Rahnuma Family Planning Association of Pakistan

Final Report

Documentation of best practices, lesson learned and case stories on MISP for SRH community preparedness from project locations- Muzaffargarh in Punjab, Nowshera in KP and Badin in Sindh

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1. Context

Pakistan is the world's 5th most populous country, with the recorded population of 220.1 million. Besides, Pakistan has the highest population growth rate among SAARC countries at 2.8 percent which means an addition of 3.6 million people every year; expected to put severe pressure on a limited resources and high cost for any additional facility. Pakistan is a country prone to natural disasters and emergencies due to political and ethnic conflicts resulting in humanitarian crises. The country constitutes the world's largest protracted refugee situation across all provinces particularly in major areas of Baluchistan and KP province. Poverty and inequality feed multiple religious and sectarian conflicts, insurgencies and violent extremism. It continues to face a number of challenges that impacts on the vulnerability of its people due to both natural and human-induced disasters. Pakistan is still hosting 1,420,673 Afghan refugees.

One of the key challenges related to humanitarian assistance interventions is lack of development and humanitarian nexus and integration of sexual & reproductive health (SRH) response in to emergencies. The lack of policies, guidelines and requisite capacities as well as preparedness among health care providers is a key barrier to address gender based violence (GBV) as a health problem in both development settings and humanitarian crisis.

Rahuma FPAP initiated this project in early 2018 in Districts Badin, Muzaffargarh and Nowshera. The objective of the project was to build the evidence base and tools for incorporating SRH into DRR for communities affected by crises, through the piloting of preparedness interventions that strengthen the community-level health workforce for SRH in Pakistan. The core of this project (including SRH) into Disaster Risk Reduction (DRR) in Conflict-Prone States in Emergencies) is focusing towards strengthening the capacity of communities, to prepare for and respond to Minimal Initial Services Package (MISP) for SRH needs in an emergency, and build the evidence base and tools to support this model and to develop community groups to respond for SRH matters in emergency situation. The project envisaged implementing actions that would support the MISP for SRH priority activities. This report is based on the documentation of best practices, lessons learned and case studies on MISP for SRH community preparedness from project locations.

1.1 Purpose of Assignment

The overall purpose of this assignment was to document the best practices, lessons learned and case studies on MISP for SRH community preparedness from project locations in three districts.

1.2 Objectives of Assignment

The specific objectives of the assignment were:

1. To review the MISP for SRH preparedness action plans of six targeted communities in the three targeted provinces in three districts undertaken in humanitarian settings by public/private sector.
2. To capture 6-8 case stories and best practices and lesson learned based on the activities in the six community action plans from the project locations.
3. To assess the overall Project's progress- by the contribution of public & private sectors- towards increasing timely access to life saving sexual and reproductive health services as outlined in the MISP/MISP checklist

1.2 Project Location

- **Punjab:** District Muzaffargarh-2 Communities: Union Council Doaba and Moradabad
- **Sindh**: District Badin -One community (UC Tarai)
- **KP:** District Nowshehra- 3 Communities: Union Councils Chowki Mumraiz, Nowshera Kalan and Pir Sabaq

2 Methodology

2.2 Design and Methods

Overall design of the assignment was the qualitative descriptive through review of MISP for SRH preparedness action plans, capturing case stories & best practices and assessment of Project's contribution to access SRH services. In line with the assignment objectives, following methodology was adopted:

2.3 Inception Meeting

At the outset an inception meeting was held with RFPAP team to understand the assignment, finalization of activity plan, timelines and to discuss other work modalities.

2.4 Document Review

Initially a comprehensive desk and document review was carried out. All relevant project documents, reports, secondary data and other reference material were studied. This pertained to the multi-sectorial coordination, preparedness, response and referral mechanisms for Health System Response to SGBV in humanitarian settings by public sector and other civil society organization in Pakistan. It also fed into the finalization of qualitative guidelines and documentation of case stories.

2.5 Development of data collection tools

Qualitative data collection tools were developed to capture three aspects of the assignment, as defined in the objectives;

- Review the MISP for SRH preparedness action plans
- Capture 6-8 case stories and best practices
- Assess the overall Project's progress for timely access to life saving SRH services

2.6 Training of data collection/documentation team

A team comprising of consultant and six local interviewers implemented the assignment. Each district team comprised of two researchers; well versed with local language and cultural sensitivities. Data collection team was trained prior to data collection on tools and context of the activity.

2.7 Field visits and data collection process

A two-member team collected data in each district (Badin, Muzaffargarh and Nowshehra) for 3 days. After prior appointment, the team met the implementers and project staff at three locations (three districts) to understand the achievements and to identify the beneficiaries for potential case stories. Rahnuma FPAP facilitated the meetings/ interviews of stakeholders including GBV clients, project staff engaged in project implementation and other relevant Stakeholders. Consents were

taken from the participants involved in discussion and in in-depth interviews. Where feasible, pictures, audio and video clips were taken to elaborate the potential case stories. Continuous Monitoring & Supervision of data collection process was carried out to ensure the quality of field work and information collected.

- **Key Informant Interviews**

The research team interviewed the key informants involved in project implementation and project staff and other public and private stakeholders. The team collected and reviewed the MISP for SRH preparedness action plans of targeted communities in the three targeted provinces in three districts undertaken in humanitarian settings by public/private sector.

- **In-depth Interviews (IDIs)**

Direct and indirect beneficiaries of the project were contacted and in-depth interviews (IDIs) were conducted. IDIs were conducted with GBV clients, community members and stakeholders. Based on the IDIs conducted in each of the three target districts, 6 case stories and 6 best practices and lessons learned were developed. Where feasible, some of the case stories were collected in the form of short videos/talks on experience by community members and stakeholders. These were based on the activities in the six community action plans from the project locations.

Following qualitative tools were applied to collect the information and interview the respondents
Table 1: Number of interviews conducted by district and by type of respondent

S#	Respondent	Nowshehra	Muzaffargarh	Badin	Total
1	R-FPAP Staff (MISP Performa)	1	1	1	3
2	Key Informants (KIIs)	5	5	5	15
3	Project Beneficiaries (IDIs)	7	4	5	16
4	GBV Clients (IDIs)	1	2	1	4
Total		**14**	**12**	**12**	**38**

3 Desk Review- GENDER BASED VIOLENCE IN HUMANITARIAN CRISIS

Defining Gender Based Violence

The UNHCR define Gender-Based violence as “harmful acts directed at an individual based on their gender and is rooted in gender inequality, the abuse of power and harmful norms”. (1)Gender based violence is also defined by the European Commission as “violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately.” (2)

GBV includes; domestic violence and violence against women, despite women and girls being the main victims, it can also impact men, children and families.

It is estimated that every one in three women experiences physical or sexual violence in their life. Gender based violence is a violation of human rights and results in; physical, psychological, sexual and economic harm to women (2) In times of crisis, be it war, conflict or natural disasters, the risk of GBV increases significantly for women and girls.

Gender Based Violence; A Global Pandemic

GBV is termed as a global pandemic as the numbers are staggering, with 35% of globally having experienced either physical or sexual intimate partner violence(IPV) or non-partner sexual violence. Globally 7% women have been subjected to sexual assault by someone other than their partner. It is also seen that 38% of murders of women are by intimate partner. In addition, 200 million women have been subjected to female genital mutilation or cutting. GBV is universal, and knows no socioeconomic boundaries, and impacts women and girls from all backgrounds and needs to be addressed in both the developed and developing world.

The world banks estimate that violence against women cost some countries up to 3.7% in their GDPs proving that is isn’t just devastating for the individual and family but also a social and economic loss. Studies have shown that GBV has serious impacts on children growing up in violence as they either become perpetrators or survivors leading to entailing serious costs in the future. (6)

Decreasing violence against women and girls requires a community-based, multi-pronged approach, and sustained engagement with multiple stakeholders. The most effective initiatives address underlying risk factors for violence, including social norms regarding gender roles and the acceptability of violence. (6)

Gender Based Violence in Covid-19

The outbreak of global pandemic, Covid-19 has intensified the violence against women. The data from frontline workers and other health staff report all types of violence against women. The main reason for this is; security, health and financial issues, isolation with abusers, deserted public places, cramped living conditions and restrictions on movements. (17)

Pakistan ranks 151 of 153 on gender inequality index according to the World Economic Forum Global Gap Report 2020.the main reason being the patterns of social, economic and political disadvantage of women. In Pakistan, the risks posed by COVID 19 need to have a multidimensional and multi sectoral approach.

The National Action Plan on COVID-19 includes the guidelines for outbreak preparedness but it misses out the incorporation of gender perspective. The Ebola and Zika outbreaks show that integrating gender analysis improves gender equity in health interventions.

Gender Based Violence in Crisis

Gender based violence can take place at any time, but it soars in times of crisis. Conflicts, wars, natural disasters and humanitarian crisis makes women and girls more vulnerable to violence. During crisis, the rate of IPV increases, sexual violence is used as a tool in military warfare. Women and girls are traded for food, money and other resources. Forced and early marriages, sex trading, kidnapping is also prevalent. Survivors of GBV have long term or short-term consequences on their physical and mental wellbeing. Anxiety, depression, post-traumatic stress disorder and suicidal thoughts are a result of GBV. In addition, they may contract STIs, suffer physical injuries and unwanted pregnancies. (7)

Gender Based Violence in Pakistan

In Pakistan, the prevalence of GBV is 32% among women having experienced physical violence with 40% women having suffered spousal abuse (PDHS 2012-13). The full extent of cases is still not clear as everyone in two Pakistan women having suffered violence has not told anyone or sought help for the violence suffered. Despite the government of Pakistan having set laws for prevention og abuse and violence and support for the victims, the conviction rates sin such violations are only 1-2.5%. the resources and services for the victims of GBV remains limited, the health personnel are not equipped adequately, limited referral systems are functional, scare investment in human capital and inadequate trainings in GBV increases the vulnerability of women and girls. In a society like Pakistan, that is patriarchal with the societal norms promoting GBV and disclosure of violence is discouraged, these gaps play a big role misery of women. (5) There is an immense need to change the behavior, minds set of the society to bring about change.

