

“ Post-Shelter Socio-Economic Integration of Women Survivors of Violence ”

Policy for Dar-ul-Amans



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Women Development Department
The Government of Sindh

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The Policy is the combined effort of a number of people who contributed their time and energy in the completion of this policy at various levels.

A special thanks is extended to Ms. Syeda Shehla Raza (Minister for Women Development Department, Sindh) for her interest and support for this work.

The Policy initiative benefitted from the vast experiences of Ms Anjum Iqbal Jumani (Secretary Women Development Department, Sindh, regarding women survivors of violence.

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We are immensely grateful to the districts teams of WDD & DarulAman staff in Hyderabad and Sukkur for allowing the team to learn about their experiences and challenges. Their contribution helped us understand overarching as well as specific impediments to women's economic empowerment. Learnings from their experiences will enable us to create better support systems for the women they serve in shelters.

ACRONYMS

AMANTECH	Aman Institute for Vocational Training
BBSHRRDB	Benazir Bhutto Shaheed Human Resource Research & Development Board
BISP	Benazir Income Support Programme
BBYSDP	Benazir Bhutto Shaheed Youth Development Program
BBSUTSD	Benazir Bhutto Shaheed University of Technology and Skill Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CNIC	Computerized National Identity Card
COVID	Coronavirus Pandemic
CSO	Civil Society Organization
DuA	Dar-ul-Aman
DuE	Dar-ul-Ehsaas
DVTEC	Dow Vocational & Technical Education Centre
ECCE	Early Child Care and Education
FGD	Focus Group Discussion
GBV	Gender-based Violence
IDI	In-Depth Interview
MoHR	Ministry of Human Rights
MoU	Memorandum of Understanding
MoWD	Ministry of Women Development
NADRA	National Database & Registration Authority
NAVTTTC	National Vocational & Technical Training Commission
NGO	Non-Governmental Organization
PBM	Pakistan Bait-ul- Maal
PITE	Professional Institute of Teacher Education
SCPA	Sindh Child Protection Authority
SCSW	Sindh Commission on Status of Women
SELD	Sindh Education and Literacy Department
SISTECH	Sukkur Institute of Science and Technology
SOPs	Standard Operating Procedures
SSIC	Sindh Small Industries Corporation
STEVTA	Sindh Technical Education and Vocational Training Authority
TVETA	Technical Education & Vocational Training Authority
TNA	Training Need Assessment
VAW	Violence Against Women
VAW/G	Violence Against Women/Girls
WCCI	Women Chambers of Commerce and Industry
WDD	Women Development Department
WEC	Women Economic Council

MESSAGE FROM THE MINISTER

Ms Syeda Shehla Raza

Minister, Women Development Department
Government of Sindh



The Government of Sindh is committed to the elimination of violence against women and girls and achieving gender equality and women's empowerment. To demonstrate this commitment, its political leadership established the first women's shelters and police station in Pakistan, passed landmark VAW/G legislation, and supported the development of gender equality & women's empowerment policies. Sindh's political leadership remains committed to identify and respond to emerging issues affecting women, girls and minorities across the province, in compliance with international best practices and national and international human rights commitments of the Government of Pakistan.

The Sindh Women Development Department has been managing the Shaheed Benazir Women's Crisis Centers since 2011. As of 2020, it has the additional mandate to oversee Dar-ul-Aman's management, as well as Safe Houses across Sindh. The WDD is thus obligated to respond to gaps in shelter-based programs in the province, while also addressing the challenge of quality service delivery & integration in post-shelter support, for survivors' rehabilitation and reintegration.

The WDD believes that women's shelters, apart from offering safety & security can be a life-changing experience for survivors as different services offered to them can strengthen them socially and economically. Long-term rehabilitation and reintegration of VAW survivors can be achieved if shelters provide continued care to women during their stay and through active follow-up after discharge, in coordination with other departments, government institutions, community-based organizations and NGOs. For this reason, the WDD has taken the initiative to develop a province-wide Policy that sets rules and guidelines for providing holistic and continued care to VAW survivors once they come in contact with a government-run women's shelter. The same can also be observed by private shelters working with VAW cases.

It is hoped that the implementation of this Policy will assist women survivors of violence in the pursuit of social & economic justice and encourage them to break the cycle of abuse. It is also hoped that this Policy will ultimately contribute towards violence against women mitigation and prevention in Sindh.

The WDD would like to thank all the concerned stakeholders for contributing their knowledge, ideas, experiences and expertise to this Policy. Government Departments, shelter homes, officers of WDD, and other development partners may take guidance from this document in their work.

MESSAGE FROM THE SECRETARY

Ms. Anjum Iqbal Jumani

Secretary, Women Development Department
Government of Sindh



The Post-Shelter Social & Economic Rehabilitation and Reintegration of Survivors of Violence Against Women Policy has been developed by the Sindh Women Development Department, to set a standard framework for post-shelter care for survivors of violence against women in Sindh. It carries inputs from various government departments and private stakeholders gathered over a year-long consultative and reflective process between 2022 and 2023. Through this process, the WDD sought to understand how to respond to shelter residents' varied socio-economic needs, both during their stay and as part of follow-up care, with the aim of violence prevention and mitigation. It deliberated impacts & results of different policy options with stakeholders, including the management & staff of Dar-ul-Amans, Crisis Centers and Safe Houses across Sindh as well as the management of other prominent women's shelters across Pakistan. It also sought guidance from justice sector practitioners and subject experts, supported shelter visits, undertook a service-provider mapping, and a review of regional, international, national and local best practices in empowering, survivor-centered shelter care. For framing this Policy, it also took primary research on post-shelter care models in Pakistan into account.

The need for improving VAW shelter services in Sindh is critical, especially in the post-flood scenario. Disasters as well as the COVID-19 pandemic have raised the need for sheltering and rehabilitating women subjected to increased violence. Beyond shelters, strengthening women socio-economically is a key step towards future violence prevention and assisting survivors on their journey to recovery, which can start from the shelter.

As shelter homes for women are few in Sindh compared to the spread of cases, it is imperative that efforts are put in by all stakeholders across the province for strengthening inter-departmental cooperation, coordination & referral pathways. This can help ensure continued safety & security of victims, and support both crisis intervention & prevention.

Government departments, protection agencies, private organizations, and other stakeholders should refer to this Policy for guidance on VAW risk assessments and care planning, irrespective of their shelter care model. Partners and stakeholders identified in this Policy are invited to work collaboratively with WDD to strengthen coordination between shelters and existing VAW services. Strengthening VAW survivors socio-economically is the need of the hour as it addresses the dual purpose of poverty reduction and violence prevention. The WDD welcomes all partnerships to this end going forward.

MESSAGE FROM THE DIRECTOR

Mr. Muhammad Ali Shaikh

Director, Women Development Department
Government of Sindh



The ratification of the international Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979, by the Government of Pakistan, obligates it to take all appropriate measures to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise & enjoyment of human rights & fundamental freedoms on a basis of equality with men. Under the Sustainable Development Goals, 2015-2030, the Government of Pakistan has further committed to eliminate all forms of violence against women & girls, including in the public and private spheres.

The Post-Shelter Social & Economic Rehabilitation and Reintegration Policy for Survivors of Violence Against Women addresses a significant gap in post-shelter care by setting procedural clarity on how Dar-ul-Amans and other women's shelters can contribute to residents' socio-economic empowerment and ensure their long-term rehabilitation and reintegration. It gives guidance to shelter staff on how to prepare for and carry out follow-up and referrals. It explains how shelter staff may assess risks, create legal & psychosocial care plans for residents & their children, and work with other agencies for residents' skill-building, training, follow-up, and overall social and economic empowerment. The Policy also defines the parameters of offering safety to former residents against recurring violence, alongside other empowering support services.

The Sindh Dar-ul-Amans are a unique platform that provide an opportunity to work with violence survivors for their recovery, rehabilitation and reintegration over a relatively extended period. The DuA service model also makes offering a range of services to residents possible, whether within the shelter or in collaboration with other service providers, that continue to benefit survivors after they leave. This Policy gives guidance to shelter management on support they should extend directly and/or through referral partners, with whom they should coordinate regularly & systematically to strengthen shelter-based programs. Working with the agencies identified in this document is necessary for providing a systematic & well-coordinated response to current & former residents.

PREAMBLE

This Policy has been developed to improve post-shelter social and economic integration services for women survivors of violence seeking refuge at the Dar-ul-Amans (DuAs) across Sindh. It focuses on key service delivery areas within the shelters that have been shown to lead to improvements in women's lives after discharge. It identifies key domains of concentrated interventions, the basic principles behind them, and related procedures for survivor-centred service delivery.

This document is to be read with the existing Guidelines and Standard Operating Procedures for Dar-ul-Amans (DuAs), notified by the Social Welfare Department, Government of Sindh in 2013, in their entirety. Relevant sections of the 2013 Guidelines pertaining to women shelter residents' socio-economic rehabilitation and reintegration in society that have been expanded through this policy are:

- ◉ Vocational trainings for DuA residents (Section 2.2.5)
- ◉ Supporting residents' Social and Economic Rehabilitation (Section 2.2.6)
- ◉ Facilitating income-generating activities (Section 3.9), either through direct services or referrals

Other shelters dealing with accommodation services for VAW survivors in Sindh (e.g., the Shaheed Benazir Bhutto Crises Centers for Women, Safe Houses, private shelters, etc.) may borrow from or adapt this Policy as per their specific service model, to support women survivors in long-term rehabilitation and (re)integration.

