

DISABILITY ACCESSIBILITY ASSESSMENT OF Government Gender-Based Violence Services



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ACRONYMS

BHU	Basic Health Unit
COC	Code of Conduct
CRPD	Convention on the Rights of Persons with Disabilities
DHQ	District Head Quarter
DG	Director General
ESP	Essential Services Package
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussion
FIA	Federal Investigation Agency
FIR	First Investigation Report
FPRCW	Family Protection and Rehabilitation Center for Women
GBV	Gender Based Violence
GAATES	The Global Alliance on Accessible Technologies and Environments
ICPD	International Conference on Population & Development
IEC	Information Education Communication
IRMNCH	Integrated Reproductive, Maternal, Neonatal and Child Health
ICT	Islamabad Capital Territory
IT	Information Technology
KII	Key In-depth Interviews
KP	Khyber Pakhtunkhwa

MH	Medical Superintendents
MLO	Medical Legal Officer
MoHR	Ministry of Human Rights
MS	Medical Superintendents
NADRA	National Database & Registration Authority
NCSW	National commission on status of women
OPDs	Organization of Persons with Disabilities
PCSW	Punjab Commission on status of women
PDHS	Pakistan Demographic and Health Survey
PECA	Pakistan Electronics Crime Act
PWDs	Persons with Disabilities
PWCA	Prevention of Electronic Crimes Act
SWD	Social Welfare Department
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
STEP	Special Talent Exchange Program
THQ	Tehsil Headquarter
UNFPA	United Nations Population Fund
UNCRPD	United Nation Convention on the Rights of Persons with Disabilities
WCAG	Web Content Accessibility Guidelines
WHO	World Health Organization

ACKNOWLEDGEMENTS

Individuals with disabilities, particularly in Pakistan, are among the most marginalized and excluded groups in society. They face a wide range of barriers, including social, economic, physical, and political obstacles that hinder their integration into mainstream society. These barriers encompass stigmatization, misconceptions about the capabilities and aspirations of persons with disabilities, and a lack of support for accessing services, including those related to gender-based violence (GBV). For women with disabilities, these barriers are even more pronounced. Moreover, disability work in Pakistan is characterized by fragmentation, and the prevailing development discourse lacks a strong understanding of a rights-based approach to addressing the needs of persons with disabilities. The majority of stakeholders tend to view disability issues through a charitable or social welfare lens, rather than fully embracing a developmental approach.

The United Nations Population Fund (UNFPA) and the Special Talent Exchange Program (STEP) have partnered with the Foreign, Commonwealth & Development Office (FCDO - UK Aid) to launch a targeted initiative to prevent and address gender-based violence against women and girls with disabilities. This initiative is being implemented in collaboration with relevant government departments in the provinces of Khyber Pakhtunkhwa-KP and Punjab, as well as in the Islamabad Capital Territory-ICT.

As part of the intervention supported by UNFPA and FCDO, STEP carried out a “Disability Accessibility Assessment of Government-run selected GBV Services” in KP, Punjab, and ICT.

STEP expresses its appreciation to the Ministry of Human Rights, Department of Health, and Social Welfare Departments, GBV Courts, and Home/Police Departments in KP, Punjab, and ICT for granting permission to assess the accessibility of GBV services for individuals with disabilities. We also extend our thanks to the management of these facilities for sharing their experiences and providing necessary information for the assessment. In addition, STEP acknowledges the valuable contribution of individuals with disabilities who volunteered and supported the assessment team in data collection. Furthermore, we are grateful to the National Commission on the Status of Women (NCSW) for their field observations and inputs in the process. Special thanks are due to the UK Aid-FCDO (Aawaz II Programme) for their support in enabling disability inclusion in evidence generation, policy advocacy, and capacity building related to GBV prevention and response. Lastly, we express our gratitude to the UNFPA country and regional team for their technical support in carrying out the accessibility assessment.

FORWARD



Disability inclusion is central to UNFPA; by ensuring the rights of People with Disability (PWD), we move closer to achieving the central promise of the ICPD, and consequently SDGs Agenda – to leave no one behind. UNFPA's strategy for the inclusion of PWDs entails evidence generation, policy advocacy, capacity development, and inclusive and inclusive communication to effectively cater to the distinct needs of women and girls with disabilities. Our commitment involves working closely with government entities and other stakeholders including organizations for PWDs to ensure that our programs are aligned with the needs of PWDs and promote inclusion and empowerment.

PWD in Pakistan comprise a key component of vulnerable groups. Therefore, the UNFPA Pakistan Country Office focuses on advancing inclusivity and promoting equitable access to GBV services for all women and girls, including PWD. This takes steady commitment coupled with systematic efforts informed by evidence, both the number and story of experiences of women and girls' survivors. The disability accessibility assessment of GBV services is one of the initiatives that offer crucial insights into the challenges encountered by women with disabilities in accessing GBV services such as health services, police protection, legal support, and social services including safe and appropriate accommodation. The report has also generated recommendations to improve service accessibility and quality.

The report highlights that numerous GBV services have either no or limited accessibility, emphasizing the critical need to implement specific measures. These include providing accessible entrances, designated parking spaces, and restrooms, as well as ensuring clear pathways for women with disabilities. Furthermore, it is essential to consider clear signage, tactile paving, and safety features such as functional fire alarms to prioritize the safety and mobility of all individuals.

At UNFPA, we recognize that establishing inclusive environments goes beyond physical accessibility. We are dedicated to making evidence, policies, and guidelines accessible to all. UNFPA believes in making all spaces safe and accessible and promoting inclusive and responsive attitudes toward persons with disabilities

UNFPA is steadfast in its commitment to ensuring that gender-based violence services are comprehensive, available, and accessible to all women and girls, including those with disabilities. The recommendations derived from this assessment will inform our strategies as we strive to eliminate barriers to access and foster an environment where every woman and girl, irrespective of their abilities, can access the necessary support, services, and justice.

For the realization of rights for persons especially women and girls with disabilities, partners such as government, UN agencies, CSOs, and organizations for PWDs should come together. By working together, we can guarantee that the perspectives of women and girls with disabilities are acknowledged, honored, and factored into the initiatives that will uphold their rights. Our collective pledge is to ensure that no one is left behind and to promote the rights and dignity of all women in Pakistan.

Dr. Luay Shabaneh,
Country Representative, UNFPA Pakistan

MESSAGE FROM THE CHAIRPERSON, NCSW



The true measure of a society is how it treats its most vulnerable. Women and girls with disabilities, often at the intersection of multiple forms of marginalization, remind us that equality cannot be achieved by mere words but through deliberate, inclusive actions. Their courage demands our focus; their resilience requires our commitment.

As the National Commission on the Status of Women (NCSW), we stand at a critical juncture, where our collective responsibility must expand to embrace the rights and dignity of all women, especially those who have been left in the shadows for far too long. This report, assessing the accessibility of gender-based violence services for women with disabilities, unveils the glaring gaps we must urgently address. These gaps are not just in our physical infrastructures or policies, but in our approach to justice, dignity, and humanity.

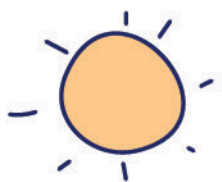
The road to inclusivity is not just paved with ramps or tactile signs; it must be built with empathy, rigorous accountability, and unwavering resolve. The findings reveal that more than half of the shelters assessed lack accessible toilets, a stark reminder of the basic dignity still denied to women with disabilities. Helplines, intended as lifelines, are digitally inaccessible to many, with no video or audio relay systems in place for individuals with hearing or speech impairments. This is a failure of design-of thought and care-that demands immediate redress.

Even our service providers, though dedicated, remain untrained in the unique needs of women with disabilities. Their efforts, however well-meaning, are limited by the absence of training that would allow them to understand the full spectrum of survivor needs. The referral systems, essential for supporting survivors, remain fragmented and inconsistent, leaving women with disabilities navigating a maze of uncoordinated care.

The way forward is clear. This report is more than a set of recommendations; it is a call to action. It demands that we improve physical accessibility, that we equip our service providers with the skills and understanding they need, and that we ensure women with disabilities are not mere recipients of services but are actively involved in their design and evaluation. Their voices must guide our decisions, their experiences must shape our policies.

At NCSW, we are committed to translating these findings into action. But this transformation requires more than just our efforts. It will take the collective will of our government, civil society, and our international partners to reshape our systems into ones that are not just responsive but transformative.

