

# A MODEL FOR PROVIDING PSYCHOSOCIAL SUPPORT TO SURVIVORS OF GBV IN COVID-19 IN PAKISTAN

## THE ROZAN HELPLINE 2020



## About Rozan

**Rozan** is an Islamabad based, non-government organization formed in 1998 works on the issues of gender, emotional health, and violence against women, children, and youth. Rozan uses capacity building, awareness-raising, research, counseling, and advocacy as its core intervention strategies. Rozan works through the program approach to sustain its initiatives and has established dedicated programs to address its focus areas of work.

**Aangan** (Children's Program) deals particularly with the issues of child protection with a special focus on child sexual abuse. **Zeest** (Women's Program) works on the emotional and mental health of women with a special focus on Violence against Women. **Rabta** (Police Trainings and Reforms Program) executes police trainings on gender sensitivity, conducts action-oriented researches, voices for police reforms, and implements community policing initiatives. **Humqadam** (Men and Masculinities Program) aims at creating spaces for men and boys to engage in the issue of violence against women. **Community** Program capacitates communities on GBV and emotional health. **Rozan Counseling Helpline** provides counseling services through telephone, email, and in-person to GBV survivors, adolescents, youth, women, and men.

A dedicated nation-wide helpline number 0304-111 1741 and email [yhl@rozan.org](mailto:yhl@rozan.org) provides psychosocial counseling.

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## **LIST OF ACRONYMS**

GBV – Gender-Based Violence  
DANESH - Drugs & Narcotics Educational Services for Humanity  
DCPU – District Child Protection Unit  
IEC – Information, Education and Communication  
IMC – International Medical Corps  
INGO – International Non-Governmental Organisation  
KP – Khyber Pakhtunkhwa  
NCSW – National Commission on the Status of Women  
NGO – Non-Governmental Organisation  
NDMA – National Disaster Management Authority  
PCSW – Provincial Commission on the Status of Women  
PDMA - Provincial Disaster Management Authority  
PFA – Psychological First Aid  
PSCA – Punjab Safe City Authority  
PSS – Psycho-Social Support  
PTV – Pakistan Television  
RCHL – Rozan Counselling Helpline  
SOPs – Standards Operating Procedures  
SRSP – Sindh Rural Support Programme  
STEP – Special Talent Exchange Program  
SWD – Social Welfare Department  
TNA – Training Needs Assessment  
UNDP – United National Development Programme  
UNFPA – United Nations Fund for Population  
UNHCR – United Nations High Commissioner for Refugees  
VAW – Violence Against Women  
WESS - Water Environment & Sanitation Society

# 1. PSYCHOSOCIAL SUPPORT AND GBV IN COVID-19

## 1.1. Introduction

When the COVID-19 pandemic first hit Pakistan in March 2020, Rozan and the United Nations Population Fund (UNFPA) became immediately alert to the potential increase in Gender-Based Violence (GBV) and made contact with each other to work towards preparedness and response efforts that would be responsive to unique situation and survivors' needs. Both recognised that providing both direct support to survivors and strengthening systems vital to survivors' psychosocial wellbeing and safety needed to be addressed. This document is a narrative of this collaboration, its key considerations and learnings and aims to contribute to the evidence base for further models of best practice to work with survivors of GBV in emergency situations similar to the current COVID-19 pandemic.

When emergency situations, such as natural disasters, wars, armed conflicts or pandemics occur, the affected population is impacted in a range of ways. The most visible and immediate effects are often sickness, injury or death; severe damage to or loss of property, shelter, food, livelihood, access to essential services and the disruption of social systems and institutions. These changes have a corresponding impact on people's social lives, psychological health, and emotional wellbeing, known together as 'psycho-social wellbeing'.<sup>1</sup> The term 'psychosocial' is used to emphasise the close relationship and interaction between the psychological aspects of people's lives and their environment or social surroundings. Psychological aspects are related to our functioning, such as our thoughts, emotions and behaviour, while social surrounding refers to a person's relationships, family and community networks, cultural traditions and economic status, school, work, etc.<sup>2</sup> In recent years, the psychosocial impact of emergencies and the need to address it through specialised support, commonly referred to as 'Psycho-social support' (PSS) has been recognised by governments and organisations, with the United Nations, World Health Organization and its partners playing a key role in its implementation.<sup>3</sup>

The psychosocial impact of emergencies and the kind of support needed is of two levels. The first is the direct result of the crisis, such as trauma, grief, stress and distress, sometimes leading to more serious psychosocial issues, such as anxiety, depression, traumatic stress, etc. The second level is the indirect impact, related to existing social vulnerabilities that are exacerbated during emergencies. This includes discrimination and abuse related to gender, age, social class, ability and social positioning related to religion, sect or citizenship.<sup>4</sup> Gender-Based-Violence (GBV) is recognised as significant fall out of emergency situations.<sup>5</sup> While GBV is one of the most pervasive forms of violence worldwide at all times, and is prevalent in all countries, regions and socio-economic groups, the cumulative effects of collective loss, stress, uncertainty, insecurity, disruption in social systems and services that occur in an emergency tend to create an environment in which women, girls, children and people with disabilities, etc., become even more vulnerable to all its forms, such as domestic violence, sexual assault/rape, sexual harassment, forced/child marriages, abductions and trafficking.<sup>6</sup>

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<sup>1</sup> Bangpan, M., Dickson, K., Felix, L. and Chiumento, A. (2017). The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review. Humanitarian Evidence Programme. Oxford: Oxfam GB.

<sup>2</sup> Interagency Standing Committee. (2015). Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action. Geneva, IASC. <http://gbvguidelines.org>

<sup>3</sup> Inter-Agency Standing Committee (IASC) (2008). Mental Health and Psychosocial Support: Checklist for Field Use. Geneva: IASC.

<sup>4</sup> Ibid.

<sup>5</sup> United Nations Development Programme (UNDP) (2020). *Gender-based violence and COVID-19*. <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html>

<sup>6</sup> Ibid.

The current crisis, the COVID-19 pandemic, shares many features of other emergencies the world and Pakistan have seen in recent times, but it is also different in significant ways, which is reflected in the unique psycho-social challenges it presents. First, while in most crises people benefit from coming together, giving and taking physical support, creating safe physical spaces, sharing their grief and working collectively towards recovery and rebuilding, the COVID-19 pandemic requires people, sometimes even family members, to socially distance from each other. Essential and support services that function at optimum level in most emergencies, have been forced to scale down or in some cases even shut down temporarily. Secondly, families have been forced to spend prolonged time in the confined spaces of their homes because of social distancing requirements, formal and informal lockdowns and the job and business losses that have occurred, as a result of the crisis. These features have implications not only for the general community's mental health, but also for the wellbeing and safety of women and girls who face particular challenges in Pakistan based on traditional, patriarchal gender-roles and expectations.<sup>7</sup>

<b>How the COVID-10 pandemic is different</b>
Highly contagious Mixed/changing messages, misinformation, rumours and confusion Prolonged situation Constant news and media coverage Social distancing and lockdowns Unpredictability/ fear of the unknown Limited information on vaccine – timeline and effectiveness Disruption in basic individual/community/religious ways of coping Stigma of disease Global crisis continues to get worse

## 1.2. Psychosocial impact of the COVID-19 pandemic

### Mental health consequences

The following potential effects on people's mental and emotional health have been identified<sup>8</sup>:

- Fear, stress and anxiety (sometimes severe)
- Isolation and loneliness due to social distancing
- Loss - missing people, old life, routine, support, outdoors, etc.
- Changes in sleep or eating patterns.
- Irritability, frustration and anger
- Depressive symptoms, such as sadness, helplessness and hopelessness
- Worsening of existing health/mental health problems
- Increased use of substances and tobacco
- Grief due to loss of lives

### Potential impact on women and girls

Women face particular issues because of their gendered roles in society. Even under normal circumstances, women's position in Pakistani society, their limited role in decision-making, restrictions on mobility and limited access to and control over resources, render them vulnerable to all types of

<sup>7</sup> United Nations Office on Drugs and Crime, UNODC. (2020). Gender and pandemic: Urgent call for action, Advocacy Brief 4.

<sup>8</sup> See World Health Organization 2020, UNDP 2020 and UNODC 2020 above. More information on the psychosocial and gender impact of COVID-19 is also available on the Rozan website: <https://rozan.org/> and Facebook page: [https://web.facebook.com/rozan.org/?\\_rdc=1&\\_rdr](https://web.facebook.com/rozan.org/?_rdc=1&_rdr)

discrimination and abuse. The current crisis has exacerbated all of these factors, placing women at an even higher risk. The following are the key ways in which woman have been affected:<sup>9</sup>

- Stress and fatigue because of increased burden of household work, care (children, husband, in-laws, the elderly and sick) and schooling
- Stress of working from home in addition to an increased household burden (for women with paid work)
- Isolation due to disruption of regular community/family support, and social interactions and breaks from household routine
- Increased health issues (including limited care in pregnancy and child birth) because of self-imposed or formal limits in accessing clinics/hospitals
- Financial stress of managing tight budget and expenditure in the face of lockdowns/downsizing/loss of income or if in a female headed household
- Heightened household conflict, stress tension due to forced coexistence, especially with partners/family members who were already abusive
- Rise in domestic violence
- Existing support and safety mechanism compromised because of social distancing/lockdowns

#### Physical and psychological impact of violence

All women who experience violence are affected in some way. However, the nature of the effect, its duration and severity of the impact vary vastly between survivors. There are several variables that can shape their immediate reactions and effects (both physical and psychological) both in the short and long-term, such as their age/s, the nature of the violence, its duration, its severity, the number of perpetrators, her relationship with her perpetrator/s, the survivor's life circumstances before, during and after her experience/s of violence, the support she receives, her relationships, societal attitudes and responses, support mechanisms around her system, etc. The following section outlines some of the most commonly seen effects on survivors:

#### Health

- Injuries, often serious (bruising, broken bones, etc.)
- Reproductive health problems due to injury
- Loss of pregnancy/still births
- Unwanted pregnancies
- Sexually transmitted diseases
- Stress related health issues and vulnerability to illness (blood pressure, migraines, skin problems, reproductive health issues, excessive weight loss/gain, chronic pain, etc.)
- Death (due to homicide, injury, pregnancy/childbirth related issues or suicide)

#### Mental health and trauma

- Shock, numbness, hysteria, confusion and disorientation (possible immediate reactions)
- Memory loss/distorted memories
- Fluctuation in feelings, moods and decisions
- Mixed feelings about the perpetrator (if known to the survivor)
- Worry, Anxiety
- Sadness, Depression
- Fear, terror
- Hopelessness
- Low self-esteem
- Loss of confidence
- Helplessness, powerlessness
- Self-blame, guilt
- Difficult making decisions
- Aggression

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<sup>9</sup> Ibid.