1 - POLICY BACKGROUND, RATIONALE AND SCOPE

The Sindh DuA Guidelines and Standard Operating Procedures (SOPs), 2013¹, envision women's shelters as a place of healing, rehabilitation, and long-term empowerment that respond to both immediate sheltering needs and the provision of related services to women survivors of violence. The 2013 Policy aspires to remove or correct, to the extent possible, conditions that make women vulnerable to violence in the first place. This involves catering to individual survivors' diverse needs, while also helping them achieve their life plans and secure their fundamental rights. The existing DuA Guidelines and SOPs, 2013, cater to many pressing needs of resident women and their children. While it mentions follow-up, DuA staff observe different approaches in this regard, with less focus on post-shelter support, for which the need is both urgent and critical. In the absence of a parent law governing shelters in Sindh, further clarity is needed on how to support women in the transition from shelters back into society and remove conditions that make them vulnerable to violence in perpetuity.

Economic empowerment is globally considered a key component in structural interventions to reduce gender inequality² and instances of gender-based violence (GBV) among women and girls, as well as gender minorities. Seminal national research by Rozan titled, 'Against All Odds: Post-shelter Lives of Women Survivors of Violence' in 2019 with women survivors during their post-shelter journey, indicates that women had an increased ability to live independently after learning skills they gained at private shelters in different parts of Pakistan. Evidence suggests that these aspirations are difficult but not impossible to achieve within shelter settings if residents can stay on for a period, are given an environment that is conducive to their recovery, and in a manner that prepares them for their life journey ahead, free from violence, abuse, and exploitation, and in a stronger bargaining position in society. This document is based on a year-long consultative and reflective process undertaken by the Women Development Department (WDD), Sindh, between 2022 and 2023, to understand and better respond to DuA residents' socio-economic needs, as a method of violence prevention and mitigation. The process looked both inward within the WDD, Sindh and outward towards other shelter service models across Pakistan. It is guided by shelter visits and staff interviews, a detailed review of recommended international, regional, national, and local best practices in empowering, survivor-centered shelter care; primary research-based findings in post-shelter care for gender-based violence (GBV) survivors; and GBV-related policies and practices in Sindh.

2 - POLICY OBJECTIVES

The overall objective of this Policy is to strengthen the social and economic rehabilitation and (re)integration services and programs for women seeking shelter from gender-based violence, abuse, and exploitation in the province of Sindh. It seeks to expand support to not only women's shelter residents but also former residents for their empowerment and prevention of violence and abuse in their post-shelter lives. It lays down priority actions related to education and skills; economic activity; legal rights; healthcare; childcare and support; safety and security; safe housing; social networks' expansion, community support, and acceptance, which have been determined as key areas requiring concerted focus by all concerned stakeholders inputting into this policy.

¹Notification No.: SO(c-1V) SGA&CD/3-14/13.

²For example, regionally, studies on economic empowerment programmes, including those by Grameen Bank and BRAC in Bangladesh, demonstrate women's reduced vulnerability to violence based on increased access to jointly held and managed economic resources.

3 - RESPONSIBILITY FOR IMPLEMENTATION

Primary responsibility for Policy implementation rests with the Women Development Department, Government of Sindh. The actions deriving from the Policy, however, involve various government, non-government, and private organizations imparting a range of services across Sindh that are frequently required by shelter residents at different times, either during residence or after discharge from the shelter.

Key partners in the implementation of this Policy include (alphabetically):

- ◉ Education and Literacy Department
- ◉ Health Department (see Annex 5 for mental health facilities)
- ◉ Home Department (see Annex 3 for details of law enforcement and legal assistance organizations)
- ◉ National Database and Registration Authority (NADRA)
- ◉ Public and private microfinance and lending institutions (see Annex 6 for details of institutions)
- ◉ Sindh Child Protection Authority (SCPA)
- ◉ Social Welfare Department (SWD)
- ◉ Technical and Vocational Education & Training institutes (see Annex 4 for potential partners)
- ◉ Women Chambers of Commerce and Industry (WCCI)
- ◉ Zakat, Auqaaf and Ushr Department
- ◉ Organizations specializing in women's socio-economic empowerment, legal rights, and GBV case management.

Other relevant stakeholders and partners are identified alongside Policy Actions below and listed in annexures to guide implementation.

4 - POLICY DOMAINS AND ACTION

The Policy rests on eight main domains of interventions to be implemented by WDD staff with support from its allied agencies and partners. Within these domains, Key Actions are built on 8 distinct but interconnected strategies, including Assessments; Interventions; Follow-up; Capacity-building; Documentation; Networking; Referrals and Community Engagement.

The main Policy domains include:

- 1 Education and Skill Acquisition
- 2 Economic Independence
- 3 Legal Rights and Safeguarding Survivors' Best Interest
- 4 Healthcare
- 5 Childcare, Support and Protection
- 6 Safety and Security
- 7 Safe Housing & Alternate Accommodation
- 8 Social Support, Networks and Improved Negotiation and Decision-Making

4A - EDUCATION AND SKILLS ACQUISITION

- 1 Upgrade Adult Literacy curriculum, with learning uptake assessments in collaboration with the Sindh Education and Literacy Department (SELD). Conduct periodic training and skill accreditations for Adult Literacy Teachers.
- 2 Introduce accredited courses for shelter residents in partnership with the Sindh Technical Educational and Vocational Training Authority (STEVTA) and other private and semi-private TVET institutions. Residents staying for shorter durations can be given training in skills with shorter uptake periods.
- 3 Sign MoUs with STEVTA, the National Vocational and Technical Training Commission (NAVTTTC) and/or their accredited TVET institutions for conducting Training Needs Assessments (TNAs), trainings and job placements (refer to Annex 4 for a list of TVET-related institutions).
- 4 Conduct training/educational needs assessments by inviting TVET specialists and educators where needed. Assessments should be made for both staff and residents to ascertain their training interests, skills levels, eligibility, and requirements for admission to programs, etc. Specialists can be invited to train WDD and DuA staff in conducting future assessments
- 5 Develop guidelines for assessing, recording, and implementing recovery, rehabilitation, and integration plans for individual residents and/or their children, including individualized, or group care plans, that determine services needed by residents and that are revised as needs evolve.
- 6 Develop and digitize residents' economic and educational profiles, including, the following information on a designated form:
 - Educational interests
 - Work interests
 - Current knowledge and skill levels (Skill assessments should preferably be outsourced to certified and recognized TVET organizations with whom WDD has an MoU)
 - Current and future financial plans
 - Access to and ownership of productive resources and financial assistance (any form)
 - Means of livelihood
 - Any other relevant details shared by residents.

Profiles should not mention confidential medical, case-related, and shelter stay history.

- 7 Approach nearby schools for conducting child assessments by primary school and Early Child Care and Education (ECCE) teachers through an understanding of SELD. Trained Life-skills Based Education (LSBE) teachers can be requested from SELD as well as the Professional Institute of Teacher Education (PITE). Primary education for residents' children can also be arranged by WDD at its daycare centers.
- 8 Facilitate the acquisition of any required documentation needed for the enrollment of current and former residents. For survivors not having basic documentation, work with authorities such as NADRA and Local Government (Union Council level), to secure basic documents that enhance residents' eligibility for admissions into certified and accredited TVET courses, and other income and livelihood support schemes.
- 9 Support residents in making business plans, becoming work-ready, putting together applications, and connecting with financial, market and educational service agency representatives

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- 10 Formalize a system for placement requests/making referrals for specific educational services, etc., during residence and post-shelter support.
 - 11 Develop a detailed directory of external partners with descriptions of services, access points, enrollment requirements, requisite documents and procedures, and approach pathways through the shelter or post discharge.
 - 12 Systemize and expand referral information related to income-generating activities for current and former residents. Serious candidates can also be referred to educational and skills development institutions post-shelter, based on DuA's and WDD's linkages.
 - 13 Young girl residents whose higher education has been interrupted should be supported in continuing their studies remotely if needed (e.g., institutions such as the Allama Iqbal Open University, Islamabad, offer the world's largest repository of online degree and certificate courses).

4B - ECONOMIC INDEPENDENCE

- 1 Support marketing of resident-produced products through different strategies (online, offline) and through institutions carrying out market surveys and linking activities (see Annex 4).
- 2 Liaise with Women Chambers of Commerce & Industry (WCCI) and Trade Development Authority of Pakistan (TDAP) for supporting individual and group enterprises amongst current and former residents, registering businesses, and trainings.
- 3 Liaise with organizations carrying out labor procurement/recruitment and job surveys to support job placements. Organizations can be approached by WDD at the district level to know the range of services offered, the suitability of offered courses against shelter residents' interests, and knowledge/ skill base, and for co-developing a system of referrals for former residents.
- 4 Support civic registration and opening of bank accounts. For bank accounts and loans, WDD can vouch for (former) residents through a formal reference letter addressed to the relevant authority, which does not mention their status as a former resident of DuA, or their case history.
- 5 Where possible, involve former residents in local cottage industries through the Sindh Small Industries Corporation (SSIC) and the Labor Department.
- 6 Approach local exhibitions, emerging markets, innovations, etc., to support residents in income generation activities
- 7 Link up WDD's Display Centers, the Women Development Complex, Sukkur, and its official social media pages to promote products made by residents, while respecting individual anonymity.
- 8 Safe-keep residents' incomes and savings. Set aside any stipends received by residents during training which can be handed over to residents at the time of discharge. Devise protocols for safe-keeping measures (including custody of residents' possessions, bookkeeping, bank account transfer, etc.) of income / funds derived by residents during their shelter stay (wages, sale of products, stipends, donations, loans etc.).
- 9 Offer jobs at the DuA to long-staying residents with the necessary training and fair wages.
- 10 Partner with Social Welfare Department for priority registration for residents with disabilities (disability certificates) to improve their access to quota-based or regular jobs.
- 11 Issue residents 'priority service cards or reference letters at the time of discharge or after (see also Healthcare Section) for facilitated access to economic empowerment programs, financial systems and markets.
- 12 Connect (former) residents with lending, credit and microfinance organizations (see Annex 6).