Together, we must ensure that every woman, regardless of her ability, walks into spaces of safety, justice, and support-knowing that she is seen, heard, and valued. This is not just our mandate; it is our moral imperative.



01

EXECUTIVE SUMMARY



1. EXECUTIVE SUMMARY

STEP, with support from UNFPA under the FCDO-UK Aid supported Aawaz II Programme, conducted a disability accessibility assessment of selected government Gender Based Violence (GBV) service providers in Islamabad Capital Territory (ICT), Khyber Pakhtunkhwa, and Punjab. The assessment covered health, police, judicial, and social sectors with the aim of analyzing the disability accessibility of essential public GBV services for persons with disabilities. This involved evaluating physical access, institutional policies, capacities, and communication systems. The assessment findings will be used to guide government departments in identifying areas requiring improvement to create more inclusive, survivor-centered services for women with disabilities.

The disability assessment utilized a comprehensive approach, incorporating Key In-depth Interviews (KIIs), Focus Group Discussions (FGDs), and on-site observation using a disability assessment checklist. The assessment covered five Dar-ul-Amans and Crisis Centers, three helplines, four hospitals, two police stations, and two GBV courts. Ethical principles such as informed consent, privacy, confidentiality, leaving no one behind, and the do no harm principle were strictly followed during the assessment. It's important to note that the assessment involved a limited sample of GBV service providers within the social, health, police, and justice sectors, so the findings may not fully represent the overall situation of disability accessibility, inclusion, and responsiveness across the entire country. Furthermore, the findings are restricted in providing insights into the needs of individuals with intellectual disabilities, necessitating detailed exploration in future assessments.

Analysis of disability inclusion and responsiveness has been conducted by examining the fundamental elements and typical features of high-quality essential services outlined in the United Nations Essential Services Package¹ document. The assessment focused on policies, training, workforce development, ethical considerations, coordination with other sectors, involvement of persons with disabilities in service design and evaluation, resource allocation, financing, and accessibility.

Research indicates that there are notable deficiencies in various aspects of addressing gender-based violence (GBV), including the coordination of GBV response and referral mechanisms, staff competencies in GBV data security protocols, communication, and resource allocation. These gaps need comprehensive improvements to effectively support all GBV survivors.

1 <https://www.unfpa.org/publications/unfpa-implementation-essential-services-package-women-and-girls-subject-violence>

Best practices by some of the services for addressing the needs of GBV survivors with disabilities include:

- Incorporating the needs of survivors with disabilities in the mainstream GBV training by MoHR.
- Developing partnership with the Department of Special Education, and Social Welfare by GBV courts, social services, and the health department, in case an interpreter or any other assistance is required while supporting the women and girl survivors with disabilities.
- Providing transportation facilities to the survivors in hospitals, which can be extremely useful for survivors with disabilities to access services.
- Accommodating persons with disabilities by shifting courts to the ground floor of the buildings if required for a wheelchair user.
- Making recommendations to the provincial KP department for constructing a disability-friendly shelter home as a result of insight gained by the shelter manager post-training on the needs of survivors with disabilities.

The current policies and capacities are insufficient to ensure effective delivery of services to survivors of gender-based violence (GBV) with disabilities. Most health, social, police, and justice services lack inclusive policies, procedures, and guidelines for survivors with disabilities. They either have limited mention of the special needs of these survivors or lack operational mechanisms to accommodate their varying disabilities. Additionally, there is a lack of policy-level guidelines for human and financial resource allocations to meet the needs of survivors with disabilities, such as adequate staff training on disability inclusion and allocation of funds to accommodate special needs for transportation and shelter.

The physical infrastructure of these facilities is also not fully accessible for persons with disabilities, as parking areas, entrances, waiting areas, counters, rooms, halls, and toilets inside the building premises do not meet accessibility standards for people with disabilities.

The helpline systems run by the Social Welfare and Women Development departments are partially accessible and require major integrations such as video and audio relay systems, automated message service, and upgraded data management systems to reduce security risks. Furthermore, websites and mobile applications lack sufficient features and need to be upgraded with the latest digital accessibility standards. Staff also lack the required knowledge and capacities of digital data privacy and safeguards, protocols, and accessibility standards.

There is a lack of inclusion of persons and organizations working with disabilities in the design, implementation, and assessment of these services. Additionally, there is no formal system for taking feedback from these individuals and organizations.

Coordination between services is essential for providing an efficient services package for survivors of GBV, including women and girls with disabilities. Though some formal and informal referral mechanisms exist, such as the development of a directory of GBV service providers and coordination and referral mechanisms in GBV courts and hospitals in Lahore - Punjab, these systems are not well-coordinated. There is also a lack of clarity regarding the scope and mandate of the services, and challenges arise when referred services are unable to fully meet the needs of survivors or do not respond effectively.

Some of the overall recommendations common to all the services are as follows:

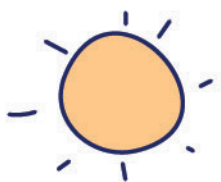
- **Constitute a disability board to incorporate disability lens in GBV service-related policies and guidelines for women and girls** under which the shelters, crisis centers, helplines, hospitals, police and GBV courts operate. A specialized disability board can be established in collaboration with the Social Welfare and Special Education Department to uphold disability-friendly policies and practices. Enhancing outreach and accessibility for women and girls with various disabilities, securing their involvement in the design, execution, and assessment of services, and implementing ethical safety measures should be integral to the updated policy.
- **Improve physical accessibility of the GBV services** through different measures such as reserved parking areas, tactile paving of contrasting colors, accessible entrances, accessible pathways, steps/stairs and toilets, and ramps and wheelchairs near the entrances. It is important to allocate space for private communication, wheelchair maneuverability, and accommodation for interpreters and support persons. Additionally, providing information in easy-to-read, large-print format, and offering sign language interpretation are essential considerations. Including disability accessibility in the annual audits of various services would also be beneficial.
- **Develop disability-friendly communication material:** Ensuring that communication materials and information are accessible in alternative formats, including braille, large-print, easy-to-read formats, as well as audio and video tapes with sign language translation. It would be beneficial to have staff members trained in sign language and knowledgeable about the needs of individuals with disabilities. Additionally, for survivors with intellectual disabilities and limited functioning, communication and outreach efforts should involve engagement with female caregivers such as mothers and siblings.
- **Involve persons with disabilities in the design, implementation and assessment of services:** The meaningful involvement of women and girls with diverse disabilities, from various socio-economic, religious, and caste backgrounds, can provide valuable insights into the wide-ranging challenges and requirements of this demographic. This can lead to a more comprehensive understanding of ethical concerns and issues such as informed consent, privacy, and confidentiality that women and girls with disabilities may encounter, allowing for better integration of these considerations into operational protocols.
- **Allocate human and financial resources for disability inclusion and responsiveness** after consultation with women and girls with disabilities. These may be for travel, physical and cognitive accommodations, and special medical needs.
- **Invest in staff sensitivity training and capacity building and integrate disability in standard GBV trainings** To ensure comprehensive support for GBV survivors with different disabilities, it is vital to integrate relevant content into the training modules and curriculum for service providers. The level of specialization in the training should align with the specific roles of the service providers dealing with GBV cases. For instance, health staff should be knowledgeable about associated medical complications, while social service providers should be aware of the level of dependence and required assistance for individuals with disabilities when referring them to shelters or other services. Topics to be covered include debunking myths and misconceptions about disabilities, addressing attitudes towards women and girls with disabilities, utilizing rights-based approaches, maintaining privacy and

confidentiality, obtaining informed consent despite dependence, understanding vulnerabilities of women and girls with disabilities in the aftermath of GBV, developing basic communication skills, and familiarizing with laws applicable to persons with disabilities.

