that in case of grievances they take action on a complaint made to them by a complainant or through an order from the concerned area Magistrate who takes cognizance of the offence. Likewise, in gender based crimes police of the area, when informed or in a situation where physical harm has been occurred takes action. While police in the hospital are the one who first responds to the victim/survivor by putting complaints in writing through a 'murasila' and register it in a 'roznamcha' or daily diary and then formally register a case against the offender(s). The police use an established format of FIR (first information report) under section 154 of CRPC which

includes the name of the complainant along with his address, place of occurrence, name(s) of the accused(s) along with his address, time of occurrence, time of report, distance from police station with short narration of the crime occurred with signatures of the complainant etc.

As per law the relevant police station have to start their investigation process after the lodging the FIR. Legally within fourteen-day police investigation is to be completed and submitted to the Court but because of huge case burden is lack of resources the investigation often takes more than the prescribed time. Sometimes MLC (Medico Legal Case) report i.e. medical reports take time for its completion to become part of final investigation report. When the whole investigation completes (narrated in a format/ form) it is submitted in the concerned court through prosecution. Then case is kept for trial to be started on next date of hearing, before the concerned court of jurisdiction. As a first responder to case police has following functions.

- a. Provide security and protection to the victim/survivor and report/ register his or her case.
- b. Start investigation of the crime/ offence and bring culprits to the court of justice.
- c. Produce evidence in the court to prove case of the complainant.

Interaction with police officers of different ranks reflects that higher rank officers exhibits better awareness of GBV issues and openly discussed the challenges police department faces in undertaking investigation of GBV cases and limitations in providing protection to GBV victims/survivors while on the other hand low rank officer specially of the investigation wing were less inclined to engage in discussion during research interview.

A DSP in Peshawar shared that police department mainly receives GBV cases involving domestic violence (physical), early marriages, forced marriages, exchange marriages and girls running away from home whereas sexual violence cases are rarely reported. Though, they are reported in the media.

During interviews the police officers emphasized the importance of having women police officers on the force and the capacity building of police officers on addressing GBV cases. They strongly emphasized on the cultural barriers they face in relation to GBV cases. Since, there are set traditional rules which cannot be violated in any case like it is considered very

inappropriate for a police officer to access dwelling homes which are considered as private sphere. On the other hand women police officer have easy access to the private sphere and talk with female household members. Similarly, local police officials found that it is culturally inappropriate to call women to police station during investigation for GBV cases. It is found that female police officers are not posted at every police station while there availability can be of great significance to police stations especially in dealing with cases of GBV

But according to a police officer in district Charssada the condition the number of women working in police force is very low which makes it not feasible. Also of physical structures of police stations and other available facilities in the existing police stations for example non-viability of a separate room, toilet facilities and other basic requirements makes them unfriendly for women police officer even at the lower ranks.

According to the investigation officers as soon as a GBV complaint is registered they start the investigation process with the statements of survivors and accused to get the true reflection of the case and to document the facts to move the case forward in fair manner.

The statements normally includes questions regarding the nature of the abuse, the history of previous abuse and any experience of other forms of violence. Then, if considered necessary, the relevant investigation officer visit to the family and community to collect further information and talk to the witnesses. The police officers tells that in most of the GBV cases the investigation officer or Station House officer (SHO) conduct a meeting with aggrieved parties and makes an effort to reconcile the matter. The main reason behind this is pressure from the community elders and influential of the that locality. In case the gravity of GBV is intense this might include serious physical injury therefer the survivor/victim to nearest health facility.

The police department regular interacts with community based structures like community elders and Jirga members and often involves in the process of reconciling the victims and perpetrators of GBV because of the community pressure and interference of the notables and influential from the relevant community. The research reveals that the police department have no established SOPs to deal with GBV cases and it would be of great benefit if they have guidelines to deal with GBV cases. The Khyber Pakhtunkhwa Police in 2015 launched Public Liaison Councils (PLCs) in the province with the purpose to involve community in maintaining

law and order. The public Liaison Councils perform different functions which includes assisting the local police in crime prevention and maintenance of public order and providing information to the local police about the tensions in the area, which can lead to violence. Further, in case of any law and order situation, the local police would seek their assistance in resolving the issue.

Similarly, KP Police launched Dispute Resolution Council (DRCs) in 2014. The Dispute Resolution Council is a public service project of the Khyber Pakhtunkhwa police which is based on the spirit of the Pakhtunkhwali code for resolution of local issues and petty disputes through reconciliation offered under supervision of the local police. The first Dispute Resolution Council (DRC) was established as a pilot project in Police Station Gulbahar, District Peshawar on the directions of the Inspector General of Police Mr. Nasir Khan Durrani (PSP) on 14th January, 2014. Later on, the second DRC was raised in Police Station Gulberg, District Peshawar and the oath taking of its members was conducted by the retired Chief Justice of Peshawar High Court. The proceeding rooms the DRCs have been purposefully designed. It is operational in all the district headquarters. The establishment of DRCs was challenged in the Peshawar High Court in 2015 and stay was granted. However, the requisite amendments were enacted in Police Order, 2002 to impart perpetuity to this project. recently, the writ was dismissed.

The Criminal Justice Coordination Committees (CJCC) are organized at all district under Section 74 of the Police Act 2017. Each committee is chaired by a District and Sessions Court Judge and its membership is comprised of representatives of the Police, Prosecutions, and Prisons and Probation and Reclamation Inspectorate. The CJCC plays an important role in the overall coordination of the Criminal Justice Section in Khyber Pakhtunkhwa. It aims to improve Home and Tribal Affairs' Department and Police's responsiveness to citizens' security and justice needs by strengthening institutional capacity, inter-departmental coordination and civil society engagement.

Even though the committees are formed, the research reveals that there are serious gaps in coordination between police and the prosecutor's office and the court on the procedural level. The biggest gaps is that there is no mechanism to ensure the transfer of necessary data in time and in safe manner. During the interviews it was discussed that often the information

requests that police department receives from the prosecutor's office and courts are not detailed and specific. As a result, police officers are not certain which specific information to include in a response.

The police department is suffering from lack of resources, equipment and necessary supplies. Most police stations lacks areas for privacy, toilet facilities for women, storage of evidence materials, funds for testing of samples, plastic bags, gloves and even basic stationary among others. According to the police officers the low capacity of healthcare facilities to provide accurate and thorough examination of GBV victims constitutes another problem for the police officers conducting preliminary investigation.

4.1.2 Challenges

As a result of the research and analyzing the responses of responders following are recognized as key challenges faced by the police department.

- In most of the cases it has been observed that lack of legal information on the part of police and the survivor/victim of GBV is a big hurdle in resolving cases of sexual and gender based violence. In most cases Police is not updated with new amendments in laws and the special laws enacted by the legislatures. Therefore, legal defects/ lacunas are visible in making a case against the offender in almost all cases. During data collection process subordinate rank officers, mohrars and even investigation officers didn't even know about gender based violence and the laws enacted for its elimination. There is no mechanism available to update the police about the amendments in law and about the new laws.
- GBV survivors/victims have limited access to police stations because of the societal pressures and limited knowledge. The police stations do not easily take their complaints as they often doubt the intention of the complainant. No police station has special days or hours assigned for receiving women visitors and there is no procedure in place to ensure easier access to the police by female visitors. Women desks and women police are not present in every police station.
- There is lack of gender sensitization among police officials and they fail to recognize the gender dimensions and sensitivities around the GBV cases.

- There is only one Station House officer (SHO) in Khyber Pakhtunkhwa leading Guldberg Police Station while no women police officer is available in the investigation section as Investigation officers (IO) in any police station. There used to be one female investigation officer of DSP rank but she is also transferred to traffic section.
- Police officials often fail to make a difference between the protection of human rights and dispute resolution in treatment of GBV cases.
- Some police officials confuse family violence within the framework of dispute resolution and believe it to be one of the responsibilities of the police force to reconcile the victim and the perpetrator which deliberately or non-deliberately serves to maintain impunity of GBV perpetrators.
- Giving weightage to the local tradition police force gives lots of space to Jirga's and non-formal community based dispute resolution mechanisms specially in the cases of GBV which hinders the access to justice for GBV victim/survivor.
- The complex and lengthy system makes it difficult for GBV survivor/ victims to receive protection makes it very difficult for those with limited time mobility and resources to benefit from the services in GBV response.
- The lengthy investigation process increases the chances that GBV survivor are subjected to pressure and abuse which often makes them drop their complaint mid-way.
- Police stations lack basic services, resources and infrastructure which poses threats to their working capacity and dealing with the cases accordingly in an efficient manner.
- According to the lawyers and prosecutors the corruption, nepotism and influence play an ugly role at every stage of a case while passing through its process. Police always left lacunas in making and investigating a case, especially in cases of GBV police show its limitations and inabilities for covering their corruption and nepotism. Sometimes during trial their contradictory statements benefits the accused directly as investigation have been conducted in papers without the sight visit and direct investigations from the victim or witnesses.
- Cultural sensitivities bar the GBV victim/survivor from sharing the facts around SGBV to the male investigation officer.

- No viable referral mechanism exists within police department to work in collaboration with other government and non-government service providers.
- Low wages, long duty hours, high crime rate, big catchment areas of the police stations, insufficient human resource, security concerns and extra burden on police department to involve in war against terrorism with poor budgetary allocations to police stations; collectively makes it a bigger challenge to perform as per their mandate and public aspirations.

Collectively the questionnaire and open discussion with police show that the above-mentioned challenges are some of the basic reasons that makes them less effective and unable to play their due role in curbing GBV from society.