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- 13 Enroll residents in and secure assistance from social protection programs during shelter stay or after discharge (See Annex 7).
 - 14 Undertake educational trainings for residents in support of livelihood and economic activity on:
 - Work readiness
 - Costing (of products) and cost saving
 - Financial instruments & credit management
 - Business development
 - (Digital) marketing and e-commerce
 - Labor laws
 - (Workplace) sexual harassment
 - Entrepreneurship and business management
 - (Collective) bargaining and negotiation
 - Fundraising
 - Self-care and stress management
 - Creative design, and client development

4C - LEGAL RIGHTS AND BEST INTEREST OF RESIDENTS AND THEIR CHILDREN

- 1 Secure the best possible terms for residents and former residents in their agreements with spouses and/or in-laws (in domestic violence cases) while leaving DuAs.
- 2 Support acquisition of legal documents in coordination with relevant authorities, by facilitating residents' access to CNICs, marriage/divorce and birth certificates, bank accounts, etc., during their stay, and after they have left through follow-up and referrals – duplicate CNICs can be acquired from NADRA vide court orders.
- 3 Document and periodically analyze/revisit legal counseling & mediation sessions.
- 4 Introduce risk and safety assessments for residents and former residents (at the time of discharge and during follow-up) – Refer to Guidelines in Annex 2.
- 5 Follow-up for at least 6 months in high-risk cases where possible, in coordination with local law enforcement agencies. Handling post-shelter threats and violence should include intimating relevant authorities, with the consent of the survivor, in cases of abuse or security threat.
- 6 Diversify and expand the panel of lawyers (including child and minority rights) family laws (including minorities), different forms of criminal and civil offences against women and girls, and child/adolescent rights experts.
- 7 Post-shelter legal aid can be provided through WDD's legal aid services (in Karachi, Hyderabad, Shaheed Benazirabad and Jacobabad) or through referrals to relevant legal authorities, which information should be shared with residents during their stay and reemphasized at the time of discharge, depending on risk and safety assessments. (See Guidelines in Annex 1 to 3).
- 8 In-house lawyers can maintain a contact list and regular liaison with local Bar Councils, district prosecutors, Law and Human Rights Departments, Provincial Human Rights and Status of Women Commissions, and NGOs & members of the Civil Society.

4D - HEALTHCARE

- 1 Conduct voluntary medical and wellness assessments of residents at intake and at the time of discharge, noting any major concerns. Discharge summaries and follow-up forms should note mental, emotional, psychological and physical health. If such information is not readily available, it can be attained through post-shelter follow-up.
- 2 Maintain the case history of every resident at the shelter by assigning residents Identity Numbers such as Residents registered at Dar-ul-Aman Hyderabad: DAH/123.
- 3 Case histories should be entered into the shelters' database, coded and used only by authorized WDD officers.
- 4 In case a survivor arrives at any of the WDD offices, staff may verify her identity through a software application and take all necessary measures based on her case history without needing confirmation from the original place of registration.
- 5 Refer women requiring immediate medical attention to the nearest health facility including for, including physical, psychological, mental and emotional healthcare; reproductive, maternal & child health, ante-natal and post-natal care, and medico-legal
- 6 In the absence of a psychologist, the Medical Superintendent of the local Government Hospital should be requested by shelter staff for regular visits by health specialists, and ease of referral post-shelter.
- 7 Document counseling sessions to note and track improvements, deterioration, or red flags in residents' recovery during shelter stay. Identify and refer severe trauma cases to mental healthcare facilities (See Annex 5).
- 8 Expand referral information on a range of health services for sharing with residents during their stay, at discharge and during follow-up (see Annex 5). Connect survivors to organizations giving psychosocial support services and provide information on emergency and mental health helplines at discharge. The information can be put on the back of discharge slips/ cards.
- 9 The WDD, in its name, shall issue needs-based "priority treatment" service cards or reference letters to former residents, with back-end support from its district offices. Such cards or reference letters will facilitate access to health, education, and other social, economic and security services. They should not, however, divulge past case history, particularly of violence, sensitive medical details and shelter stay.
- 10 Should follow-up indicate violence, the survivor should be referred to the nearest support service with her consent, including protection services that include medico-legal in the health sector and other protection services with the Home Department (see Annex 3).

4E - CHILDCARE, SUPPORT AND PROTECTION

Though childcare support does not fall within the WDDs mandate, residents' children still require care. For further specialized support, the Sindh Child Protection Authority and the Social Welfare Department should be engaged or taken on board. The following action will be taken by shelter staff with the support of WDD.

- 1 Separate adult literacy education from child education and introduce age-appropriate curriculum for children residing with their mothers (See Education and Skills' Acquisition Section for more detail).
- 2 Coordinate with Pakistan Bait-ul-Maal and access Dar-ul-Ehsaas and Sweet Homes for arranging long-term accommodation for children accompanying their mothers (ages 4-6 only), if needed – for orphaned survivors, the Dar-ul-Atfal and Dar-ul-Binaat under Social Welfare Department, and private children's shelters of impeccable reputation may be referred to.

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- 3 Identify local sponsors for establishing dedicated play and study areas for children and young adults staying at DuA.
 - 4 Coordinate with Social Welfare Department to access child protection services for young girls (including abuse and child marriage cases).
 - 5 Gather information regarding organizations, their systems, services, structures and ways to access them, that offer child-related services including local NGOs, for post-shelter referral.
 - 6 In cases where mothers are reluctant to seek assistance for their child(ren), medical doctors/pediatricians can be approached to assess and issue a formal report, which can be used to get further services for the child (and mother), if needed.

4F - SAFETY AND SECURITY

- 1 Coordinate with existing public safety & security structures and mechanisms based on risk & safety assessments during residents' stay/ follow-up.
- 2 WDDs Divisional and District Officers will undertake follow-up visits and/or make telephonic care calls in high-risk cases until six months to a year if needed. Visits should be under unmarked escort from local law agencies/police and in coordination with district administration (see Figure 2 in Annex 3 for different security systems for GBV survivors).

Follow-up visits must not further jeopardize a former resident's or their children's well-being and must be conducted with former residents' prior knowledge and consent, taken during shelter intake or at discharge.

- 3 Residents' discharge slips will have a clause on the attached agreement form for presenting the former resident in front of local authorities (such as District Protection Committees or local magistrates) in any reconciliatory agreements with those taking the resident's custody. Shelter management (preferably a lawyer) will coordinate proactively with local magistrates and police for enforcement in case of a no-show. Adult walk-in women survivors may be requested to keep in touch if it is convenient.
- 4 Release of residents can be made contingent on the furnishing of security bonds from those taking custody. These persons may be held responsible for ensuring the periodic appearance of the resident before a Judicial Magistrate, Police Station or before the District Protection Committee as the case may be, if the risk of violence is moderate to high. Justification(s) for risk rating will need to be given by In-charge or a WDD Officer. In case of failure to present the victim before authorities, arrest warrants or production orders may be requested from local Magistrates for abduction, forced confinement, and/or suspected murder, as may be fitting to compel production.
- 5 Staff must document risks/threats facing survivors during follow-up for necessary interventions (see guidelines in Annex 2: Guidelines for Risk Assessment and Safety Planning)
- 6 For cases requiring special post-shelter security, the DuA will contact Safe house management, the Sindh Commission on the Status of Women (SCSW), and the Sindh Witness Protection Units or Board (established under the Sindh Witness Protection Act, 2013)³ on behalf of the survivor. In young girls' cases, the Sindh Child Protection Authority (SCPA) may be contacted alongside existing emergency helplines (see Annex 3 for a list of helplines in Sindh), legal aid providers on WDD's panel, and refer to directories for GBV related services.⁴
- 7 Referral information on security and protection services must be shared in the form of a security debrief and sharing of emergency contact information with residents at the time of release where they may contact for rescue

³ Sindh Witness Protection Act, 2013. Available from:

<https://prosecution.sindh.gov.pk/storage/rulesRegulations/kGir4QU0CzpWlnhKFOXTREAgSqQK4ZTuDn2Q2zLz.pdf>.

⁴ See Legal Aid Society's [Referral Directory](#) and Shirkat Gah – Women's Resource Center's [Referral Directory for Survivors of GBV and VAW/G](#).

and/or reporting post-shelter violence or make requests for support.