- **Ensure interpreters and support services are trained on survivor centered approaches to working with GBV survivors** before supporting the case management process. The staff of special education departments that provide interpreters when dealing with PWDs, currently, may not have the required training.
- **Improve coordination among essential services for survivors of gender-based violence** for their protection and rehabilitation, including medico-legal services, police, helplines, and shelter homes in general as well as to cater to the special needs of survivors with disabilities. A multi-sectoral referral pathway that facilitates coordinated response by all actors and service providers is needed. It is recommended that the services providers develop a joint plan of action that outlines the responsibilities of each of the services in dealing with the GBV cases, allocates resources and lays out the steps that would need to be taken along with timelines. It is also recommended that service providers designate trained persons for coordination and follow-up of referrals. Regularly updating the referral lists and sharing information should also be part of the coordinated response. The information sharing mechanisms should be such that the ethics are maintained, confidentiality of the survivor is upheld, and there is sufficient documentation so that the survivor is not required to report the incident repeatedly to each service provider that she is referred to. Standardized data and management systems for information sharing, systems for staff's stress management, and accountability of service provision should also be considered a part of the coordination mechanism. A memorandum of understanding (MOU) can also be signed among the partners to formalize the coordination mechanism.
- **Explore partnership with organizations of persons with disabilities** to improve the services at various levels, starting from policy to staff capacity building, and to coordination and feedback for improvement of services.

Some sector-specific recommendations include:

- **Review the helpline callback protocol for survivors' safety (Social Sector):** It is important to note that certain helplines, such as the MoHR helpline, have the capability to log calls received during non-operating hours and return these calls later to investigate the purpose of the initial contact. While this approach may seem effective, it is crucial to consider that in the context of gender-based violence (GBV), both international and local best practices suggest that this method may potentially jeopardize the safety of women or girls experiencing violence.
- **Improve the digital services, helpline technology, mobile application and website (Social Sector):** It is advisable for helplines to update their data logging portal and online forms to categorize complaints related to gender-based violence (GBV) and persons with disabilities. They should use appropriate terminology for persons with disabilities and maintain cloud-based databases to enhance digital data privacy. Additionally, helplines should implement security measures to minimize the risk of data breaches, strengthen their management capacities for data protection and security protocols, and develop preventive guidelines and toolkits for data privacy in alternative formats for persons with disabilities. To increase accessibility for persons with hearing, speech, and visual impairments, helpline support systems should be updated with video and audio relay, and an official WhatsApp account should be created to facilitate communication for persons with hearing and speech impairments.



02

ABOUT STEP

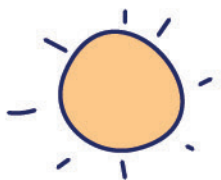


2. ABOUT STEP

The Special Talent Exchange Program (STEP) is a non-governmental, non-profit organization that was established in 1997. It has a consultative status with the United Nations Economic and Social Council. STEP focuses on advancing the well-being and human rights of persons with disabilities in Pakistan. The organization invests in capacity strengthening, evidence generation, awareness raising, policy advocacy, and fostering networks to influence laws, policies, and practices at local, national, regional, and international levels.

STEP engages in advocacy efforts to promote the integration of the UN Convention on the Rights of Persons with Disabilities into the work of various organizations. It also provides support to both governmental and non-governmental entities in their efforts to advocate for disability rights across different sectors such as health, education, employment, humanitarian response, electoral reforms, research, data analysis, and public-private partnerships.

STEP focuses on empowering women with disabilities in Pakistan to leverage legal mechanisms for achieving equality. The organization recognizes that sustainable progress in the human rights of women with disabilities is possible through the presence of independent movements and conducive operational environments. STEP also works on enhancing the technical capabilities of organizations representing persons with disabilities (OPDs) to provide awareness programs on gender-based violence (GBV), information about available services, as well as offering psychosocial support and facilitating referrals to GBV services for women survivors with disabilities.



03

BACKGROUND



3. BACKGROUND

3.1 Persons with Disabilities

Individuals with disabilities encompass 'those who have enduring physical, mental, intellectual, or sensory impairments that, in conjunction with various obstacles, may impede their complete and active engagement in society on an equitable basis with others.'²

According to the World Health Organization (WHO)³, according to the 2011 World Report on Disability by the WHO and World Bank, approximately 1.3 billion people, which accounts for 16% of the global population, live with significant disabilities. The report also estimates that 19.2% of females worldwide have disabilities. Additionally, around 80% of individuals with disabilities are located in underdeveloped countries⁴.

An online⁵ search of disability-related data from Pakistan shows that the data is either outdated or does not cover the population with disabilities in its entirety. As a result, the number of persons with disabilities is understated in Pakistan and might be high if reported properly. The 2017 census identified 913,667 persons with disabilities out of which 61.8% are male, 37.7% are female, and 0.004% transgender⁶. According to the latest Pakistan Demographic and Health Survey (PDHS) 2017-2018, 13% of household

members aged 5 years or above have some level of difficulty in at least one functional domain⁷, while 6% have a lot of difficulty or cannot function at all in at least one domain. 15% percent of the women and 12% of men aged 15 years or above reported experiencing difficulty in seeing and 15% of women and 11% of men in walking and climbing steps. According to the NADRA database⁸, as of February 2021 record, among those registered with NADRA, there are 371,833 persons with disabilities with 79.3% categorized as 'physical disability', 8.6% as 'mentally retarded', 6.8% as 'deaf and dumb' and 5.3% as 'blind'.

Persons with disabilities experience discrimination in access to information, services, and opportunities related to education, health, employment, and political participation. Limited or no mention of PWDs in the laws, a poor health system, physical risk factors, health inequities, and stigma and discrimination contribute to persons with disabilities being twice the risk of developing diabetes, poor oral health, stroke, asthma, and depression⁹.

WHO's Global Report on Health Equity for Persons with Disabilities (2022) highlights the factors that impact to varying degrees, the experiences,

2 As explained in the UN Convention on the Rights of Persons with Disabilities (CRPD)

3 Disability Fact Sheet, WHO, retrieved on May 2, 2023

4 Factsheet on Persons with Disabilities, United Nations, retrieved on May 2, 2023

5 Various sites re. disabilities in Pakistan

6 <https://www.pbs.gov.pk/sites/default/files/population/2017/tables/pakistan/Table17n.pdf>

7 Functional domains include seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing.

8 Pakistan Bureau of Statistics, NADRA database. Retrieved from https://www.pbs.gov.pk/sites/default/files/disability/disability_data_28252021.pdf

9 Disability Fact Sheet, retrieved in May, 2023, <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

disadvantages, and challenges faced by persons with disabilities. It states that while disability puts the persons at a disadvantage, their experiences as well as participation in various spheres of life is affected by factors such as age, sex, socioeconomic status, ethnic, religious, gender and sexual identity. It furthermore notes that access to healthcare

is reduced for persons living in remote and rural areas, while higher income status helps address limitations and participation restrictions. However, there is evidence that women, children and older people with disabilities experience discrimination, increased forms of violence, and limited access to health care¹⁰.

3.2 International and National Commitments

In 2006, the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, which specifically addresses the rights to participation, equality, and non-discrimination for individuals with disabilities, with a particular emphasis on women and children. Building on the International Conference on Population and Development (ICPD) in 1994, the ICPD Programme of Action in 2019 calls upon governments to prioritize the sexual and reproductive health needs of persons with disabilities and to implement measures to eliminate discrimination in accessing reproductive services.¹¹ The Sustainable Development Goals (SDGs) have integrated disability as a cross-cutting issue in its 2030 agenda, particularly in the domains of education, economic growth and employment, inequality, and accessibility of human settlements, as well as in the collection and monitoring of SDG-related data. Despite the existence of these conventions and action programs, individuals with disabilities persistently encounter obstacles and discrimination.

Pakistan ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2008. Despite this, there has been limited progress in ensuring the full participation and equal rights of individuals with disabilities, as well as preventing discrimination across different spheres of life.¹² The necessary policy, legal, and institutional measures to uphold these rights are currently either deficient or inadequately enforced¹³. A National Policy for PWDs¹⁴ was introduced in 2002 for ensuring access to facilities, rehabilitation, socio-economic opportunities, adequate legislations, and enforcement, and eliminating discrimination. A National Plan of Action for PWDs was also introduced in 2006. Post 18th Amendment of the Constitution of Pakistan in 2010, provinces were given the autonomy to make their respective legislative amendments related to persons with disabilities. However, the progress remains slow.

10 Global report on health equity for persons with disabilities, World Health Organization, 2022

11 Technical Brief, Disability inclusion in UNFPA Programmes: Making it a reality, UNFPA, 2023

12 Human Rights Commission of Pakistan, Press Note, December 5, 2017

13 Some policies and measures introduced by GOP include the Disabled Persons (Employment and Rehabilitation) Ordinance, 1981; National Policy for Persons with Disabilities (2002); National Plan of Action for Persons with Disabilities, 2006; Special Citizens Act, 2008; Special Citizens (Right to Concessions in Movement) Act, 2009; Duty Free Import of Car; Banking services; Trade Policy, 2009-10, Ministry for Commerce, Government of Pakistan.