- Denial
- Anger, rage
- Passive behaviour
- Lack of trust – may not trust even those trying to help
- Sleep difficulties and disorders
- Eating difficulties and disorders
- Difficulties in relationships
- Sexual problems
- Trauma effects (nightmares, flashbacks, excessive fears and phobias)
- Memory issues
- Problems with focus and concentration
- Agitation and restlessness
- Addictions
- Suicidal thoughts and attempts
- Feeling of disconnection, distorted reality
- Societal (sometimes even familial) shaming and rejection

### 1.3. Organisational experience

#### Rozan

Rozan has been working on issues related to mental and emotional health, gender, GBV since 1998. In 2001, Rozan initiated a toll-free Helpline (Rozan Counselling Helpline – RCHL) to provide the community with information and support regarding their emotional, sexual and reproductive health. Over the last 20 years, the Rozan Counselling Helpline (RCHL) has gained considerable experience and expertise by providing counselling services to those in need. Rozan’s entry into psychosocial support work in emergency settings occurred in 2005 after the massive earthquake that hit parts of Kashmir, Khyber Pakhtunkhwa (KP - then the North West Frontier Province) and Islamabad.<sup>10</sup> After responding immediately to organising basic support (e.g., medical help, relief, distribution of supplies and financial aid, etc.) and providing Psychological First Aid (PFA), Rozan focussed first on building its own capacity to in order to ensure the provision of evidence based and effective psychosocial support (PSS) to the disaster-affected population support. For this, Rozan then hired the services of a psychologist and trainer from Turkey, experienced in developing PFA and Psycho-Social Support (PSS) modules in response to the devastating earthquake in Turkey in 1999,<sup>11</sup> to travel to Pakistan and train Rozan’s newly established PSS programme, Umeed, in collaboration with International Federation of the Red Cross (IFRC), the Danish Red Cross (DRC) and the Pakistan Red Crescent Society (PRCS).

With this experience, Rozan was able to respond to the psychosocial support needs arising from other emergencies in Pakistan, such as the internal displacement that occurred after the military operation in Swat in 2009<sup>12</sup> and the devastating floods in 2010<sup>13</sup>.

#### UNFPA

UNFPA has been at the forefront of providing support and leadership to communities affected by emergencies. It is typically on the ground before, during and after crises, working closely with

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<sup>10</sup> A severe earthquake, with a magnitude of 7.6 hit Pakistani-administered Azad Kashmir and parts of Khyber Pakhtunkhwa (and some areas of Indian-administered Jammu and Kashmir) on October 8<sup>th</sup> 2005, causing extensive damage to live and property.

<sup>11</sup> On 17 August 1999, an earthquake of a magnitude of 7.6 occurred in North-western Turkey, causing severe damage and displacement.

<sup>12</sup> The 2009 refugee crisis in Pakistan was the massive displacement of civilians in the Khyber Pakhtunkhwa of Pakistan that was caused by Operation Black Thunderstorm.

<sup>13</sup> In July 2010, following abnormally heavy monsoon rains that continued for over 2 months, heavy flooding occurred in large areas of Pakistan, namely the Northern districts in Khyber Pakhtunkhwa, densely populated areas of Western and Sindh causing severe damage and loss.

governments, local NGOs, United Nations agencies and other partners to ensure that sexual reproductive health and rights and responses to gender-based violence are integrated into emergency responses.<sup>14</sup> Addressing GBV in humanitarian contexts is a priority for UNFPA, both as a stand-alone focus and as an integrated and critical element of their work. Its comparative advantage lies in its unique approach to preventing and responding to GBV, which bridges protection, gender equality and sexual and reproductive health and rights in humanitarian action. To address the needs of survivors, UNFPA works to ensure access to life-saving services and information, and to put in place coordination mechanisms for effective prevention and response, especially access to multisectoral care and support. UNFPA is distinctive in its capacity to equip health facilities and train health staff to sensitively address the health implications of GBV, providing medical treatment, psychosocial support, community awareness sessions, vocational trainings for survivors, group support, and legal counselling.

Since 2017, UNFPA has had sole leadership of the Gender-based Violence Area of Responsibility, the global-level forum for coordination on gender-based violence prevention, risk mitigation and response in humanitarian settings, which functions as part of the Global Protection Cluster.

## 2. RESPONSE TO THE COVID-19 PANDEMIC

### 2.1. Phase 1: Setting up

As with all emergencies, Rozan's first priority was cater to basic and immediate needs. In the early days, this included supporting organisations to provide relief to people, such as wage workers, who had lost livelihoods because of the first lockdown that was imposed in March 2020. At the same time, Rozan also recognised that there would be instant psychological consequences of the emergency situation, and two of its mental health professionals (a senior psychiatrist and psychologist) made and posted videos highlighting the potential effects and stress management in those trying times.<sup>15</sup>

Both Rozan and UNFPA were aware that the call to #StayHomeStaySafe would not ensure the safety of women and girls, and were alert to the potential psychosocial issues and risks for women and girls, arising both in the short-and long-terms. Having worked together before on various GBV-related initiatives, it was a natural collaboration for the two organisations to come together to address GBV in the COVID-19 situation. Rozan's COVID 19 response was envisaged in two stages. The first was aimed at responding to immediate needs arising from the COVID 19 crisis. The second stage was seen as encompassing a longer-term response, developing over the course of the first few months based emerging needs on rapidly shifting ground realities.

#### Assumptions

Rozan's response was based on an assessment and understanding of the situation and a number of important assumptions based on this understanding:

- Stress levels and emotional and mental health issues were likely to increase in the coming weeks and months
- The COVID-19 situation was unpredictable and ground realities were likely to shift rapidly;
- GBV was likely to rise in the entire country with social distancing being advised and enforced through lockdowns, and psychosocial support services nationwide needed to be able to respond appropriately
- Survivor's psychosocial needs vary and are multi-faceted and that there would be special challenges faced by them in the unprecedented situation created by COVID-19
- There was significant misinformation about COVID-19, lockdowns, available support services (financial, legal, health, etc).

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<sup>14</sup> UNFPA (2020). Humanitarian emergencies. Available <https://www.unfpa.org/emergencies>

<sup>15</sup> Available on the Rozan website and Facebook page

- Relief and health concerns are the most addressed in emergencies, with women’s safety/psychosocial concerns often undermined
- GBV and psychosocial support services around the country often work separately from each other
- Many of the services and helplines around the country are not sufficiently trained on gender, ethics, case management or trauma, which are key requirements for an effective psychosocial response to GBV survivors
- Organisations responding to GBV/psychosocial needs often lack sufficient awareness about, sensitivity towards and skills to work with especially vulnerable groups, such as those with disability, minor girls, transgenders and women/girls in remote areas.

## Scope

It was therefore decided that Rozan’s response needed to be holistic, flexible in order to accommodate emerging needs, and multisectoral, covering as much of Pakistan as was possible. While providing direct psychosocial support through counselling remained the core area of Rozan’s COVID-19 response, it was felt that this needed to be supported and sustained through strengthening the overall service response in Pakistan through linkages with existing government interventions, such as telehealth services, government apps and essential services beyond basic health, such as the police, shelters, financial aid, etc. To this three important decisions were made: first, that Rozan would immediately expand the scope of its existing helpline to accommodate psychosocial support in general and to GBV survivors in particular; second, that Rozan would include information provision within its response in order to be able to disseminate important, accurate and timely information to the community and GBV survivors; and third, to reach out to existing government helplines and services in other provinces and build their capacity to respond to both GBV and psychosocial needs, including those of specially vulnerable groups. This holistic, multisectoral approach taken by the programme enabled Rozan to significantly widen the scope of its response to a complex emergency situation.

## Aims and interventions

The overall goal of Rozan’s psychosocial response was to enhance coping skills and safety nets, for women and girls in particular, during the COVID-19 pandemic. Specific strategies that were employed were: 1) immediate psychosocial counselling provision through RCHL with a special focus on GBV; 2) information provision to callers and the general community and services through Information, Education and Communication (IEC) material, , with a special focus on woman and their vulnerabilities in the crisis; 3) partnership with, and training of government services particularly in KP and Punjab (namely the Social Welfare Department, Bolo Helpline KP, Women Development Department Helpline Punjab, the Women Safety Application and Safe Cities Helpline- Punjab Safe City Authority) as well as other groups of service providers, to provide psychosocial counselling with a special focus on GBV; and 4) assessment and strengthening of key support services for GBV survivors during COVID-19.

Specifically, the following 6 interventions were envisaged:<sup>16</sup>

- GBV Counselling services-COVID 19: Provide psychosocial support services with a focus on GBV through Rozan’s nation-wide helpline (RCHL) during the COVID-19 response.
- IEC on GBV and PSS in COVID 19: Development and dissemination of awareness raising material on GBV and psychosocial support for women and girls during the k.
- Training on GBV - PSS in COVID19: Conduct Capacity building activities for the service providers (KP, Punjab Helplines and Punjab Safe City Authority) to provide psychosocial counselling with special focus on GBV during the COVID-19 response.
- GBV sensitisation in COVID-19: Conduct sensitisation activities on GBV to build an understanding of the gendered impact of public health outbreaks such as COVID-19 situation with special focus on GBV and vulnerabilities attached to women and girls.

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<sup>16</sup> Details of each of these interventions are given in Annex 2, and images in Annex 5

- Support to GBV response services-COVID-19: Provide technical support to key support services (helplines and shelter homes) to strengthen response for GBV survivors during COVID-19 response
- Strengthening of the Bolo Helpline: Strengthening the services of the Bolo Helpline in KP through capacity development and database management.

## Key considerations

In line with Rozan's values, the following were important considerations on which all the work was rooted:

- The psychosocial support service would cater to, and document through its tracking sheet, all forms of violence as outlined in the Standardized Indicators of Violence Against Women (VAW)<sup>17</sup>, which includes: Physical, Harmful customary practices, Economic, Sexual, Psychological and Violence against women in the political arena;
- Efforts will be made to reach vulnerable groups of women and girls affected by violence;
- All possible measures will be taken to either eliminate or reduce the cost to the users of RCHL, as the cost can be a barrier to access services;
- A survivor-centred approach will be ensured, and the survivor's right to self-determination and choice respected;
- Survivors' privacy, safety and wellbeing will be ensured in every possible way
- Professional and ethical support will be provided to all survivors; and
- Crisis support and management will be available, if needed, through Rozan's crisis service

## Staffing

Considering the complexity and wide scope of the programme and Rozan's emphasis on the Knowledge, Skills and Attitudes<sup>18</sup> required for the job, it was crucial that the right staff be engaged. From extensive experience in the mental health and GBV field, Rozan was well-aware of key requirements for this role:

### Knowledge

- Definition and types of GBV in Pakistan
- Prevalence of GBV
- Domains of GBV
- GBV survivors and perpetrators
- Root causes of GBV in Pakistan
- Psycho-social impact of GBV on survivors (may differ according to type)
- Barriers (personal and structural) to justice for survivors of GBV (for each type)
- Needs of survivors of GBV
- Available support services in Pakistan
- Specialised services and professionals in Pakistan – including strengths and gaps
- Laws on GBV
- Special challenges due to the COVID-19 situation
- Human rights and dignity
- Basics of emotional support

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<sup>17</sup> NCSW (2015). Standardized Indicators of Violence Against Women. Available:

<file:///C:/Users/ashab/Downloads/VAW%20indicators.pdf>

<sup>18</sup> Gender-based Violence Information Management System (GBVIMS) Steering Committee. (2017). Inter-Agency Gender-based Violence Case Management Guidelines: Providing care and case management services to gender based violence survivors in humanitarian settings.

- Specifics for every case (survivor demographics, unique circumstances, family situation, financial situation, special risks, available support system, client skills/strengths, health/mental health status, legal situation, etc.)
- Socio-cultural understanding of survivor's community – strengths, risks, supports, etc.
- Case management approach – importance, principles, steps, roles, etc.
- Services for referral and rehabilitation
- Ethics (of counselling/remote counselling and working with survivors of GBV)

### Skills

- Empathy
- Active, non-judgemental listening
- Communication and expression
- Emotional intelligence
- Interviewing for assessment + evidence + data collection
- Basic psychosocial support provision (including remote)
- Team work and networking
- Creativity and flexibility
- Problem solving and Initiative taking
- Basic documentation and data management

### Attitudes

- Self-awareness
- Positivity, motivation and sense of purpose
- Compassion, concern for people and sensitivity
- Humility
- Openness to learning
- Confidence
- Dedication
- Patience
- Respect for clients, belief in equality, human rights, social justice, diversity, etc.
- Comfort with diversity
- A non-judgemental approach to people
- Professional ethics – hard work, honesty, etc.