In Pakistan, there is lack of implementation of effective legislation, inadequate support systems and misconceptions around GBV that prevent response to GBV. The state systems, civil society and community level barriers halt the implementation and response to GBV. This situation further worsens in emergencies and crisis due to breakdown of societal structures, separation of families and lack of opportunity for children and women to be heard by decision and policymakers.

A study was conducted in 2012 in a camp in Jalozai, Pakistan to assess gender based violence and factors associated in internally displaced people. The incidents of emotional, physical and sexual violence was reported with the health facilities reporting at least 12 cases of GBV per month. Lack of protection for women and health education was observed. Lack of security, illuminated and locked washrooms were also lacking. (16)

Women Resilience Index

The women resilience index, WRI, assesses the country's capacity for risk reduction during disasters and recovery from crisis and the extent of consideration for women during such times in national efforts. In 2014, the WRI shows that Pakistan ranks last on the index of eight countries and is least progressed in women's resilience. The main barriers are economic, social and psychological obstacles that are not included in emergencies and disaster risk reduction. (11)

Hyogo Framework for Action

The Hyogo Framework for Action 2005-2015: Building Resilience of Nations and Communities to Disasters was presented in the World Conference on Disaster Reduction held in /January 2005 in Kobe, Hyogo, Japan. This platform provided an opportunity to promote systematic and strategic approach to risk and vulnerability reduction. It is the first plan of its kind that describes, explains and details the multi-sectoral approach to reduce the disaster losses. The goal was reduction of disaster risks and building resilience of communities and nations to disasters by 2015. (10)

SPRINT INITIATIVE: IPPF

The SPRINT initiative by the International Planned Parenthood Federation(IPPF) provides a crucial aspect of humanitarian assistance in times of disasters and conflicts; the access to sexual and reproductive health services that are essential and lifesaving. It helps in building capacity of humanitarian workers to deliver essential and lifesaving health services through Minimum Initial Service Package for SRH in humanitarian crisis. SPRINT works in Pakista in droughts and earthquakes, its local partner is the Family Planning Association of Pakistan (FPAP).

Disaster Risk Reduction

Disaster Risk Reduction encompasses the process of reducing risks of disasters through analysis and reduction of the causes. Disasters affect all segments, ages and genders of the society, but gender inequalities make women and girls more vulnerable as it limits their access to resources and information. The gender responsive disaster risk reduction refers to the analyses and consideration of opportunity, needs, roles and relationship of gender within the culture and societal norms. Special attention needs to be given to gender equality and women's rights as a part of proactive and people centered approach towards reducing vulnerabilities and risks associated during uncertain times. (8)

The following steps must be taken and are recognized by the international community to have a strong focus on gender and women's rights in DRR;

1. Governance and policy making with gender responsive focus
2. Gender responsive programming, monitoring and evaluation
3. Integrating gender for vulnerability, risks and capacity assessment
4. Collecting sex and age disaggregated data and information
5. Facilitation of contributions and leadership for resilience building in women
6. Promotion and participation of women in disaster risk reduction process. (8)

Pakistan Gender Responsive Disaster Risk Reduction

The constitution of Pakistan recognizes gender equality as a fundamental human right. Gender equality is also heart of the international frameworks and all conventions related to disasters including the 2020 SDG. The goal 5 of SDG aims to reduce disasters and maximizing the community and institutional resilience against disasters. To comply with the international frame works, the NDRMF ensures the mainstreaming of gender in all its programs and projects to enhance effectiveness. The gender and development policy for gender equality and inclusion is placed at the NDRMF's core for all its operations. The goal of GAD policy is for achieving equality

between men and women within the organization, as well as for the projects financed for disaster risk reduction. The GAD is a gender mainstreaming tool for gender inclusivity during design and implementation of the projects. The tool includes; quotas, activities to ensure gender equality, targets and allocation of financial resources o attain tangible results for gender equality. It is a roadmap for achieving gender equality within a given time frame and limited resources. (13)

The Gender Action plan covers two critical aspects of gender responsive Disaster Risk Management;

1. Understanding and resolving different needs of both genders in DRM investments
2. Promotion of women empowerment for strengthening of resilience amongst them
3. Promoting gender equity
4. Effective and integrated Gender informed Monitoring and evaluation mechanisms
5. Sustainable projects with strategic impacts and empowering and protecting the vulnerable
6. Reduction of economic marginalization and social protection among the vulnerable segments
7. Improving preparedness by capacity building and dissemination of need based knowledge.

Gender Sensitive Monitoring

It is the process of monitoring and evaluation where the priorities of both genders are considered in order to determine its effect on gender relations. Both qualitative and quantitative data is analyzed in a sex disaggregated manner. In disasters, it is vital to uplift the vulnerable segments (women, children and persons with disabilities) and therefore, there is a need for gender sensitive monitoring mechanism. This concept is still in the initial phases in Pakistan.

To ensure gender mainstreamed monitoring the following steps should be taken;

1. Gender equity needs to be considered and incorporated in policies and programs documents.
2. Alignment of gender equity indicators for monitoring and evaluation of program/project benchmarks
3. Allocating financial resources to mainstream gender
4. Providing gender disaggregated data and information for monitoring and evaluation systems.
5. Incorporating GAP reporting in mainstream reporting against pre determined indicators at specific time intervals
6. Trainings of NDRMF and project staff on gender mainstreaming
7. Ensure gender analysis at program deisgn phase and utilizing the results for future guided activities.

8. Conducting a gender audit to determine the effectivity of gender equality in policies, programs, organization structure, budget allocation and decision making processes. (12)

Health Sector Response to Gender-Based Violence in Emergencies

In 2012, the WHO conducted extensive training courses for health sector's response to GBV in emergencies. The trainings were given to health cluster partners and providers in flood affected districts of Sindh and Baluchistan. Planning skills, response mechanisms and treatment of GBV victims and GBV as a public health issue in crisis were provided. Treatment guidelines and protocols were also shared during this training. (15)

A study conducted in 2011 on pregnant women, women who gave birth during floods in the province of Sindh, Pakistan. The qualitative study explored the experiences of women, the challenges they faced and the strategies adopted to cope with them. The results of the study showed that women did not have any say or control over decisions taken for them, the male head of family made all the decisions regarding relocation during floods. There was a lack of skilled birth attendants, birthing or feeding stations, lack of ambulances and post-natal care in camps. Women gave birth in unhygienic conditions and sought help from the traditional birth attendants. All these challenges put the life of women and baby at risk, increasing the risk of mortality. The risk of infant and maternal mortality should not increase during crisis and hygienic birthing stations and skilled birth attendant should be present at such times. (3)

National Policy Guidelines on Vulnerable Groups in Disasters

After a series of large scale disasters in Pakistan during the course of the last decade, the country has taken measures at both policy making and legislative levels. These efforts have resulted in formation of infrastructures and institutions to effectively and efficiently coordinate and augment disaster management. Pakistan has formed a Disaster Management System, development of National Disaster Risk Management Framework, establishing National Disaster Management Authority, Provincial, regional and district disaster management authorities(P/R/DDMAs) and creation of Disaster Management Fund. All these institutions and infrastructures have SOPs, guidelines and frameworks for dealing effectively with future calamities. The National Disaster Management Act 2010 is aligned to international standards and is inclusive with special attention reserved for the vulnerable groups of the population like, children, women, elderly population and persons with disabilities. (14)

In Pakistan, the UNFPA works for strengthening of public and civil society capacity to respond to GBV in humanitarian crisis. (5)

The UNFPA actively works in school for the promotion of gender responsive and life skills based education that is age appropriate and covers concepts like; equality, rights and respect for both genders. The WHO and UNFPA have partnered for capacity building and preparedness of health sector to GBV, this includes; training of health care staff, building infrastructure and policy formulation to be able to respond to GBV appropriately. The aim is to use a survivor centered approach and behavior change throughout health system. The UNFPA plays an important role in protection of children and women in natural disasters. They partner with the local authorities, disaster management authority and civil society for the designing, management and evaluation of programmes involved in GBV and sexual and reproductive health needs. (5)

Despite Pakistan's Global Risk index having dropped from 6th to 13th between 2014 to 2017, the country is still at high risk for natural disasters like; flooding, earthquakes, drought and landslides. The security situation also remains a concern in the Khyber Pakhtunkhwa province and the Federally Administrated Tribal Areas for chronic humanitarian crisis. This contributes towards; GBV, unplanned pregnancies and maternal deaths in the country. Statistics show, during crisis, every one in five women of reproductive age(15-49 years) are at a chance of getting pregnant. This increases the women's vulnerability as the capacity of health facilities, availability of skilled birth attendants and emergency obstetric care is limited. This is exacerbated in the times of emergency crisis when women and girls have a higher risk of sexually transmitted infections, sexual exploitation, abuse, unplanned pregnancies and rape. (5)

The northwest region of Pakistan, including KPK and FATA, has seen major population displacements due to security operations, between April and May 2009, 3 million people were forced to flee from their homes. The UNFPA has developed and institutionalized the Minimum Initial Service Package(MISP) to ensure the quality of reproductive health services in times of crisis. This has been integrated in Pakistan's national and subnational contingency plans.