14 <https://dgse.gov.pk/SiteImage/Downloads/National%20Policy%20for%20Persons%20with%20Disability.pdf>

3.3 Vulnerability to Gender-Based Violence

Gender-based violence (GBV) is the term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between males and females¹⁵. It is also recognized that due to power dynamics, women and girls are more vulnerable to acts of gender-based violence.

The issue of GBV against women exists in almost all settings and cultures. According to the World Health Organization (WHO)¹⁶, globally, 1 in 3 women (around 736 million) are subjected to physical or sexual violence by an intimate partner or a non-partner.

According to the Pakistan Demographic and Health Survey (PDHS 2017-2018), 34% of women aged 15-49 years have reported experiencing physical or sexual violence. Additionally, 7% of women who have been pregnant have experienced violence during their pregnancy. The survey also highlights low help-seeking behavior, with 56% of women who have experienced physical or sexual violence not seeking any assistance or disclosing the abuse to anyone.

There is evidence from across the globe that 'persons with disabilities have a 1.5 times greater risk of violence than those without disabilities, and the risk is even higher among those with intellectual and psychosocial disabilities'¹⁷. A study found that there is a two to four times higher likelihood of women with disabilities experiencing intimate partner violence¹⁸. In another study by Dodd, Tricia, et al. (2004), it was found that persons with disabilities are at a greater risk of experiencing violence or rape, and less likely to get access to police, and legal services or preventive care¹⁹. Those experiencing violations also often lack access to services including the justice system, which results in further perpetuation of violence due to lack of accountability. The humanitarian and emergency settings add a further layer of complication in access to GBV services for women and girls with disabilities.²⁰ Besides issues of access, the service providers lack the skills, attitude and information needed to deal with the needs of women and young persons with disabilities, and as result, may even fail to identify those who are experiencing GBV and are in need of services and support.²¹

3.4 GBV Services for Women and Girls

The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence²² launched the Essential Services Package

in 2015, with the aim to improve access for all women and girls who are survivors of GBV through a coordinated set of essential and quality multi-

15 Inter-Agency Standing Committee (IASC), Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action

16 World Health Organization article, retrieved from <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>

17 As cited in Disability Inclusion in Gender-Based Violence Programming, *Programming practices and innovative approaches from UNFPA Asia and Pacific country offices*, UNFPA, APRO 2023

18 ibid

19 as cited in Factsheet on Persons with Disabilities, United Nations, retrieved on May 2, 2023

20 as cited in Women and Young Persons with Disabilities, Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights, UNFPA, 2018

21 ibid

22 a partnership by UN Women, UNFPA, WHO, UNDP and UNODC

sectoral services, particularly for low- and middle-income countries. The package outlines the essentials services to be provided to survivors/victims of violence that include health services (e.g. first line support, mental health care, sexual assault examination and care), social services (e.g. crisis counselling, helplines, legal and rights information), police and the justice system (e.g. investigation, justice sector coordination, legal implications for the perpetrator) and provides guidelines both for core delivery, and for the coordination between services and processes. It is noted that women and girls with disabilities often do not have access to many of these essential services. As such, in 2023, UNFPA's Asia and the Pacific Regional Office launched the GBV and Disability Inclusion Assessment Tool which is aligned with the Essential Service Package and supports service providers to track how their service is meeting standards on access and inclusion of women and girls with disabilities.²³

The government social services for GBV survivors in Pakistan essentially comprise of shelters called Dar-ul-Aman ('abode of peace') and Crisis Centers and Helplines. The shelters offer women going through difficult circumstances free stay for up to three months, which may be extended. The crisis centers provide support in emergencies where women can be housed for two to three days and later moved to the shelters. These are intended to be functional 24/7.²⁴ In Punjab, Dar-ul-Amans are available in all the 36 districts and accommodate roughly 20-50 residents at a time. In KP, there are 6 Dar-ul-Amans/ located in Peshawar, Swat, Mardan, Abbottabad, Haripur and Mansehra districts. Services provided by these Dar-ul-Amans include protection and institutional care for all residents including free boarding and lodging facilities, and all other necessities of life; link with free legal

and medical aid; healthcare and psychological support such as counseling sessions; recreational and vocational training; and basic education for children of the residents. Under the MoHR, a Family Protection and Rehabilitation Center for Women (FPRCW) is operated in the ICT which provides medical, legal, and shelter services for survivors of GBV. Additionally, the center offers individual counseling sessions to survivors.

Helplines have been established for women and girls at the provincial level as a strategy to increase women's access to information and support related to medical, legal and police matters. Some of these helplines include the Bolo Helpline 1097 (by the Social Welfare Department, KP), Women Helpline 1094 (Women Development Department, Sindh), Violence Against Women Center Helpline 1737 (Punjab Women Protection Authority), Punjab Women Helpline 1043 (Punjab Commission on the Status of Women), Pukaar 15 (Punjab Safe City Authority), Helpline 1089 (Women Development Department, Sindh) and 1099 Helpline (The Ministry of Human Rights). MOHR helpline provides nationwide services, while Bolo and PCSW helplines provide services in KP and Punjab respectively to address the needs of women in distress including survivors of GBV. Key services provided to GBV survivors include: psychosocial support; crisis intervention; reporting and complaint management; awareness and information; referrals to other GBV services; legal advice related to harassment, domestic violence, property dispute, etc. The provincial helplines operate 24/7 while the MOHR helpline is functional from 9am to 5pm, weekdays only. Records of the calls received during off times are available for the counselors to call back during working days/ hours. While these are a great bridge for access to in-person services, not many women in rural areas

23 https://asiapacific.unfpa.org/sites/default/files/pub-pdf/unfpa_assessment_tool_gbv_disability_inclusion.pdf

24 Gap analysis of service providers for Gender Based Violence in Punjab and Sindh, Oxfam & Legal Aid Society, 2020.

may have independent access to mobile phones to call the helplines, and the helplines may not be as widely advertised, and thus women may not easily remember where to call in case of a crisis situation.²⁵

Health sector is a first-line response in GBV cases, and its role is also recognized and mentioned in Pakistan's health policies and mandate given to the health department. GBV has a long-lasting impact on wellbeing of survivors including their mental, physical and reproductive health, and may result in severe and chronic physical injuries, disabilities, mental health problems, risk of subsequent victimization, unwanted pregnancies, obstetric complications, and STIs including HIV/AIDS.

Health departments have equipped health services with facilities such as first aid, specialized testing facilities including forensics, and HIV AIDS testing. As part of an Integrated System, health departments have introduced a Social Welfare Office in Punjab, and Police Khidmat Counters in District Headquarters Hospitals (DHQs) for medico-legal services which include those who face GBV. Medico-Legal Officers (MLOs) in KP and Punjab posted in local hospitals are mainly responsible to carry out investigations in criminal cases and ensure dispensation of justice.

Police plays an important role in the management of GBV cases especially in ensuring that the survivors get the required access to the justice. However, problems exist with registration of FIRs, lack of implementation of proper procedures in collection of evidence, absence of DNA tests, doubts among police officers regarding the survivor's version, forced confessions that are later inadmissible in the court of law.²⁶ A GBV crime cell has been

established in Punjab to provide immediate assistance and support to female survivors of violence such as rape, domestic violence, acid attacks, and honor based killing. The role of the gender-based crime cell is to ensure safety and protection of the survivor and support in bringing the perpetrators to justice. This specialized police unit also links survivors (women and children) with psychological, legal and medical services through referrals.

The Government of KP, in collaboration with private partners, has established seven model police stations – three in Peshawar and others in Nowshera, Mardan, Swabi, and Charsadda. 'Women's help desks have been established at the model police stations, which provide assistance and protection specifically to women. Police officers posted in these stations handle all cases filed by women so that their concerns can be taken seriously. They are also responsible for referring certain cases to specialized psychologists, ensuring effective service provision and data collection on crimes against women.