4.1.3 Recommendations

- Provincial Government of KP must take concrete steps to educate police department on pro women laws and gender sensitize them by special trainings and introducing human rights and gender into police curriculum.
- In police training centers curriculum is to be updated with new laws of GBV and during service refresher courses should be conducted to improve their capacity.
- The police officers need to be trained on how to deal with the specific cases of GBV in gender sensitive matter.
- Federal government should support Provincial government of KP to equip police force with modern equipment by allocating funds and resources.
- New investigation methods and scientific approach should be introduced to police department.
- Wages of police officers should increase; more human resource and budgetary allocations should be made.
- Legal education should be made part of the school, college and university curriculum so that society can be better education about their legal rights and procedures.
- There must be a proper coordination between police and the prosecution departments to ensure swift and timely access to justice and speedy disposal of the case.

- Keeping in view the social restraints, women police desks should be established in every tehsil, where women personnel should have the authority to investigate or at least supervise the investigation in GBV cases.
- Women investigation officers and assistant investigation officers should be appointed and trained in every district to be assigned the tasks of GBV investigation.
- There should be a special access channel for female visitors to the police stations (special hours, clear and easy procedure, women desk).
- The relevant departments and Government service providers must work together to create new policies and procedures for processing of GBV cases. The police facilities also need guidelines on ethical treatment and safety of GBV victims and establish a secure smooth and comprehensive mechanism of information sharing between police and other agencies involved in GBV response.
- Police must build a new model of coordination that ensures the higher number of entry points for GBV victims/survivors which can offer multiple and easy referral options, provide prompt and comprehensive information exchange mechanisms for other Govt and non-Govt service providers and guarantee maximum security and confidentiality for people subjected to GBV.

4.1.4. Doctors and Paramedics dealing with GBV/ VAW (Medico Legal)

The role of health services is to provide immediate medical and psychological assistance to women who got affected by gender-based violence and to assist them in avoiding additional exposure to violence. In case of a GBV case when medico legal is required, survivor/victim is sent to a hospital or nearby health facility where treatment is provided, and medico legal report needs to be submitted to the investigation officer. Police includes that report in its final investigation report, without which case of the prosecution remains weak. Therefore, medical report has a value in the process of investigation.

Medical legal reports are documents prepared by medical officer in response to a requisition of police officer. These reports are usually made in criminal cases. These reports have legal value in criminal cases such assault, rape, murder and others. Some examples of medical legal reports include;

- i. Injury reports
- ii. Post mortem report
- iii. Dying declaration
- iv. Certificate of mental fitness
- v. Certificate about sexual offense

The medico legal report consists of following two sections.

- I: facts observed in examination
- ii: opinion of doctors upon those facts

Medico legal reports are of great importance. Following are some points of importance of medical legal reports:

- i. Gaudiness of investigating officers
- ii. Guilt of accused
- iii. Expert evidence: (Article 59 of QSO 1984)
- iv. Contradiction in cross examination
- v. Corroboration to substantive evidence
- vi. Ascertainment of cause of death
- vii. Ascertainment of time of death
- viii. Ascertainment of injury
- ix. Ascertainment of weapon used

Health care facilities lacks specific structure/units to look after GBV related services facilities. There is no program available to build the capacity of healthcare professionals and healthcare facilities to identify, treat and refer patients suffering from GBV to other relevant service providers The health professional shared that the health facilities are overburdened, they

don't have sufficient time to deal with such cases. They have also observed that female patients never share health issues caused by any kind of violence. Even they have to take the permission of family members to share pregnancy related problems.

The research found that the ability of primary level health facility to serve as an entry point for GBV victims is seriously undermined by the lack of necessary skills and knowledge among healthcare staff and the vulnerability of the healthcare staff to pressures from local communities.

The research reflects that medium and large healthcare facilities has the potential to engage patients suffering from various forms of GBV towards rehabilitation and response. However, their insufficient involvement in GBV referral makes the survivor deprived of opportunity to benefit from services provided by other service providers while the ability of secondary and tertiary level Health Facility (HFs) to serve as an entry point for GBV victims is seriously undermined by the lack of necessary skills and knowledge among healthcare staff.

At the Basic Health Unit (BHU) level, the BHU refers the patients to a higher-level health facility, there is no specific referral mechanism for GBV survivor/victim. The registration book kept in the BHUs does not record whether it was a specific health issue or caused by GBV.

Health Care professionals revealed that sometime the hospitals receive female patient with injuries caused by physical violence by a family member, and sometimes the victims of sexual assault. They are usually sent by police department with a letter from the police, requesting medical examination. The letter is written in a standard format that allows some room for a response from the healthcare facility. Normally, the letter does not explain in detail what type of information is requested. Thus, the information provided by the hospital is some time incomplete.

Most of the medico legal cases are referred to Medico Legal Officer (MLOs) in the nearest health facility in the jurisdiction of relevant police station but this reverse referral link is very weak when it comes to the cases of the gender based violence as the health facilities in most cases does not refer GBV survivors /victims to the police even if directly asked to do so by survivor.

There is not viable mechanism available at the provincial level to receive and compile the data on GBV cases from various health facilities on a regular basis and in a standardized format. Therefore, the health department and other relevant line agencies cannot accumulate and examine comprehensive information on the condition with the government of health service delivery to GBV victims in Khyber Pakhtunkhwa. Also, the respondent reflects that they do not have Standing Operating Procedures (SOPs), guidelines or protocols specifically addressing the needs of GBV victims and they are not aware if any exists at all.

The respondents streamlined need for capacity building of medico legal officers. Despite the fact that some staff has received some training through NGOs, the lack of explicit information and skills stops them to establish and monitor coordinated service delivery to GBV survivors and victims' within the healthcare facilities in the province. They also emphasized on the need of building the skills of female healthcare staff in recognizing the signs of GBV and assisting female patients subjected to violence.

The coordination mechanism between health facilities, Government and non-Government organizations working in the area of GBV response is weak and operates on an ad hoc basis and the coordination activities hardly involve any level of institutionalization because no established coordination mechanism exists . MLO in routine does not engage in coordinated activities with other agencies or organizations working in the field of GBV response .

Challenges

- MLOs sometimes uses generalized terms like “grievous” or “simple” wounds which is vague and benefit of doubt goes in the favor of the accused and he/she may easily be acquitted of the charges.
- It has been revealed during research that there are flaws in procedure for dealing with MLC cases which needs to be addressed as sometimes doctors do not take a case for treatment in absence of police.
- Medical and para-medical staff in hospitals, who directly deal with victims, are not trained for dealing with medico legal cases. In many cases medical or paramedical personnel are reluctant to give evidence before the courts and in some cases even deny their reports.

- Because of the weaker accountability and low transparency levels medical reports are sometime fabricated and distorted and in some cases minor injuries are reported as grievous injuries and wounds, which complicates the case and questions the justice done.
- There is no special structure/unit for the for the coordination of GBV related services in the healthcare facilities
- The GBV response is not adequately incorporated into health care response strategies of the province.
- Within the available health services, there is little understanding on the need of empathy in relation to psychological trauma. The MLOs are often not trained enough provide psychological support while most health facilities do not have counseling services available.
- There is no policy guiding document available which outlines the vision for health sector involvement addressing the problem of GBV
- The hospital staff is not trained on the identification, medical examination and ethical treatment of patients subjected to GBV. The staff also has little understating on safety precautions necessary for treatment of GBV victims.
- There is no data collection and research method at on the provincial and district levels to report services provided by healthcare providers to GBV survivors. Therefore, the health directorate does not receive regular information on GBV cases entering healthcare facilities and services provided to patients suffering from GBV.
- The Govt. funded programs are not available which can build the capacity of healthcare professionals and healthcare facilities to identify, treat and refer patients suffering from GBV.
- There is shortage of female doctors and the workload in all health facilities which creates an un-welcoming environment for the GBV victims/survivors looking for medical assistance.
- No standard referral mechanism and pathway exists. The only common understanding available is that patients with serious physical injuries needs to be referred to the higher-level healthcare facility.

- Catchment areas of the health facilities are huge which increase the influx of patients. Due to heavy work load, health care providers have very limited time they can allocate to specific patient. Even when some time they observe some signs signifying that the patient is scared or depressed, they do not have time and chance to further investigate the issue.
- Smaller level health facilities with strong social and cultural ties to the area are more under the influence of community and community elders which makes them reluctant to encourage the disclosure of GBV outside of close family circle or pass the information regarding the GBV case outside the community.

Recommendations

- A separate MLC (Medico Legal Case) ward/ section or unit must be maintained in every hospital where survivors/victims especially those facing GBV shall be kept and facilitated. Where not only their physical harm may be cured but their mental and psychological damage may also be take into consideration. Proper counselling arrangements should be established within the premises of the hospitals with financial support of the Provincial Government.
- There is strong need to improve collaboration of health facilities and other service providers who can disseminate information about negative impact of GBV on the health of individuals and families and educate communities.
- Standardized SOPs dealing with medico legal cases must be introduced which should also consider the safety, security and wellbeing of health service providers at all levels. SOPs should also ensure that there must be no lapse left in describing and presenting a medical report in time.
- There is need to introduce programs which strengthen the healthcare sector's response to GBV. ML checklists at all health facilities that provide ML services including teaching and DHQ hospitals must be present and available.
- There is need to challenge the existing stereotypical narrative of gender because the primary drivers of a low responsive medico-legal systems continue to be the widespread societal tolerance and acceptance of GBV.

- Police hospitals are to be maintained and equipped with modern medical and forensic/ pathological expertise and equipment.
- Health professional must be trained on the root causes, consequences and types of GBV. Healthcare providers should receive trainings on GBV. This type of training by government or non-government organizations can provide an essential basis for more inclusive educational initiatives around GBV and health.
- Medical and para medical staff should be trained and legal know how is to be imparted to them for exhibiting evidence in a trial of a case.
- Disciplinary actions should be introduced for doctors who deny their medical reports in the court proceedings.
- There should be a viable coordination mechanism available between THQ ,RHCs and DHQs that have ML facilities, where obligatory documentation of the medico legal examination and findings are present in a standardized format. Similarly, Govt must work in coordinated manner to update methods of ML examination and testing techniques as per WHO and internationally recognized standards.
- Govt must allocate funds to develop mobile healthcare facilities, trained, sensitive and equipped staff with knowledge and tolls necessary to identify patients suffering from GBV and render them necessary assistance (in the form of treatment, and referral).