The UNFPA has set up three women friendly spaces, they have psychologists and female doctors that provide counselling and support services to women. They have also trained 450 personnel from government, armed forces and other national and international organizations. (4)

List of Programs for Gender Based Violence

Punjab

Ever since the 18th Amendment to Pakistan's constitution of 1973 that has empowered provinces, the province of Punjab has undertaken important steps towards women empowerment and gender equality. (19). This includes following key initiatives:

1. Punjab Protection of Women Against Violence Act, 2016
2. Punjab Protection of Women against Harassment at the Workplace Act, 2012 Punjab Commission on the Status of Women, 2014
3. CM Task Force for facilitating coordination of women's empowerment initiatives and scaling up activities and awareness campaigns across various women development frameworks in Punjab.
4. Punjab Fair Representation of Women Act, 2014
5. Punjab Protection of Women against Violence Act, 2015 » Punjab Women Protection Authority etc.
6. Punjab Family Courts Act, 2015

Sindh

Despite challenges, there are a string of available protection measures and services in Sindh that can help to address the immediate needs of COVID-sensitive gender responsive planning (18). A few of the available initiatives and services are;

1. Dedicated Women's Development Department (WDD)
2. The National Commission on the Status of Women was set up in 2000 to monitor the state's response on the progress of women
3. There are at present eight functioning shelter homes23 in Sindh which are run either by the Government's Social Welfare Department or local NGOs.
4. There are four Women Crisis Centers run by the WDD in Karachi, Hyderabad, Shaheed Benazirabad and Jacobabad.
5. Child Protection Units & Children Shelters: There are 29 child protection units across Sindh
6. Women and Human Rights Help Desks: Women and Human Rights Help Desks with different levels of functionality exist in different police stations across Sindh.
7. WhatsApp Group and Online Help: A WhatsApp group comprising of senior police officials and members of civil society also focuses on SGBV cases and provides prompts to the police for quick action in critical cases cutting through reporting and procedural red tape.

4 Findings

The findings are based on the qualitative search, project documents and interviews conducted with project staff, stakeholders, beneficiaries of the project and victims of gender based violence. The findings are presented according to the objectives of the documentation assignment.

4.2 Review of MISP for SRH preparedness action plans

The prime aim of the MISP project was to strengthen the capacity of the community-based workforce to prepare for, and respond to SRH risks during emergencies. This was envisaged to improve the preparedness of the community-based workforce to improve the health and protection of women and girls. Main strategy used to achieve this aim was to build the community-level workforce. Under this strategy, a training of trainers was conducted with partner organizations on community-level integration of SRH and DRR in Pakistan using the provisional SRH and DRR curriculum. Furthermore, support was provided to the partners to train the community-level health workforce to prepare and respond to SRH risks in emergencies in three crisis-affected provinces in Pakistan. Therefore, focus was to strengthen the capacity of community members themselves to prepare for and respond to SRH needs in an emergency, and build the evidence base and tools to support this model.

Findings of district visits show that Rahnuma FPAP conducted community-level trainings (with 3 UCs in Nowshera, 2 UCs in Muzaffargarh and 1 UC in Badin). Existing women's and youth groups, as well as other civil society groups were trained on critical interventions and actions based on the WRC/UNFPA's SRH and DRR curriculum. District actors were also invited to participate in order to build support for financial, logistical and technical assistance as needed and to support activities proposed by communities. During the community trainings, each group developed action plans that integrate SRH and further service delivery. Communities then spent 1.5 years implementing their action plans. Rahnuma FPAP followed-up with trainees every two months; develop information, education and communication (IEC) materials as relevant; mentor trainees; and monitor action plans. Local partners at the community level are the Union Councils. Other partners in the districts included the following:

- National Red Crescent Society
- International Confederation of Midwives
- International Rescue Committee (IRC), IMC
- Community leaders, Boy Scouts, Edhi Group, etc.
- Emergency: Rescue 1122

4.2.1 SRH preparedness action plans- District Nowshera

The project was implemented in three union councils (UCs) of District Nowshera:

1. Union Council Chowki Mumraiz
2. Union Council Nowshera Kalan
3. Union Council Pir Sabaq

Each union council prepared separate action plans during the trainings. Table shows the action plans prepared by each UC of district Nowshera

Table 2: Community Action Plans –District Nowshera

S#	Union Council	Action Plans
1	**UC Chowki Mamrez**	1.Develop referral system for SGBV survivors in UC Chowki Mamrez through mapping of GBV services in public & private sector
		2.Sensitization of male members of community about STIs/HIV addressing the stigma associated with it in UC Chowki Mamrez
		3.Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Chowki Mamrez
2	**UC Nowshera Kalan**	1.Sensitization of male members of community on STIs/HIV addressing the stigma associated with it in UC Nowshera Kalan
		2.Establish 'Blood Donors' group in UC Nowshera Kalan
		3.Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Nowshera Kalan
		4.Enhance free availability of condoms in the community of UC Nowshera Kalan
3	**UC Pir Sabaq**	1.Sensitization of male members of community on STIs/HIV addressing the stigma associated with it in UC Pir Sabaq
		2.Introduction of Birth Plan of every pregnant woman in UC Pir Sabaq
		3.Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Pir Sabaq

Progress on action plan

- **UC Chowki Mamrez:**
  - for Action Plan No. 1 (Develop referral system for SGBV survivors in UC Chowki Mamrez through mapping of GBV services in public & private sector), till 30th September 2018, six referral partners were identified including one NGO Akhuwat and six departments i.e., Police, Health and Population. In 2019, quarterly meetings are held between the partners to strengthen there working and discussing the challenges and ways to overcome them.
  - For Action Plan No. 2 (Sensitization of male members of community about STIs/HIV addressing the stigma associated with it in UC Chowki Mamrez), till 30th September 2018, one session was conducted in Youth Resource Centre on 10th Sep, 2018 and 30 men participated. All agreed after the sessions that the issue discussed is very important and needs their involvement and support. They offered to talk with their peer groups on this issue and try to remove stigma

associated with it and also would refer the clients to FPAP outlets. In 2019 and beyond, peer groups arranged the meetings in their respective area focusing on SRH issues. As reported by the Rahnuma, 17% more young clients approached for services in R-FPAP Clinics after this intervention.

- For Action Plan No. 3 (Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Chowki Mamrez), till 30th September 2018, one session was conducted in Girls High School Chowki Mamrez on 24th Sep, 2018 and 27 girls participated. All were given orientation on the use of ECP and of sanitary kits. Some of the girls shared about the issue they faced in last floods when their houses were merged in water and they had nothing with them to use. If such arrangements were organized many girls would not have faced embarrassments like spotting of their clothes or at sitting areas. Thereafter, those who were sensitized, got engaged in community sensitization sessions to impart the requisite knowledge.

- **UC Nowshera Kalan:**
  - For Action Plan No. 1 (Sensitization of male members of community on STIs/HIV addressing the stigma associated with it in UC Nowshera Kalan), till 30th September 2018, one session was conducted on 26th Aug, 2018 and 17 men participated. They shared that they had no knowledge of this issue and did not know the safer practices and also were unaware of the treatment.
  - For Action Plan No. 2 (Establish 'Blood Donors' group in UC Nowshera Kalan), progress by the end of September 2018 shows that a Blood Donor club of 37 donors was established after testing of blood samples of 40 men in the UC. They had given their contact number and address which would be shared with blood banks in public hospitals. In case of emergency they would be available to provide blood for any person in need. Afterwards in 2019-20, the Blood Donor group has donated blood to nine emergency patients who were in critical condition after major road traffic accident (RTA) when two buses collided near Nowshera Kalan UC.
  - For Action Plan No. 3 (Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Nowshera Kalan), the progress shown in the project documents by the end September 2018 reflects that one session was conducted in the UC on 24th Aug, 2018 in which 23 girls /women participated. The women were of the opinion that need for ECP is very essential as some times they need it during late hours and they cannot get it. It was shared with participants that they can get ECP supplies from FPAP outlets as well as from outreach workers. During the remainder of the project period, four more sessions were conducted. In these sessions, it was shared by the participants that they can now access ECP supplies from the FPAP outlets.
  - For Action Plan No. 4 (Enhance free availability of condoms in the community of UC Nowshera Kalan), till the end of September 2018, it was reported that four points for free availability of condoms were identified; including 2 shop keepers and 2 persons for their Hujra (A part of house for guests). These condoms would be made available only when any disaster strikes the area and community member would need them. Thereafter, three new outlets were established where condoms are available in any emergency situation.

- **UC Pir Sabaq**
  - For Action Plan No. 1 (Sensitization of male members of community on STIs/HIV addressing the stigma associated with it in UC Pir Sabaq), RFPAP reports show that by the end of September 2018, one session was conducted on 5th Sep, 2018 and 23 men participated who were sensitized.