According to the Asian Development Bank report²⁷ 'Court Companion on Gender-Based Violence cases in Pakistan', women and girls in Pakistan face multiple challenges in an effort to seek justice in rape and GBV cases. The survivors of rape and GBV face social pressure, constant intimidation by the accused, and inappropriate questioning by defense counsel at trial. These factors along with the social stigma and shame attached to these crimes force the survivors to compromise. Moreover, the conventional courts lack the required capacities, environment, and safety and security measures to provide speedy justice, which results in a low conviction rate in Pakistan. A study conducted

25 Ibid

26 Gap analysis of service providers for Gender Based Violence in Punjab and Sindh, Oxfam & Legal Aid Society, 2020.

27 Retrieved from <https://www.adb.org/sites/default/files/publication/735941/court-companion-gender-based-violence-cases.pdf>

in 2016 and quoted in this report shows less than 4.25% conviction rate (excluding withdrawal cases) in Pakistan. In 2019, the Chief Justice of the Supreme Court and the National Judicial Committee directed the setting up of GBV courts in each of Pakistan's 116 districts. The efficacy of the judicial proceedings significantly improved one year after

these courts became functional as the conviction rate for rape cases in the specialized courts rose to 16.5%.²⁸ The first Model GBV Court was set up in Lahore in October 2017, in accordance with the guidelines issued by the Lahore High Court to follow in cases of GBV

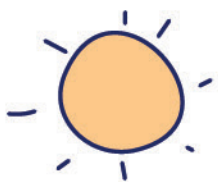
3.5 About the Assessment

The accessibility assessment is a joint initiative of STEP and UNFPA conducted through FCDO supported Aawaz-II programme of UNFPA.

The assessment aims to evaluate the accessibility of critical government services related to gender-based violence (GBV) in Islamabad Capital Territory (ICT), Khyber Pakhtunkhwa, and Punjab from the perspective of disability. The goal is to gather evidence that can help relevant government departments and entities in incorporating the needs and issues of individuals with disabilities, especially women and girls. The findings of the assessment will enable government institutions to make well-informed decisions and formulate strategies for providing services that are sensitive to both gender and disability. The assessment focuses on key GBV services such as health, police, courts, shelter homes, and helplines, aligning with essential service packages. The primary objectives of the assessment are as follows:

- To analyze the physical accessibility of essential public GBV services for persons with disabilities in ICT, KP and Punjab and generate recommendations to enhance persons with disabilities' accessibility, inclusivity, and equitable access to GBV support services.
- To assess institutional policies, capacities and communication systems of key public institutions/services established to address GBV against women with disabilities.
- To assess the accessibility of digital services of public helplines – GBV helpline system, application, and website – from a disability perspective.
- To generate recommendations to inform government's decisions to identify specific areas that need improvement and can lead to more survivors-centered services for women with disabilities.

28 Ibid



04

METHODOLOGY



4. METHODOLOGY

The disability assessment was conducted through a multi-pronged approach including Key In-depth Interviews (KIIs), Focus Group Discussions (FGDs), and observation of the in-person services using a disability assessment checklist. The assessment was carried out with the selected government service

providers²⁹ based in the ICT and the province of Punjab and KP. The selected services included five Dar-ul-Amans and Crisis Centres, three helplines, four hospitals, two police stations, and two GBV courts.

4.1 Disability Assessment Checklists

An assessment tool/checklist³⁰ was developed for the purpose of this assessment. The assessment tool was informed by UNFPA's accessibility assessment tools³¹ and STEP's prior knowledge and expertise in undertaking physical accessibility assessments. The assessment tool was adapted to focus on the key aspects of the "Essential Service Package (ESP) for GBV services". STEP is the country representative of the Global Alliance on Accessible Technologies and Environments (GAATES) and is a certified auditor for disability accessibility audits in Pakistan.

The accessibility assessment tool has four areas of review: Physical accessibility, Policies, Capabilities, and Communication. The KIIs and FGDs were conducted using this checklist.

The Digital Accessibility of Helplines Checklist was

purpose-designed and consists of two sections i.e. General information and Assessing barriers in accessing websites, applications, and helplines. This checklist was specifically used for the KIIs and FGDs associated with the helplines only.

A Physical Accessibility Checklist was employed to observe and assess the physical design and layout of the in-person GBV services in the context of its responsiveness and sensitivity to the needs of persons with disabilities. The five sections of the checklist include observations related to 'Outside the building'; 'Reception and waiting area'; 'Rooms and halls'; 'Accessible toilets'; and 'Moving around inside the building/premises'. Each of these sections has a list of items that the observers noted down and later categorized the findings on these five sections as not accessible = NA, partially accessible = PA, and Accessible = AC, based on the number of amenities and items available

29 Attached as Annexure 4

30 Attached as Annexure 1, 2 and 3

31 Tool developed by Violence Against Women with Disabilities Project at the Wisconsin Coalition for Advocacy and the ADA Information Line at the U.S. Department of Justice.

4.2 Key In-depth Interviews, Focus Group Discussions and Accessibility Observations

Sixteen KIIs and two FGDs were conducted³² using the checklists developed for the purpose of this assessment. All interviews and data were collected from government officials and GBV case workers/ service providers through meetings in the premises of GBV services such as hospitals, police stations, GBV courts, shelter homes and GBV helplines.

Assessment of websites and mobile applications was conducted through remote access. Thirteen GBV facilities were also physically visited, assessed, and rated using the Physical Accessibility Checklist. The table (Table 1. Data Collection and GBV public service providers) below provides the detailed province and service wise breakup:

(Table 1. Data Collection and GBV public service providers) below provides the detailed province and service wise breakup:

Table 1. Data collection and GVB public service providers in Islamabad, KP and Punjab

Category	GBV service providers	ICT	KP	Punjab	KIIs	FGDs	Physical Assessment
Health	Health- hospitals		2	2	4		4
Police and justice	Police Stations		1	1	1	1	2
	GBV Court		1	1	2		2
Social Services	Dar-ul-Aman and Crisis Center	1	1	3	5		5
	Helplines	1	1	1	4	1	

4.3 Data Collection, Analysis and Report Writing.

The assessment team comprised five members with expertise in gender-based violence (GBV), psychosocial support, women's mental health, technology assistance for people with disabilities, monitoring, evaluation, and research. Prior to the assessment, the team underwent a one-day training and a series of meetings to familiarize themselves with the assessment tools. Whenever possible, STEP team members with disabilities accompanied the assessment team to ensure their active participation. During the orientation, the team members were acquainted with the assessment tools to ensure a thorough understanding of the

questions. They also received comprehensive training on key ethical considerations related to data collection, with a focus on informed consent, privacy, confidentiality, the principle of leaving no one behind, and the do no harm principle.

The data collected from multiple sources was analyzed to identify key themes based on the fundamental principles and common characteristics of the ESP. Triangulation of data from different sources was also conducted to validate the information.

32 Attached as Annexure 4

4.4 Ethical Considerations

Permission and participation for KIs and FGDs was ensured from the relevant departments in writing³³, and data collection with service providers was scheduled in a way that neither interrupted GBV services to survivors, nor impacted the privacy and confidentiality of service provision. The data collection and assessment process did not involve or engage with the survivor(s) of violence and measures were taken to ensure “DO NO HARM” to anyone during the entire assessment/exercise. Informed consent (verbal) was sought from all respondents of KIs and FGDs. The assessment team avoided taking pictures of specific locations, particularly in Dar-ul-Aman and other sensitive locations where survivors’ presence³⁴ was expected. The purpose of the assessment was explained in detail and respondents were informed that their

participation was voluntary, and that they could withdraw at any point without giving any reason(s).

The assessment team comprised an equal representation of men and women, including individuals with disabilities, making up 50% of the team. The decision to include people with disabilities was driven by the goal of adopting a more inclusive approach to the assessment process. Leveraging the firsthand experiences of team members with disabilities allowed for a more accurate evaluation of the accessibility of the facilities according to the parameters outlined in the study. It’s worth noting that no male team members visited shelter homes exclusively designed for women survivors.

4.5 Limitations of the Assessment

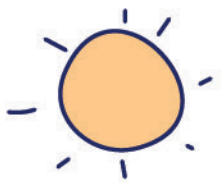
The assessment was limited to a sample of GBV service providers within the social, health, police, and justice sectors. It’s important to recognize that the findings may not fully represent the overall situation of disability accessibility, inclusion, and responsiveness across all provinces and the entire country. When interpreting and applying the results to a broader national context, the sample size and scope of the assessment should be considered. The assessment primarily focused on the potential needs and accessibility issues of individuals using wheelchairs, as well as those with hearing and visual impairments. Consequently, the findings offer limited insight into the needs of individuals with intellectual disabilities, which will require detailed exploration in future assessments.