4G - SAFE HOUSING AND ALTERNATIVE ACCOMMODATION

- 1 Identify referrals for appropriate housing facilities and affordable housing options for residents such as alternate accommodations for former residents in women's hostels and other safe and well-provisioned public or private homes for women.
- 2 Residents who choose to live separately in post shelter may be connected with/referred to Zakat, Afaq & Ushr Department and Benazir Income Support Program as partial help.
- 3 Build connections and referrals with Social Protection Unit of the Social Welfare Department, Pakistan Bait-ul-Maal, Departments of Zakat, Auqaf & Ushr, Religious Affairs, Empowerment of Persons with Disabilities, Human Settlement, Local Government, Shaheed Benazir Bhutto Housing Cell and the Board of Revenue. This will help in supporting housing facilities for women with no safe place of stay such as rent and living expenses.

4H - SOCIAL SUPPORT, NETWORKS AND IMPROVED NEGOTIATION/DECISION-MAKING

The kind of social support to be mobilized to former residents will be case-dependent and on the context in which support is extended by the shelter. It will also depend on access to former residents, their consent for support, what survivors think is in their best interest, and the findings of safety risk assessments undertaken during follow-up and/or shelter stay.

The following strategic actions will be taken in this regard:

- 1 Work on strengthening networks within the community (identifying local influential and public representatives, civil society groups and associations, donors, activists, journalists, academics and other allies).
- 2 Identify local community-based assistance for, e.g., arranging employment, paid work and/or income support for survivors, supporting young survivors' education or trainings through local sponsorships and facilitating access to TVET/income generating opportunities.
- 3 Involve local authorities in vigilance activities as part of follow-up in case of post-shelter violence.
- 4 Undertake community outreach and awareness program, which can be co-developed with organizations having specialization in GBV and VAW/G case management & training and community engagement.
- 5 Undertake active outreach particularly during residents' transition from the shelter back into the community or at a new location as the case may be, around the time of discharge. Such activities will be a part of follow-up support extended post-shelter (see Annex 1 for follow-up guidelines)
- 6 Advocate for the removal of stigma against former residents in the community and with other concerned parties.
- 7 Ensure safety training for outreach and follow-up staff, with expertise called in from relevant Departments on how to intimate and involve the police and/or local administration.

5 - INSTITUTIONAL MECHANISM FOR ENHANCING POST-SHELTER CARE

To improve shelter services overall in Sindh, it is necessary to designate specific point persons responsible within shelters and amongst referral partners for a range of services for both current and former residents. Within WDD and SWD who are currently managing or have managed DuAs previously (SWD), communication flow needs to improve,

including expectations from shelter staff, performance appraisals and guidance and support from department leadership at the provincial and district levels. For post-shelter support to work smoothly, the services within shelters need to be expanded in coordination with the concerned government departments so that systems may be put into place for tracking residents facing higher social and personal risk through collective effort.

5A - HUMAN RESOURCE

In terms of human resources, the following actions need to be taken by the DuAs to improve the quality of existing services, and expand services beyond the shelter with the support of external (referral) partners:

- 1 Frame recruitment rules and core competencies for existing and new staff being hired as part of the DuA management.
- 2 A trained Psychologist shall be permanently posted at the DuA, who may be approached by both residents and staff, for support. In case of the absence of a psychologist, the Medical Superintendent of the District Hospital can arrange for the services of a psychologist at the request of the DuA Incharge.
- 3 Build staff capacity on:
 - how to assess economic needs with the consent and involvement of current and former residents;
 - designing & executing economic recovery and income-generating assistance and education within shelters by sourcing
 - local expertise and after shelter through referrals;
 - assessing rehabilitation from violence and (re)integration into society post-discharge through post-shelter follow-up; and
 - basic counselling and psychosocial support to the residents. However, this should be a temporary solution until a full-time Psychologist is on board, for both residents and staff.
- 4 Review and revise the job descriptions of teachers, improve salary structures and offer incentives, to motivate them to improve their performance.
- 5 Separate career counseling from psychological and legal counseling and engage relevant specialists.
- 6 Conduct regular reviews and revise the job descriptions of teachers in consultation with SELD and STEVTA.
- 7 Improve salary structures and offer incentives to motivate staff

5B - CAPACITY BUILDING

The following trainings⁵ should be provided to staff to improve the quality of services, prepare staff for carrying out their work, undertake critical follow-ups and refer survivors for post-shelter care:

- 1 DuA Standard Operating Procedures, and this Policy (survivor rehabilitation and (re)integration)
- 2 Gender analysis of GBV and VAW/G (all forms)
- 3 Civil family laws and criminal laws relating to VAW/G
- 4 Understanding and handling psychological distress, trauma and coping mechanisms
- 5 GBV and VAW/G case management
- 6 Team management, financial & administrative management

⁵As recommended by the Council of Europe's Quality guidelines for shelters for victims of Violence against Women and Domestic Violence (2021, page 33). These are consistent with findings from DuA visits, and consultations with stakeholders in preparation of this policy.

-
- 7 Technical and vocational skills education ongoing and upcoming TVET programs
 - 8 Rehabilitation and Reintegration of Survivors on GBV
 - 9 Communication and intervention techniques
 - 10 Child protection
 - 11 Referral pathways, partners, services, and protocols
 - 12 Case management (including risk assessments and safety planning)
 - 13 Conflict resolution
 - 14 Confidentiality and informed consent
 - 15 Refugee and migrant rights
 - 16 GBV and people living with disabilities
 - 17 Non-discrimination and diversity
 - 18 Self-care and stress management of the service providers

5C - DATA MANAGEMENT AND CONFIDENTIALITY

A computerized information system or database at the shelter needs to contain detailed information about residents taken during admission, discharge and follow-up, along with information about potential jobs, internships, business opportunities, and other educational, skill-building opportunities that strengthen residents during and post-shelter. The staff should be able to use such a database to identify the type of support and resources required for residents, based on their specific needs (such as housing, jobs, legal aid, medical aid, mental health services, vocational training, education, small business support, financial assistance, social protection, disability support, etc.), and retrieve information related to external support that can be mobilized through referrals. In this regard, the DuA MIS needs to be made functional across the shelter along with continuous capacity & skill development to ethically manage the database and referral & residents' information therein.

For data protection, systems need to be put into place for:

- 1 Safe storage of survivor records/files
- 2 Safe filing of signed data protection agreements with staff, residents and referral partners
- 3 Destruction of paper forms after a stipulated time, with digitalization to achieve data
- 4 Overall protection of electronic case management system
- 5 Data backup and retrieval

While all residents' data need to be kept strictly confidential, exceptions can be made if there is an immediate threat to the life, health or freedom of a resident or child during their time at the shelter and afterwards. In such situations, the shelter staff needs to react because (former)residents' fundamental right not to be subjected to and protected from violence is stronger than their right to confidentiality and privacy.

In cases of exceptions to confidentiality, the decision must be transparent to the residents and well-documented so that they can be defended in the case of a complaint. Shelter staff must otherwise guarantee to residents that the information they give will be kept confidential and that it is only shared with their explicit, written consent⁶.

⁶ ENDAVNOW best practice in shelter care and services.

5D - FINANCING AND BUDGETS

There are financial as well as technical and social challenges to setting up economic empowerment, education and skills development infrastructure and programs within shelters. Assessing the diverse educational and skill-building needs of survivors (and their dependents) is a complex and iterative process that evolves and is contingent of survivors' current circumstances. One of the key challenges is survivors' departure from the shelter before completing courses and the ensuing defrayed costs.

Providing appropriate technical and/or vocational education & training and continued education/learning opportunities within shelters to residents requires WDD and allied departments to invest in inclusive infrastructure, equipment, and ease of access for both current and former residents. More critically, resources will have to be mobilized to extend referral services to former residents and to support follow-up costs.

Further, resources are also required at the institutional level for strengthening WDDs' and shelters' internal capacity and systems, irrespective of partnership with local civil society, private organizations, donors and local benefactors/sponsors.

To ensure implementation of this Policy, the WDD is committed to developing a detailed costed implementation plan, which identifies priority areas for funding based on feasibility studies of how and which services may be expanded and how to meet the objectives of this and the pre-existing shelter policy in Sindh.

5E - MONITORING AND EVALUATION

Apart from policy actions pertaining to M&E identified above, there should be other actions to ensure effectiveness and accountability for existing systems of learning and trainings at DuA. Evaluation of in-house training and education programs needs to be institutionalized, for example, measuring learning progress, quality of training, curricula delivery, trainer effectiveness and content appropriateness, etc.).

In this regard, WDD will undertake systematic impact assessments of vocational, rehabilitation, training and educative programs at shelters that help track changes in knowledge, skills, economic security, stability, etc., amongst residents over time.

ANNEXURES

Annex 1: Guidelines for Follow-up and Referrals for Post-Shelter Support

Post-shelter follow-ups will include 4 key steps (see below) throughout the duration of a residents' stay, starting from intake and continuing weeks or months following discharge.