- For Action Plan No. 2 (Introduction of Birth Plan of every pregnant woman in UC Pir Sabaq), progress by the end of September 2018 reflects that preparation for developing the Birth Plans were in process through 2 LHWs and 2 female community activists that were hoped to be completed by the Dec-2018. The objective of the documentation of pregnant women was that if a disaster strikes, they would have information about their needs for referrals. Subsequently during 2018-19, Birth Plans were developed.
- For Action Plan No. 3 (Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Pir Sabaq), by the end of September 2018, one session was conducted in Girls High School, Pir Sabaq on 20th Sep, 2018 and 20 girls/women participated, who were sanitized and given the awareness on the topic. In remaining duration of the project, two more awareness sessions were conducted in which 36 girls and women participated.

4.2.2 SRH preparedness action plans- District Muzaffargarh

The project was implemented in two union councils (UCs) of District Muzaffargarh:

1. Union Council Doaba
2. Union Council Moradabad

Each union council prepared separate action plans during the trainings. Table shows the action plans prepared by each UC of district Muzaffargarh

Table 3: Community Action Plans –District Muzaffargarh

S#	Union Council	Action Plans
1	**UC Muradabad**	1.Develop referral mechanism for SGBV survivors through mapping of GBV services in public & private sector
		2.Sensitization of married women of reproductive age (MWRA) about STIs/HIV in UC Muradabad
		3.Strengthening transport availability for EMOC clients before emergency in UC Muradabad
		4.Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Muradabad
2	**UC Doaba**	1.Develop referral mechanism for SGBV survivors through mapping of GBV services in public & private sector
		2.Sensitization of male members of community on STIs/HIV addressing the stigma associated with it in UC Doaaba
		3.Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Doaab

Progress on action plan

- **UC Muradabad:**
    - For Action Plan No. 1 (Develop referral mechanism for SGBV survivors through mapping of GBV services in public & private sector), it was planned to have mapping of public and private services for GBV survivors; hold the meeting with service providers for entertaining referred cases and to conduct one session in each quarter for introducing the referral mechanism with 20 men &, women. Progress shows that 3 referral mechanism/points for medical, social assistance were developed and contact numbers with complete addresses of referrals point were available. Moreover, two sessions with 20 women and 18 men were conducted
    - For Action Plan No. 2 (Sensitization of married women of reproductive age (MWRA) about STIs/HIV in UC Muradabad), they planned to have IEC material about of HIV/STIs to map the public & private service providers for HIV/ AIDS & STIs. Moreover, plan was to obtain the support of parents, local influential & youth. They planned to conduct two sessions per quarter in the community with 25 women.
    - For Action Plan No. 3 (Strengthening transport availability for EMOC clients before emergency in UC Muradabad), they planned mapping of local transport, identifying willing transporters for emergency situation to seek support of Rescue 1122. The progress thereafter reflects that the contact list of 15 local transporters was finalized. Moreover Rescue 1122 service office was contacted and Rescue 1122 services for emergency situation were ensured.
    - For Action Plan No. 4 (Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Muradabad), they planned to have the relevant IEC material, distribution of sanitary kits and ECPs to be used during emergency and recording and reporting of their distribution. They also planned to obtain the support of parent, teachers, NGOs & local counsellors. Moreover, 2 sessions/ quarter in community with 15 participants were planned. The progress reports reflect that one awareness sessions on the subject was held with 25 women and girls. Moreover, 40 hygiene kits and 75 ECP pills have been distributed by the end of December 2018.
- **UC Doaba:**
    - For Action Plan No. 1 (Develop referral mechanism for SGBV survivors through mapping of GBV services in public & private sector), it was planned to map the public and private services for GBV survivors. Moreover, meeting with service providers for entertaining referred cases was also the part of the plan. It was envisaged to hold one session per quarter for introducing the referral mechanism with 20 men &, women. The progress on this action plan reflects that till the end of September 2018, two technical support meetings were held with 14 women and 12 men. Moreover, referral mechanism/points for medical, social assistance were

developed and contact numbers with complete addresses of referral points were available.

- For Action Plan No. 2 (Sensitization of male members of community on STIs/HIV addressing the stigma associated with it in UC Doaaba), plan was to make available the IEC material about HIV/STIs, to map public & private service providers for HIV/ AIDS & STIs and to obtain the support of parents, local influential & youth. They planned to hold two sessions per quarter in the community with 25 men & youth. Progress reports show that by the end of 2018, two awareness sessions on HIV & STI with 40 men and youth were conducted.
- For Action Plan No. 3 (Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC Doaba), the plan was to make available handouts in Urdu about ECP & menstrual hygiene and to distribute the sanitary kits to the adolescent girls. In addition to that, two sessions per quarter were planned in the community with 15 participants. The progress by the end of 2018 informs that one awareness sessions on the subject was held with 25 women and girls. Moreover, 40 hygiene kits and 60 ECP pills were also distributed.

4.2.3 SRH preparedness action plans- District Badin

The project was implemented in one union council (UC) of District Badin:

1. Union Council Tarai

A profile for the UC Tarai was prepared which shows the following information:

Table 4: Community Profile –Union Council Tarai (District Badin)

Variable	Numbers
Total UC Population	45500
Constituencies	450
Villages	275
Lady Health Supervisors (LHS)	01
Lady Health Workers (LHWs)	08
High Schools	01
Middle Schools	02
Primary Schools	58
BHUs	01
PLWs	3640 (8% of population)
Under 5 years children	5915 (13% of population
Married Women (MWRAs)	6825 (15% of population)

The union council prepared action plans during the trainings. Table shows the action plans prepared by the UC Tarai of district Badin

Table 5: Community Action Plans –District Badin

S#	Union Council	Action Plans
1	**UC Tarai**	1.Sensitization of married women or reproductive age (MWRA) about STIs/HIV
		2. 3.Enhancing awareness about ECP & menstrual hygiene among adolescents, women & girls before emergency situation in UC
		3. Develop referral mechanism for SGBV survivors
		4.Strengthening transport facility for EmONC in UC Tarai

Progress on action plan

- **UC Tarai:**
    - Monitoring of the activities
    - RHW Groupconducted several meeting under the community focal persons
    - The sessions on FP/SRH and GBV delivered
    - Two camps organied on FP & SRH

4.3 Documentation of Case Stories, Best Practices and Lessons Learned

4.3.1 Case Story 1- CBO volunteer & Rescue 1122 saved Sidra's Life

Introduction:

Sidra is 17 years old girl. She lives in Moza Dhandwala, union council Doaba, District Muzaffargarh (Punjab). His husband's small shop is in the same Moza (village); whose monthly income is around 5 to 6 thousand Rupees. She lives in a joint family system. She belongs to a poor family. She got married at the age of 16 and she became pregnant during the very first year of her marriage. Now her baby is two and a half months old. The women of this area usually get their delivery done by the traditional birth attendant (TBA).

Problem Statement:

Sidra felt unwell after five months of her marriage when she had severe vomiting. She went to a local clinic with her mother. Her urine was tested at the clinic and it revealed that she was pregnant. The doctor at the clinic advised her to consult the large (secondary care) hospital. She went to the large hospital where her ultrasound was conducted. The ultrasound reflected that her baby was not growing normally in the womb and baby has a transverse lie. At the time of delivery, when Sidra started labor pains, her mother in law called the local TBA. The TBA kept her at home for 14-15 hours during the labor pains. But the delivery was not progressing. Then they called Rescue 1122 ambulance and took her to the government hospital. The staff at the government hospital did not gave her due attention while the time was passing. Then they took her to a private hospital. After the examination at the private hospital, the doctor told that she will have the caesarean section and blood transfusion will be required.

Project Intervention:

Sidra told that there is an uncle (Chacha) Shabbir in their area who works in some organization and used to help people. She knew that Chacha has some medicines for minor ailments and some dressing material. He helps the people whenever the need arises. Sidra's husband and father have had a routine interaction with uncle Shabbir and they had the information about the group formed by the community. They also knew about the Rescue 1122 services that the ambulance comes in case of emergency.

When Sidra's condition deteriorated, they went from the public hospital to the private hospital using the ambulance of Rescue 1122. When the doctor at the private hospital told them about Sidra's condition and need for the blood transfusion, Sidra's family called uncle Shabbir, who is a member of the community based organization (CBO) affiliated with the Rahnuma FPAP, and told him about Sidra's condition. Uncle Shabbir took another person with him and reached the hospital. He helped them to obtain the blood for Sidra. After the cesarean operation, Sidra gave birth to a baby boy and life of the mother and baby was saved.

Impact of the Project on the Beneficiary:

Sidra's family knew that some representative of the RFPAP works in the area, who provides information and timely help to the people. Due this timely help, blood was provided to the Sidra and life of Sidra and her baby was saved.

"Mujhey hamal ke shuru hi mein pata chal gaya tha ke mujhey hamal ke masayl hain jaisey khoon ki kami aur bacha ulta hai. Meri do behnoun ki delivery mein wafat ho chuki thi. Iss liye ham sab ghar waley bohat darey hoey the. Jab operation ke waqt khoon ka intazaam ho gia, tou mein bohat mutmaeen ho gai ke ab sab theek ho jaey ga. Ghar wapis aaney ke baad bhi mein ne logoun ko bataya ke Rahnuma Family Planning Associatio of Pakistan ki wajah se meri aur mere bachey ki jaan bach gai".

English Translation

"I came to know early in my pregnancy that I have problems in my pregnancy such as deficiency of blood (anemia) and transverse lie of the baby. Two of my sisters passed away during their delivery. Therefore, all of our family members were very scared. When blood was arranged during the operation (cesarean section), I became satisfied that now everything will go well. After returning home, I told the people that due to RFPAP, my and my baby's life was saved.