While all three components are important, Rozan believes that attitudes play a particular critical role in shaping counsellors' responses to GBV survivors, especially in Pakistan where attitudes towards survivors of GBV can determine what level of help they receive. Counsellors are part of society and are impacted by their culture, ethnicity, religion, gender (or gender identity), socio-economic status, etc., and will have a range of attitudes that will in turn have an impact on the people with whom they work. It is therefore essential that staff are *self-aware* and consciously reflect on how their beliefs and values may affect (perhaps bias her/him negatively?) a survivor. Biases can often stem from misconceptions around the causes of GBV, its dynamics and about its perpetrators and survivors. It was therefore important to Rozan that all staff dealing with survivors had a clear understanding of GBV and the role power and gender as its root causes. Even with no time for training and sensitisation, Rozan was able to take advantage of both its existing helping and its consistent capacity building by reaching out young counsellors it had trained over the years and engaging them in the programme. These counsellors had already been trained extensively by Rozan in its ideology, gender, GBV and sensitive counselling strategies, as staff members, interns, volunteers, etc. In addition to the four existing senior counsellors at Rozan, with 10 – 15 years of experience, three new counsellors were engaged.

## **2.2. Psychosocial support counselling – Rozan COVID-19 Helpline (RCHL)**

Providing psychosocial support and counselling directly to people, especially to woman and girls facing GBV, was the core focus of Rozan's COVID-19 response. Rozan's existing helpline allowed for psychosocial support/GBV counselling to begin immediately without delay. However, the number of counsellors at Rozan were insufficient to meet the psychosocial and GBV support needs emerging during COVID-19 along with RCHL's regular counselling load. It was recognised in the early stages of the COVID-19 emergency that the service was needed to be expanded and a separate system established to meet the special needs of the situation. Three new counsellors (taking the total number to 7), all of whom had been associated with Rozan in some way at different times, were therefore hired within the first month to work with three counsellors already working with Rozan. Even with this comparative advantage in procuring professional staff, social distancing requirements and lockdowns presented significant logistical challenges for Rozan in setting up the counselling service. Some of the new counsellors staff were based in other cities and even Rozan staff were forced to work from home for part of the time. RCHL therefore had to be set up in such a way that it could be accessed by counsellors both from the premises as well as remotely. An exchange system was developed with Jazz (Telecommunication Company), whereby one main toll-free number was assigned to Rozan and could be accessed by both a landline and mobile phones. To facilitate the change from the old helpline number to the COVID-19 Helpline number, the old number continued to be functional and was used by two of the counsellors in addition to the new number used by the others. Mobile phones were a necessity not just because of counsellor locations, but also because of signal issues affecting the toll-free number.

To accommodate as many calls as possible, RCHL was opened from 10am to 8pm, 7 days a week, as opposed to the 9am to 5pm timing 5 days a week initially kept by the regular Rozan helpline. Increasing the timing to 24 hours was also considered and trialled for some time, but it was found that few calls came during later hours, and therefore timings were reduced.

All caller data was recorded using an online data-based management system and automatically analysed according to relevant, pre-assigned categories, such as key issues, number of calls, call duration, sources of referrals, etc.<sup>19</sup>

The exchange system recorded all calls that came through on the RCHL number, even those that were missed, such as when counsellors were busy on other calls or after-hours. Whether or not to enable a call-back option for callers was a source of much discussion within the Rozan team. While there were definite advantages to allowing the service to record numbers from which missed calls were received so that counsellors could call back, it was decided, based on Rozan's extensive experience working with GBV survivors, that the risk associated with this option was greater. Survivors will often make calls keeping in mind times when they have privacy and are safe to call, but this may not be the case when counsellors call back, which could pose a serious risk for survivors.

In the early days of the emergency, many callers sought general information around COVID-19 and about financial worries and financial aid processes, for example the government's Ehsaas programme. In April, for example, 34% of the calls received were regarding financial support. With the realisation that financial needs were critical at that time, RCHL updated its referral list to include more financial aid organisations.

Many callers also accessed the service for psychological issues, but calls for GBV were initially low, and female callers made up about half of the total callers. With time, both as a result of changing realities and focussed efforts by Rozan (see IEC material), by June calls for financial support fell significantly, and there was a substantial increase in calls by women and for GBV (105 as opposed to 6 in April). As of December 2020, a total of a total of 6101 calls, out of which counselling was provided to 4,368 callers, with 61% (2,675) from female callers. The number of calls increased significantly after the campaigns on electronic and social media.<sup>20</sup>

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<sup>19</sup> See Annex 1: Excel sheet showing categories in tracksheet

<sup>20</sup> More detailed information and data on calls are presented in Annex 2

RCHL received 3,004 calls in response to its campaigns on television (national channels), as PTV is the most accessible channel in all of Pakistan and 617 in response to social media. 305 calls were received through recommendations by friends/relatives.

Callers approached RCHL for a range of issues, including anxiety, depression, anger management, low self-esteem, and suicidal thoughts. Out of the total, 484 calls were specifically for GBV (psychological, physical, sexual and economic), with 79% being women currently married. The major source of GBV calls was PTV, with 399 callers calling in response to the campaign on PTV. A further 85 calls were received from social media, 40 through referral and 5 calls in response to Radio Pakistan.

Referral building is one of the most important components of RCHL. In this time period referrals were updated with service providers who were providing telehealth services, psychiatric or psychological services, financial and other services in the pandemic situation. RCHL updated its referral directory and included many new referrals of mental health professionals, financial support organisations, shelters, etc. from all over Pakistan.

RCHL also built referral pathways which comprise of GBV related helplines and shelters for vulnerable people. Almost 562 callers were referred to other services.

Although RCHL was not set up as a crisis helpline, the likelihood of such cases arising is high when dealing with calls from survivors of GBV. RCHL received over 60 such cases and referred them to Rozan's existing crisis programme for legal and shelter support. Rozan was able to effectively handle and in some cases successfully resolve such situations because of its in-house crisis support, its existing networks with essential and crisis services, such as hospitals, the police, shelters, etc. This, however, was not without challenges as the COVID-19 situation compromised each of these domains, and Rozan had to deal with significant hurdles with the police, shelter, closure and transport keeping in mind safety and social distancing concerns.

To ensure continued quality and professionalism, all the counsellors were supervised on a weekly basis by senior Rozan psychiatrist, Dr. Ambreen Ahmed and psychologist Zehra Kamal. This aspect of counselling and staff capacity building was considered essential in order to provide the most ethical and effective support to callers, to challenge any misconceptions and biases counsellors may be harbouring which could affect their counselling capacity and to provide peer support and care to counsellors for any stress they may be encountering in the course of their work.

### **2.3. IEC material – awareness and promotion**

Rozan's COVID-19 response material development component was aimed at raising awareness on psychological issues and GBV in the COVID-19 situation as well as promoting its psychosocial support service.

The aim was to produce material that was clear, simple and focussed on relevant areas, such as the psychosocial impact/stress of the COVID-19 situation, gender issues and GBV. Ensuring that women and girls from all around Pakistan, including those who were particularly vulnerable, such as those with disability, limited access to technology and remote locations, could access its helpline was an important goal of the programme. All media – social and electronic - were therefore utilised, tested and re-tested, and learnings from them were documented and used to inform further strategy. Primarily four kinds of channels were used to create awareness and promote the programme: informational and promotional flyers, animated videos, short videos/video messages, campaigns on television (both national and private), social media campaign and radio shows, both live and recorded.<sup>21</sup>

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<sup>21</sup> See Annex 3: IEC material XX. Also available on the Rozan website and Facebook pages

In the early stages of the COVID-19 emergency, videos with basic messages psychosocial issues, such as stress, fear, anxiety, etc; were aired on TV and posted on social media by mental health professionals associated with Rozan. This was followed by a planned IEC strategy to systematically provide information and promote the counselling helpline through targeted media/social media campaigns. Mental health issues, gender and GBV were focussed upon at this stage.

Great care was taken to ensure that the messages/images being disseminated were gender-inclusive, sensitive, culturally appropriate, empowering and engaging. This was done through a highly participatory process whereby Rozan first worked closely with the artists/writers producing the scripts and images to ensure Rozan's approach was incorporated. Each draft was then circulated among Rozan staff and professional volunteers and UNFPA, discussed in detail, reviewed against Rozan's and UNFPA's ethical standards and goals and then finalised.

The next challenge was to decide where (which media) and when (timings/days) to carry out the media campaigns. Rozan has worked with the media extensively for various aspects of its work, and these resources and networks helped it to develop an effective media approaches. Substantial effort and learning went into first understanding relevant aspects of the media, then piloting various strategies (timing, kinds of shows, days of the week, etc) and finally devising a media strategy targeting women. The Rozan promotion team spent a significant amount of time researching, observing and rigorously monitoring social and electronic media trends and meeting with networks and media experts in order to plan its awareness raising and promotional campaigns. This included establishing what shows/radio programmes women tend to watch/listen to, what timing suits women most, what days of the week/times of the year are women more likely to be engaged with the media, etc.

The initial plan had been to promote the programme and raise awareness on one national channel and one private network. However, after the private network attracted only a limited response, a timely decision was taken to shift efforts entirely to the national channel, PTV Home, as it appeared to be the most popular among women and girls. Strategies that were trialled for timing and shows included running campaigns during Eid/Ramzan transmissions, popular morning/talk shows, during popular TV drama serials, on weekends, etc. Special videos, radio shows and appearances by prominent people, such Mr. Mr. Manzoor Ahmad (Secretary Zakat Ushr, Social Welfare, Special Education, and Women Empowerment Department), Ms. Rukhshanda Naz (KP Ombudsperson for protection of women from harassment at workplace), and Ms. Maleeka Bukhari (Member of National Assembly and Parliamentary Secretary Law and Justice), along with other shows on various gender-related topics were aired, flyers and videos were posted on social media, videos played on TV. In order to ensure sustainability, both paid and unpaid options were used to promote services and raise awareness.

The key indicator of the success of a media campaign was an increase in the number of relevant calls received by the Rozan helpline (See Psychological support counselling above), which required consistent monitoring by the team. Strategies that yielded limited or no results were reviewed and if needed reduced or eliminated, and those that attracted calls, particularly from women related to gender-related/GBV concerns were strengthened. Based on these indicators, timings and days that attracted the least calls were evenings, Fridays/weekends and Eid time. What worked most successfully for women callers were announcements in which the Rozan helpline was named by popular show hosts with a good fan following, morning shows and Ramzan transmissions. Calls by women and girls increased to 60% after the campaigns. Targeted campaigns on GBV also resulted in an increase in GBV related calls. Call numbers sometimes increased two to three-fold after popular media campaigns.

## **2.4. Training on GBV and PSS**

The aim of Rozan's training component was to build the capacity of the provincial helplines (Social Welfare Department Helpline KP, Women Development Department Helpline Punjab, and Punjab Safe City Authority) as well as other groups of service providers in responding to the psychosocial needs of women and girls during the COVID-19 pandemic. To ensure quality and effective capacity building, it



was decided that Rozan would first reach out to relevant government helplines and other services and conduct a capacity assessment using a questionnaire tool assessing their willingness and readiness to provide online services to GBV survivors that are centred in the ethics of survivor support and safety, and privacy, and to tailor training to specific gaps, needs and strengths. This also included a review of their systems around documentation and referral. Other assessment and monitoring tools developed included the Pre-Assessment Form, the Training Needs Assessment (TNA) Form, and Participant Profile Form<sup>22</sup> which were filled by the participants before the sessions began. Participant's answers on the Training Needs Assessment form helped to tailor the session design to build the participants' capacity according to the needs of the participants. Capacity assessments were conducted with national services, Islamabad, KP, Punjab and Balochistan. Not all services approaches were willing nor able to participate, but the capacity assessment ensured that those that did so were committed and owned the process.