Health Consequences of Gender based Violence

Nonfatal outcomes

Physical health outcomes:

- Injury (from lacerations to fractures and internal organs injury)
- Unwanted pregnancy
- Gynaecological problems
- STDs including HIV
- Miscarriage
- Pelvic inflammatory disease
- Chronic pelvic pain
- Headaches
- Permanent disabilities
- Asthma
- Irritable bowel syndrome
- Self-injurious behaviour (smoking, unsafe sex)

Fatal outcomes

- Suicide
- Homicide
- Maternal mortality
- HIV/AIDS

Mental health outcomes:

- Depression
- Fear
- Anxiety
- Low self-esteem
- Sexual dysfunction
- Miscarriage
- Eating disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

Source: World Health Organization, *Violence against Women: A Priority Health Issue*, WHO Briefing Kit on Violence and health

4.1.3. Prosecutors and Lawyers/ Advocates

Lawyers are trained persons who facilitate the interaction between the lay person and the judiciary. This involves providing legal advice in matters of rights, liberties or property of the client within the framework of legislative and legal rights and representing the client in the event of a dispute before an adjudicatory body. In fact, if law is viewed as a 'public good' which is frequently technical and not self-executing, meaningful access to law requires the assistance of a lawyer.

Interaction with lawyer's information that they are providing following main legal services:

1. Providing criminal defense or civil representation to clients who cannot afford to represent themselves in court;
2. Representing and assisting victims of crime to participate in prosecutions against the accused;
3. Providing general legal information and advice;

Interaction with lawyers reflects that Khyber Pakhtunkhwa is a very difficult environment for providing legal aid services to survivors of GBV. There are security challenges that affect legal services. There are several incidents where survivors, lawyers, witnesses, journalists and family members are threatened, harassed and even killed by opponent parties therefore It is not surprising that survivors are hesitant to report cases of GBV.

Lawyers suggested that following are the major challenges in relation to GBV cases:

1. Gaps and deficiencies in law, policy and practice
2. Limited availability and low quality of information relating to GBV offences
3. Limited cooperation between the actors responding to GBV
4. Influence of customary and Sharia law
5. Insecurity
6. Inaccessibility of rural and remote areas

7. Influence
8. Social and cultural barriers
9. Limited capacity of Bar Associations
10. Shortage of female lawyers

According to the lawyers that the number of GBV victims and survivors, who need legal advice, is high but in most cases, they do not file the case because of the lengthy and complex court procedures. Lawyers also reflected that and even if they initiate the case they hardly continue it as they want it to conclude it in time bound manner which does not happen and disappoints the petitioner.

Lawyer reveals that there are couple of NGOs who provide free legal aid and psychosocial support to GBV victims and survivors. Lawyers are regularly engaged with Non-Governmental service providers and provide pro-bono services where required.

While Public prosecutor is a counsel of the government who prosecutes crimes against the offenders and criminals and conducts criminal proceedings on behalf of the government or in the public interest.

According to Khyber Pakhtunkhwa Prosecution Service (constitution, functions and powers) Act, 2005 Public Prosecutor, as the case may be, shall be in-charge of the Prosecution in the district concerned and in discharge of his lawful duties with respect to a case the prosecution whereof is lawfully assigned to him, shall perform the following functions, in relation to conducting prosecution of offences before courts of competent jurisdiction, namely:-

- (a) Safeguard the interest of the public in prosecution of cases before the courts of competent jurisdiction;
- (b) Shall, on receipt of the final report, -
 - (i) Lodge the same before the competent court trial; or
 - (ii) Withhold the same for want of proper evidence and return it to the Investigation Officer with written direction to resubmit the report after removal of the deficiencies so identified by him;

(c) In respect of compoundable offences, other than those which are punishable by death or life imprisonment, the Director General Prosecution, and in respect of compoundable offences punishable with imprisonment for seven years or less, the

District Public Prosecutor, may-

(i) Withhold prosecution if reasonable ground exists to believe that the offence is compoundable; provided that if the offence is not compounded within a period of one month, a report shall be lodged in the court of competent jurisdiction for prosecution and trial; or

(ii) Apply, for reasons to be recorded in writing, to the court of competent jurisdiction for the discharge of the case, if its institution has been found to be malafide, wrongful or weak from evidentiary point of view:

Provided that an application under this section shall accompany the final report under section 173 of the Code:

Provided further that the competent court may dispose of the application in such manner as it may deem fit.

(2) In respect of any case instituted by a Public Prosecutor before a competent court, any private person representing the complainant shall act under the directions of the Public Prosecutor.

5. Conduct of prosecution. The prosecution of criminal offences shall be conducted in the following manner, namely:

(a) The Investigation Officer shall send the case together with the evidence to the concerned Public Prosecutor;

(b) Prosecution shall not take effect against, persons other than those charged as accused, on the basis of available evidence, by the Public Prosecutor;

(c) The Public Prosecutor shall have the right of audience before any court in respect of any case assigned to him;

(d) A Public Prosecutor issue general guidelines to police officers regarding' the government of their investigation and other matters necessary for the fulfillment of the purpose of effective prosecution;

(e) A District Public Prosecutor may ask the Head of Investigation in a District to take disciplinary action against investigation Officer, where sufficient reasons exist to believe that Investigation Officer has colluded or has not exercised due diligence or honesty in conducting investigation, or misrepresented the facts of the case or prepared the report inefficiently; and

(f) The Director General Prosecution or the District Public Prosecutor may, when he deems necessary in cases where police officers fail to follow any suggestions or instructions of Public Prosecutor under this Act, call for disciplinary action against the Investigation Officer through the competent authority.

This is a great challenge that Criminal law in Pakistan and the procedural codes are followed along with various interpretations of Shariah, parallel justice systems of Jirga, Panchayat, and extra-judicial systems. Many of them have contradictory legal setups which adds to the complexity. The research reveals that in the many cases the interest of public prosecution for GBV is very low, if not completely absent. Hence, public prosecutors along with the police encourage the survivors and their family members to reconcile with their perpetrators. Further, there are no proper monitoring mechanisms to see the performance of public prosecutors, the case outcomes, out of court settlements, and conviction rates.

The prosecutors reflect that there are no security arrangements to protect prosecutors which hinders them from functioning effectively in their respective roles. Prosecutors receive GBV cases from the police department and majority of the cases come for the trail mainly consist of physical violence, shelter, divorce complications, wife battering and running away from home and marriage by choice while the cases involving sexual assault and crimes committed in the name honor are relatively low.

The prosecutor's office reviews the information contained in the case file submitted by the police. The information is based on the outcomes of preliminary investigation carried out with the victims, perpetrator and witnesses. Further, collect evidence and when necessary request medical examination of the victim to be performed by the healthcare providers at the

facilities such as provincial or district hospital. In such situation female prosecutor is pre-requisite to ensure the quality of investigation of GBV cases. However, quality of investigation is effected because female prosecutors are less in numbers across the province.

According to the prosecutors the “reconciliation approach” is applied at several stages of investigation special in the GBV cases as most of the time the victim/survivor are from the same family or in a close relation. In majority of the cases the both parties show inclination for reconciliation during trial which is appreciated by both judiciary and prosecution aim of which is to save the family from breaking up and the intention behind such approach is always “positive”.

According to the prosecutors, the awareness of pro women law is low among prosecutors. The respondents emphasized on the importance of training on the implementation of pro women laws for the prosecutors on both the provincial and district level. The respondent informed that there are no specific policies and procedures available to deal with the cases of GBV and prosecution has limited collaboration and networking with government and non-government service providers.

Challenges

- There is a lack of coordination between prosecution and investigation agencies which is often reflected in the investigation reports and during the trial.
- There are also enormous social, cultural and religious barriers in reporting GBV cases. Victim/survivors are often reluctant to pursue prosecution or civil cases against the perpetrator due to the social stigma associated with GBV. In rural and remote areas across the province, customary law is used to resolve most of the disputes.
- The police conduct investigation with a slow pace which often results in the loss of data and also in most cases the information received from the police regarding GBV cases not complete. The information sharing is not regulated by a detailed procedure and suffers from the absence of detailed and comprehensive SOPs.
- In GBV cases the non-efficient repose from health care facilities, poor coordination mechanisms impact the prosecution negatively. There are no SOPs which can ensure provision of structured, standardized and detailed data.

- The lawyers and prosecutors informed that that women subjected to GBV often have very low awareness of the opportunities for legal assistance that exists. Lawyers sometimes refer GBV victims to NGOs that provide free legal aid however, they suggested that the citizens should receive this information at earlier stage and both the government and not government service providers should play their role in this regard.

Recommendations

- Govt. should take measures to ensure that recruitment, promotion and transfer of public prosecutors are carried out according to fair and impartial procedures.
- Ensure measures that public prosecutors, together with their families, are protected when their personal safety is threatened because of their work.
- There is a need to ensure that public prosecutors have an effective right to freedom of expression, belief, association and assembly. In particular, they should have the right to take part in public discussion of matters concerning the law, the administration of justice and the promotion and protection of human rights and to join or form local, national or international organizations and attend their meetings in a private capacity, without suffering professional disadvantage by reason of their lawful action or their membership in a lawful organization.
- Training is both a duty and a right for all public prosecutors therefore intensive trainings need to be arranged for prosecutor at every stage of their job.
- Govt. should take appropriate measures to ensure that public prosecutors are able to perform their professional duties and responsibilities without unjustified interference or unjustified exposure to civil, penal or other liability. However, the public prosecution should account periodically and publicly for its activities and, in particular, the way in which its priorities were carried out.
- Public Prosecutors should scrutinize the lawfulness of police investigations at the latest when deciding whether a prosecution should commence or continue. In this respect, public prosecutors will also monitor the observance of human rights by the police.