- 1) Residents should be requested to indicate their interests including:
 - a) their specific needs post-discharge.
 - b) type of information they would like to receive during and post shelter.
 - c) the settings and format that such information should be available at the time of discharge or for follow-up support.
 - d) how they would like to receive certain services (within the community, at home or another designated location, through specific means of communication, etc.).
- 2) **Build a follow-up mechanism into in-take forms and any agreement of reconciliation with the family during discharge**, to reduce resistance to future intervention done to protect the interest of former residents by the shelter staff, depending on the nature of the case, and follow-up findings.
Not having survivors' consent should not be used as an excuse for not following up, especially if the risks to post-shelter security and well-being are assessed to be high.
- 3) If survivors are not comfortable with the follow-up process at the time of discharge, other strategies can include, for example:
 - a) Noting information on survivors' trusted persons or allies' contact information at the time of intake that can be used to follow up and check status.
 - b) Making occasional phone calls to the trusted ally or nominated contact person to inquire regarding status.
 - c) Determining whether action needs to be taken through referral partners.

Preparing for, Executing and Completing Post-Shelter Follow-Up

This can entail the following 5 steps, with intervening steps in between from start to finish:

a) Needs and Risk Assessment

- This includes assessments and plans made around admission and at discharge to fully ascertain the needs and requirements of residents for rehabilitation & (re)integration, as well as other aspects of their well-being (services listed under Policy Actions above).
- A full assessment within 3 -7 days after admission should document the following in addition to filling out other relevant details:
 - Information regarding resident's social and economic circumstances needs and goals (see Economic Independence Section for creating Profiles).
 - What the resident would like to accomplish through post-shelter support.
 - Assess the level of risk to the resident, her children and other dependents and the sources/ basis of risks.
 - Develop a service plan (with specific regard to learning, skill development and livelihood needs and options, and protection needed)
 - Complete the follow-up safety plan, including flagging additional services that may be needed as part of follow-up post shelter.

b) Implementation

- **Follow-up should continue from six months to up to one year** at regular intervals, along with the parameters set by and agreed with the resident during their stay and at the time of discharge.
- Implementation of follow-up activities also includes working with the residents, allied agencies or referral partners to seek out and mobilize community resources that can address each of the needs, as identified in the assessment carried out during the stay or just before the discharge of residents. This will be done by:
 - Brainstorming with the resident regarding possible resources/persons that could be tapped for support (social, economic, otherwise) after leaving the shelter and recording them, during intake, and discharge;
 - Identifying agencies and institutions that can mobilize external support & resources from amongst the list of referral agencies; and
 - Developing strategies for access to resources, such as making phone calls to persons who can help, obtaining written documentation or forms needed by the residents to access further services, and making direct contact with external partners (including education and TVET⁷ institutes, local employers, financial & social protection institutions, civic registration & vital statistics entities – NADRA, local government representatives – housing support and childcare/protection organizations, police, healthcare providers, legal authorities, and local NGOs/CBOs working on women's empowerment)

⁷Including connecting former residents who left shelters in the middle of their courses with local TVET and training institutes.

c) **Monitoring**

- This includes working with former residents who contact or have indicated willingness for follow-up to assess whether the resource(s) was/were successfully obtained and met the identified need(s). If not, further referrals can be made.
- The shelter should also take complaints regarding any referral partner not working in their interest and take the matter up with competent authorities, if needed, through its networks.

d) **Secondary implementation**

If it is assessed that all needed resources were not obtained or did not meet former residents' needs, other strategies can be identified and implemented.

e) **Termination**

- During this phase, the DuA staff will begin to remove themselves from the process of rehabilitation and reintegration, while focusing on transferring skills and knowledge in identifying and mobilizing resources for former residents, so that they can continue the process on their own.
- When exiting the shelter, residents should be referred to appropriate services and provided related information in a way that is **understandable and easily retrievable**. At the time of discharge, a **referral directory** should be provided to out-going residents that includes information on local service providers, organizations and institutions related to:
 - Psychiatric/psychological counselling
 - Healthcare and medicines (COVID-19; Pediatric; Medico-legal; Reproductive healthcare; disability services; geriatric and child care, etc.)
 - Emergency services and Helplines
 - Bar Councils, Legal counseling & aid organizations
 - Education and learning opportunities
 - Police (women's complaint cells, police stations and protection centers)
 - Child protection
 - Other Shelters, Safehouses and Alternate accommodation
 - Organizations providing livelihood & social protection support (SRSO; NRSP; BISP; Ehsaas)
 - Employment/Livelihood/ Enterprise
 - Lending institutions
 - Skills development and TVET institutes
 - Childcare/ day-care centers
- For documenting referrals, the resident's discharge documents and/or follow-up visits should use standard templates for recording information related to the service provider and service referred as part of existing DuA SoPs

Referral Building

Existing DuA Policy Guidelines and SOPs in Sindh commit to ensuring effective referrals for residents in terms of medical care, psychological support, legal aid and security services⁸. In this regard:

- WDD will support shelters in **compiling local directories** which the staff can update and expand regularly, including names and contact information of different service providers listed in Figure 3 below. Referral information would be gathered for institutions across Pakistan especially as women move/are moved to **other jurisdictions**.

⁸Section 2.2: Referral Services/Facilities, Sindh DuA Policy Guidelines and SOPs, 2013.

Coordination and Referral Governance During and Post_Shelter

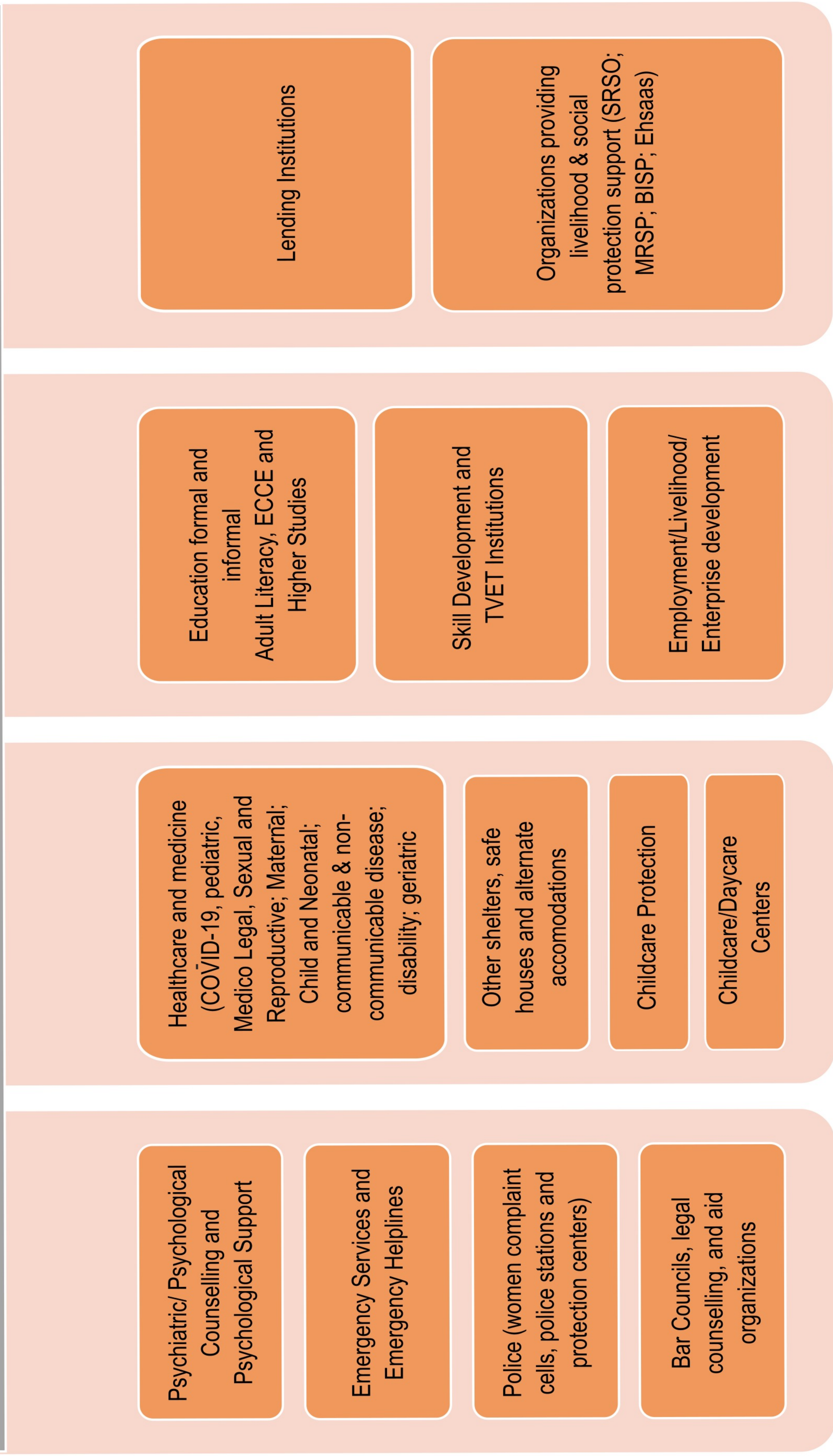


Figure 1: Coordination and Referral Governance During and Post-Shelter

- To formulate and update the referral list and to include any service on the list at the local level, the DuA staff or WDD leadership will have meetings with the concerned department/service provider to:
 - Give orientation to the service providers on the kind of cases that the shelter could refer to.
 - Provide an orientation on the needs and expectations of the shelter from the service providers (Code of Conduct).
 - Provide an orientation on the ethical handling of survivors of violence.
 - Ensure that service providers agree to follow the dos and don'ts of dealing with survivors of violence to ensure the protection and dignity of survivors.
 - Agree on two focal persons on both sides, in case of non-availability.
 - Receive written consent from service providers to volunteer their time and services.
 - Reach a formal or written agreement on the above including an MoU.
- DuA staff will ensure that the contact information of service providers, organizations and institutions given to residents is updated and verified.
- The process and outcomes of referrals should be continuously monitored, documented and reviewed.