The capacity assessment provided a comprehensive understanding of the procedures and systems, nature of services and quality of support extended to GBV survivors as well as equipment and human resources by these services. It helped Rozan better understand the gaps in the system and challenges the service providers are facing, both in terms of logistics and attitudinal factors, such as misconceptions, biases and myths around gender and GBV, which are ingrained in the social and cultural fabric of the community.

The training programme was then designed and planned and organisations identified for training, based on the findings and information received from the assessment. A training manual, including a curriculum on case management of GBV, comprising a range of training and learning resources was also developed. The following areas were identified for capacity-building:

- Understanding GBV – definition, forms, prevalence, causes, myths/facts
- Understanding specific needs and vulnerabilities of women in crises, such as COVID-19, and the extent to which these needs are different from other groups including men, children or elderly
- Psychosocial impact of COVID-19 and GBV
- Psychosocial support skills and case management for survivors of GBV
- Ethical protocols and guidelines.
- Self-care to deal with the compassion fatigue
- Referral and documentation mechanisms
- Training of Trainers

As a training organisation, Rozan was equipped with professional facilitators to conduct its trainings, covering all relevant issues and keeping in mind Rozan's training approach, its focus on attitudes and principles of self-awareness, empowerment, self-determination, equality and sensitivity. However, conducting training online was not without challenges, for example, participatory group activities had to be limited, not all participants were comfortable using technology, internet could be erratic in some areas, participants were sometimes hard to keep track of and trace if they were not visible on line, etc. Facilitator were often required to be creative problem solvers as they strived to employ simple, but participatory techniques to keep participants engaged and active. One strategy that proved was successful in ensuring participants attended the trainings and stayed on track was to assign a focal person for each cohort. In all, nine trainings of 3 to 6 hours each, were conducted, delivered over 3 to 5 days each.<sup>23</sup>

Rozan is well-aware that the learning that occurs during training can only be sustained through some form of follow up support for some time. Therefore, Rozan's capacity building strategy had a built-in system of ongoing support, refresher trainings and mentoring. Three refreshers, 20 supervision meetings, 9 mentoring meetings and an experiencing sharing workshop were conducted with

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<sup>22</sup> Annex 4: Forms XX

<sup>23</sup> Training details are outlined in Annex 2

participants. The response both to intensive training and to Rozan's follow ups was overwhelmingly positive. For its own quality monitoring, Rozan also facilitated regular debriefing and feedback meetings for the facilitators to review training strategies, document learnings and make improvements to upcoming trainings. Training evaluations also provided valuable feedback, which was largely positive and affirming.<sup>24</sup> The few suggestions for improvement that were received, primarily regarding online training methodology, were taken on board and used to improve the training modules.

To effectively carry out trainings and manage telephonic counselling and remote case management, Rozan also built its own capacity by upgrading and learning a new online data management system, as well as developing technical skills in training online using Zoom and its training tools.

## **2.5. Sensitisation to GBV**

Raising awareness on issues related to gender, GBV, vulnerable groups and psychosocial support was a key aspect of Rozan's COVID-19 response. Rozan focused to bring innovation in terms of topic and content so that services could collectively move a step ahead and learn from each other's experiences and work towards best practices. To reach as many people as possible, Rozan conducted six webinars on the following issues:

- Psychosocial needs in the context of COVID-19 and improving the response
- Building community resilience
- GBV trends during COVID 19, success and challenges
- Girls' rights during COVID 19
- Improving police and shelter responses
- Rights of women and girls with disability

These webinars provided a platform to the experts, practitioners, policymakers and other relevant stakeholders to learn from each other's experience about the challenges women and girls were facing during Covid-19 especially those who are facing violence. The discussion during the webinars raised many concerns on the impact of COVID-19 on marginalised populations, need of strengthening the systems to address their vulnerabilities and adopting a holistic multi-sectoral approach to empower the community and enhance its resilience.

All the webinars were attended widely by government and civil society organisations working on mental health, academia, psychologists, psychiatrists, doctors, United Nations agencies, women rights forums, lawyers, students, academia, community etc. Of particular significance were recommendations presented to government departments, especially, regarding improved disaster response management and GBV.

Based on the key points that emerged out of the webinars, Rozan developed a recommendation paper for the National Disaster Management Authority (NDMA) and parliamentarians, related to psychosocial support services, GBV trends and needs during the pandemic and vulnerable groups.

## **2.6. GBV response technical support**

As part of its support services, Rozan also included as part of its strategy the provision of technical support to key support services (helplines and shelter homes) to improve the response for GBV survivors during COVID-19 response. To begin this process, Rozan conducted an assessment of psychosocial support needs in shelter homes across Pakistan during COVID 19. On the basis of the assessment report, a set of guideline was developed in English and Urdu on the standards of care during COVID 19 for shelter homes. These guidelines have been shared on social media forums. On Facebook these flyers reached to 3090 people while on twitter it received 2967 impressions. The flyers were

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<sup>24</sup> Ibid.

appreciated by many forums working with women survivors who endorsed the guidelines stressing the importance of essential services being accessible for survivors during such pandemics

## **2.7. Strengthening the Bolo Helpline in KP**

The aim of this intervention was to support the Bolo Helpline in Khyber Pakhtunkhwa by strengthening its services in responding to survivors of GBV. The helpline provides professional and confidential support, delivered free-of-charge, on a 24-hour basis. Rozan assessed the functioning of Bolo Helpline during its readiness assessment exercise and found there was a strong need to work on developing its Standard Operating Procedures (SoPs) and data base system. These were developed through an extensive process of consultation between stakeholders.

### **3. TOWARDS A FUTURE BEST PRACTICE MODEL**

As for all services, the COVID-19 situation presented a whole new, unprecedented set of challenges. Rozan responded as soon as it could, using both strategies that were already its strengths and those that were new and required exploring and learning.

#### **Building on strengths**

Strategies that reflected organisational strengths were validated in the course of its implementation. The scope and unique nature of much of Rozan's work has allowed it to gain experience and expertise in a wide range of issues related to mental and emotional health and gender. It has, for example been successfully running a helpline with a gender focus for almost two decades, placing it in an ideal position to expand its function to include psychosocial support during the pandemic. It had ready counsellors both in-house and as past trainees to take on new roles immediately, which also underscores the importance of consistent capacity building as part of many of its projects.

Rozan's capacity building and networks within essential and crisis services, such as health, police, shelter, financial and legal aid services, etc., also allowed it to take a case management approach to working with survivors and to handle crisis cases when needed.

Similarly, Rozan's training and experience in working in post-disaster settings allowed it to instantly identify key potential issues during the pandemic and to respond to them immediately. This points to a commitment to continuous professional training of its staff in new areas and gaining gradual experience and expertise in a range of areas.

#### **Balancing immediate needs and planning**

Rozan's experience in working in emergency shows that there are two levels of response that are required. The first is catering to immediate needs in the emergency phase, which may entail providing physical relief and some form of PFA (e.g., Rozan posted videos on dealing with stress, and early effects of COVID-19 almost immediate after the pandemic began in Pakistan). The second comprises providing need-based longer-term support to the community. While it can sometimes be tempting for organisations to immediately move into the second phase, responses are far more successful, effective and sustainable when services invest some time in better understanding and planning ongoing responses, based on the emerging, changing situation and corresponding needs. In the COVID-19 situation, Rozan found that planning activities, such as consultations with UNFPA, learning from global experiences, reflecting within teams on various ways to set up RCHL/build capacity/raise awareness/promote the programme, meeting with experts, etc., were of tremendous help in designing a strategy that was both effective and ethical.

#### **Multisectoral partnerships and collaborations**

The critical role of partnerships and collaborations cannot be over-emphasised in dealing with a situation of such complexity and magnitude. The Rozan-UNFPA alliance was built upon both a common ideology and approach and the best use of each other's strengths. It was to this partnership's credit that Rozan was able to respond to the situation with flexibility and creative, adjust to changes and modify its plans as and when needed without feeling unnecessarily restricted by original decisions.

The partnership provided an excellent opportunity for multisectoral collaborations and information sharing across Pakistan, with other services and most importantly, the government, allowing the

programme to have a far greater outreach and to effect learning and positive change across the board. A useful example of this information sharing were the webinars conducted which attracted a wide range of professionals and government representatives, and facilitated an important dialogue informed by evidence.

## Variety of approaches

Work with a diverse population on sensitive, stigmatised issues, such as psychosocial/mental health and GBV, requires creativity, using a variety of approaches to reach all groups, to raise awareness and increase people's, particularly vulnerable groups', access to the support they need. Having extensive experience working with diverse communities, Rozan and UNFPA were able to quickly and efficiently ideate on and develop a notably wide range of ways of providing psychosocial support, which comprised a combination of strategies: RCHL offered direct, professional and real time support to survivors of GBV and to others experiencing psychosocial difficulties as a result of the pandemic; a wide variety IEC material (flyers, videos, messages, announcements, webinars, etc) and strategies provided informational support in the media, both social and electronic as well as promoted support seeking; sensitisation to GBV and related issues through a series of webinars, and finally, the capacity of other service providers were strengthened to provide more effective support to survivors of GBV.

## Investment in processes

In all of Rozan's psychosocial support interventions, there was a special, concerted effort made to consider and invest in the processes employed in lights of its organisational values, rooted in principles of human rights. Every activity therefore underwent an in-depth process of planning, consultation, constant monitoring, reviewing, gaining feedback at every step, incorporating the feedback before finalising a strategy or resource and evaluating at the end of the activity. While this was a time consuming, at times tedious process, its benefits were significant. The time and effort spend conceptualising RCHL structure and processes, the monitoring of calls and responses to campaigns, the sensitivity and careful thought given all the material developed, the substantial time invested in conducting needs assessments and capacity assessments before developing the training modules/curriculum and the hours spend reviewing and gaining feedback after the training, the efforts to analyse the present data through webinars throughout the project, etc., for example, all reflect a commitment to quality through a keen focus on processes.

## Focus on attitudes and ethics

Equally important is a commitment to quality service provision through a promotion of ethical and sensitive responses to survivors of GBV. Capacity building initiatives in Pakistan tend to focus generally knowledge and skill development, with little to no attention paid to ethical values and attitudes. Rozan has always believed that this time investment in the early stages of capacity building is invaluable. Building in self-awareness (especially an understanding of personal attitudes, biases, prejudices, strengths, etc) along with social-political awareness about and sensitive to the issue – gender, GBV, its survivors, the perpetrator – is crucial to promoting ethical responses and a survivor-centred approach, rooted in the human rights of the survivor. To this end, Rozan has also always prioritised the hiring of sensitive staff and training them in its core values.

## Commitment to diversity, equality and intersectionality

Women of all ages socio-economic status, ethnicity, religion, ability, location, etc., are vulnerable to GBV, but some groups are more likely to experience more severe psychosocial impacts because of their status in society, for example minor girls, women with disabilities, those living in remote areas, etc.