- Public Prosecution should take effective measures to assure the appropriate and functional co-operation between the Public Prosecution and the police.
- Public prosecutors should abstain from discrimination on any ground such as sex, race, color, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, health, handicaps or other status.
- Capacity building measures should be taken, and a mechanism may be developed where prosecution and investigation may coordinate in making a case. Their combine training sessions are needed to be conducted.
- Public prosecutors should ensure equality before the law, and make themselves aware of all relevant circumstances including those affecting the suspect, irrespective of whether they are to the latter's advantage or disadvantage specially in GBV cases.
- Existing statutory provisions should be updated, and new amendments should be introduced for a large-scale overhauling of the existing prosecution/ justice system.
- Number of women prosecutors and lawyers should be increased to improve the access to justice for GBV victims/survivors.
- The salaries and privileges of the prosecutors should be enhanced, and the new statutes shall be implemented and enforced effectively.

4.1.4. Darul- Aman

Darul Aman's (DA) are conceived as a sanctuary for women who have lost familial protection or been rendered destitute. According to Darul Aman Supervisor in Peshawar working under the Social Welfare & Women Development the Darul Amans in Khyber Pakhtukhwa provide following services:

1. Institutional cum residential care for run away and destitute women.
2. Their rehabilitation and re-adjustment in the society
3. Imparting them skill / vocational training in income-generating skills to the rejected and misplaced women.

In KP women victims of violence including domestic violence, physical, psychological abuse, rape cases, vanni and swara cases, forced marriage, emotional and economical abuse, etc are accommodated in these facilities. Female victims of violence having children are also

accommodated. The Darul Aman representatives claims to provide protection and institutional care to all residents such as free boarding and lodging facilities including all the necessities of life, free medico-legal aid, psychological support such as counseling sessions.

In KP, there are 6 functional Darul Amans located in district Peshawar, Abbotabad, Swat and Mardan, Haripur and Manshera. While Govt Plans to establish two more Darul Amans in District Chitral and Bannu. Two Darul Amans were visited for the purpose to get data for this research. Most of the residents are living in Dar ul Aaman against their will because their cases are processed in the city's courts. According to the statistics provided by the officials of the Darul Aman there are 12 rooms in Peshawar Darul Aman while there are 8 functional rooms in Mardan Darul Aman which during rush days can accommodate 8 to 10 women. According to the officials of the Darul Amans there is an approximate annual turnover of 900 to 1000 women in Peshawar while 700 to 800 women in district Mardan. According the Social Welfare Department KP following were the number of beneficiaries by Darul Aman in 2013-2014

NATURE OF CASES	2013	2014
DOMESTIC VIOLANCE	784	120
SEXUA/RAPE	31	17
DIVORCE	112	38
EARLY MERRIAGES	28	26
SWARA	23	21
RUN AWAY	315	271
WIDOWS	16	0
ZANA	9	9
BEGGERS	116	116
TOTAL	1434	622

While following is the number of cases settled.

NATURE OF CASES	2013	2014
CASES SETTEELED THROUGH COURTS	209	175
CASES SETTEELED THROUGH JARGA	746	38
LEGAL AIDS PROVIDED	542	153
TRAINING IMPARTED	322	168

The Darul Aman does not accommodate any survivors without court orders and in order to leave the DA she would need the permission of the court. Administratively, DA operates like a sub-jail without the legal status of sub jail. Otherwise Govt. needs to provide the facilities of the sub jail. Even in case of medical or other emergency, the courts' permission is necessary. The summons for court hearings are sent to the superintendent who has to ask for police escorts. In most of the cases, women have to pay to avail the services of police escort otherwise the police does not cooperate. Though, there are some guiding principles to operate the DAs, yet there are no comprehensive SOPs, job descriptions and code of conduct for the employees and care takers of Darul Aman.

There is one wardan in all Darul Amans with 24 hours duty timing which is humanly not possible therefore there is need to hire assistant Wardans in all Darul Amans. There is an MIS system at the office of the secretary where data is sent regularly but it is observed that the data is not updated on the website on the regular basis. Management of the DA has no funds to pay for medicines or to fulfill any other emergency need of the survivors. There is not any proper incidence reporting formats and regular monitoring mechanism which needs to be developed.

In DAs women lives in constant stress uncertainty and poor living conditions. There are no activities that keep them busy/occupied as a part of their psychosocial/psychological wellbeing. The children living with their mothers in DAs are suffering from lack of education and proper play therapies which is the mandate of child protection and welfare commission. There are no initiatives that will enable them to lead a fruitful life once they return i.e. The Social Welfare Department does not take/accept any help from Civil Society organizations due to several administrative barriers. In 2012 the Social Welfare Department support from the Gender Component, Governance Programme of GIZ Pakistan has conducted capacity research of NGOs working in GBV response in Khyber Pakhtukhwa and in result established an advisory board of CSOs on matter related to Dar ul Amans but unfortunately this board never become functional because of the lack of interest by CSOs and Govt. Darul Aman works under the supervision of Social Welfare Department and they have no proper mechanisms to collaborate with other government and not government service, provider to GBV

Challenges

- Lack of Funds and budgetary restraints are one of the key challenges for Darul Amans in Khyber Pakhtunkhwa.
- Darul Amans have remained a low priority area for the policy makers, Civil Society Organizations' and other government and non-government service providers.
- There are no comprehensive SOPs available to manage DAs as per internationally recognized standards.
- There are six Darul Amans in KP, while in majority of districts there are no Darul Amans.
- There is one Wardan in Darul Aman with 24 hours working time which is humanly not possible.
- According to PC 1 of Darul Amans they can only accommodate 30 persons which is a big challenge on ground.
- The staff of Darul Aman changes regularly and people coming to serve them lack required empathy, sensitization experience and training.
- There are no proper mechanism of security and day to day challenges and incidents are dealt on adhoc basis.
- There are no health facilities for inmate and children living with their mothers have education opportunities, similarly there are no leisure facilities available for all residents.
- The Social Welfare Department avoids taking help from CSOs and INGOs to improve the services delivery of Das due to administrative barriers.

Recommendations

- Social Welfare Department must create a dedicated unit to deal DAs whose staff should not be transferred to any other department, though they can be transferred from one DA to another DA.
- All staff before posted to DAs should go through appropriate training.
- SOPs, job descriptions, code of conduct, Proper incidence reporting formats, regular monitoring and reporting formats needs to be developed and notified.
- The government should establish separate sub-jails for women who are referred by court and their summons should be sent to the district police officer so that their escort can be ensured. Since by giving it the status of a sub jail the security will be shifted to police.
- Adequate referral mechanisms and facilities be ensured and special arrangements for ensuring assistance in emergency be developed so that the permission from the court can be done away with.
- Separate shelter homes for those who require shelter through their own will be established.
- Measures for improving the image of the DA need to be taken so that public support can be ensured.
- The DAs must be provided with 24/7 transport facility with adequate resources including POL and full time driver.
- Assistant wardans must be provided to all existing and future Darul Amans.
- MIS system must be maintained and updated regularly for public access and information.
- Since the services of an employee of SW&WED are transferable between different departments i.e. from social welfare to women empowerment to shelter homes to blind schools. Therefore specialization cannot be ensured. It is therefore recommended that specialized and dedicated unit be formed with no transferable services.

4.1.5. National Human Rights Institutions (NHRIs)

National human rights institutions are independent bodies established to stand up for those in need of protection and to hold governments to account for their human rights obligations. They also help shape laws, policies and attitudes that create stronger, fairer societies. NHRIs are established by law or in the constitution, to promote and protect human rights in their respective countries. However, they operate and function independently from government. Strong and effective NHRIs help bridge the "protection gap" between the rights of individuals and the responsibilities of the State by:

- Monitoring the human rights situation in the country and the actions of the State
Providing advice to the State so that it can meet its international and domestic human rights commitments
- Receiving, investigating and resolving complaints of human rights violations
- Undertaking human rights education programs for all sections of the community
- Engaging with the international human rights community to raise pressing issues and advocate for recommendations that can be made to the State.

National human rights institutions are established by government with the role to protect and promote human rights in the country. These institutions are established under the law and constitution to comply with the principles relating to the status of national institutions (Paris Principles, 1991) for the promotion and implementation of international human rights standards at national level.

Following are the key NHRIs and their mandate working in Khyber Pakhtunkhwa:

NATIONAL COMMISSION ON STATUS OF WOMEN (NCSW)

National Commission on the Status of Women (NCSW) is a statutory body, established in July 2000. It is an outcome of the national and international commitments of the Government of Pakistan like Beijing Declaration and Platform for Action, 1995; and National Plan of Action (NPA) for Women, 1998. Three Commissions have completed their respective term of three years. Term of the last Commission expired on 31st December, 2008.

The National Commission on the Status of Women (NCSW) was established with the specific purpose to: Examine policies, programs and other measures taken by the Government for women's development and gender equality; Review laws, rules and regulations affecting the

status of women; Monitor mechanisms and institutional procedures for redress of violations of women's rights and individual grievances; Encourage and sponsor research to generate information, analysis and studies relating to women and gender issues; Develop and maintain interaction and dialogue with NGOs, experts and individuals in society at the national, regional and international level; any other function assigned to it by the Federal Government.

NCSW has one member from Khyber Pakhtunkhwa who represent the province and NCSW regularly interact with KPCSW and civil society organization for policy input.