4.3.2 Case Story 2- Emergency Preparedness Helped Shehnaz to obtain Quality Obstetric Services

Introduction:

Shehnaz is a married woman who lives in union council Pir Sabaq of district Nowshera. She received education up to the 7th grade. She has four kids. She lost her one baby during pregnancy when she had had excessive bleeding. Her husband is a laborer who works on daily wages (off and on). They belong to very poor family and there is no other source of income. Shehnaz wants that her children get good education and grooming and they are healthy. There was generally a lack of awareness and information in her area about the family planning, healthy practices and health resources.

Problem Statement:

She lost her first baby in the miscarriage due to lack of awareness and information about healthy practices, pregnancy and family planning. She had poor nutrition and her blood pressure was raised during the pregnancy (eclampsia). Her husband found no job those days and did not take her to any health facility or provider. As a result, she started bleeding and got late in reaching the health facility. And she had had the miscarriage. She was heartbroken on the loss of her baby. Shehnaz had repeated births without spacing and never adopted any family planning method. Not only she was unaware about the spacing and FP, her husband was against the family planning practice. Poverty was another main problem for Shehnaz and her family to live a healthy life according to her dreams and intensions.

Project Intervention:

Shehnaz told that a program with the name of 'Agahi' (awareness) was organized in her village. Through this program she first time got awareness that what is family planning and she learned the method of spacing. She found a way to fulfill her dreams about her children through spacing. She adopted the family planning through a nearby hospital run by the RFPAP. Her husband was against the family planning. A worker of RFPAP helped her and took her to the hospital for family planning and Shehnaz got benefitted.

Shehnaz continued practicing family planning with the help of RFPAP. Then she planned for the pregnancy and now she is again pregnant. But she is well aware now. Her blood pressure again started rising when the same RFPAP volunteer took her to the hospital. Now Shehnaz is satisfied and healthy and her pregnancy is progressing normally. This was due to her awareness and the health services provided by the RFPAP. The RFPAP worker also told her about the emergency preparedness and MISP. She told Shehnaz to keep saving the small amount for the emergency and she can use that money when a sudden need arises. The RFPAP community worker also gave her contact number to Shehnaz. She used to save the money secretly from her husband. Shehnaz shared that in the beginning, her husband was against the family planning and used to snub the RFPAP worker and told her not to come to their house.

"Mera husband iss larki ke khilaaf tha. Larki ko bhi ghusa karta tha ke humary ghar na aao. Mein husband se chup chup kar paisy jama karti thi. Wo in ko kehta tha ke tum meri bivi ko bharhkati ho".

English Translation

"My husband was against this girl (from RFPAP). He used to snub the girl and tell her not to come to our house. I used to save the money secretly from my husband. He used to say to her (the RFPAP worker) that you misguide my wife"

Impact of the Project on the Beneficiary:

Shehnaz is now well aware and informed about her health, family planning and the well-being of her family. She knows how, when and where to obtain the MCH and FP services. This was due to the RFPAP's "Agahi' program and the RFPAP workers who work in the community. The services provided by the RFPAP in the community kept Shehnaz healthy and helped her saving money for the emergency situation. The RFPAP intervention has also changed the attitude and behavior of her husband towards family planning and healthy practices.

"Ahbi mein acha feel kar rahi hoon aur shukria ada karti hoon Rehnuma walon ka. Mujhey bohat faida howa is liye mein yehi chahty hoon ke deegar khawateen ko bhi agahi ho jaey tou acha ho ga. Ab mera shohar samjh chuka hai; ab kabhi kabhi mujhey hospital bhi le kar jaata hai".

English Translation

"Now I feel good and I am thankful to the Rahnuma. I got benefited a lot, that is why I want that if other females also get awareness about on these issues, it would be great. Now my husband understands; now he takes me to the hospital on some occasions".

4.3.3 Case Story 3- Addressing Gender Based Violence (GBV) through Awareness and Counselling Services

Introduction:

Haseena is a married woman who lives in the union council Tarai, District Badin. She did not receive any formal education and earns her living by stitching the cloths (tailor). Her husband is a farmer and he received education up to the fifth grade (Primary). Haseena did not give birth to her own children but the couple adopted two children. The women in her area work more than the men, but they do not have the right to take any decision at their own. Women also lack the rights to health. Sexual abuse of the females is quite common. There is scarcity of food and due to unclean drinking water, people have contracted many diseases. There is no culture of antenatal check-up and only a few women get tetanus toxoid vaccination during their pregnancy. Deliveries are usually conducted at home. There is lack of roads as well as transport; in case of obstetric emergency, many mothers and newborns pass away because of reaching late at the health facility. Cousin marriages and marriages within the family (relatives) is a norm. This causes violation of women's rights. There is no concept of equality or equal rights. If there is some emergency situation, there are more incidents of domestic conflicts which raise the problems for women. Consequently, women are sent to their parental family for some years. Problems and issues are taken to the elders of the family or of the tribe and only they can solve the problems.

Problem Statement:

Haseena faced reproductive health and gender-based violence related problems in her life. She has had six miscarriages in her life. She used to become pregnant. However, after 3 or 4 months of pregnancy, she starts bleeding and the fetus is aborted. Doctor told Haseena that she has a condition; instead of implanting in the uterus, her baby goes into her tube. If that baby is not aborted, she would face serious problems, because the tube would rupture.

In the context of poverty, her in-laws (husband and mother I law) used to snub and blame her for not giving birth to the baby. Sometimes, they physically abuse (beat) Haseena. On one hand, she was depressed on not having a baby. And on the other hand, these domestic quarrels were making her mentally disturbed.

Project Intervention:

One day, the FPAP team visited the Haseena's village. She told them the problems she was facing. The FPAP team included her in the 'Group Discussion'. In this way she got the awareness on the issues of pregnancy, delivery and infertility. She also came to know that there are laws and rules in the legislation against the domestic violence and torture she has been facing. And that she can get legal help through these channels. This gave confidence to Haseena. She was trated for her health issues at the RFPAP health centre. She was given the blood transfusion at the Centre. RFPAP also provided her the training in stitching and tailoring and she started making her living. Consequently, she adopted children from her own relatives. In the beginning, community women used to blame her for taking the domestic issues outside of the family. She

used to advise them to go to the women groups and get aware of the women rights. Get information about your own health and health of your baby.

"Bemar thi roz roz ke jhagroun se. Rahnuma Centre pe mera ilaaj hoa. Blood bhi laga, jis se ab aik sehat mand zindagi guzar rahi hoon. Rozgar bhi mil gaya (salai); kaprey seeney ki tarbiat di. Ab kaproun ki salai karti hoon tou apna acha kama leti hoon".

English Translation

"I was sick due to the regular domestic conflicts (violence). I was treated at the Rahnuma Center. I was also given the blood transfusion. Due to this, now I am living a healthy life. I also got a living (stitching); I received training od stitching the cloths (at Rahnuma Skills Center). Now I stitch the cloths and earn a handsome amount of my own living".

Impact of the Project on the Beneficiary:

After attending the awareness sessions which were organized by the RFPAP, Haseena is now more confident to take her own decisions about her life and health. She is well aware of her health condition and her legal rights to protect her from gender based violence. She received skills training at the RFPAP Centre and now is an earning hand and makes her living by stitching the cloths. This gave her financial stability. She also received treatment at the RFPAP health Center. Now she is living a healthy and peaceful life.

4.3.4 Case Story 4- Building Self Confidence in a Victim of Domestic Violence

Introduction:

Irshad is a 30 years old married woman who lives in union council Muradabad, District Muzaffargarh. She has three daughters and one son. She has not received any formal education. After her conflict with the husband, Irshad is living with her brothers for the last three years. Her husband has received education up to the fifth grade (Primary) and is employee of the Utility Sore.

Problem Statement:

Irshad shared her story that her husband used to beat her from the very first year of their marriage. Her parents have passed away. Her brothers are very poor and are laborers. She bears the violence of her husband during all this period and keeps living with him. In the end, her husband used to beat her all the times on minor issues. One day he broke her tooth while beating her. He beat her so severely that joints of her both elbows were dislocated. He broke four of her ribs. Irshad shoed her leg which had the sign of her wound (she was weeping and sighing while telling her story). She told that not only to this extent, he used to beat and torture her more than this. He used to torture her during the sex by doing the anal intercourse. He used to beat her physically and also do the sex in a wrong way. Despite these circumstances, Irshad spent 18 years of her life with him.

The nephew of her husband tried to rape her young girl. When Irshad told this to her husband, he said that she was lying. So much so that the nephews of her husband used to talk shamelessly with her and ask her to sleep with them. They said to her that her husband would not mind this act and she will live happily in this house, and that her husband will not even beat her ever after. When Irshad shared all this with her husband, he replied that she wanted to separate him from his brothers. One day her husband put her in a room after beating her. Wives of her husband's brothers (Daivranian) put a lock on the door. Irshad remained locked in the room for two days. Her children remained outside of the room. In the end, getting sick of this situation three years ago, she left her husband and came to her brothers.

Project Intervention:

Compressed by her circumstances, Irshad left her home in search of some job. She visited the RFPAP Center for seeking any job. The representative (Baji) listened to her story and gave her reassurance. A group meeting was held in the area, in which the representative (Baji) told that if a woman faces any problem, including domestic violence, she can tell them (RFPAP). Irshad gained confidence by listening these points in Baji's talk.