Efforts that aim at reaching out to such groups of women demonstrate a commitment to understanding intersectionality in GBV and to bridging the gap between socio-economic privilege and disadvantage. For example, Rozan's efforts to work with a national TV network, to engage Radio Pakistan (despite a limited response), to put in significant effort into developing resources that were culturally appropriate, and engaging in substantial research to gauge which media worked best for all groups of women. Resources produced were available both in English and Urdu, they were posted on social media and aired on national electronic media in order to ensure effective outreach.

## Flexibility, innovation and openness to learning

Working remotely with clients in distress and/or in crisis, with limited service functionality and restricted mobility was a new area for Rozan. Rozan has always worked best on the ground with communities and organisations providing both direct support and indirect support through capacity building. In the COVID-19 situation, all its functions moved online, and were dependent on good, reliable and accessible technology at all times. Great flexibility, openness to learning and initiative taking was required to address challenges associated with this situation, especially in training. Despite this, Rozan was successful in designing the training in two parts, a) psychosocial first aid with a focus on GBV survivors need, b) modified trainings as per the needs of the participants. Adopting the available online space and use of technology was eventually successfully, but was not without technical issues that highlight the benefit of in-person trainings. Frequent interactions during training, mentoring meetings, supervisions meeting and experience sharing meetings helped participants to discuss their challenges and enrich their learnings.

All strategies, throughout the project, were thoroughly researched, discussed, trialled and modified where needed. The expertise of other professionals was continually sought in order to learn and develop new skills, such as for media promotion, reaching clients in the midst of mobility restrictions and with compromised crisis services, conducting full day interactive trainings on Zoom, often with participants in areas with limited connectivity, online data management through its data-based management system, navigating a new exchange mechanism. Moving from one system to another did not come without its limitations and difficulties – at times calls were missed, signals were lost, the old number was inaccessible to callers, a 24-hour service was not feasible, etc.

## Data collection and management systems

Despite the learning curve witnessed in having to learn and use an entirely new data collection and management mechanism, the new system also allowed for significantly better service provision and evidence collection. The data management system, for example enabled Rozan to automatically collect and analyse caller data, proving invaluable information on the kind of calls being received, especially much needed data on GBV trends, dynamics, survivor responses and challenges and perpetrators. The system also enabled Rozan to identify the impact of the promotional/awareness-raising strategies being implemented. This allowed Rozan to understand precisely which strategies to focus on for maximum effect and make effective use of its time and efforts. The importance of data collection and management was therefore strongly demonstrated throughout the programme.

## Monitoring

The programme strongly reinforced the importance of continuous monitoring and corresponding readjustment. The situation was unprecedented and not all lessons from past emergencies were automatically applicable. Rozan invested significant time in closely monitoring its strategies, especially its performance in the media, to gauge what was most effective, what was less effective, what modifications to make, etc. The main indicator of effectiveness was the number and type of calls received on RCHL, the core programme activity. Keeping a close watch on all its interventions and

particularly which media strategies resulted in calls that were aligned to the programme's goals (both in terms of quantity and quality) and which ones shifted the focus or led to fewer calls was a constant, at times challenging process, but also one that yielded positive results and feedback as is evidence by the success of the service.

## Sustainability

Both Rozan and UNFPA have consistently strived towards sustainability in all their work. A key goal of Rozan's COVID 19 response was to improve GBV services across Pakistan to ensure wide access and sustainability. Its capacity-building, technical support and sensitisation interventions were particularly geared towards creating sustainable support mechanisms and services for GBV survivors. Efforts at collaborating with and reaching out to government departments and initiatives, such as provincial helplines and services; developing an extensive case management curriculum and conducting training of trainers to carry forward the capacity building; providing support to shelters (through guidelines) and the Bolo Helpline (through SOPs and data management support); and reaching out to government representatives as part of webinars and presenting important recommendations to them in writing, are prime examples of a sustainability focussed approach. Further, efforts are currently underway to institutionalise the casework curriculum through accreditation.

## Documentation

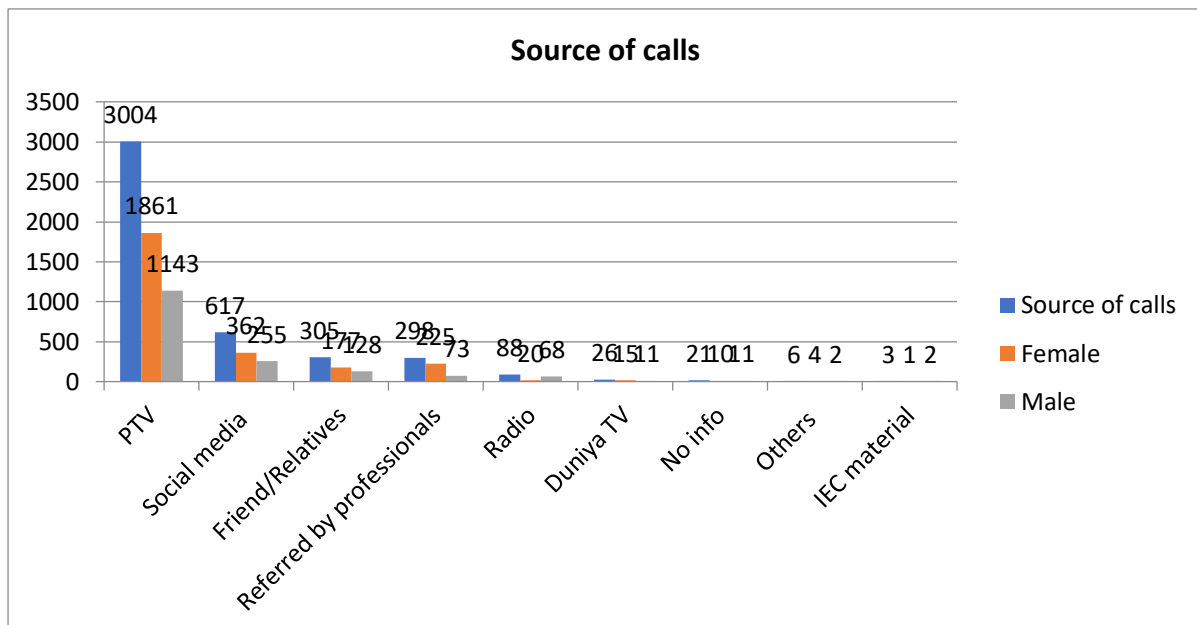
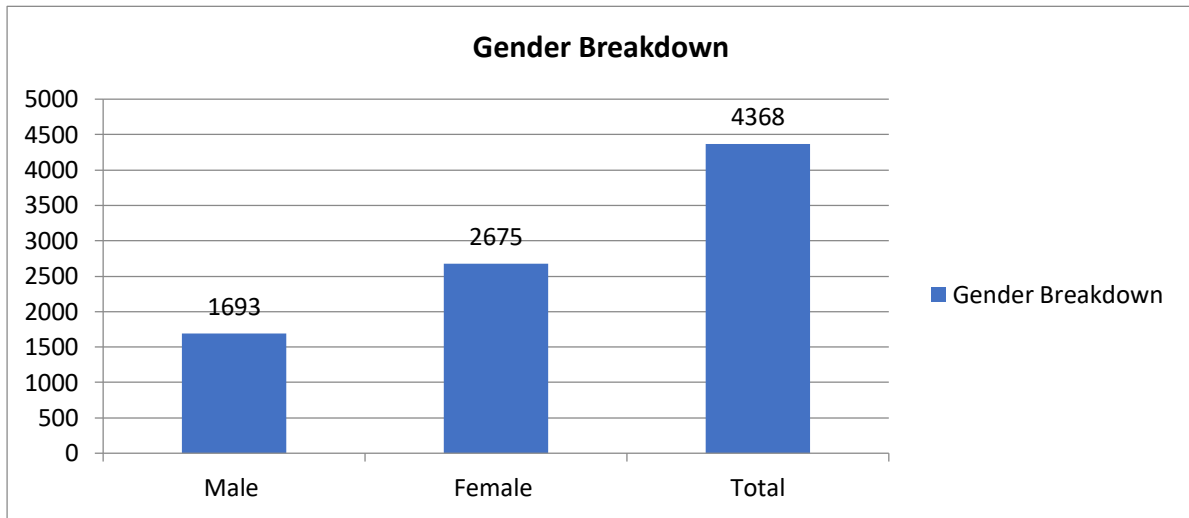
A feature of support work which is often neglected, yet highly important, is effectively documenting process, systems, learnings and limitations in a way that allows service improvement and learning for others. In Rozan's COVID 19 response, great care was taken to carefully document and present each step of the process, from the conceptualisation of each intervention to its learning along the way, to documentation of data and ultimately to its results. This Model of Best Practice and a video documentary (which is in the process of development) aim to record a narrative of this project – its collaborations, key considerations, and learnings. This aims to contribute to the evidence for further models of best practice to work with survivors of GBV in emergencies similar to the current COVID-19 pandemic