KHYBER PAKHTUNKHWA COMMISSION ON STATUS OF WOMEN (KPCSW)

The Provincial Commission on the status of Women, Khyber Pakhtunkhwa is a statutory body established under NWFP Act X1X 2009. It came in to being on May 13, 2010 in the backdrop of the devolution of powers and Federal Women Development Ministry. The mandate of the commission is;

(a) examine the policy, programs, projects and other measures taken by Government, for women development and gender equality, to assess implementation and make suitable recommendations to the concerned authorities, where considered necessary for effective impact;

(b) review all provincial laws, rules and regulations affecting the status and rights of women and suggest repeal, amendments or new legislations essential to eliminate discrimination, safeguard and promote the interests of women and achieve gender equality in accordance with the Constitution of the Islamic Republic of Pakistan and obligations under International Covenants and commitments;

(c) monitor the mechanism and institutional procedures for redress of violation of women's rights, individual grievances and facilities for social care, and undertake initiative for better management and efficient provision of justice and social services through the concerned forums and authorities;

(d) examine and review policies/programs and plans of each department to ensure that they address gender concerns adequately;

(e) establish and constitute in consultation with the Government, District Committees, consisting of such number of members with female majority and to be headed by a female Chairperson on such terms and conditions and for such a period as may be prescribed through regulations to examine and review policies/programs and plans for each office in the district and to ensure that they address gender concerns adequately; provided that two female members of district council shall be added to the District Committee and meetings and quorum of the District Committee shall be such as prescribed by regulations;

(f) Provide guidelines to a District Committee for implementation and receive periodic reports on the implementation status to the Commission;

CHILD PROTECTION AND WELFARE COMMISSION

The Commission on child protection and welfare KP is a body corporate, having perpetual succession and a common seal, with power given under the act (The Khyber Pakhtunkhwa Child Protection and Welfare Act, 2010) to provide for the care, protection, maintenance, welfare, training, education, rehabilitation and reintegration of Children at risk in the Khyber-Pakhtunkhwa.

DIRECTORATE OF HUMAN RIGHTS

Directorate of Human Rights Government of Khyber Pakhtunkhwa's is established under The Khyber Pakhtunkhwa *Promotion, Protection and Enforcement of Human Rights Act, 2014*. Its mission is to Promote, Protect and Enforce Human Rights in the Province of Khyber Pakhtunkhwa, as guaranteed by the Constitution of Islamic Republic of Pakistan and various International Conventions, Treaties, Covenants and Agreements to which Pakistan is a government party or shall become a government party.

Khyber Pakhtunkhwa is the only province to have a Human Rights Directorate.

NATIONAL COMMISSION FOR HUMAN RIGHTS (NCHR)

The National Commission for Human Rights Act, 2012 stipulates a broad and overarching mandate for the promotion, protection and fulfillment of human rights, as provided for in Pakistan's Constitution and international treaties. As an impartial government body, the

NCHR works independently of the Government and is directly accountable to the Parliament of Pakistan. The NCHR's financial and performance reports are also directly presented to the Parliament for approval on an annual basis.

NCHR has a fully functional regional office in Peshawar.

FEDERAL DIRECTORATE OF HUMAN RIGHTS

Federal Directorate of Human Rights represents the Ministry of law justice and human rights at Provincial level. It reviews the human rights situation in the country including implementation of laws policies and measures. Coordination of activities with Provincial Government in respect of human rights.

It refers and recommend investigations and inquiries in respect of any incident of violation of human rights. It also provides relief and revolving fund and legal assistant fund to GBV victim and survivors. Federal Directorate of Human Rights have fully functional office in Peshawar.

The NHRIs are available in the province as key entry points for GBV victims/survivors in the province. However, the coordination and information sharing with government agencies working on GBV cases (specifically, police and the Prosecutor's office) is one of the biggest challenges faced by NHRIs in their work.

The NHRIs potential as a strong external mechanism for monitoring the quality of services provided to GBV victims/survivors within the law enforcement and judicial bodies is seriously limited by the lack of cooperation on the side of Govt. service providers. This lack of coordination affects the ability of NHRIS to assist GBV victims/survivors in their struggle for protection and justice. The employees who deal legal cases that involve GBV did not receive training on processing GBV cases or working with GBV victims and survivors.

During the research it was observed that in most of the cases, the NHRIs take action on the cases reported by print and electronic media otherwise their involvement in GBV response is very limited. The department receives a small number of legal cases involving GBV which are often referred by Civil Society Organizations. Almost all the NHRIs needs written SOPs

regulating the screening and processing of GBV cases and at the same time need to introduce new approach to coordination. The respondents identified lack of coordination as the main obstacle in addressing violence. Clearly, there is a need for new approach to coordination. The findings of the research demonstrate that the top down coordination effort, albeit successful in addressing GBV cases on an ad hoc basis, is not efficient in bringing change to the routine operations. KPCSW should facilitate the process of incorporating specific steps that ensure coordination in the procedures that regulate the treatment of GBV cases by all NHRIs. Also, the NHRIs needs to reinforce the cooperation with CSOs and Networks in addressing GBV. Building connections with CSOs and community based structures could strengthen NHRIs ability to monitor GBV cases and assist the victims. Working together with the CSOs is also crucial for spreading the awareness of the GBV as human rights violation among the public.

Challenges:

- NHRIs are not fully autonomous and independent, they are often reluctant to take up any case of GBV which questions the will and acts of Government.
- NHRIs suffers from lack of human and financial resources therefore lack expertise and diversity necessary to fulfil their mandate.
- NHRIs are working in isolation and there is almost no collaboration between them, there is no coordination mechanism available where NHRIs can work together on GBV issues in a coordinated manner.
- NHRIs don't have well defined written SOPs to deal with the cases of GBV and if there is any response from their side it is based on ad-hoc basis GBV.
- NHRIs have some level of cooperation with NGOs working on GBV issues but coordinated collaboration with government and non-government providers is nonexistent.

Recommendations:

- All national and provincial human rights institutions (NHRIs) should be made autonomous and fully independent. (functional, personal and institutional independence)
- All NHRIs must be provided with sufficient resources (financial, human, and logistical).

- All NHRIs must have expertise and diversity necessary to fulfil their mandate.
- All NHRIs must have powers and guarantees, in particular access to all places of deprivation of liberty, information and persons
- NHRIs must enjoy privileges and immunities (i.e. protection from sanctions and confidentiality of information)
- NHRIs must work in close collaboration with each other and devise viable coordination mechanism specially to respond on GBV cases so that their efforts are no overlapped and duplicated.
- NHRIs must encourage government parties to ratify international human rights treaties and implement legislation, policies and practices relating to gender equality in line with international human rights norms and standards.
- NHRIs must formulate well defined written SOPs to deal with the cases of GBV and train their relevant staff so that they have better understanding and capacity to deal with the cases of GBV.
- NHRIs must work closely with all government and non-government service providers who works for the prevention and response of GBV.

4.1.6. Civil Society

Civil Society and non-governmental organizations (NGOs) have the power to influence individual behavior and the institutions that are involved providing response to gender based violence. Civil society has the potential to play a major role in ending violence against women. Through the research, following key civil society alliances were identified which focuses on GBV response;

- Alliance to End Early, Child and Force Marriages-KP /FATA
- Member Civil Society Advisory Committee (KPCSW Khyber Pakhtunkhwa)
- National Action Coordination Group (NACG)-KP part of the South Asian Civil Society Initiative to End Violence Against Children (An Apex body of SARCC).
- Pakhtunkhwa Civil Society Network (PCSN)
- Access to Justice District Coordination Group
- Men Against Rape-KP Chapter

- Fight Against Dowry Advocacy Network (FADAN)-KP Chapter
- CSO Working Group on GSP Plus-KP
- Sexual Harassment Implementation Watch Committee-Govt. of Khyber Pakhtunkhwa
- Trans Action (Provincial Alliance of Transgender Community)
- Sexual and Gender Minority Rights Alliance
- Pakistan Human Rights Defenders Network (KP Chapter)
- End Violence Against Women & Girls Alliance (EVAW/G) KP & FATA
- Partners in Prevention and Response (P4PR)

According to civil society representatives, their primary role is to ensure that government legislation is enforced and that the perpetrators of GBV are apprehended and to hold the Govt. and relevant line departments accountable to enforce laws, policies and interventions in prohibiting all forms of violence. CSOs make efforts that existing and proposed legislation meets the requirements of international agreements that aim to put an end GBV.

Coordinator of the Pakhtunkhwa Civil Society Network (PCSN) one of the largest civil society alliance in KP expressed that civil society has a duty to promote a culture of justice and support for victims of violence. CSOs are making efforts to ensure that the government provides timely, adequate and high-quality multi-sectorial services to survivors. Delayed services like late registration of FIRs, long investigation processes, delay in obtaining medico legal reports causes the delay in access to justice and render survivors of violence vulnerable to hopelessness.

CSOs are at the forefront of educating communities about their rights. While educating communities and creating demand is imperative. The CSOs have often failed to provide accurate, reliable and meaningful data on GBV. The respondents representing CSOs helped us understand that majority of alliances and organizations working to prevent and respond to GBV cases do not have well defined SOPs and guidelines to deal with the GBV cases. Organizations working on GBV in humanitarian context have limited/no linkages with organizations working on community outreach and advocacy issues. Organizations, networks and alliances working on one thematic area does not work, interact and share information with other GBV networks. There is little efforts of information sharing and lessons learned are rarely shared.

The key informants of civil society identified following as major helplines working in Khyber Pakhtunkhwa in relation to GBV.