"Mein itni tang hoon ke apney bachoun ko qatal kar ke khud bhi mar jaoon. Lekin ye sab hamarey mazhab mein haram hai. Uss ka janaza jaiz nahi. Iss ilaqey mein aurtoun ke saath maar peet hoti hai. Unn ko gharon se nikalney nahi dia jaata. Aur kisi ko bataney ka moqa nahi milta. Dawai ke bahaney aa kar aurtein inn Baji ko apna masala batati hain".

English Translation

"I am so sick of all this, that after killing my own children I could also kill myself. However, all this is not allowed in our religion (Haranm). One who does so, even his/her funerals are not justified (Haram). Women are subjected to physical violence in this area. They are not allowed to go out of the home. And they (women) don't find an opportunity to share it with anyone else. Women used to come; pretending they are going for medication, and share their problems with the Baji (representative of the RFPAP Centre)".

Impact of the Project on the Beneficiary:

By the counselling received at the RFPAP Sessions and through the representative (Baji) of the RFPAP at the Centre, Irshad has become confident and she gained courage to express her story and issues. Her attitude towards life has changed. She further wants that the organization help her in restoration of her marital life and in getting the expenses of three years from her husband. She is a victim of gender based violence and still coping with issues of life such as extreme poverty, raising children as single parent and living with her brothers.

4.3.5 Case study 5- Quality SRH Services for Married Women

Introduction:

Shaista is a married woman who lives in UC Chowki Mumraiz, District Nowshera. She completed her education till primary (5th grade). She has 4 children. She is really thankful that she found the health center where she received treatment.

Problem Statement:

When Shaista was very sick, she lost a lot of blood and she was in extreme pain. She came to know about the YRC Center. In YRC, they treated her with good care and provided her medication on time. In the center she got really good treatment and she got better and healthy. She said, that this YRC center was close to her house, that is why she found out the Centre.

"Me bemar ho gai thi, mera blood nikal raha tha, me bohat takleef mein thi. Phir shukar hai idher iss center ka pata chala to mein idher aai. Phir iss center mein mera ilaj howa; bohat achy tareeqy se mera ilaj Karwaya; jis se mein phir se theek ho gai".

English Translation

"I got sick, I was bleeding and was in intense pain. I am thankful that then we found about this center. I got treated in this center; I received a good quality treatment. Due to this, I once again became healthy".

Project impact on beneficiary

Shaista got treated at this nearby RFPAP Center which saved her life. Otherwise she would have to travel a long distance and in case of bleeding, she would have limited time to survive. Shaista mentioned that she was lucky to have this YRC center near to her house, otherwise; other hospitals are too far from their village. In an emergency, it used to be very difficult to find even transportation to reach to the hospital.

"Kionke hamary apney gaoun mein YRC Center hai, ye bohat faida mand hai. Ab hamein ilaaj ke liye bohat door janey ki zaroorat nahi hai".

English Translation

"Since we have YRC center in our village it's very helpful; now we don't need to go too far for treatment".

Shaista shared that she was treated by the Lady Health Visitor (LHV). She said that due to Covid-19, most of the hospital would not have treated her. Moreover, her husband is jobless these days and they would not afford the expenses of transport and treatment at a larger hospital.

4.3.6 Case study 6- Awareness of Males through Group Discussion improves Female Mobility

Introduction:

Lubna is a widow who lives in the Union Council Chowki mumraiz, District Nowshera. She has one kid. She studied till grade 6. She said her family is very strict, they do not allow women to go out of the house. They don't allow women to go to a doctor even when they are sick.

"Mera taluq Choki Mamriz se hai or mera naam Lubna hy. Mene 6th tak parha hy. Humare ghar wale bohat sakht hain; bahar jane nai dety. Doctor wagera bhi nai manty".

English Translation

"I belong to Choki Mumraiz and my name is Lubna. I got education till 6th grade. Our family is very strict; they don't allow us to go outside of the house. They don't even allow us to go to the doctor".

Problem statement:

Lubna said, once she was very sick, a woman came to her house and she gave her a paper on which address of a health center was written. The women told her that this was a hospital where they give free treatment. That is how she knew about YRC. She went there after collecting information about YRC.

"Me bohat bemar thi, phir ghar aik aurat aai. Uss ne mujhe parchi di ke yahan aik hospital hy, udher ilaaj hota hai muft mein. Phir mujhe iss Rahnuma Centre ka pata chala".

English Translation

"I was very sick when a woman came to our house. She gave me a paper and told that there is a hospital where treatment is given free of cost. Then I found about this Rahnuma Center".

Project Intervention

Lubna was treated by the Lady Heath visitor (LHV) till she got better. She attended the community session and got awareness on various SRH issues.

"Yahan LHV ne mera bohat khyal rakha. LHV ne mera ilaaj kiya phir mein theek ho gai. Ab jo bhi problem hoti hai, hum yahan aaty hain. Ab mein her eik se kahty hoon ke jo bhi bemar hai, wo yahan aaey aur apna behtar se behtar ilaaj karwaey".

English Translation

"Here, the LHV took good care of me. The LHV treated me and I got fine (healthy). Now we come here for any of our problems. Now I tell everyone that whoever is the sick, she should come here and get quality treatment".

Project impact on beneficiary

Lubna was treated at the Rahnuma Center and she became healthy. Thereafter, whenever she has any problem or health issues, she always goes to the Center and she also advises others to go to the Rahnuma Center. RFPAP helped her by visiting and conducting awareness session in their community and guided their male members of the family. Since then, women of the area are allowed to go to the Rahnuma Center (YRC). Lubna is very happy by the YRC, and she is encouraging other neighborhood women to go for treatment.

"Pahle to humy ghar se bahar nikalne ki ijazat hi nahi thi. Phir jab iss Center mein sessions hoty the tou humare ghar ke mard aaye the. Unhon ne group mein baatein sunnein, aur unhoun ne mere shohar ko bhi samjhaya. Phir mere shohar ne mujhe ijazat di. Ab hamein koi masla nahi hai. Me sub se yehi kehna chahti hoon ke idher aayein aur apna ilaaj karwayein; bohat acha ilaaj hota hai yahan".

English Translation

"Earlier, we were not allowed to go out of the house. When the sessions were held in this Center, our males also came to attend the sessions. They listened the talk in the session and they also counselled my husband. After that, my husband allowed me to attend the sessions in the Centre. Now we do not have any problem. I want to say to everyone to come here for the treatment of their ailments. Quality treatment is provided here".

4.3.7 Case study 7- Counselling and Negotiation Services Changed the Behavior of the Husband towards Gender Based Violence

Introduction:

Zeenat is a married woman and has two children. She lives in the union council Tarai, District Badin. She did not receive any formal education. She works in the crops fields (crops cutting) as a laborer, along with taking care of her family and household chores. Her husband completed her 5th grade and is a farmer. There is lack of health facilities in Zeenat's village and women deliver at home. Domestic violence is common and decision making is carried out by the head of family or influential of the community. Drinking water is polluted and not safe for drinking.

Problem statement:

Zeenat used to work hard all the day. Her husband used to sleep till mid-day. Despite that her husband often beat her. Whenever she does not give him the money earned by cutting the crops or she argues with her husband on his day-long sleep, he starts beating her. She even shared with her mother in law about the behavior of her husband, but all was in vain. One day a representative (Baji) of the local NGO came to her house. Even on that day, she was beaten by her husband. When Baji asked Zeenat, she told her the story of her domestic violence. However, when she talked to the Zeenat's husband on this topic, he again beat Zeenat and threw her out of the house. When she went to her brothers' house, they also became annoyed with her.

Project Intervention

Afterwards, the NGO representative (Baji) did a lot of effort. She brought some men from her office to talk to Zeenat's husband and father in Law and counselled them. Then her husband took her back to her home. Then the NGO provided training to Zeenat and her husband. Now her husband does not beat Zeenat; rather he helps her in domestic chores.

Impact of the Project on the Beneficiary:

The counselling provided by the local NGO changed the attitude and behavior of both; Zeenat and her husband. Her husband does not beat Zeenat anymore and helps her in household matters and chores. Zeenat is happy and she gained self-confidence. She no more feel embarrassed before the neighbors, which she used to felt when she was subjected to the domestic violence. This improved her self-image her own eyes. Zeenat is now more vocal on domestic and social issues as she gained awareness through counselling and group discussions.

"Ye agahi mard ko ziada do ke aurat ko insaan samjhein, na ke machine. Mardoun ko aisi training dein jis se un ka dil aur dimagh, Khuda ka khouf mehgsoos karein".

English Translation

"Give this awareness more to the males so that they consider a woman as human being, rather than a machine. Impart such a training to the males that they feel fear of God in their hearts and in their thoughts".

4.3.8 Case study 8- Awareness Service to take the Stand for SRH Rights

Introduction:

Kausar Niaz is a 24 years old married woman. She has a son. She lives in union council Doaba, District Muzaffargarh. She has done her masters in English. Her husband is in the government service. She lives in the joint family system. She has worked with Rahnuma FPAPA in the field for one year. She conducts group awareness sessions with the females. Most of the deliveries in her area are performed by the traditional birth attendants (TBAs).