The assessment methodology did not include the perspectives of gender-based violence (GBV) survivors and women with disabilities. Instead, it primarily focused on the viewpoints of service providers and observations made by the assessment team and members.

The evaluation of digital accessibility was limited to helpline services and did not encompass the technological accommodations provided by in-person services. The ICT assessment focused specifically on the helpline and shelter home services supported by the Ministry of Human Rights, without conducting a comprehensive comparison of services between ICT and the other two provinces.

33 Records available with STEP

34 The data collected team neither interacted nor collected any information from the survivors



05

FINDINGS



5. FINDINGS

Disability inclusion and responsiveness has been analyzed separately for the GBV services related to social services, health, police, and justice. Within each of these services, some of the foundational elements and common characteristics of quality essential services as identified in the Essential Services Package document³⁵ have been focused on. These include.

- Policies and Practices
- Training and Workforce development/organizational capacity
- Ethical Considerations

- Linkages with other sectors through referral and coordination
- Communication and participation of persons with disabilities in design, implementation, and assessment of services
- Resources and financing
- Accessibility

The findings have not been compared provincially. However, any unique challenges or practices noted in any of the provinces have been mentioned within the findings of these three services.

5.1 Social Services (Dar-ul-Amans, Crisis Centres and Helplines)

Five shelter/crisis center services and three helplines in ICT and KP and Punjab provinces were assessed as part of the essential social services for GBV survivors. The shelter/crisis services included two Dar-ul-Amans and one women crisis center in Punjab, one Dar-ul-Aman in KP and the Family

Protection and Rehabilitation Center for Women (FPRCW) in ICT. The three helplines assessed include the MoHR Helpline (1099) in ICT, BOLO helpline (0800-22227) in KP and PCSW Helpline (1043) in Punjab.

5.1.1 Policies and Practices

The operations of all the five selected and assessed shelter facilities are guided by written policies and procedures³⁶ that specify how to protect survivors. Standards and code of conduct for staff in their dealing with the residents, especially GBV survivors have also been developed. These policies,

guidelines and codes do not include any mention of how to respond to the special needs of survivors with disabilities.

The mandate³⁷ of all three helplines includes

35 Refer to the document, 'Essential Services Package for Women and Girls Subject to Violence, 2015, UN Women, UNFPA, WHO, UNDP & UNODC'

36 For example, the Women Empowerment Policy, Khyber Pakhtunkhwa, 2017, Zakat Ushr, Social Welfare, Special Education and Women Empowerment Department, Khyber Pakhtunkhwa; Guidelines for the Dar-ul-Amans in Punjab, 2015, Social Welfare and Baitul Maal Department, Punjab.

37 As mentioned on their websites i.e. https://swkpk.gov.pk/?avada_portfolio=blue-concrete-house__trashed

service provision to the survivors of GBV and persons with disabilities. This is also clearly stated on the website of the Bolo helpline. According to the staff, while they are aware of the helplines' mandate, the policies do not provide any details

of the special needs and concerns of the persons with disabilities in the context of GBV. The staff is aware of the standard operating procedures regarding confidentiality, data management and dealing with the GBV survivors.

5.1.2 Training and Workforce Development/Organizational Capacity

The staff of the shelters were aware of the laws related to GBV, and how to refer survivors to courts and other relevant government departments for further proceedings, but they did not have any specific knowledge of either the rights of the persons with disabilities or existence of any laws related to their rights.

The staff of the shelters is provided with opportunities to participate in numerous trainings, including ones on GBV, psychological support for Dar-ul-Aman residents, health-related issues, informed consent, and the standard operating procedures. The duration of the training ranges from one to three days. Permanent staff members are given preference to attend such training. The staff met during the assessment had not attended any training on responding to the special needs of survivors with disabilities. The information on handling GBV survivors with disabilities is lacking in the SOPs of the Dar-ul-Amans.

Each helpline has hired technical as well as legal staff, who are informed about the laws related to GBV (harassment issues, domestic violence, women's rights, etc.) of their respective provinces. For example, PCSWs helpline has trained their

staff on provincial laws related to harassment/ violence and Prevention of Electronic Crimes Act (PECA), 2016, and Bolo helpline has trained their staff on KP Domestic Violence against Women (Prevention and Protection) Act, 2021. MoHR helpline has trained their legal counselors on both the federal and provincial women related laws. The staff (counselors) are responsible to provide legal advice and/or refer to the relevant department as per the survivors' need and legal requirements. The helplines' staff has also signed a code of conduct regarding protection and harassment issues.

Only the MoHR helpline staff has been trained on the needs of persons with disabilities. Currently, the other helplines lack trained staff. Even the ones who have received the training are not at a level of specialization that can enable them to provide effective services to persons with disabilities including hearing, speech, and visual impairment. They also lack knowledge and capacity to operate systems that can aid the access of persons with disabilities to these services. The management of the helplines highlighted this as a gap and shared the need for GBV trainings that include a component on disability.

5.1.3 Safety and confidentiality

Some of the shelter homes such as the Darul Aman of Peshawar and Lahore lack the required space to ensure privacy and confidentiality during interactions with survivors in general. There are, however, some services that provide survivors with adequate privacy and comfort.

General safety and security measures are taken for the residents of the shelters. Informed consent is also obtained from the residents at the initial stages of case management. No special adjustments for informed consent³⁸ were mentioned for survivors with disabilities.

The helplines utilize digital data management systems that adhere to strict guidelines to maintain data confidentiality. These systems are password-protected, and only authorized individuals with assigned IDs can access and oversee the data. Additionally, some helplines implement additional security measures such as regular password updates to ensure confidentiality. Separate spaces are designated for call reception and counseling, and information pertaining to victim/survivors is not disclosed to non-related staff or external parties in accordance with the helplines' policies.

5.1.4 Linkages with other sectors for Referral and Coordination

The information provided by social services regarding referral and coordination mainly focuses on general coordination for referring survivors and does not specifically address those with disabilities. GBV survivors are primarily referred to shelters by other services they interact with. For instance, in KP, these services include the police emergency number (15), Bolo Helpline, and the courts, while in Punjab, referrals are made through the courts or the women commission helpline. In ICT, survivors can directly contact the FPRCW shelter through their emergency number.

The Social Welfare Department in KP has set up an advisory committee to create a referral mechanism for survivors of abuse. This committee refers survivors to the police, courts, Department of Health, and Department of Education. They also collaborate with other government and private organizations. In Punjab, advisory bodies for Dar-

ul-amans and crisis centers exist, but their role in referral and coordination is limited despite being part of their Terms of Reference (TORs). Although a coordination system is in place in Punjab, the follow-up procedures are weak. For instance, the referral lists are not regularly updated, contrary to the required quarterly updates according to the Standard Operating Procedures (SOPs). FPRCW has established coordination mechanisms and collaborates closely with the police, health, and the Commissioner ICT.

Helplines have established a coordination mechanism to work with departments such as police/FIA, court, health, social welfare (shelter homes), and other service providers to address the needs of survivors of gender-based violence (GBV). These helplines have designated staff members who create and regularly update a referral directory for GBV cases. The Ministry of Human Rights (MoHR)

38 In the context of PWDs it would entail 'providing all possible information and options to a survivor in a way they can understand; determining if they can understand this information and/or their decisions and ensuring that the decisions of the survivor are voluntary and not coerced by others (e.g., family members, caregivers or even service providers)'. Women Refugee Commission & International Rescue Committee, 2015, Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings, A Toolkit for GBV Practitioners

helpline has focal persons in all provinces to facilitate coordination with relevant departments. GBV cases received by the Punjab Commission on the Status of Women (PCSW) helpline are referred to the appropriate service providers. Law officers in all three facilities are primarily responsible for handling these

cases and coordinating with other departments.

The helpline management consistently updates referral lists and maps service providers but faces challenges due to budget constraints when trying to scale up the mapping of services.