- Bolo 0800-22227 managed by Act in collaboration with Social Welfare Department
- Madadgar 111-911-922 managed by Madadgar.
- Legal Aid 1098 by Legal Aid
- Zama Awaz 091-9212026 managed by Pak Women in collaboration with Women Parliamentary Caucus.
- Sahailee Women's Helpline 03159170408 by Aware Girls
- Mera Ghar 091-6006831 by Noor Education Trust
- Noor Education Trust Legal Aid and Shelter
- Dastageer tool free helpline 0800 588 88 by Blue Veins

Challenges

- There are many civil society organizations working to educate communities on GBV and providing legal and psychosocial services but still this information often does not reach at grassroots level.
- Majority of GBV prevention and response strategies have limited scope because they have engaged only women. There are fewer programs which engage men and boys as part of the solution to end GBV.
- In most cases the civil society organizations the existing GBV networks does not practice the rule of "Do No Harm" which often puts the GBV victim/survivor at risk.
- CSOs are working in isolation and there is less level of synergy among organizations and networks working on GBV prevention and response issues.
- Large amount of work around GBV by NGOs is project based with no viable sustainability plan. NGOs operates in isolation and there are little efforts to harness support from other civil society organizations like lawyers, labor unions, student unions, teacher association and others.
- NGOs hardly share their good practices and lesson learned, there is no such mechanism at provincial and district level, there are less spaces for interaction.

Recommendations

- The capacity building initiatives of NGOs must include boys and men to ensure that cultural norms that perpetuate and engender discrimination are addressed. Awareness raising campaigns and institutional and legal d can also promote a culture of equality.
- There is an urgent need for CSOs to enhance their own data collection, analysis, dissemination and utilization of synthesized data to inform decision making. This approach to the fight against violence against women, girls and children builds a crucial knowledge base that supports multi-sectorial interventions.
- Despite lots of work is happening on GBV awareness. For low literacy GBV survivors at community level –there is no clarity on how to readily avail services or what type and kind of services are available in districts and provincial level.
- Organizations working on GBV response must familiarize themselves with the principles of “Do No Harm”.
- There is need for better synergy and cooperation among organizations and networks working on GBV prevention and response issues.
- NGOs must harness support from other civil society actors such as lawyers, media, religious leaders and others.
- CSOs must develop a mechanism where they could learn from the experience of each other and share learned lessons and “what works” at community and policy level.
- There is an imperative need for NGOs to be aware of complimentary programs by other NGOs or organizations, and to refer survivors and collaborate (horizontal information sharing) with each other without risks of losing their business advantage.
- To implement a range of targeted interventions combining education, community, mobilization and capacity building. In addition, media and public awareness campaigns are needed to address the intersections between gender and other social and economic inequalities.

- More NGOs should come forward to provide private shelter to GBV victims/survivors in Khyber Pakhtunkhwa.
- GBV response engagement cannot be confined to survivors. NGOs must engage with all stakeholders to ensure that strategies become embedded within the wider community and end GBV.

CHAPTER 5

5.1. Survivors Perspectives

Discrimination, abuse, violence and gendered biases are deep-seated sentiments of disbelief and cynicism regarding GBV victims/survivors and the nature of their intentions. The GBV survivor/victims interviewed reflected that they were not aware of any formal networks or information to seek help. The responses of GBV survivors reflects that due to several contributing factors like poverty, dependency stigma, sensitivity and other concerns most GBV victims/survivors are often reluctant to self-report gender-based violence until there is no other option.

Coming out to seek justice in the patriarchal Pakhtun society where life is governed by strict religious believes and tribal values is an uphill task. The society is not supportive to GBV survivors and discourages them from stepping out the house to seek justice which according to them bring bad name to the family. “Informal networks” of neighbors, natal family and the broader community discourages the survivor and encourage them to accept levels of violence as “private matter” or family matter”. The response of the GBV victims/survivors strongly bring forward the notion that rare decision to seek help is heavily contingent on the availability of options and the life-threatening severity of violence.

According the GBV survivors, physical abuse and violence are part of the life of for majority of women in the Pakhtun culture especially with prevalent pattern of domestic abuse and violence. The research highlighted that the male dominated joint family structure puts newly married women at the greater risk of GBV. Honor is strongly associated with women’s sexuality and hence tightly controlled by restrictions on her mobility, interactions outside the home, and with non-immediate family male members. From the very beginning, women in our society are deliberately trained to avoid Violence Instead of challenging or stopping it.

GBV survivors reflected that there is little recognition of psychological trauma or empathy among service providers and often the service providers failed to counsel or empathize for their psychological state. Survivors of GBV believes that their miseries are not over. They live

in isolation and society does not consider them a victim. Further, there is no one who takes into account their self-esteem personal suffering, their rights and dignity. They continuously suffer from trauma and other psychological and physical problems due to the GBV they have experienced.

Survivors of gender-based violence have little hopes with the justice system and they fear immediate and long-term threats to their physical and mental health and social well-being. And they believe that these risks will increase if they do not receive competent, confidential and compassionate care, which is critical for reducing the risk of ongoing injury and suffering.

The response system available in Khyber Pakhtunkhwa for GBV victims/survivors has fragmented structure of available services. As a result, GBV survivors do not have equal access to services, exposure to re-traumatization and even to fear for personal safety. Therefore all government and non-government GBV response programs must take in to account the needs and cultural challenges in reintegration of GBV survivors. All the responses must be designed to achieve meaningful change in GBV survivors' health, safety, education, economic wellbeing and ability to influence the decisions that affect their lives.

CHAPTER 6

6.1. Recommendation for all government and non-government service providers of GBV

All survivors despite of their sex and gender identity must be entitled to access care without any prejudice and bias. They must be treated with dignity and respect and free from intimidation and blame. All government and non-government service providers must ensure that:

- All GBV related services are provided free of charge in a compassionate, competent and confidential matter keeping in practice the “Do No Harm” principal.
- All Service providers must be trained to effectively identify survivors.
- All services in relation to GBV must be based on a comprehensive, multi-sectorial approach that addresses both response and prevention.
- All available services must be evaluated and should be made acceptable to the unique needs and challenges faced by the GBV survivors in the cultural context but within the frame work of internationally accepted practices.

6.2. GBV Response Road Map

The advocacy road map to improve GBV response in Khyber Pakhtunkhwa must aim at creating or changing policies, laws, regulations, distribution of resources or other decisions that affects the lives and decisions of the GBV victims/survivors. Moreover, GBV response mechanism must ensure that these policies are implemented. This policy should be directed to policy makers and legislators, but should also emphasis on the role of community leaders and opinion makers.. The four key areas which the GBV response road map should touch upon are:

1. legislation
2. Policy
3. Institutional
4. Community level

6.2.1. Legislative Area

- Evaluate the existing laws addressing GBV and document the gaps.
- Work with NHRIs, Women Parliamentary Caucus and legislatures to bring new laws with the potential to criminalize GBV such as domestic violence and child marriages.
- Sensitive political parties and their leadership to support protection laws on assembly floor.

6.2.2. Policy Area

- Bring data and evidence based research to inform policy making.
- Work with line department to allocate and used budgets for GBV response programs.
- Monitor Government commitments on ending GBV
- Develop institutional mechanisms for inter-sectorial governmental response to GBV

6.2.3. Institutional Area

- Develop Institutional Reform Plan
- Establish referral network at the provincial, district and community Level and make effort that this information is available to people at community level.
- Mobilize media in fight against GBV
- Sensitize and train all government and non-government service providers of GBV
- Regularly monitor and evaluate the services and integrate improvements according the identified needs.

6.2.4. Community Area

- Harness support from other inflectional civil society actors.
- Sensitize, mobilize and establish community response and self-help groups.
- Engage men and boys as equal partners to end GBV.

CHAPTER 7

7.1. Findings and Conclusion

The research strongly reflects that that GBV victims/survivors seeking assistance from the government and non-government service providers encounters economic, social, cultural and organizational barriers. Women and gender minorities faces cultural standards that discourages the disclosure of GBV outside of family circle and sometimes the victims/survivors faces deliberate negative attitude even from service providers while seeking assistance and protection from gender based abuse. GBV victims/survivors in most cases have no guidance resources, freedom to travel and time necessary for visiting several service providers and navigating bureaucratic system in order to find assistance and protection from abusive behavior.

The data accumulated and analyzed in the course of this research provided important insights into the interactions between government, line agencies, national human rights institutions, non-government service providers and individuals subjected to violence. The research demonstrates that despite numerous pressures and barriers, women who suffer from the violence find the strength and courage to disclose GBV. At the same time she needs assistance, justice and protection from violence. In a socio-cultural environment that puts serious restrictions on women's mobility in public space, some women still manage to access and use services provided by government and non-government actors.

Delivery of services to the victims of gender based violence is flawed by miscommunication, poor coordination, low capacity of service providers, Govt. departments working in the field of GBV response do not have policies that reflect multi-sectorial approach to providing assistance, treatment, protection and justice to people suffering from gender based abuse.

Most of government line agencies and non Govt. organizations working in the field of GBV did not have SOPs, regarding screening of GBV cases, registration of GBV case, progress monitoring of cases, referral of GBV cases, follow-up on the cases, internal reporting of GBV

cases and information Management Systems to store and analyze the information on GBV. They also have no guidelines regarding ethics, protection and safety to be provided to GBV survivors.

The barriers encountered by those who seek assistance from government and non-government agencies engaged in GBV response fall under several categories: economic, social, cultural and organizational. The research found that women living in the rural area need time, resources and courage to access to the local healthcare facility, police department, NGO or the offices of NHRIs. It observed in all four districts covered in the study that cultural norms put severe restrictions on access of women and girls' to use the services available for GBV victims. Overall, the cultural norms in most areas prevent women from disclosing violence outside the family circle.

On the level of capacity, the quality and access of the services providers to GBV victims/survivors effects due to of the trained female professionals and lack of specialized knowledge and skills in the staff members. Interviews conducted with healthcare providers, police officers and Prosecutor's office revealed that the dearth of female professionals had a negative effect on the operations of involved in GBV response and often discourages women from using these public services.