Problem Statement:

Their area was merged in the flood water on the 1st September. Her labor pains also started on the same day. Entire area was filled with the water and it was raining like cats and dogs. Her condition started deteriorating at 9 in the night. They have had the car, but due to the presence of excessive water it was parked at the head works of the river. There was enormous water. Her husband, mother in law and father in law took her on foot to the Basic Health Unit (BHU) amidst of heavy rain. There was power outage at the BHU. The BHU staff said that since they (Kausar) did not have the reports and documents, they should take her to the District Headquarters Hospital (DHQ). Due to worry, rain and flood, they forgot to take her reports with them. Kausar's mother and mother in law insisted to take her back home and to conduct the delivery by the TBA. However, Kausar also took a stand that since it was her first baby, she will deliver at the hospital. She was scared as well. Then they went to the DHQ hospital, where doctors told them after the examination that due to the injection given at the BHU, labor pains have stopped. Delivery will be delayed now and it will be a cesarean section. Kausar was scared. Then 3-4 doctors came to her together and started her an intravenous infusion. Then she delivered at the time of sunset next day by normal delivery.

Project Intervention:

Kausar herself worked for the Rahnuma FPAP. Whatever knowledge and awareness she has been imparting to others, she passed through that experience herself. This was all due to her knowledge that she gained while working for the RFPAP. She used to tell the women that one has to fight for her rights. And she acted upon this herself and got herself delivered at the hospital by persistently insisting for it.

Impact of the Project on the Beneficiary:

She got benefit of the Rahnuma's MISP project. She learnt many lessons from the project and her work and applied this knowledge and skills during her crisis time. She got first-hand experience and material for her sessions and interaction with people. Now she speaks and counsel the women with her emotions and sentiments. The pain that she felt herself and course she adopted, she try to share with the community women.

4.4 Overall progress, Best practices and Lessons learnt

Interaction with the partners, such as health department, PWD, local NGOs/CBOs, Rescue 1122, Blood Banks etc. provided the means for implementing the MISP action plans. Two best practices that were reflected in the discussions with stakeholders and the beneficiaries were the ambulance service of Rescue 1122 and the Blood Bank services. Whether be in the hospitals, private sector, or under NGOs/CBOs, the volunteer network has proved vital in saving the lives of the people, especially of the mothers and the newborn.

4.5 Best Practices Documented

The Project was initiated in 2018 with implementation of training of trainers (TOTs). The trainers in turn trained the community groups and members on disaster preparedness and minimum initial service package (MISP) for sexual and reproductive health. The objectives of MISP for SRH emergencies include identification of organizations that can work on MISP, reduction of SGBV, reduction in transmission of HIV/AIDS, care of MCH (especially pregnant women) and integration of comprehensive RH services with PHC. There are 13 kits for MISP, provided by the UNFPA.

"Training SRH per thi; communication kaisey ki jati hai; Basics per thi, motivation, hurdles and how to handle, behavior kaisa hona chahiye. Hamein bataya ke need based kam karein matlab loug kia chahtey hain waisey kia jaey"

English Translation:

"The training was on SRH and how the communication is done. Training was on basics, motivation, hurdles and how to handle the hurdles, how should be the behavior. We were told about doing the need based tasks; that means according to the wishes of the community members". (Stakeholder from Public Sector)

During the community trainings, participants developed action plans for their respective union councils. The action plans provided the fundamental document to implement the activities and sub-activities for achieving the objectives. The documentation research team interviewed various stakeholders from Health Department, Population Welfare Department, Rescue 1122 emergency services, Local NGOs, CBOs, community volunteers, community members and project beneficiaries in Badin, Muzaffargarh and Nowshera to document the process and identify the best practices (See Annex 1). Following best practices were identified for the disaster preparedness and MISP for SRH:

- Community organization & coordination among various stakeholders
- Mapping and dissemination of local resources
- Awareness/sensitization sessions [Birth Plan, FP]
- Identification & approaching the clients by home visit
- Developing Referral Linkages
- Counselling for GBV and SRH Clients
- Blood Donor Club
- Transport Services- Rescue 1122

Most of the stakeholders were well aware of the objectives of MISP project and their role in it.

i. Community organization & coordination among various stakeholders

The unique feature of the intervention was the way various stakeholders and actors were involved in the project and a continuous coordination and networking that was developed among them. The hall mark of this community organization was addressing the community issues by utilizing local resources and identifying the availability various resources in the district and within the union council and community. In this connection, networking with local NGOs/CBOs played a pivotal role in gaining the objectives of the action plans. Following stakeholders were approached and involved in the trainings and later on a continuous liaison was established through individual and stakeholder meetings:

Local Stakeholders:

- Existing women's and youth groups and civil society groups
- Local CBOs/NGOs
- District Actors (Dist. Administration, DoH, PWD, Local UC Rep. etc.)
- National Red Crescent Society
- International Confederation of Midwives
- International Rescue Committee (IRC), IMC
- Community leaders, Boy Scouts, Edhi Group, etc.
- Emergency Services: Rescue 1122

In the three districts, especially in Muzaffargarh and Nowshera, a group on reproductive health (RH Group) was functional. All stakeholders are member of this group and the group meets regularly with the participation of all members. A Performa was developed in which role of each organization was defined, especially in an emergency/disaster situation. The community volunteers coordinate among various stakeholders and collect the desired information. The volunteers also coordinate during the health camp in the community for the necessary help from various departments of the government.

"Now the activities related to MISP for SRH in emergencies developed by the RFPAP have been incorporated into the annual plans of the various departments in the district. These are for the betterment of the district". (A Community Volunteer).

A female representative of Health Department expressed:

"In recent floods of August 2020 in Muzaffargarh, the Health department identified and provided safe places, quality maternity services, GBV-separate latrines, water tab, provision of light etc.- and blood transfusion services through donor organization. The purpose was to minimize the losses by the disaster.

Community organization was done through identification and organization of community groups. Influential were identified and involved. Moreover, teachers and LHWs included in the community workforce. The school health committee played a vital role. The UMAC and UPEC committees on malnutrition and polio eradication meeting is held regularly. Health Department took the topic of disaster and MISP for SRH in it. Union Council secretary, political influential, local government are part of it. Health Department, Rahnuma, UC office and community representatives were

involved in step-down community trainings. The crux of the trainings was to utilize local resources with minimum expenditure. Various groups were developed (Blood group, transport, GBV etc.) and this information was disseminated in the communities. Community members themselves developed action plans and followed the process. Periodic health camps were also organized jointly by the stakeholders lead by the Health Department.

"Kisi project ki kamyabi ka raaz hi community hoti hai. Agar wo iss ko follow karti hai tou ham kamyab hain, wo kamyab hai; unhoun ne waqai follow kia".

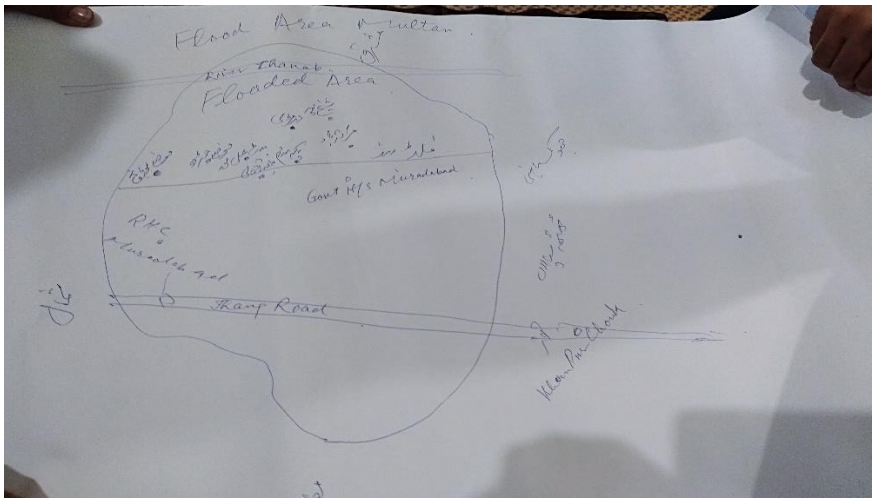
English Translation:

"The secret of success of any project is community. If the community follows it, we are successful, people are successful. They [community] really followed this [project]".

ii. Mapping and dissemination of local resources

Mapping has been a key best practice which provided the basis for developing the activities and addressing the community issues. The community members themselves mapped various community resources and potential clients that would require SRH services during emergency. This included mapping of health facilities, private practitioners, blood banks, lists of blood donors, referral information for pregnant women for delivery, local ambulance and Rescue 1122 contact lists. The mapping comprises of complete address and contact number of resources. These lists were communicated to the community members by individual contacts, meetings and displaying this information in each village.

Figure 1: Mapping exercise in District Muzaffargarh



iii. Awareness/sensitization sessions [Birth Plan, FP]

Sensitization and awareness creation in the community has been one of the most important best practice in this project. Awareness sessions, group discussions, counselling services and negotiations within the community also impacted in a positive way to benefit the masses and bringing a change in the lives of the people.

"20 se kam khawateen kisi group mein nahi hotein. Aur unn ko 2 ghantey tak bitha kar dikhaein. Jab tak zehen kisi cheez ko na maney, loug itna waqt nahi detey".

English Translation:

"Not less than 80 women are part of a group meeting. Let them keep busy for two hours in a group meeting. Until the mind does not accept something, people do not spare so much time [for listening to]". (A community volunteer)

The awareness created through the community sessions will remain sustainable even after the completion of MISP project.