5.1.5 Communication with and participation of Persons with Disabilities in Design, Implementation, and Assessment of services

The involvement of organizations representing people with disabilities was not observed during the development, execution, and assessment of the policies for helplines and shelters. Staff members at all Dar-ul-Amans encountered challenges in effectively communicating with survivors with disabilities, particularly those with hearing and speech impairments. There are no sign language interpreters available at the facilities, and service providers attempt to address this issue by seeking

assistance from referral partners, such as special education departments. However, staff at these special education departments may lack training in managing gender-based violence cases and handling disclosures. Additionally, the services lack informational, educational, and communication materials, such as large posters with sign language, Braille materials, or audio materials, to assist staff in communicating with individuals who are hearing and speech impaired, or blind.

I faced a lot of challenges in trying to improve the quality of the service of this center. The support of partners helps us improve our services. I am not sure how much we are able to address the needs of women and girls with disabilities and this assessment could be the first step towards recognizing their requirements.

Manager of one of the Dar-ul-Amans

Currently, helplines are not adequately equipped to effectively communicate with individuals with disabilities, particularly those with hearing and speech impairments. While WhatsApp numbers are available for video calls, there is a lack of sign language interpreters. This is seen as a significant gap in service delivery, and some offices have requested assistance in organizing training on sign language and related issues. The Ministry of Human Resources helpline office has expressed a need for materials such as large posters of sign language to be displayed in the office, enabling staff to

communicate with individuals who are hearing and speech impaired.

IEC materials are developed and shared by the helpline offices to create awareness regarding services. The awareness materials are shared through different means including website, digital media, and awareness sessions. But these materials are not available in alternative formats such as braille, large print, or audio tape. According to the helplines, IEC material in alternative formats is needed in their offices.

If STEP can support and collaborate with us to conduct outreach sessions in communities with persons with disabilities, we may be able to reach out to women and girls with disabilities requiring our helpline services.

Director, Helpline

The women's shelter home in the ICT has a well-established feedback mechanism with standardized documentation formats for soliciting input from service users. However, similar services in the other two provinces lack such a mechanism. As Dar-ul-Amans operate under the Department of Social Welfare, information is primarily disseminated through websites, but there is no feedback mechanism in place. Consequently, there is also no follow-up policy.

Helplines provide multiple feedback channels for callers to report service quality issues, including phone calls, email, and online forms. Additionally, helplines receive feedback through other sources

such as the MoHR helpline, which gathers input via the Prime Minister's Citizen Portal.

There are designated persons available to process and respond to the feedback/complaints. These personnel are responsible for looking into the cases and sometimes (as per the requirement) call the complainants to verify the issue. However, there is no computerized data management system in place to record the feedback which can provide details about when and through what channel the feedback was received, the nature and category of feedback, the investigator, the decision-maker, and the conveyor to the complainant about the actions.

5.1.6 Resources and Financing

The shelter facilities lack resources and budget to meet the needs of survivors, especially for security. Women residing in the shelter homes face threats from the perpetrators, but the services either lack adequate security measures or do not have ample security staff that is well prepared to deal with hostile situations. In Punjab, PCSW provides a budget for the implementation of policies and to provide services to survivors from across Punjab under the Punjab Commission on the Status

of Women Act 2014. However, there is none especially marked for persons with disabilities.

The helplines' budgets are limited to training, development of IEC materials and other miscellaneous activities. However, there is no special budget or focus on spending the money on either training the staff on the special needs of women and girls with disabilities or to develop disability friendly IEC materials.

5.1.7 Accessibility

All five of the shelter facilities are partially accessible for girls and women with disabilities. Apart from the Dar-ul-Aman in KP, rest of the shelters have visible sign boards and are easily identifiable. While there is no reserved parking space for people with disabilities in any of the facilities, a general parking space with accessible paths exists in four of the shelters, except for the Dar-ul-Aman in Lahore. Shelter homes in KP and ICT do not have clear entrance signs in the building. Dar-ul-Aman in Lahore has a ramp facility at its entrance. Only two facilities i.e. Dar-ul-Aman and Crisis Centre in Rawalpindi, Punjab have ramps and wheelchair accessibility near the entrance. Tactile paving of contrasting color, wheelchair accessibility, and accessibility at the entrance door is missing in all facilities.

A reception counter is not available in Dar-ul-Aman Peshawar and Lahore, and wheelchair users cannot use the counter comfortably in FPRCW and the crisis centre in Rawalpindi. Rooms and corridors are partially accessible and do not meet the accessibility standards. Signs outside the rooms, functioning fire alarm with visual and audible signal, tactile paving with color contrast, and signs indicating accessible escape routes need to be in place. Accessible toilets were not available in all facilities.

Information about the services in easy-to-read and large print format are available only in two facilities.

Table 2. Physical Accessibility of Crisis Centers and Dar-ul-Aman in Islamabad, KP and Punjab (Not accessible =NA, partially accessible = PA, Accessible = AC)

Building area	FPRC (ICT)	Dar-ul-Aman (PSH)	Crisis Center (RWP)	Dar-ul-Aman (RWP)	Dar-ul-Aman (LHR)
Outside the building (Parking etc.)	PA	PA	PA	PA	PA
Reception and waiting area	PA	PA	PA	PA	PA
Rooms and halls	PA	PA	PA	PA	PA
Accessible toilets	NA	NA	NA	NA	NA
Inside the building/ premises (corridor)	PA	PA	PA	PA	PA

While facilities do not fully meet the disability accessibility criteria, they are aware of the needs of women and girls with disabilities. For example, Dar-ul-Amans in Punjab highlighted that their department is interested in making their premises accessible for women with disabilities and have thus constructed a ramp in their premises. In

KP, a shelter home was being constructed in a new area, and the manager who had received training on the needs of survivors with disabilities had prepared recommendations to make the shelter home disability friendly and forwarded recommendations to the department.

All the three helplines were found to be partially accessible for persons with disabilities. The basic components aiding accessibility such as automated message services are digitally inaccessible in all the helplines and the automated touch-tone based data input systems do not exist on any of the sites.

Though each helpline uses a short code (MoHR helpline 1099, Bolo 1097/0800-22227, PCSW 1043) for call service which is easy to remember for the users, to support visual, hearing and speech impaired, video and audio relay systems need to be installed. Moreover, only the MoHR helpline is using WhatsApp service for video calls to facilitate persons with disabilities. It is important to note that the service is provided through personal devices and contact numbers that pose a considerable digital data privacy risk.

The analysis of websites and Facebook pages based on Web Content Accessibility Guidelines (WCAG) 2.0 standards revealed that they lack sufficient features to ensure full accessibility for individuals with disabilities. Despite being multilingual (English and Urdu), these platforms require additional features such as trailing design cookies, macro-friendly screen reader, magnification capabilities, color sensitivity, alternate text for images, and captioned video materials to achieve full accessibility. It was also observed that there is a lack of compliance with WCAG 2.0 standards, and the staff members are not well-versed with digital accessibility standards. Furthermore, when evaluated using industry standard tools, the websites and Facebook pages demonstrated less than 60% compliance with digital accessibility standards, indicating a significantly low rating.

The MoHR website and Bolo helpline Facebook pages are maintained by their in-house staff. The PCSW helpline website is handled by a third-party vendor. Additionally, the majority of the websites were created by external contractors.

The Ministry of Human Rights Helpline utilizes its own App called Hamqadam, while the PCSW helpline makes use of the Punjab Police's Women Safety App. The Women Safety App is not currently active on the Google Play Store, but the previous version can be obtained from the internet. These apps were specifically designed for Android and do not have versions available for Apple iOS. In order to ensure full accessibility for individuals with disabilities, it is necessary to incorporate features such as accessible images for screen readers, color schemes tailored for individuals with disabilities, updated versions compliant with the latest digital accessibility standards, and protective features to "hide user identity/delete conversation history" within the system.

Helplines use web-based data entry templates that need to be upgraded with basic screen locking features and data encryption standards. The helplines' data logging portals don't have defined categories for complaints from GBV survivors in the online form, and the nomenclature used to describe the nature of disability requires changes to add in the drop-down menus. Moreover, the system, computers and laptops need to be updated with licensed software because with expired or pirated versions, digital accessibility services cannot be installed.

5.2 Health Sector

Four public sector hospitals, two in KP and two in Punjab, were part of this assessment. These included District Headquarter Hospital (DHQ), Nowshera, Molvi Jee Hospital, Peshawar, Tehsil

Headquarter (THQ) Hospital, Fateh Jang, and Integrative Reproductive Maternal and Child Health Hospital (IRMNCH), Lahore.