On the level of access to services majority of actors working in GBV response did not promote the services among target population groups. In most cases the service providers placed the responsibility of interaction on the beneficiaries (victims/survivors of GBV or their families).

On the level of processing of GBV cases, most of the line agencies, NHRIs, Police and other service providers has no relevant policies, Standard Operating Procedures, protocols, ethical and safety guidelines to deal with GBV survivors/victims effectively. Communication between the service providers regarding GBV cases is affected by numerous gaps and inconsistencies.

On the level of coordination all respondents identified weak coordination between agencies delivering services to GBV victims/survivors as one of the main obstacles in their daily operations. All service providers expressed frustration over delayed, incomplete and inaccurate communication on GBV cases.

At the same time the research gives hope that despite all challenges women subjected to violence have some opportunities to negotiate their interests and seek protection and justice using the structures of power and sources of authority in family and community.

The study finds out that service providers did not have dedicated units responsible for addressing special needs of GBV victims/survivors. The Govt. line agencies do not develop interdepartmental coordinated programs or projects custom-made to strengthen the involvement in GBV response.

Most healthcare facilities did not have separate facilities for examination and interviewing of GBV victims/survivors. Local health facilities are the most convenient entry point for the victims of violence who are seeking help. However, families' control over women's health stops many women in rural areas from accessing Basic or Comprehensive Health Centers. The attitude of healthcare staff presents another important barrier for GBV victims looking for assistance. The Research found that healthcare staff in small (primary healthcare service) and some medium healthcare facilities in the rural areas is scared to identify GBV or assist GBV victims. Both in rural and urban areas families and communities often reject the outside interference in the GBV related situations

The research found that healthcare facilities in rural and urban areas were often the only chance for GBV victims to seek assistance and protection outside of family circle. However, the ability of primary level healthcare facilities to serve as an entry point for GBV victims was seriously undermined by the healthcare staff's vulnerability to pressures from local communities and family members of GBV victims. The staff members in secondary and tertiary level healthcare facilities were less affected by societal pressures compared to the healthcare providers in primary facilities. However, across urban and rural facilities the lack of necessary skills and knowledge among healthcare staff presented a serious obstacle for delivery of services to patients suffering from GBV.

Healthcare facilities in examined areas had a potential to play leading role in referral system, however currently healthcare facilities present a deadlock in the referral and reporting network that connected agencies working in the field of GBV response. The reporting of GBV in healthcare facilities was not required by any rules or regulations and neither was the assistance to the GBV victims in the form of information sharing or referrals. The security of

Medico Legal Officers (MLO) is big challenge. They are particularly vulnerable to the threats and pressure from patients' families and local communities.

About referral of GBV cases the findings demonstrate that government and non-government agencies used various procedures for referral of GBV victims. There are several helplines working in the same city (Peshawar) without any viable coordination mechanism which often presents a circuitous and lengthy route for GBV victims seeking protection, assistance and justice.

The research helps us understand that engaging communities in cooperation or even productive dialogue presented one of the main challenges for government and non-government agencies involved in GBV response. Differences in approach to GBV by community dispute resolution Mechanisms (Jirgas) and government agencies affect relations between the power holders within communities and the government working in the field of GBV response. Community-based dispute resolution mechanisms are geared toward maintaining the peace and social cohesion within communities. However, these important factors are often directly linked to the preservation of the existing power balance within communities, which is often done at the expense of disempowered groups. Thus, on many occasions the resolutions provided by Jirga system do not give priority to the security and well-being of GBV victims and do not serve the goal of maintaining the rule of law in relation to GBV.

The transfer of responsibilities among officials or change in priorities of individuals in decision making positions immediately affect response. Thus, the main problem lies in the approach to the coordination rather than the commitment of the service providers.

The findings demonstrate that the top down coordination effort, although successful in addressing GBV cases on an ad hoc basis, was not efficient in bringing change to the routine operations of the service providers. The coordination and information exchange are not incorporated in the routine operations of service providers. Subsequently the issue of coordination depends solely on the commitment of key decision makers in specific organizations and departments.

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ANNEXURE

Annexure 1: Questionnaire

“Questionnaire to Identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa”

Interviewee

Name:

Date:

Position:

Dept:

Assalam-u-Alaikum. Thank you for agreeing to meet me. My name is _____ and I am conducting research to identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa. Relying on your extensive experience and relevance in relation to GBV response and services in Khyber Pakhtunkhwa, we have a few questions on the purpose, which will help to determine the available services, their quality, gaps and coordination mechanism among different government and non-government service providers dealing with prevention and response to GBV in KP. We feel your input can be extremely valuable in making recommendations to improve GBV response service.

Please feel free to give in-depth answers.

Note: Name of the interviewee and any personal information regarding the public figures and personal incidences shared in the interview would be kept confidential and will not be made part of the report. Only general inferences would be drawn from the narrative incidences during the interview.

Situation analysis Questionnaires for focusing on identification of gaps in existing GBV response services in KP Key Informant Interview (KII) from Police Department

Questionnaire for KII of the Police Department on GBV to Identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa

Blue Veins Peshawar initiated a Project “Policy Advocacy and Research to Strengthen Implementation of Pro-Women Legislation and GBV Response Services in KP” with support from Australian Government and Trócaire in District Peshawar. This tool form is developed for the situational analysis and finding the gaps in the existing structure for addressing the response services of the Police in KP. This will help to get a better understanding of the dynamics of Police Department and make important recommendations about the improvement of services and their priorities. This form will be filled by the respondents of the police department from KP.

Name:

Sex:

Department:

Designation:

Education:

Years of Services:

1. What is your understanding of the term Gender Based Violence (GBV)?
2. What is the role of police department in relation to deal with the cases of GBV?
3. How many GBV cases you deal on monthly basis?
4. What forms of GBV cases are reported mostly from the following
 - Rape and sexual violence (non-intimate partners);
 - Intimate partner/domestic violence;
 - Sexual exploitation and abuse, rape and assault;
 - Early child and forced marriage;
 - Trafficking;
 - Acid burn;
 - Honor Killing;
 - Swara, wani;
 - Any other.
5. Who were the victims of the violence? Do particular categories of women seem particularly vulnerable/at risk of GBV? (For example, adolescent girls, young women, single women, women with disabilities, people of a particular ethnic/ minority group?)
6. Does the survivor/victim know about the laws and their rights under the laws?
7. Are you aware on the prevailing pro-women laws?
8. How you report a case instantly in writing? Initial Proceedings?
9. Who investigate the victim in Police station?
10. What difficulties you face while registering a case of GBV?
11. What are the hurdles in investigation?
12. When do you submit your final investigation report to your officers or Courts or other forum?
13. What do you think should be done? How can the GBV response system be improved?
14. Do you have particular policy and procedure to deal with GBV cases?
15. Does police department organize specific trainings on GBV response mechanism?
16. Does the police department has any established referral mechanism with government and non-government service providers of GBV?

17. What are the basic challenges faced and needs to improve the delivery of services in relation to GBV services?

Situation analysis Questionnaires for focusing on identification of gaps in existing GBV response services in KP Key Informant Interview (KII) from health service providers

Questionnaire for KII of the health service providers on GBV to identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa

Blue Veins Peshawar initiated a Project "Policy Advocacy and Research to Strengthen Implementation of Pro-Women Legislation and GBV Response Services in KP" with support from The Australian Government in District Peshawar. This tool form is developed for the situational analysis and finding the gaps in the existing structure for addressing the response services of health service providers in KP. This will help to get a better understanding of the dynamics of health service providers and make important recommendations about the improvement of services and their priorities. This form will be filled by the respondents of the selected health facilities of KP.

Name:

Sex:

Department:

Designation:

Education:

Years of Services:

1. What is your understanding of the term Gender Based Violence (GBV)?
2. What is the role of health service providers in relation to deal with the cases of GBV?
3. How many GBV cases you deal on monthly basis?
4. What forms of GBV cases occur more frequently that are treated in the hospital?
5. How do you deal with the GBV cases at your health facility?
6. Are you aware on the prevailing pro-women laws?
7. How you report a case instantly in writing? Initial Proceedings?
8. What difficulties you face while making a medical report in case of GBV?
9. What hurdles you face at your health facility while dealing with the GBV survivor/victims?
10. Does your health facility provide psycho-social support as well to the GBV survivor/victim?
11. What do you think should be done? How can the GBV response system be improved?
12. Do you have particular policy and procedure to deal with GBV cases?
13. Does health department organize specific trainings on GBV response mechanism?
14. Does the health department has any established referral mechanism with government and non-government service providers of GBV?
15. What are the basic challenges faced and needs to improve the delivery of services in relation to GBV services?

Situation analysis Questionnaires for focusing on identification of gaps in existing GBV response services in KP Key Informant Interview (KII) from Dar- UI- Amans

Questionnaire for KII from Dar-UI-Amans officials on GBV to identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa

Blue Veins Peshawar initiated a Project "Policy Advocacy and Research to Strengthen Implementation of Pro-Women Legislation and GBV Response Services in KP" with support from The Australian Government in District Peshawar. This tool form is developed for the situational analysis and finding the gaps in the existing structure for addressing the response services of Dar-UI-Aman in KP. This will help to get a better understanding of the dynamics of government owned shelter services and make important recommendations about the improvement of services and their priorities. This form will be filled by the respondents of the selected Dar UI Amans of KP.