"In ki sab se achi baat ye hai ke inhoun ne baar baar rabta kia aur refresher trainings musalsal karate rahey. Inhoun ne community ko organize bhi kia hai aur facilitate bhi kia hai; aur kam se kam wasaeil istamal kar ke".

English Translation

"Their most distinguish feature is the repeated and continuous contact with stakeholders and conduction of periodic refresher trainings. They have organized the community, as well as facilitated the community using the minimum resources".

(Representative of Health Department, Muzaffargarh)

Pregnant women were informed about the birth preparedness plan. The plan consists of health care during pregnancy, delivery and postpartum period, especially in case of emergency and during a disaster situation. The plan also encourages the women to gradually safe the money from their meager sources for the delivery time and for the emergency situation. Clean delivery kit is an essential part of the plan. Family planning awareness and information on the FP methods is a compulsory component of community awareness.

iv. Identification & approaching the clients by home visit

The stakeholders and respondents from the community shared that the project volunteers, CBO representatives or LHWs visited their homes and gave information about the project, various services related to MISP for SRH and GBV and informed about the awareness sessions in the community. Door to door personal contact played a vital role in creating awareness and spreading the information to the women and men.

v. Developing Referral Linkages

Mutual trainings and meetings introduced various stakeholders and key individuals with each other. Community volunteers with the help of stakeholders and Rahnuma, created referral linkages among them and the facilities and resources (health facilities, FP centers, blood banks, emergency transport services, local government, political influential, volunteers, local CBOs/NGOs and other stakeholders). These referral linkages proved vital in several cases to address the SRH and GBV during emergencies.

vi. Counselling for GBV and SRH Clients

Prevention and addressing the issue of gender based violence was an important area of CDC project on MISP for SRH. Various stakeholders were committed on GBV which is a sensitive topic and often ignored. This topic was discussed in community meetings and awareness was created as how to identify and recognize this issue and how to help such women through referral and counselling.

"Hamarey iss project se pehley aik case aya tha ke uss larki ko jis ka rape hoa tha uss ko maar dia tha uss ke bhayioun ne. Ab aisa nahien hota. Kam az kam wo qanoon waghaira tak jaatey hain. Iss ke ilaway, aisi khawateen jin ko un ke shoher maar maar kea, bura bhala kehtey hain aur kharcha bhi nahi detey. Ab ye system bhi khatam hai; ab wo qanoon janti hain. Wo ab biwi bachoun ka kharcha bhi deta hai; biwi ko phir majbooran ghar bhi le aata hai; aur ghar bhi bas jaatey hain." (A female from stakeholder organization)

English Translation:

"Before this [MISP] project, there was a case in which a girl who was a rape victim was killed by her brothers. Now this does not happen. Now, people at least go to the police or court of law. Moreover, the women who are beaten by their husbands, and they abuse them and do not give the living expenses to their wives. Now, this practice has also stopped. Now, they [women] know the law. The husband now has to give the living expenses to the wife and children and then he has to take her back to the home; and the marital relation is saved (intact)".

vii. Blood Donor Club

The community volunteers and members formed the blood donor club in which names of volunteer donors were written with blood group, home address and contact numbers. The lists were disseminated in the community, especially to those households where an expectant mother was present. In case of emergency, these volunteers were contacted by the clients or by the community members for blood donation. In all target communities, this best practice has helped in saving the health and life of many people; especially the pregnant women.

viii. Transport Services- Rescue 1122

The local transport services were identified and involved in the community trainings. This includes private transporters and Rescue 1122 services. Afterwards, the local transporters group was formed who committed to provide the transport services free of cost, especially in emergency situations and for pregnant women. Addresses and contact list of these transport services and Rescue 1122 were put on a list and this was disseminated in the communities so that each household was aware of these services and volunteer services. The stakeholders expressed that

the local transporters and Rescue 1122 services provided valuable services to the people and saved many lives during last 2 years through the MISP project.

4.6 Challenges and mitigation

The MISP project faced many challenges in the implementation. Due to diverse nature of the activities, their synergy took some time to gain momentum. Volunteerism in the community has been created gradually. Talking about GBV has been a major challenge. The implementation of training to the communities and stakeholders spur the required motivation to work in line with the action plans. During 2020, the pandemic of Covid-19 has been a major challenge in implementing the project activities. Talking about the family planning has been identified as a main challenge; especially when communicating with the males in gthe communities.

Despite, the project was able to implement most of the planned activities with many positive outcomes, documented in the form of case stories in this report. The community worked with stakeholders and addressed the challenges. The main outcomes and achievements narrated by the stakeholders are the awareness raising in the community, volunteerism, self-help, use of local resources and community organization.

"Disaster risk mein 60 percent kami ayi hai. GBV ke waqiaat bohat kam hooey hain. Main role tou community ka hai. Sab ne mil kar community ko prepare kia hai. Rahnuma ka practical work hai". (Stakeholder from Health Department)

English Translation

"Disaster risk has been minimized to 60 percent. Only a few of the GBV incidents happened. Main role in this improvement is played by the community. All stakeholders jointly prepared the community for this (capacity building). Rahnuma has done the practical work for this purpose".

It was suggested that although the change is sustainable, RFPAP should keep a periodic contact and liaison with these communities and stakeholders. The MISP intervention for SRH in emergency situations should be scaled up in other areas

4.7 Lessons Learned

- Emergency preparedness is feasible through community organization, mobilization, networking & coordination among various stakeholders
- Involvement of community in capacity building, planning & implementation yields positive outcomes
- Utilization of local resources in emergencies can be achieved by prior planning, mapping and dissemination of information in the community
- Awareness raising & sensitization of community-both males & females- is a best practice with positive impact on SRH behavior
- Introduction of 'Birth Plan' has been quoted as a useful intervention for emergencies
- It is still challenging to discuss family planning/contraception in some communities- especially with males
- Developing Referral Linkages has provided relief for SRH and GBV clients in emergency circumstances
- Counselling services for GBV are appreciated by the respondents; these need to be improved
- Establishment of Blood Donor Club and community liaison for transport Services- Rescue 1122- saves life in emergencies

5 References

1. 1.Refugees U. Gender-based Violence [Internet]. UNHCR. 2020 [cited 19 November 2020]. Available from: https://www.unhcr.org/gender-based-violence.html
2. 2. What is gender-based violence? [Internet]. European Commission - European Commission. 2020 [cited 19 November 2020]. Available from: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en#gender-based-violence-gbv-by-definition
3. 3. Maheen H, Hoban E. Rural Women's Experience of Living and Giving Birth in Relief Camps in Pakistan. PLoS Currents. 2017
4. 4. Humanitarian response [Internet]. UNFPA Pakistan. 2020 [cited 19 November 2020]. Available from: https://pakistan.unfpa.org/en/topics/humanitarian-response-3
5. 5. Gender-based violence [Internet]. UNFPA Pakistan. 2020 [cited 19 November 2020]. Available from: https://pakistan.unfpa.org/en/topics/gender-based-violence-6
6. 6. Gender-Based Violence (Violence Against Women and Girls) [Internet]. World Bank. 2020 [cited 19 November 2020]. Available from: https://www.worldbank.org/en/topic/socialsustainability/brief/violence-against-women-and-girls
7. 7. Gender-based violence in emergencies [Internet]. Unicef.org. 2020 [cited 19 November 2020]. Available from: https://www.unicef.org/protection/gender-based-violence-in-emergencies
8. 8. What we do: Humanitarian action: Disaster risk reduction [Internet]. UN Women. 2020 [cited 19 November 2020]. Available from: https://www.unwomen.org/en/what-we-do/humanitarian-action/disaster-risk-reduction
9. 9. UN Women. THE WORLD FOR WOMEN AND GIRLS: ANNUAL REPORT 2019-2020. 2019.
10. 10. United Nations. Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters. International Strategy for Disaster Reduction; 2005.
11. 11. The Economist Intelligence Unit. The South Asia Women's Resilience Index: Examining the role of women in preparing for and recovering from disasters. The Economist Intelligence Unit; 2014.
12. 12. National Disaster and Risk Management Fund. NDRMF Toolkit for Mainstreaming Gender in Disaster Risk Reduction (DRR) & Climate Change Projects. 2010.
13. 13. National Disaster and Risk Management Fund. Gender and Development (GAD) Policy. 2018.
14. 14. Gender and Child Cell, NDMA. National Policy Guidelines on Vulnerable Groups in Disasters. National Disaster Management Authority, Government of Pakistan; 2014.
15. 15. Waheed M. WHO EMRO | Health sector response to gender-based violence in emergencies | Pakistan-events | Pakistan [Internet]. Emro.who.int. 2012 [cited 19 November 2020]. Available from: http://www.emro.who.int/pak/pakistan-events/capacity-building-of-health-sector-on-gender-mainstreaming-and-gbv-response-in-health.html
16. 16. Qayyum M, Mohmand S, Arooj H. Frequency and Physical Factors Associated with Gender-Based Violence in the Internally Displaced People of Pakistan. Journal of the College of Physicians and Surgeons Pakistan. 2012;22(1).

17. 17. The Shadow Pandemic: Violence against women during COVID-19 [Internet]. UN Women. 2020 [cited 19 November 2020]. Available from: https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19

18. 18. UNODC. Gender and Pandemic PROTECTING WOMEN IN TIMES OF COVID-19, Sindh. 2020.

19. 19. UNODC. Gender and Pandemic PROTECTING WOMEN IN TIMES OF COVID-19, Punjab. 2020.

6 ANNEX 1: Best Practices in the community