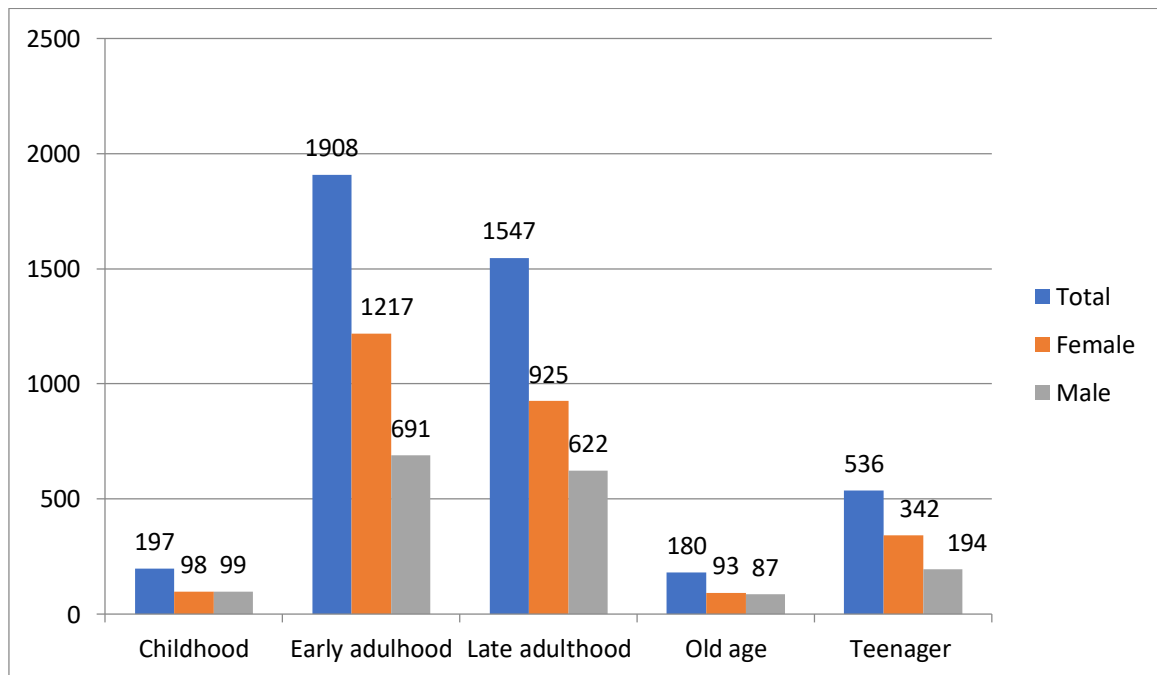
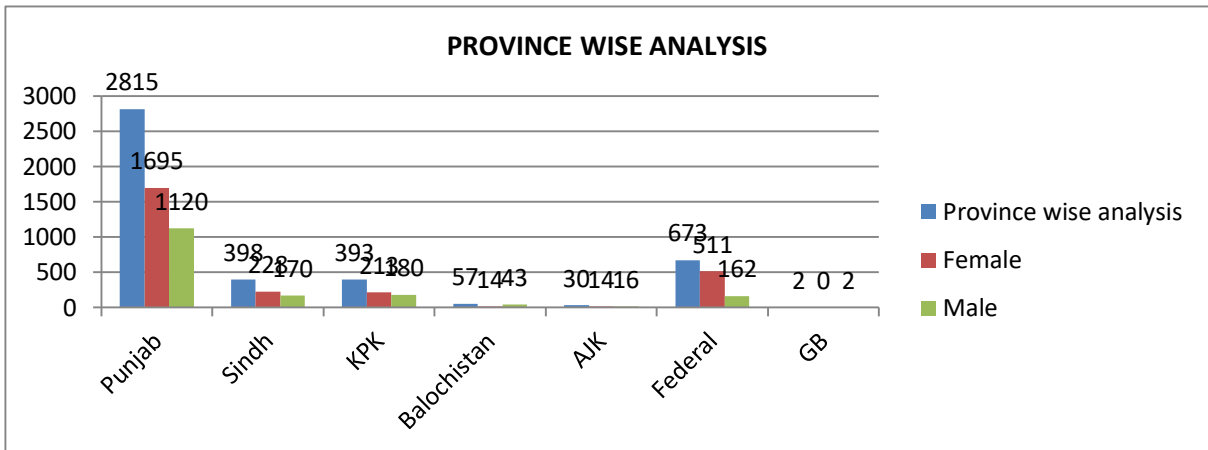
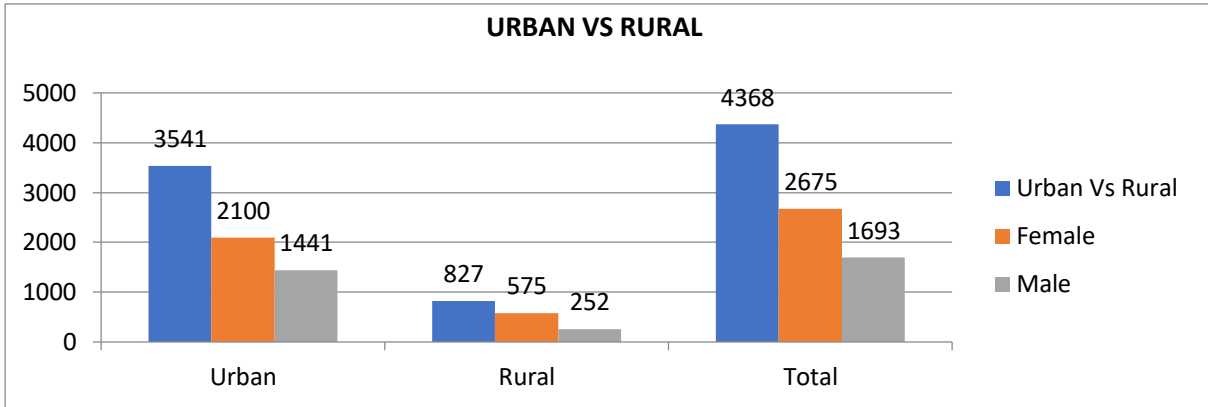
## Annex 1: Categories

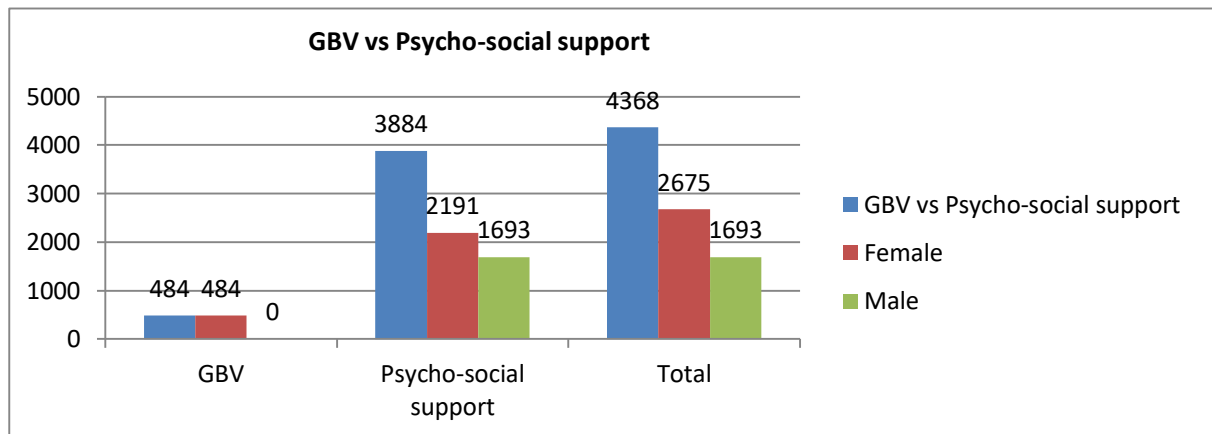
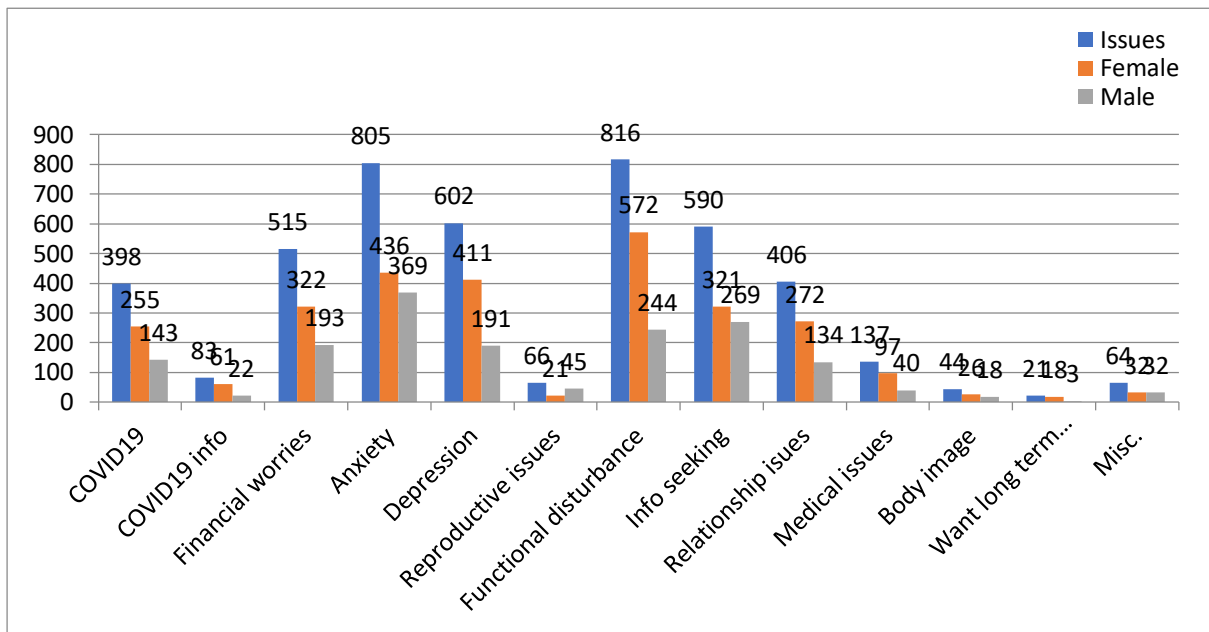
CALLER/CLIENT INFORMATION		
Caller/Client code: _____ Call/Visit number: _____ Age: _____ A person with any disability: _____		
Var. Name	Description	Categories
<b>Area</b>	<b>Area of call/visit</b>	Enter district _____ 99- No information 77- Others
<b>Gender</b>	Gender of caller/client	1. Male 2. Female 3. Transgender 4. Others
<b>MS</b>	Marital Status	1. Married 2. Unmarried 3. Divorced 4. Widowed 5. Separated 6. Living with a partner 99. No Information
<b>CA</b>	Current Activity/occupation	1. Student 2. Employed 3. Unemployed 4. 5. Out of school Employed + student 99. No Information 77. Other
<b>TOC</b>	Type of caller/client	1. New 2- Regular 99. No Information
PROMOTION TOOLS		
<b>SOC</b>	Source of call	1. TV 2. Radio 3. Relative 4. Friend 5. IEC material 6. Social media 7. Referred by a 8. SMS/Mobile Professionals 99. No Information 77. Others
<b>GBV-S</b>	GBV status	1. Yes 2. No 3. Did not Disclosed 4. Violence (Non GBV)
<b>GBV-T</b>	If Yes in GBV-S fill this	1. Physical Violence 2. Harmful Traditional Practices (vani/Swara, Karo Kari, forced marriage, early marriage) 3. Sexual Violence (Rape, attempted rape, sexual harassment, cyber harassment) 4. Economic Violence 5. Psychological Violence 6. Violence against Women in Political Arena 99. No Information. 77. Others
<b>V-Other</b>	If yes to Violence but not fall in GBV-T	1. Physical abuse of Children 2. Child sexual abuse 3. Emotional abuse of Children 77. Others 99. No Information



Annex 2: Project intervention descriptions  
**Counselling**







## IEC material

1. 6 flyers developed on the following topics:
  - Police response during COVID
  - Brief flyers on Teenager and Children during COVID-19 and promotion of Helpline
  - Women Stress and COVID-19,
  - Essential services to address GBV
  - Impact of COVID-19 on Women and Girls
  - Domestic Violence during the COVID

These were uploaded 100 times on the social media platforms of Rozan reaching 6.5 million audiences by the end of December 2020.

*All flyers are available on the Rozan website (rozan.org) and Facebook page (<https://www.facebook.com/rozan.org/>).*

2. Animated video
  - Focus on impact of lockdown/isolation, dealing with stress, importance of working together as a family and then benefit of seeking support
  - disseminated on social and electronic media
  - On social media, viewed by 972,574 people for 208,416 minutes
  - Engagt on social media: 20,244. The objective of the video was to encourage everyone at home during lockdown to seek support.
  - Very positive response received
3. 6 short videos on:
  - Emotional effects of COVID 19. Speaker: Dr. Ambreen (Psychiatrist, Human rights Activist, a founding member of Rozan) on the impact of COVID-19 -19 on emotional health, stress, the importance of seeking help
  - Impact of COVID-19 on those with existing mental health problems especially women and girls. Speaker: Dr. Ambreen
  - Resulted in many related to depression and anxiety.
4. 3 Explainer videos on:
  - Covid-19 and Gender-Based Violence
  - Disability and COVID 19
  - Effects of gender discrimination in the lives of women and girls in our society' especially during the pandemic
5. Interviews on GBV and Essential services: Interviews with: Ms. Rukhshanda Naz (KP Ombudsperson for the harassment of women at the workplace) and Ms. Maleeka Bukhari (Member of National Assembly and Parliamentary Secretary Law and Justice):
  - Focus on importance of accessing essential services for GBV survivors
  - Aimed to encourage survivors to stand up for themselves
  - Video disseminated via social media
6. 3 Awareness-raising campaigns to raise awareness on the psychosocial needs of vulnerable groups and to promote RCHL
  - On national TV (PTV-Home) using the above-mentioned videos
    - Strategies such as CSR (corporate social responsibility) Scroll and Trivia (announcements by the host on Helpline services) employed
    - 3004 (69% of total) calls received as a result of the campaign on PTV-Home over 9 months
  - On a cable channel 'Dunya News'
  - On social media for mass awareness
    - Flyers on psychosocial support, GBV issues, and available services disseminated through Facebook and Twitter
    - Videos aired

- Material posted and promoted regularly through paid and unpaid campaigns
  - 14% (617) calls received by RCHL were in response to promotion of services on Twitter and Facebook
  - Feedback was received in the form of comments and direct messages on social media.
7. 10 radio programmes
- 10 programmes developed, recorded, and aired on Radio Pakistan
  - Focus on symptoms, precautionary measures, impact on the general public and specifically of women, and children, GBV, disability, cyber harassment, essential services, etc.
  - Women and girls in remote areas and those with disabilities reached through this medium
  - Approximately 7.5 million people reached
  - Programme structure: education, safety measures, Helpline promotion
  - Live call ins
  - 88 issue-based calls (mostly by women) received as a result of this
8. Video message on COVID-19 and GBV  
 Message by Mr. Manzoor Ahmad, Secretary Zakat Ushr, Social Welfare, Special Education, and Women Empowerment Department  
 Focus on scope of work of his department and steps taken to improve the status of women in KP

### **Training**

Rozan made a complete plan for the capacity building of the service providers to provide psychosocial counselling with a special focus on GBV during the COVID-19 response. Provincial helplines (Social Welfare Department Helpline KP, Women Development Department Helpline Punjab, and Punjab Safe City Authority), as well as other groups of service providers, were trained through online training and mentoring/case supervision meetings. These trainings and regular mentoring/case supervision meetings built the capacity and skills of service providers to deal with the women and girls survivors ethically and respond to their psychosocial needs during the COVID-19 pandemic.