Ethical Consideration in Referrals

In referring any survivor to a service provider, shelters should ensure to the extent possible that those referred to are **sensitized, trained, competent, and authorized** to deal with survivors of GBV and VAW/G, and who have demonstrated **commitment** to work with people without discrimination based on class, gender, race and ethnicity or any other social identity. Services providers referred or invited to work with residents should be reminded of their role in interacting with survivors continually, keep the information strictly **confidential** and be willing to work **voluntarily**, ex-gratis or for a nominal fee to cover any case-related expenses. All referral partners should be invited to sign a **Code of Conduct or Prevention of Sexual Exploitation and Abuse (PSEA)**⁹ for interacting and dealing with residents so that they may be held accountable. It is also critical to ensure that referral partners understand that residents have the right to define their needs and decide which options meet those needs from amongst referral partners. Residents must be informed of any expected gaps/limitations and ways to navigate services referred to them by the shelter staff, to prepare them for the kind of service they can expect and may receive. They must also be encouraged and informed about **complaint mechanisms for misconduct** by any referral partner or service provider interacting with the resident under the aegis of the shelter.

⁹Child Protection Global sub-Cluster, Principles for Child -Friendly Spaces in Emergencies, 2011
http://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf

Annex 2: Guidelines for Risk Assessments and Safety Planning

A variety of factors at the individual, relationship, community and society (including the institutional/state) levels intersect to increase post-shelter risk of violence for women and girls¹⁰. Shelters and other service providers need to respect choices made by survivors, even if they are not in their best interest, while continually striving to make their choices as safe as possible for them.

Risk assessments are planning tools and not predictive instruments. The process of assessment starts from the moment the survivor approaches or is brought to the shelter. Given the diversity of women and cases, shelter staff require varied expertise and may at times need to be secured through external sources. Those undertaking risk assessments must either possess or be able to locate the requisite expertise for the most comprehensive assessment possible, whether conducted during the resident's stay, or follow-up after discharge. All assessments are to be recorded and used for official use only through authorized officers during the stay of the victim in the shelter and their post-shelter life.

General Steps in Conducting Risk and Mitigation Assessments

- a) Ensure a safe environment and space for one-on-one assessment between shelter staff, survivors and their children.
- b) Inform survivors of the aim of the assessment, and their right to withhold information.
- c) Ensure survivors that personal information will not be used against them or deprive them of any service the shelter has to offer.
- d) Take consent and agree on confidentiality before proceeding.
- e) Gather all relevant information about the resident against a checklist of all possible risks and the stabilizing and protective factors in their life. The following should be noted during Risk and Safety Assessments (which can later be used to develop individual service/care plans):
 - Employment status
 - Highest level of education completed
 - Source of income at intake
 - Income at intake – Individual gross annual income
 - Economic autonomy and access to skills training, credit and employment
 - Local socio-economic opportunities (at the residence prior to intake)
 - Issues requiring legal support (e.g., protection orders so the survivor may have her right to freedom of movement while staying at the shelter; child custody; disability certification; civic registration and documents)
 - Living arrangements immediately before admission
 - Type of housing (extended family, etc.) immediately before admission
 - Access to support groups
 - Information on survivors' trusted persons or allies who may be contacted during follow-up (in high-risk and security cases)
 - Financial plans and learning aspirations
 - What the resident would like to accomplish during her stay in the shelter
 - Any health-related concern
- f) Note information on whether and where the survivor needs to be referred to a particular external or internal service against a timeline, and information on who will be responsible for follow-up with the survivor if and when such service is arranged.
- g) Discuss co-developing a safety plan at the pace the survivor is comfortable with if needed.
- h) Identify the survivor, and the case worker they may approach for any further information or clarity.
- i) Contact relevant experts and service providers for consultation should there be a need to get precise information related to risks, while anonymizing details of the survivor, and only sharing necessary information. The basis for 'necessity' must be documented in the case file by the In-charge.
- j) File the risk assessment report identifying specific actions to be taken, by whom, and within what time for future reference and for further developing the resident's risk management and safety plan.

¹⁰See <https://www.endvawnow.org/en/articles/300-causes-protective-and-risk-facctors-.html>.

Information to Take During Intake to Support Follow-up

- a) History of violence and threatening behavior
- b) Form and pattern of violence (severity and frequency)
- c) Risks (present and future) from perpetrators, family, etc.
- d) Victims' assessment of other risks and stabilizing/ protective factors (related to self or others)
- e) Other aggravating factors (separation, child custody issues, pregnancy)

Preparing For Residents' Safety Plans

These can take several forms and will depend on the risks presented during the stay , at the time of discharge, or become known through later contact. Every resident may require a different plan, but the following principles

- The process is survivor-centered and survivor-led and with their explicit consent.
- Support provided is comprehensive.
- Handling is sensitive, flexible, and confidential.
- Overall response be guided by the availability of appropriate and accessible resources & services, in line with national/provincial laws, procedures and policy commitments.

Annex 3: List of Safety & Security Services, Helplines and Other VAW-Related Services in Sindh

Figure 2 below shows the main responsible agencies and departments responding to cases of violence against women and girls in Sindh, who may be contacted by shelters directly, or be referred to former residents at the time of discharge and/or during follow-up.

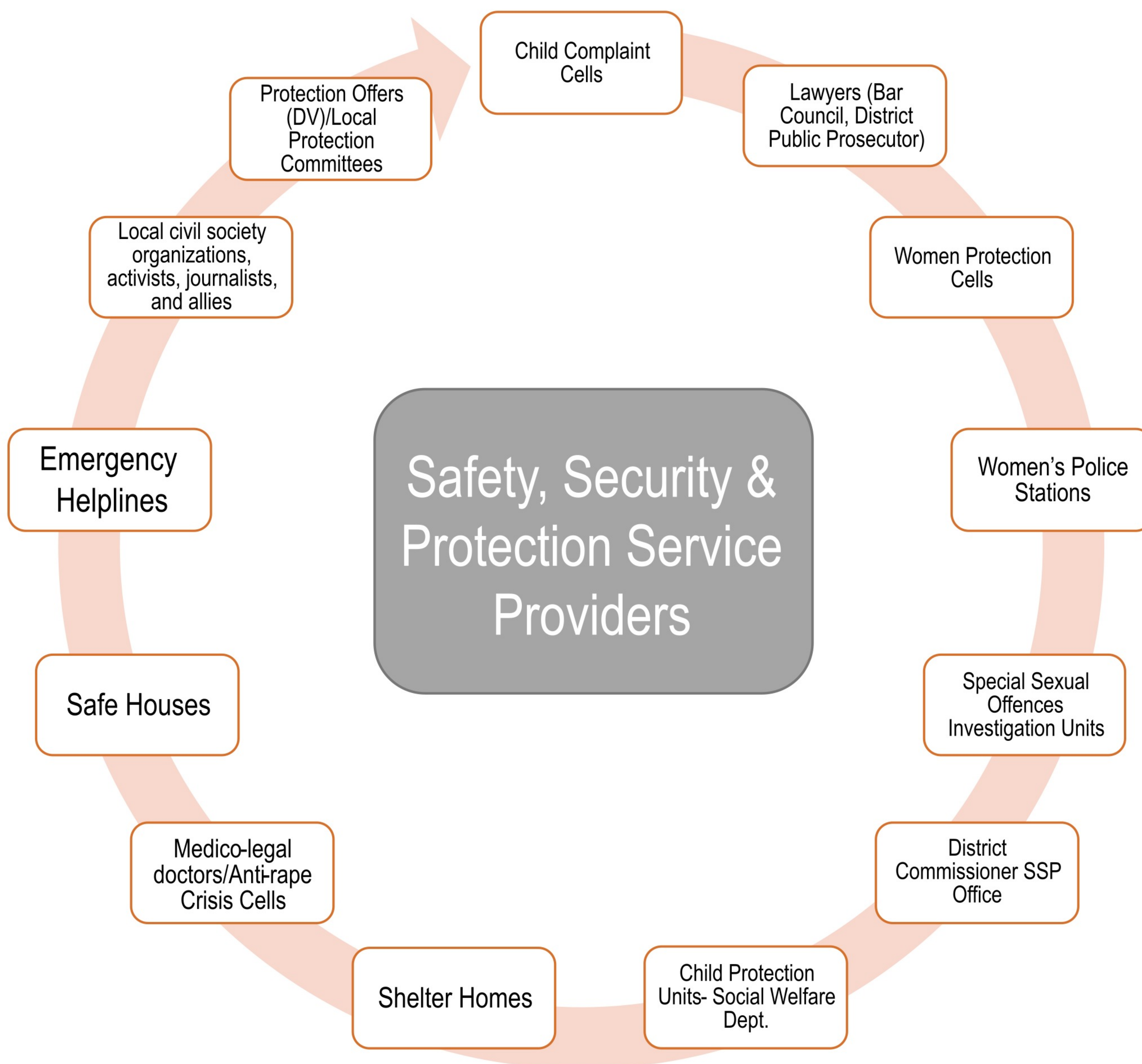


Figure 2 : Safety, Security & Protection Service Providers for Post-shelter Referral and In-Shelter Support