Name:

Sex:

Department:

Designation:

Education:

Years of Services:

1. What is your understanding of the term Gender Based Violence (GBV)?
2. What is the role of Dar-UI-Aman in relation to deal with the cases of GBV and shelter seekers?
3. What forms of GBV cases occur more frequently among women that take shelter?
4. How many GBV cases you deal on monthly and annual basis?
5. How most of the cases are resolved?
6. Are you aware on the prevailing pro-women laws?
7. What hurdles you face at your Dar-ul-Aman level while dealing with the GBV survivor/victims?
8. Is psycho-social support provided at Dar-ul-Aman to the GBV survivor/victim?
9. What do you think should be done? How can the GBV response system be improved?
10. Do you have particular policy and procedure to deal with GBV cases?
11. Does Social Welfare department organize specific trainings on GBV response mechanism?
12. Does the Social Welfare department has any established referral mechanism with government and non-government service providers of GBV?
13. What are the basic challenges faced and needs to improve the delivery of services in relation to GBV services?

Situation analysis Questionnaires for focusing on identification of gaps in existing GBV response services in KP Key Informant Interview (KII) from Public Prosecutor and Lawyers

Questionnaire for KII from Public Prosecutors and Lawyers on GBV to identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa

Blue Veins Peshawar initiated a Project "Policy Advocacy and Research to Strengthen Implementation of Pro-Women Legislation and GBV Response Services in KP" with support from The Australian Government in District Peshawar. This tool form is developed for the situational analysis and finding the gaps in the existing structure for addressing the response services of prosecution in KP. This will help to get a better understanding of the dynamics of prosecution and make important recommendations about the improvement of services and their priorities. This form will be filled by the respondents of the selected public prosecutors of KP.

Name:

Sex:

Department:

Designation:

Education:

Years of Services:

1. What is your understanding of the term Gender Based Violence (GBV)?
2. What is the role of prosecutor in relation to deal with the cases of GBV?
3. What is the frequency and nature of GBV cases trailed in court?
4. Who were the victims of the violence? Do particular categories of women seem particularly vulnerable/at risk of GBV? (For example, adolescent girls, young women, single women, women with disabilities, people of a particular ethnic/ minority group?)
5. Does the survivor/victim know about the laws and their rights under the laws?
6. What is the ratio of success from Prosecution on GBV cases?
7. What flaws are observed in the investigation report left by Police in case of GBV?
8. What are the main challenges faced by GBV survivors in access to justice?
9. Are free legal aid services available for GBV survivors/victims?
10. Are you aware on the prevailing pro-women laws?
11. What do you think should be done? How can the GBV response system be improved?
12. What are the coordination challenges between police and prosecutors?
13. Do you have particular policy and procedure to deal with GBV cases?
14. Does government organize specific trainings on GBV response mechanism?
15. Does the prosecution/court has any established referral mechanism with government and non-government service providers of GBV?
16. What are the basic challenges faced and needs to improve the delivery of services in relation to GBV services?

Situation analysis Questionnaires for focusing on identification of gaps in existing GBV response services in KP Key Informant Interview (KII) from National Human Rights Institutions (NHRIs)

Questionnaire for KII from NHRIs on GBV to identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa

Blue Veins Peshawar initiated a Project "Policy Advocacy and Research to Strengthen Implementation of Pro-Women Legislation and GBV Response Services in KP" with support from The Australian Government in District Peshawar. This tool form is developed for the situational analysis and finding the gaps in the existing structure for addressing the response services of NHRIs in KP. This will help to get a better understanding of the dynamics of NHRIs and make important recommendations about the improvement of services and their priorities. This form will be filled by the respondents of the selected NHRIs of KP.

Name:

Sex:

Department:

Designation:

Education:

Years of Services:

1. What is your understanding of the term Gender Based Violence (GBV)?
2. What is your mandate?
3. Do you have administrative and financial autonomy?
4. Do you have particular policy and mechanism to deal with GBV cases?
5. Do you have particular SOPs for dealing with GBV cases?
6. Does your institution has any established referral mechanism with government and non-government service providers of GBV?
7. What are the coordination challenges between NHRIs and other stakeholders?
8. What is the frequency and nature of GBV cases dealt by your institution?
9. Does your department organize any training on understanding and sensitization of pro women laws and GBV, for the staff who deal with GBV cases?
10. What do you think should be done? How can the GBV response system be improved?

Situation analysis Questionnaires for focusing on identification of gaps in existing GBV response services in KP Key Informant Interview (KII) from GBV survivors/victims

Questionnaire for KII from GBV survivors/victims on GBV to identify the Gaps in existing GBV response services in Khyber Pakhtunkhwa

Blue Veins Peshawar initiated a Project "Policy Advocacy and Research to Strengthen Implementation of Pro-Women Legislation and GBV Response Services in KP" with support from The Australian Government in District Peshawar. This tool form is developed for the situational analysis and finding the gaps in the existing structure for addressing the response services in KP. This will help to get a better understanding of the dynamics of response mechanism and service provided by NHRIs for GBV survivors seeking justice and make important recommendations about the improvement of services and their priorities. This form will be filled by the victims/survivors of the GBV.

Name:

Sex:

Education:

Type of violence:

1. Could you recall (describe the event) and tell us about its frequency, intensity, place, perpetrator etc?
2. What did you do after the violence incident?
3. What was the response of community? Was any support available at community level?
4. Have you heard about NHRIs or any other GBV response service providers?
5. Have you ever approach any official institution, government or non-government organizations for support and what was your experience with them?
6. Have you received any psycho-social support from government and non-government service providers?
7. What challenges you faced as a woman in response system?
8. How you want to improve the response services?
9. What do you think what are the causes of GBV in our society?
10. Are you aware of any women laws and rights under the laws?



Annexure 2: Consent Form

**IDENTIFICATION OF GAPS IN EXISTING RESPONSE TO GBV SERVICES
IN KHYBER PAKHTUNKHWA, PAKISTAN**

15th June, 2017 to 10th July, 2017

If you are happy to participate, please complete this consent form and return to Kazim Advocate at kazimjan275@gmail.com

Yes No

I have read and understood the information leaflet about the research.

I agree to be interviewed.

I am happy for my interview to be audio recorded.

I understand that all data will be treated confidentially and anonymously.

I understand that I can withdraw from the project at any time, and that if I choose to do this, any data I have contributed will not be used.

I understand that I can contact Kazim advocate and Blue Veins at any time.

I understand that the results of this research will be shared with wider audience and may also be published.

Name _____

Department__

Signed _____

Date _____

Researcher's name _Advocate Kazim__

Signed _____



Annexure 3: Information Sheet

IDENTIFICATION OF GAPS IN EXISTING RESPONSE TO GBV SERVICES IN KHYBER PAKHTUNKHWA, PAKISTAN

Information sheet

Who is conducting the research?

My name is advocate kazim and I am inviting you to take in part in my research project, IDENTIFICATION OF GAPS IN EXISTING RESPONSE TO GBV SERVICES IN KHYBER PAKHTUNKHWA, PAKISTAN. I am working as consultant for this research. This project is funded by The Australian Government.

My aim is to explore the perceptions and positions of the stakeholders working against gender-based violence and gaps among service providers to GBV survivors in Khyber Pakhtunkhwa. I very much hope that you would like to take part. This information sheet will try and answer any questions you might have about the project, but please don't hesitate to contact me if there is anything else you would like to know.

Why am I doing this research?

I want to identify the following:

- Key actors providing services for GBV victims
- Existing entry points for GBV response
- Gaps in coordination among main service providers
- Existing policies and procedures that regulate GBV response on all levels
- Main needs and challenges of the service providing services for GBV victims

Why are you being invited to take part?

You are identified as key stakeholder and knowledge bearer in relation to GBV response services in Khyber Pakhtunkhwa.

What will happen if you choose to take part?

I will be really delighted if you agree to take part and am happy to send you more details about my research and answer any questions you may have. If you do agree to participate, I will contact you and schedule a meeting with you to get your reflection on the issue.

Will anyone know you have been involved?

All data will be treated confidentially and will be completely anonymized. I will change your name and remove any personal details from my research to ensure you cannot be identified.

Could there be problems for me if you take part?

You are very unlikely to face any problems when taking part but if there are any questions you feel uncomfortable answering, you have the right to stop the interview at any time. You also have the right to withdraw from the research at any time.

What will happen to the results of the research?

I will write up the results of the research to Blue Veins who will share the finding of the results with wider audience. I will make sure anonymity is given. All data will be securely stored with me and I will not disclose your information.

Do you have to take part?

It is entirely up to you whether you choose to take part. I hope that if you do choose to be involved then you will find it a valuable experience.

Thank you very much for taking the time to read this information sheet.

If you would like to be involved, please complete the following consent form and return to me at Kazim Advocate at kazimjan275@gmail.com

If you have any further questions before you decide whether to take part, you can reach me at Kazim Advocate at kazimjan275@gmail.com

About Blue Veins

Blue Veins is born out of a need for information, activism and grass root organizing towards the empowerment of women and other socially isolated groups. Today Blue Veins works to empower communities towards improving their status which is essential to realizing the full potential of social, political and economic development.

Blue Veins has a vision of a world where every individual despite of their sexual orientation and gender identity lives healthy educated, free and safe lives. Where equality and dignity are rights not privileges. Where people spend, their life creating and thriving, rather than surviving victimization and recovering from atrocities.

Blue Veins is committed to end all forms of Sexual and Gender Based Violence (SGBV) from Khyber Pakhtunkhwa and all over Pakistan. Blue Veins runs a 24 hours helpline in Peshawar which provides free Counseling, Rights Education and Legal Aid to victims of domestic violence and work communities to bring about holistic change. We work to provide victims/survivors of violence choices that include working with their families to the break the cycle of abuse

Blue Veins is:

- Secretariat of Provincial Alliance to End Early Child and Forced Marriages
- Co-Chair National Action Coordination Group (NACG)
- National CSO Caucus to End Child Marriages
- Member of the Civil Society Advisory Group to KPCSW
- Provincial Focal point of National Working Group to End Child Marriage
- Secretariat Partners for Prevention and Response (P4PR) Khyber Pakhtunkhwa.