1. Capacity assessment of service providers: In Khyber Pakhtunkhwa, Bolo Helpline, DarulAmans (women shelter), and International Medical Corps (IMC); In Balochistan, Basic Health Units (BHU) working under the People's Primary Health Initiative (PPHI)
2. Training module development:
  - The psychological impact of public health crises such as COVID-19 on women, men, and children
  - Vulnerabilities of women during COVID-19 with a focus on GBV
  - Response to and referral for GBV service in the context of COVID-19
  - Basic psychosocial support and counselling skills
  - Case management
  - Core ethical protocols and minimum standards of care during crises
  - Self-care to deal with compassion fatigue
  - Referral and documentation mechanisms
3. Trainings conducted
  - Trainings Needs Assessment (TNA) conducted
  - 9 trainings conducted (in Punjab, KP, Balochistan):
    - Punjab Safe City Authority
    - IMC, KP Darulaman and the Social Welfare Department KP
    - PCSW and Bolo Helpline staff
    - STEP

- IMC and SRSP
  - Psychologists/counsellors of 1093
  - UNHCR, WESS), DANESH, and DCPU-Quetta
  - UNDP and PCSW
  - SRSP, 5 from IMC, 3 from UNCHR, and 1 from WESS
- 3 Refresher trainings with participants from PSCA and PCSW, KP Bolo Helpline, KP DarulAman staff, and IMC, Baluchistan BHU).
4. Case management curriculum developed. Key content: understanding GBV in the Pakistani context, the role of caseworkers in dealing with GBV survivors, self-care, services available for GBV survivors, case management and its processes, policies, data collection, and referral systems.
  5. Meetings with participants
    - 20 supervision meetings
    - 8 mentoring meetings - with STEP, IMC, SRSP, UNHCR, UNDP, UNFPA, and WESS
    - Experience sharing Meeting: After successful completion of the capacity building program, interactive experience sharing virtual meeting organised to provide an opportunity to the trainees to discuss and share their training experience

Feedback received:

"I have learned about the COVID-19 and its possible psychological impact on the vulnerable groups like women, children transgender, etc. Being a supervisor at the emergency center this training helped me to be empathetic towards the calls related to COVID-19, GBV, suicides, and juvenile delinquency."

"This training supported me to directly deal with the psychological issues of COVID-19 patients. I am approaching COVID positive patients and their families for counselling either they are in quarantine or isolation. Before training, I did not have much idea of how to deal with grief, depression, and anxiety. I have learned the steps required for psychosocial support in the situation of COVID, now I am successfully dealing with these cases".

"This training equipped us with the knowledge to deal with GBV cases and we are applying techniques in our communities which we learnt from this training".

## **Sensitisation to GBV**

6 webinars

Aims: To understand the gender impact in defining vulnerabilities of women and girls during a public health crisis like COVID-19; to increase understanding of the community and other stakeholders' responses in addressing GBV and the importance of necessary protocols for its prevention and ethical response to deal with its survivors.

Based on the key points that emerged out of the webinars Rozan developed a recommendation paper. These recommendations are in three main streams:

1. Emotional health and Psychosocial services for the community especially women and girls in a pandemic like COVID-19.
2. GBV trends in the pandemic needs of and challenges faced by the GBV survivors in accessing services during the lockdown.
3. Vulnerabilities of the marginalised groups including Girl children and women and girls with disabilities.

This recommendation paper will be utilised for awareness-raising, advocacy, and policy improvement. This will be shared with the legislators, NDMA, PDMAs, Social Welfare Departments, Ombudspersons offices, police, Prosecution, Judiciary, Media, Women Protection Authorities, INGOs (International Non-Governmental Organisations) and NGOs (Non-Governmental Organisations) working for women protection and empowerments.

## **GBV response services – technical support**

Rozan conducted an assessment of psychosocial support needs in shelter homes across Pakistan during COVID 19. Based on the assessment report, a set of the guideline was developed in English and Urdu on the standards of care during COVID 19 for shelter homes. These guidelines have been shared on social media forums. On Facebook, these flyers reached 3090 people while on Twitter it received 2967 impressions. The flyers were appreciated by many forums working with women survivors who endorsed the guidelines stressing the importance of essential services being accessible for survivors during such pandemics.

### **Strengthening of the Bolo Helpline**

The functioning of Bolo Helpline was assessed during the readiness assessment exercise and it was found out that there is a strong need to work on SoPs and database system. A consultant was hired to develop SoPs, review / develop existing tools for data management of the helpline. SOPs were developed and feedback was taken by the UNFPA, Rozan, and Bolo helpline. Roles and responsibilities of staff are clearly mentioned and helpline staff will be accountable in case of any mishandling. These SOPS will ensure ethical support, integration of services, immediate psychological support, referral services, awareness on basic rights, and legal aid in consultation with lawyers' panel 24/7 via a toll-free number and improved GBV response to survivors.

An extensive meeting was conducted with the staff of Bolo Helpline to review existing documents. A database system with the consultation of Rozan, Bolo helpline, and UNFPA was designed and developed. An orientation was given to Bolo Helpline on how the database system of Rozan Helpline worked and on the tracking sheet. This database will have all the details of survivors of violence and the services provided to them. This data will allow the social welfare department to work out future plans for GBV programming and track response mechanisms. This will also help for advocacy at the provincial level so that steps are taken for women's protection and empowerment through affirmative actions and budget allocation.

## Annexure

### Annex 3: IEC Material



آج کل کے مشکل وقت میں پریشان ہونا یا دباؤ محسوس کرنا فطری عمل ہے۔  
**کورونا وائرس** کی وبا کے دوران اپنی جسمانی اور ذہنی صحت کا خیال رکھنا ضروری ہے،  
 اپنے لیے بھی اور اپنے پیاروں کے لیے بھی۔ چاہیے کہ آپ تنہا نہیں ہیں۔  
 آپ روزوں کے تربیت یافتہ ماہر نفسیات سے مشورے کے لیے رابطہ کر سکتے ہیں۔

کیونکہ بات کرنا ضروری ہے۔

روزانہ مشاورتی ہیلپ لائن  
 0304-111-1741  
 صبح 10 بجے سے رات 8 بجے تک۔ ہفتے میں سات دن

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**Teenagers and children** can experience strong emotions and distress during the COVID-19 pandemic.  
 Reactions to stress include clinginess, excessive worrying, irritability, difficult sleeping or concentrating and withdrawal from others.  
 If you are a young person or a concerned parent,  
**Know that you are not alone** and can reach out to Rozan's team of trained counsellors.

کیونکہ بات کرنا ضروری ہے۔

ROZAN COUNSELLING HELPLINE  
 0304-111-1741  
 10 AM TO 8 PM | SEVEN DAYS A WEEK  
 RAMZAN TIMINGS: 10 AM TO 6 PM

rozan.org | Facebook.com/rozan.org | HelplineRoazan | yhl@rozan.org

**POLICE RESPONSE TO DOMESTIC VIOLENCE DURING COVID-19**

Women and children face an increased risk of domestic violence during the COVID-19 outbreak.

Police stations in Pakistan are the first point of contact between the survivors of violence and the criminal justice system.

Laws That Protect Women And Children From Violence In The Home Must Continue To Be Enforced

Police Training & Reforms Program: ratna@rozan.org | Counselling Helpline: yhl@rozan.org

**تحفظ ہمارا حق ہے**

کورونا وائرس کی وبا سے بچنے کیلئے سماجی دوری اور بندش کی اقدامات کی وجہ سے خواتین اور بچے گھریلو تشدد کے بڑھتے ہوئے خدشے سے دوچار ہیں

خواتین مدد کے لیے اپنے رشتہ داروں، اپنی محلے داروں اور قلمندگ سے رابطہ کر سکتی ہیں۔

تھوڑے وقت کے اندر سماجی دوری کو مدد لینے سے عزم رکھ سکتی ہیں۔

اقتصادی اور نفسیاتی دباؤ کی وجہ سے گھریلو تشدد بڑھ سکتا ہے۔

پاکستان میں فوجداری نظام قانون اور تشدد کا خطیر خواتین کے درمیان رابطے کا پہلا مرکز قائم ہوتا ہے۔ خاندان کے اندر قتل نامی وہ ہیروئیہ سہولت ہے جہاں پر خواتین مدد لینے کے لیے آتی ہیں۔

پولیس کو چاہیے کہ؟

- گھریلو تشدد کی شکایات پر قانونی کارروائی کرے۔
- اپنے متعلقہ قوانین لاگو کرے جو خواتین اور بچوں کو گھریلو تشدد سے مکمل تحفظ دیتے ہیں۔

**BASED VIOLENCE (GBV) IN THE COVID-19 PANDEMIC**

Women and their children face an increased risk of violence in the home due to psychological and economic stress as well as constrained access to support services.  
 Vulnerability of women and girls with disabilities is even higher.

**GBV ESSENTIAL SERVICES DURING COVID-19**

- Police to take timely action on GBV cases
- Courts to recognise GBV cases as urgent matters and adjudicate on a priority basis (arrest of offenders, protection orders and maintenance)
- Shelters for women to remain open, accessible with enhanced capacities
- Provision of sexual and reproductive health, family planning services and dignity/hygiene kits for homebound and quarantined women
- Crisis protection such as cash transfers for GBV survivors
- Public awareness campaigns on GBV that include information on services for survivors
- Data collection on GBV incidence to inform policy response to COVID-19
- Operational helplines that offer GBV referral pathways (psychosocial, medical, police, shelter, legal, and financial services)

**ALL GBV ESSENTIAL SERVICES SHOULD BE**

- COMPLIANT WITH COVID-19 SOPs:** Police, shelters and courts must provide services to GBV survivors in line with COVID-19 prevention measures e.g. social distancing, use of masks, provision for free testing and hospitalization if required.
- INCLUSIVE:** Services must be accessible by all especially women and girls with disabilities and those belonging to religious minorities.
- SURVIVOR-CENTRED:** Services should prioritize safety of women and girls, consider their perspectives and provide them with information so that they can make informed choices and decisions.