The following helplines can also be contacted or referred to:

S. No.	Sindh Government Helplines for GBV/VAW/G	Contact No.
1	Sindh Child Helpline	1122
2	Sindh Chief Minister's Public Helpline	0800-1915
3	Women Development Department Helpline	1094
4	Sindh Human Rights Department has a 24 hour, 7 days a week helpline for reporting any human rights violation	0800-00011
5	Sindh Law Department and Legal Aid Society Helpline for legal counseling, reporting and connecting to Dar-ul-Amans and Child Protection Units	0800-70806
6	Inspector General of Police helpline offering emergency assistance, advice and policing services for all cases, housed in the Central Police Office (CPO) in Karachi	9110
7	Police Madadgar, provide citizens composite services including ambulance and fire brigade services, complaints against police, reporting theft, as well as assistance in all complaints by women and by children	15
8	Madadgar, a legal aid NGO, provides in-house assistance as well as a referral service to women survivors of violence	1098
9	Citizen-Police Liaison Committee (CPLC)'s Women complaint cell for registering all crimes against women, including domestic violence, rape, etc.	021-3566222
10	Rozan's GBV and Mental Health helpline	0304-111-1741

Child Rights and Support Groups:

Numerous government organizations and NGOs are working on child rights across Sindh on women and child protection issues and providing a range of services either directly or through their networks.

Some of the Government structures include:

- Child Protection Units¹¹ under provincial SWD
- Orphanages for girls and boys (Dar-ul-Atfal); and orphanage for girls only (Dar-ul-Binaat) under SWD
- National vertical programs under the PBM catering specifically to small and orphaned children and in some cases, women, including:
 - Dar-ul-Ehsaas (DuE) under PBM (4 in Sindh in Sukkur, Khairpur, Larkana, Hyderabad), provide small, orphaned children or children belonging to very poor families (ages 4-6) with accommodation, education, food, clothes, medical treatment and sporting activities.
 - Sweet Homes under the PBM, also cater to orphaned children and children without parental support¹², providing them with accommodation till completion of their education/ skills trainings till transition into adulthood.

Both above programs have dedicated policies, and application forms are available online on the programs' website page. In addition to these, the PMB also gives Individual Finance Assistance (for one year) including supporting (i) Medical treatment (ii) General financial assistance (iii) Education stipend (iv) Individual rehabilitation.

Some of the prominent ones include:

- SOS Village, Karachi and Jamshoro (provide long-term accommodation to children and women as house mothers).
- Roshni Helpline (missing child and child protection case management)
- Legal Aid Society (counseling, legal aid, child protection case management)
- Legal Rights Forum (legal counseling and aid)
- War Against Rape (counseling, legal aid, child protection case management)

¹¹ There are 4 CPUs in total across Sindh providing housing for child marriage and abuse cases, as of 2021, with amendments to the Sindh Child Protection Authority Act, 2011, in 2021

¹² Sweet Home's Policy is available at: <https://pbm.gov.pk/psh.html>

Annex 4: List of TVET Vertical Programs and Provincial Institutions

Public (National¹³ and Provincial) TVET Organizations/ Programs:

1. Prime Minister's Youth Skill Development Program (PMYSDP) <https://navttc.gov.pk/pms-youth-skill-development-program/>
2. Prime Minister's Hunarmand Pakistan (Skill for all) Kamyab Jawan Initiative – high-tech trades
3. National Poverty Graduation Programme (NPGP)¹⁴
4. Sindh Technical Education and Vocational Training Authority (STEVTA) and its various institutes^{15,16}, (in Karachi, STEVTA's Women's Technical Training Institute, has a child day-care center)¹⁷
5. National Vocational & Technical Training Commission (NAVTTCC) – directly or through accredited institutes some of which are listed here)
6. Sindh Board of Technical Education (SBTE) certified girls' TVET training institutions.
7. TVET institutes affiliated with SBTE (industrial homes) in the private sector (extensive list for different districts of Sindh)
8. Pakistan Bait ul Maal (PBM) Vocational Dastkari Schools across Sindh – in 13 different districts¹⁸
9. PBM Women Economic Centers (WECs) – in 33 districts across Sindh
10. Benazir Bhutto Shaheed Human Resource Research & Development Board (BBSHRRDB),^{19,20}
11. Benazir Bhutto Shaheed Youth Development Program (BBSYSDP) under STEVTA²¹

Private TEVT Organizations (some providing accommodation):

12. Hope Technical and Vocational Training Center, Ghotki
13. Al-Nisa Vocational Training Institute, Hyderabad
14. Rabia Vocational Centre, Bahdurabad Colony, Dadu (industrial homes support under SBTE)
15. Fair Home Shelter, Sukkur (provides certified trainings along with shelter)
16. Hope for All, Sukkur (runs *silai* (sewing/stitching) centers)
17. ZVMG Rangoonwala Trust²² – Community Centers in Karachi and Hyderabad and Muslim Ladies Technical & Industrial Institute²³
18. Care Vocational & Community Centre, Steel Town, Karachi
19. Dow Vocational & Technical Education Centre (DVTEC), Dow University of Health & Science, Ojha Campus, Karachi (traditional vocational skills training)
20. Sukkur Institute of Science and Technology (SISTECH), Sukkur
21. Aman Institute for Vocational Training (AMANTECH), Karachi²⁴
22. Local universities TVET & incubation centers, including Institute of Business Administration (IBA) Center for Entrepreneurial Leadership and Incubation; ZABTech (under SZABIST)²⁵, Benazir Bhutto Shaheed University of Technology and Skill Development (BBSUTSD), Khairpur Mirs; and Tando Jam University are also running TVET courses including certified and accredited vocation and technical trainings for women.

The above organizations, specifically STEVTA²⁶, SBTE and ZABTech have developed TNA systems to ascertain the skills levels and learning needs of potential trainees and can provide this service at shelter premises²⁷. In shelters' cases, trainees can include both residents and instructors.

¹³Vertical TVET Programs are also run by provincial and local universities and training centers registered with SBTE/ NAVTTCC/ STEVTA/ECE

¹⁴See <http://www.npgp.gov.pk/components.html>.

¹⁵STEVTA was established in 2010 under an Act of the Sindh legislature to promote technical and vocational training and education in the province. The main functions of the Authority include: (1) formulating technical education and vocational training policies and plans; (2) facilitating linkages with industry to ensure alignment of training programs with industry requirements; (3) implementing technical education and vocational training programs, and (4) providing policy direction and frameworks and facilitating financial and human resources.

¹⁶There are various Government Polytechnic Institutes for Girls and Boys under STEVTA. In Sukkur alone, there are various government and private training institutes including Government Polytechnic Institute (Boys), Sukkur; Government Polytechnic Institute (Girls), Sukkur; Government Vocational Training Center, Sukkur; Sukkur Institute of Construction Management and Technology, Sukkur; Sukkur Institute of Science & Technology; Saki Institute of Science & Technology, Sukkur; Dadabhoj Institute of Higher Education, Sukkur; IBA University, Sukkur.

¹⁷See <https://vtiwbzone.edu.pk/>.

¹⁸In 13 districts - Shahdadkot, Jacobabad, Sukkur, Larkana, Shikarpur, Naushero Feroze, Shaheed Benazirabad, Khairpur, Ghotki, Mithi, Jamshoro, Matiari and Tando Allahyar.

¹⁹The BBSHRRDB imparts trainings in collaboration with other training institutes such as IBA, ICMA, Skill Development University of Khairpur, and National Logistics Cell (NLC) in Sindh, which also supports trainees' placement in China-Pakistan Economic Corridor (CPEC) projects.

²⁰The BBSHRRDB is also imparting trainings in collaboration with training institutes such as IBA, ICMA, Skill Development University of Khairpur, and National Logistics Cell (NLC) in Sindh, which supports trainees' placement in China-Pakistan Economic Corridor (CPEC) projects. Relatedly, the BBSYSDP, which was established in 2008-09, has reportedly trained approximately 434,260 youth which includes 246,426 males and 187,834 females in various employable trades through public and private sector collaborations with TVET institutes. The BBSHRRDB is reported to arrange skills trainings which are new and different from traditional trainings (diplomas or certificate courses) extended by STEVTA. It also focuses specifically on young people between the ages of 18-35 years and provides free trainings with a monthly stipend of Rs2500 to all trainees. Trainings are arranged via different certified TVET centers (by NAVTTCC or related authorities) through written agreements between the center and BBSHRRDB.

²¹The BBSYSDP, established in 2008-09, has reportedly trained approximately 434,260 youth which includes 246,426 males and 187,834 females in various employable trades through public and private sector collaborations with TVET institutes. The BBSHRRDB arranges skills trainings including certified diplomas or certificate courses extended by STEVTA. It focuses specifically on young people between the ages of 18-35 years and provides free trainings with a monthly stipend of Rs2500/Rs 3000 to all trainees. Trainings are arranged via different certified TVET centers (by NAVTTCC or related authority) through written agreements between the center and BBSHRRDB.

²²See the vocational training program here.

²³Includes morning classes for women with hearing disabilities.

²⁴Already working in partnership with BBSHRRDB.