کورونا وائرس کی وبا کی صورتحال کے دوران خواتین اور ان کے بچوں کو **گھریلو تشدد** کے خطرے کا سامنا ہے

اگر آپ کو گھریلو تشدد کا سامنا ہے تو:

- آپ کو گھریلو تشدد سے بچانے کے لیے اپنی سلامتی کو اولیت دینی چاہیے۔
- اپنے رشتہ داروں، محلے داروں اور قلمندگ سے رابطہ کر سکتے ہیں۔
- اقتصادی اور نفسیاتی دباؤ کی وجہ سے گھریلو تشدد بڑھ سکتا ہے۔

2. معلومات اکٹھا کریں  
 3. اپنی سلامتی کو یقینی بنانے کے لیے اپنی سلامتی کو اولیت دینی چاہیے۔

روزانہ مشاورتی ہیلپ لائن  
 0304-111-1741  
 صبح 10 بجے سے رات 8 بجے تک۔ ہفتے میں سات دن

کورونا وائرس کی وبا کی صورتحال کے دوران خواتین اور ان کے بچوں کو **گھریلو تشدد** کے خطرے کا سامنا ہے

اگر آپ کو گھریلو تشدد کا سامنا ہے تو:

- آپ کو گھریلو تشدد سے بچانے کے لیے اپنی سلامتی کو اولیت دینی چاہیے۔
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روزانہ مشاورتی ہیلپ لائن  
 0304-111-1741  
 صبح 10 بجے سے رات 8 بجے تک۔ ہفتے میں سات دن



فوجی اور پولیس کے اہلکار اور دیگر کورونا وائرس کی وبا کی صورت حال کی وجہ سے ذہنی دباؤ محسوس کر سکتے ہیں۔  
 جس کی علامات میں پریشانی، چڑچڑاہٹ، نیند کے مسائل اور ذہنی نشیب شامل ہیں۔  
 اگر آپ ایک نوجوان ہیں یا اپنے بچوں کی وجہ سے پریشان ہیں تو  
 چاہیے کہ آپ تنہا نہیں ہیں اور آپ روزوں کی تربیت یافتہ ماہرین نفسیات سے مشورے کے لیے رابطہ کر سکتے ہیں۔

کیونکہ بات کرنا ضروری ہے۔

روزانہ مشاورتی ہیلپ لائن  
 0304-111-1741  
 صبح 10 بجے سے رات 8 بجے تک۔ ہفتے میں سات دن

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**Pre- Training Assessment Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>Question/statements</b>	<b>Response Options</b>
1	In my view, it is important to spare some time to think about self.	a) Disagree b) Neutral c) Agree
2	Our behavior towards a certain group of people is influenced by our preconceived notion about them	a) Agree b) Neutral c) Disagree
3	Sharing my sorrows and grief with others will make me look weak in front of others.	a) Disagree b) Neutral c) Agree
4	Gender Based Violence is actually violence against women	a) Neutral b) Agree c) Disagree
5	Domestic violence only happens in low socio economic class	a) Agree b) Neutral c) Disagree
6	Imposing your decision on others is not a violent act	a) Disagree b) Neutral c) Agree
7	Women and children are least vulnerable as compare to men in pandemics because of their limited mobility and exposure to the prevalent situation.	a) Agree b) Neutral c) Disagree
8	During Pandemics or any other crisis GBV incidents reduces due to the immediate needs of the perpetrators.	a) Disagree b) Neutral c) Agree
9	Knowledge and skills are the primary things while dealing with survivors of violence in crisis situation whereas attitude is secondary and does not have any impact.	a) Neutral b) Agree c) Disagree
10	It's normal for a professional who is dealing with the survivors of violence to get stressed out.	a) Disagree b) Agree c) Neutral
11	It is some time enough to listen attentively to other's problem even though we are not in a position to help.	a) Agree b) Disagree c) Neutral
12	Boys rarely get victim of sexual violence.	a) Disagree b) Agree c) Neutral
13	Child sexual abuse is always done by a stranger.	a) Agree b) Neutral c) Disagree
14	The main reason of violence on women is lack of tolerance in them.	d) Agree e) Neutral

		f) Disagree
15	Children of 3-4 years cannot become victim of child sexual abuse.	a) Neutral b) Agree c) Disagree
16	It is important to ask again and again even if the survivor is silent.	a) Agree b) Neutral c) Disagree
17	In online therapy privacy is not required as you can talk to survivor/ client anywhere even while sitting with your family members.	a) Agree b) Neutral c) Disagree
18	The perpetrator of violence is	a) Abnormal b) Alcoholic/Drug Addict c) Ordinary Person d) Mentally disturbed e) B, C & D f) A,B &D
19	Symptoms of Gender Based Violence	a) Stomach Pains b) Depression c) Shortness of Breath d) Numbness e) All of Above
20	Root causes of violence against women are	a) Perceptions that women with disabilities are weak and unable to defend themselves b) Low status in community c) Inequality in power relationships with other people d) Poverty & lack of basic needs e) All of above
21	First thing comes in your mind when you hear word violence	a) Beating/Slapping b) Mental torture c) No access to resources d) Rape e) Harassment f) Forced Marriage g) Don't know
22	Good communication abilities are something people are born with and cannot be learnt.	a) Yes, it's a God gifted ability and can't be learnt b) No, like other skills communication skills can be learnt c) Don't know
23	What is the important thing to deal with GBV issues	a) Nothing as it is everywhere in society b) Should talk to someone c) Should report to Police or law enforcement institutions d) Don't know
24	Which of the followings are the right things to say to survivors?	a) What a horrible thing to happen, poor you b) Don't be scared, I am here to help you whatever I can c) Don't worry I assure you everything will be fine d) Why didn't you tell anyone about it?

		e) None of the above
25	The referral mechanism/requirements should include;	a) Survivors should also be given a chance to de-brief the experience afterwards b) After obtaining Service providers' consent the organization shall send formal letter to service providers mentioning that they are added in referral list c) There should be a complete referral directory within the organization that shall be updated on regular basis d) The service providers/organization shall not discuss any information of survivors with the service providers without the survivor's consent e) All of the above
26	When should we refer the clients/survivors of disaster for further counseling? Mention any 5.	
27	What are the initial five steps that you consider essential while dealing with survivor of violence	
28	What are the impact of Covid-19 on below mention groups? Men Women Children People with mental health Problem People with Disabilities	
29	Does the vulnerable members of the community have equal access to mobile phone usage to access the helpline. How does the COVID situation impact this.	
30	What are the potential privacy and safety risks that may arise from using Helpline? <ul style="list-style-type: none"> <li>• For survivors</li> <li>• For your Staff</li> </ul>	
31	What systems should be in place to ensure the safety and privacy of survivors	
32	How your service (Helpline or community) can be more effective in reaching out survivors.	

## Training Need Assessment

Kindly fill the following to the best of understanding and experience:  
برائے مہربانی مندرجہ ذیل کو اپنی سمجھ اور تجربات کی روشنی میں پر کریں۔

Name of Participant نام	Name of the Organization: ادارے کا نام
Nature of your work within the organization: ادارے کے اندر آپ کا کام کا دائرہ کار	Working Experience: پیشہ ورانہ تجربہ کے سال

1. What kind of target group do you work with? کس قسم کے ٹارگٹ گروپ کے ساتھ آپ کام کرتے ہیں؟

- Men مرد  • Women عورت  • Children بچے  • Youth جوان  • Police پولیس  • Other (Plz Specify) دیگر (وضاحت کیجیے)

1. Have you previously attended any training on any of the following topics? Tick appropriate answer Yes  
کیا آپ نے اس سے پہلے کوئی مندرجہ ذیل موضوعات پر ٹریننگ لی ہے؟ ہاں/نہیں ( ) No ( )

Topic	Response	
	Yes ہاں	No نہیں
Gender Based Violence صنفی بنیاد پر تشدد		
Case management of GBV cases صنفی بنیاد پر تشدد کے کیسز کی کیس مینجمنٹ		
Case handling and Referral کیس ہینڈلنگ اور ریفرل		
Case Management in pandemics/calamities وبا اور آفات کے دوران کیس مینجمنٹ		

2. What are some of the issues that the target group, you work with, have e.g. emotional/behavioral, violence and sexual abuse etc.  
وہ ٹارگٹ گروپ جن کے ساتھ آپ کام کرتے ہیں انکے چند مسائل کیا ہیں؟ مثال نفسیاتی مسائل، رویہ، تشدد، گھریلو تشدد اور جنسی تشدد وغیرہ۔

3. Rate your current level of knowledge about the following, by choosing one of the options i.e. None (0), limited knowledge (1), average (2), good knowledge (3), Excellent knowledge (4). Tick (✓) one option for each topic.

اپنے موجودہ علم کے مطابق ذیل میں سے ایک کا انتخاب کریں جیسا کہ نہیں، محدود علم، اوسط، اچھا علم، بہترین علم۔  
ہر عنوان کے لئے ایک جواب کا انتخاب کریں۔

Topic موضوعات	Level of Knowledge
	None کوئی نہیں بہترین Limited محدود Average کسی حد تک Good بہتر Excellent

Gender-based violence (Domestic Violence, Rape, Sexual Harassment, etc) ( صنفی بنیاد پر تشدد گھریلو تشدد، زیادتی، جنسی ہراسگی وغیرہ )					
Child sexual abuse بچوں پر جنسی تشدد					
Communication رابطہ کاری					
Counseling Skills کونسلنگ کی مہارتیں					
Psychosocial Support نفسیاتی سماجی مدد					
Case management of GBV Cases صنفی بنیاد پر تشدد کے کیسز کی مینجمنٹ					
COVID-19 related issues and available services in your province کوڈ-19 سے متعلقہ مسائل اور آپ کے صوبے میں موجود خدمات					
Case handling during pandemics/calamities وبا اور آفات کے دوران کیس ہینڈلنگ					

4. Which of the above mentioned issue you feel require immediate attention and why?  
مندرجہ بالا مسائل میں سے آپکے خیال میں آفات و وبا کے دوران فوری توجہ کی ضرورت ہوتی ہے اور کیوں؟

6. Does psychological violence have less impact as compare to the physical violence?  
کیا نفسیاتی تشدد کے اثرات جسمانی تشدد سے کم ہوتے ہیں؟

7. What are the difficulties or challenges you face while interacting with the survivors of violence?  
وبا کے دوران تشدد سے متاثرہ سے بات چیت میں آپ کو کن مشکلات کا سامنا کرنا پڑا؟

8. To deal with these challenges, what support mechanism you have in your organization/department?  
مشکالت کے حل کے لئے آپ کے پاس آفیس/ڈیپارٹمنٹ میں کیا معاون طریقہ کار ہیں؟

9. What is your expectation from this training especially related to the challenges you face while dealing with the cases of violence?  
آپکی اس ٹریننگ سے کیا توقعات ہیں خاص طور پر تشدد سے متاثرہ شخص سے ڈیلنگ کے دوران آپکو پیش آنے والی مشکلات؟

10. Any other comments or expectations from the workshop?  
اس ٹریننگ سے کوئی اور رائے یا توقعات؟

**Participant Profile Form**

Program:  
Workshop name:  
Dates:  
Venue:

Personal Details

Name.....  
Postal Address: .....  
Telephone: ..... Cell: .....  
Fax: .....  
E-mail: .....  
Education: .....  
Name of the Organization/Government Institution: .....  
Designation: .....  
Description of your work: .....  
.....  
Work Experience:  
.....  
.....

Training Experience (if any)

Training attended	Conducted by (Organization )	Date and Venue	Remarks

Please indicate how this workshop will be useful in your professional life.  
.....  
.....

What are your expectations from this workshop?  
.....  
.....  
.....

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Annex : Pictures of Events