²⁵E.g., ZABTech has TVET courses on its campuses in Hyderabad, Tando Mohammad Khan, Sehwan, Larkana, Shaheed Benazirabad, and Khairpur; NAVTTCC has supported SWD to set up a skills center in Nagarparkar.

²⁶STEVTA is running 120 TVET institutes and colleges in 23 districts of Sindh, with a combined enrolment capacity ranging from 30,000-60,000 trainees per annum. It trained 20,457 across Sindh in the financial year 2020-21.

²⁷Discussions with STEVTA and ZABTech representatives.

Annex 5: Mental Healthcare Facilities in Sindh

In the public sector, Sindh has a Mental Health Authority, which has set up two helplines for the provision of virtual mental health services. According to the Authority Act²⁸, the Sindh government has commitment setting up mental health facilities at the facility level (lowest tier upwards), and community-based²⁹ mental health services that provide persons with mental disability, their families and others involved in their care with guidance, education, rehabilitation, aftercare and preventive measures and other support services on an informal basis. The Authority is empowered to ‘recommend measures to improve existing mental health services and setting up of child and adolescence, psychogeriatric, forensic, learning disability and community-based services.’

Physically, two facilities are present at the Jinnah Post Graduate Medical Center (JPMC) in Karachi and the Sir Cowasjee Institute of Psychiatry in Hyderabad³⁰. Also in Hyderabad is the Giddu Mental Hospital. As government hospitals have resident psychologists but their numbers are extremely small, survivors requiring mental health services can also be referred to private mental health counselors, based on a risk & mitigation assessment of residents by shelter staff during the stay and before resident discharge.

In addition, the Pakistan Red Crescent Society also provides psychosocial counseling and training support through 13 district offices across Sindh. It also runs the Thakur Rashid Gohar Training Institute in Karachi, which trains caregivers (any) in Emergency First Aid and public health.

At the national level, the Ministry of Planning Development and Special Initiatives has also launched the virtual Mental Health and Psychosocial Support Service (MHPSS) in collaboration with UNICEF, which trains MHPSS providers and runs a mobile app for taking requests and referring people in need of mental health service to its trained *Hamdard* Force of mental health experts, and for training & guiding primary care physicians to identify and manage common mental disorders.

²⁸Act available from: <http://www.pas.gov.pk/uploads/acts/Sindh%20Act%20No.L%20of%202013.pdf>.

²⁹‘Community’ in the Act connotes, family, home, workplace, educational institutions and other places where care and aftercare can be provided on an informal or voluntary basis.

³⁰These helplines are open from 9 am to 3 pm and can be contacted by anyone on 021 111 117 642 in Karachi, and 022 111 117 642 in Hyderabad.

Annex 6: List of Public and Commercial Lending Institutions and Social Protection Programs

The following non-government, government and private organizations provide flexible and/or interest-free loans to women or women's groups across different districts of Sindh, or extend microfinancing support:

- Sindh Rural Support Organization (SRSO)
- Thardeep Rural Development Program (TRDP)
- HANDS
- Rural Support Programs Network (RSPN)
- ASA Pakistan ³¹
- State Bank of Pakistan ³²
- First Women's Bank Limited (FWBL)
- Kashf Foundation ³³
- NRSP Micro-finance Bank ³⁴
- Khushali Bank ³⁵
- Akhuwat ³⁶
- Thardeep Microfinance Foundation ³⁷

Annex 7: Social Protection Programs

- National Poverty Graduation Program (NPGP)
- Prime Minister's Youth Business Loans
- Benazir Income Support Program (Kafalat - Unconditional Cash Transfers (UCT); Benazir Waseela-e-Rozgar Program; Benazir Taleemi Wazaif - Conditional Cash Transfer for the education of children; and Benazir Nashonuma: Conditional Cash Transfer for health and nutrition - see below for BISP registration)
- Ehsaas Program ³⁸
- Local zakat committees under the Sindh Zakat, Auqaf and Ushr Department ³⁹
- Sindh Small & Medium Enterprise Development Authority (SMEDA) ⁴⁰
- Zarai Taraqati Bank Limited (ZTBL) - Khawateen Rozgar Scheme. ⁴¹

³¹See <https://pakistan.asa-international.com/about-us/at-a-glance/>.

³²See, e.g., State Bank's Refinance and Credit Guarantee Scheme for Women Entrepreneurs in Underserved Areas, 2017

³³See <https://www.sosense.org/projects/kashf-foundation-microfinance-for-women-in-pakistan/>.

³⁴Women Empowerment Group Loan | NRSP Bank

³⁵Khushali Bank provides 2 to 5 years of financing for women entrepreneurs of amounts PKR 200,000 to 500,000 and can also waive interest in special cases.

³⁶See <https://akhuwat.org.pk/>.

³⁷See <https://www.tmf.org.pk/loan-products/>.

³⁸Pakistan Poverty Alleviation and Social Security Division registration is available from: <https://8171.pass.gov.pk/?AspxAutoDetectCookieSupport=1>. See also: <https://getinfopk.com/ehsaas-program-registration/>.

³⁹The Zakat Committees issue Zakat cards for beneficiaries to receive as little as Rs. 1,000/month, paid through semiannual withdrawals.

⁴⁰SEMDA's Women Entrepreneurs Program plans to undertake the following trainings to support women entrepreneurs in the coming years: Power of social media (Gmail, Facebook & Twitter); Effective planning for Product launch; Export markets & marketing (non-traditional products); Business plan development; Legal issues (Contract Management, Taxation, Company Registration); Export import documentation and financing schemes; and Small business management: Boutique & textile designing business.

⁴¹See <https://ztbl.com.pk/agri-loan/khawateen-rozgar-scheme/>.

GLOSSARY

Violence against women and girls (VAW/G):

The 1993 UN Declaration on the Elimination of Violence against Women defines violence against women and girls as, "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life" (Article 1). Violence against women and girls is understood to encompass, but not be limited to, the following:

- Physical, sexual, and psychological violence occurs in the family, including battering, sexual abuse of female children in the household, dowry-related violence, female genital mutilation, and other traditional practices harmful to women, non-spousal violence; and violence related to exploitation.
- Physical, sexual, and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in educational institutions, and elsewhere, trafficking in women; and forced sex work.
- Physical, sexual, and psychological violence perpetrated or condoned by the State, wherever it occurs (Article 2).

Violence against women and girls is understood as a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and systems run by men that prevent the full advancement of women.

Gender-based Violence:

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering; threats of such acts; coercion; and other deprivations of liberty. These acts can occur in public or private (2015 Inter-Agency Standing Committee Gender-based Violence Guidelines, pg. 5).

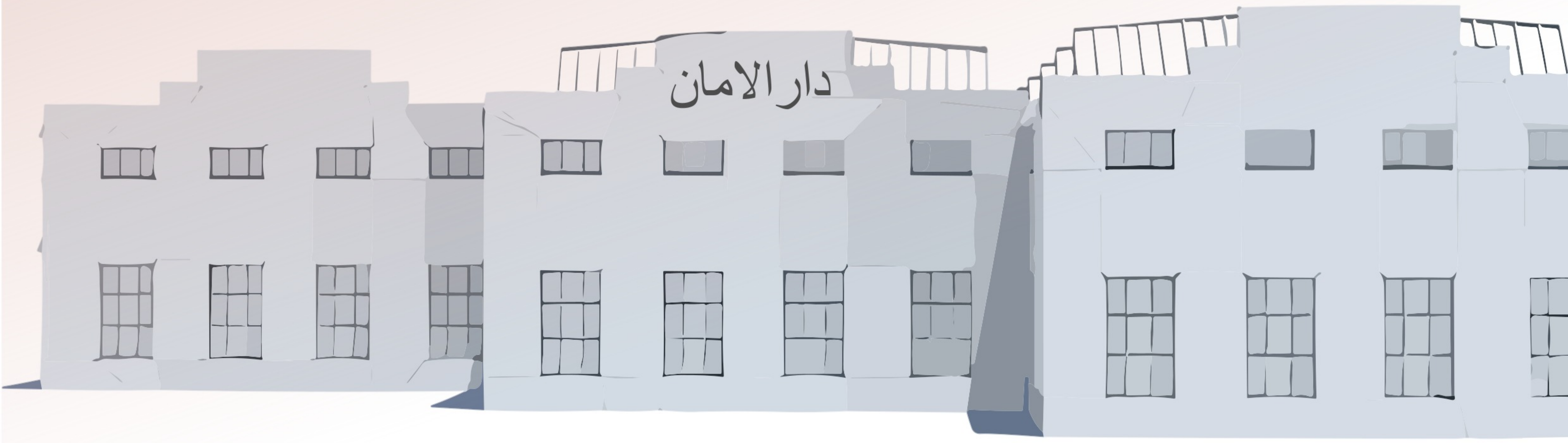
Child/Children:

For this policy, "child or children" refers to those girls under the age of 18 or those accompanying survivors of violence and taking residence at the shelter with their mothers.

Integration:

A three-part series of efforts that:

- Introduce survivors to themselves and the outside world with a new set of life skills and confidence,
- Build survivor acceptance within their communities (both as survivors and former shelter inhabitants), reuniting them with their families, and
- Prepare survivors (and their children/ dependents) for independent living, should reuniting with family be an unsafe or detrimental option.



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