5.2.1 Policies and Practices

Health Departments in both the provinces (in KP and Punjab) have documented policies³⁹ which acknowledges the needs of persons with disabilities and includes addressing these as part of the health policy outcomes. A basic code of conduct (COC) is available for the staff to respond to the needs of persons with disabilities. While the policies are available, their development was not inclusive of persons with disabilities in KP, while in Punjab, organizations, and

institutes of persons with disabilities were consulted.

In all these hospitals, the disability certification is provided by accessing one counter that has representatives from the health, police and social services, all of whom are involved in the review and verification of the certification process. All hospitals have a special quota allocated for hiring persons with disabilities in order to ensure their inclusion.

5.2.2 Training and Workforce Development/Organizational Capacity

The hospitals staff from both the Punjab and KP had attended multiple trainings on different subjects such as GBV, case management, psychological support to survivors, and health-related programs. Except one facility in Punjab, none of the facilities have provided training to their staff on the needs of persons with disabilities. While trainings on GBV have been conducted in all the services, since the disability component was lacking in most, the staff does not have the expertise to respond to the needs of survivors with disabilities.

Staff was trained on informed consent, and the security and safety risk of the survivors. The training in which the staff have participated included key principles such as taking a survivor-centered approach, ensuring non-discrimination and confidentiality, and protecting data. Hospital staff in most of the facilities are aware about GBV laws, but staff in only two facilities are aware about disability related laws, especially the ones which are responsible for connecting the survivors to courts and other relevant government services for further proceedings after providing primary health care.

5.2.3 Ethical Considerations

The Medical Superintendents (MS) at the hospitals in both KP and Punjab reported that survivors as well as other patients with disabilities also reached out to them through the Rescue 1122 service, landline/helpline number provided by the

government, social welfare department website, or referrals by other organizations. It is also highlighted that the personal contact number of MS is given on the website so that patients could approach them directly. Furthermore, two facilities (one in

³⁹ Health Policy, Khyber Pakhtunkhwa, 2018, Department of Health, KP; Punjab Health Sector Strategy, 2019-2028, Government of Punjab

KP and one in Punjab) shared that, to facilitate the survivors' access to the required services, they provided ambulance services or linked them to Rescue 1122. The facilities take different measures such as ensuring confidentiality, taking informed consent, and ensuring privacy. For example, in Punjab, there are separate rooms available for the survivors and the female attendants to report the GBV cases. The spaces also have enough space for wheelchair users to maneuver. The facilities also have a dedicated space for initial interaction

with survivors and have a proper system to ensure confidentiality of documentation of the GBV cases. After providing the basic first aid, survivors are either shifted to a separate ward or referred to some other hospitals, as per the need.

No guidance on supporting survivors with disabilities has been developed and provided to the health professionals.

5.2.4 Linkages with other sectors for Referral and Coordination

In KP, social welfare officers are available in the public hospitals but their role concerning GBV cases is not clearly defined. The Punjab Health Department coordinates with other relevant departments such as the Special Education

Department (not primarily a GBV service provider) to facilitate survivors with hearing, speech and visual impairment. The department arranges a sign language interpreter on submission of a formal request.

5.2.5 Communication with and participation of persons with disabilities in Design, Implementation and Assessment of services

The Punjab Health Department has a dedicated website which is regularly updated but it is not in a format that can be accessible to the visually impaired.

The feedback mechanism in the hospitals do not have any specific accommodations for survivors

with disabilities. The hospitals in Punjab have a general feedback mechanism, and complaint boxes and complaint filing forms are available at the main reception counters. Direct complaints can also be filed with the medical superintendent and administration officer. Such a complaint and feedback mechanism is not available at the hospitals in KP.

5.2.6 Resources and Financing

To implement policies, the government has allocated specific budgets for the health departments of both the provinces for activities such as provision of transport facilities to the survivors to access relevant services, an essential

practice to improve access of survivors with disabilities. There is no specific budget allocated to facilitate persons with disabilities, including any allocations for IEC materials in alternative forms such as audio tapes and braille.

5.2.7 Accessibility

The assessment data shows that all four health facilities are partially accessible for persons with disabilities. Health facilities are easily identifiable and have general parking areas, but there is no space reserved in the parking areas for persons with disabilities. The pathways, entrances and ramps meet the accessibility standard, and wheelchairs are available in the parking areas. However, tactile paving of contrasting colors and accessible entrance doors are not available.

Reception and waiting areas in all facilities are easily identifiable but they do not meet accessibility standards such as space for wheelchairs to move comfortably, signage for persons with disabilities. However, waiting areas are equipped with chairs,

and have enough light, clear surface and space for wheelchairs users. Rooms and halls in each facility have accessible doors, sufficient inside space to maneuver a wheelchair, enough light, clear surface, and obstacles (table, chair, etc.) in rooms that are in contrasting colors. Only District Headquarter Hospital, Nowshera has an accessible toilet (one toilet) which also needs some improvement to meet accessibility standards completely. The corridors in all facilities are partially accessible. In the building areas, tactile paving with color contrast, accessible steps/stairs, functioning fire alarms with visual and audible signals, and signage indicating accessible escape routes are not available. Information on the services is not available in easy-to-read and large print format, and sign language interpreters and signs in the building areas are missing.

Table 3. Physical Accessibility of Health Facilities in KP and Punjab
(Not accessible =NA, partial accessible = PA, Accessible = AC)

Facilities	KP		Punjab	
	Nowshera	Peshawar	Lahore	Fateh Jang
Outside the building (Parking etc.)	PA	PA	PA	PA
Reception and waiting area	PA	PA	PA	PA
Rooms and halls	PA	PA	PA	PA
Accessible toilets	AC	NA	NA	NA
Inside the building/premises (corridor)	PA	PA	PA	PA

5.3 Police Protection and Legal Services

In this assessment, one police station and one GBV court were visited in Lahore (Punjab) and Peshawar (KP).

5.3.1 Policies and Practices

The GBV cell of both the police stations have a documented policy⁴⁰ that includes protection guidelines for survivors and a basic code of conduct (SOPs) for staff to address survivors' protection needs. However, these documents do not mention how to make the services accessible for survivors with varying disabilities or/and how to communicate with them and address any special needs they may have.

GBV Courts are implementing the documented policies of the government that include protection guidelines and basic code of conduct (COC)⁴¹, which are being followed to provide services to all victims/survivors including survivors of GBV. The code does not have any information about how to deal with survivors with disabilities and their special needs. The GBV courts also try to accommodate the persons with disabilities by shifting courtrooms from the first to the ground floor.

5.3.2 Training and Workforce Development/Organizational Capacity

It was found that staff in both provinces were well-informed about the laws related to GBV and aware of provincial and national laws related to it as well as the SOPs for investigation. The staff lacks knowledge and capacity regarding the laws related to persons with disabilities and handling their special needs. In Punjab, most of the women police officers have attended various training on laws related to GBV, child protection, investigative procedures, medico-legal procedures, etc. Staff is oriented to informed

consent which is usually an important component of the regular training on GBV. This is also mentioned in the SOPs as a basic principle. However, in some cases, it is considered non-compoundable under the law, meaning that the police have to proceed because the government is considered a petitioner. GBV crime cell representatives shared challenges in dealing with GBV cases and the need for debriefing and support to manage their own emotions after handling GBV cases.

Sometimes dealing with the survivors of violence becomes disturbing for our staff and they also need support. While we have support of a local organization to conduct debriefing and support sessions, it would be important to have a mechanism in place at the government level for this.

GBV Crime Cell, Lahore, Punjab

40 As shared by the respondents. However, specific details about these documents are not known.

41 As shared by the respondents. However, specific details about these documents are not known.

The staff of both the courts in KP and Punjab including record keepers, counseling officers were well aware about laws related to GBV, and they were strictly following those laws in case proceedings. However, only the staff of KP courts had the knowledge about laws related to persons with disabilities applicable to their province (Disabled Persons Employment and Rehabilitation Rules 1991). Staff of the courts of both the provinces

were trained on GBV issues including informed consent. The staff of the GBV court in Punjab had also attended trainings on GBV case management and psychological support. Needs of survivors with disabilities were neither included in the standard GBV trainings nor any specific training on responding to GBV against persons with disabilities was conducted for staff of the two courts.

5.3.3 Ethical Considerations

In Punjab, a separate space is available in the police station to ensure privacy during the initial interaction with survivors. However, these rooms are partially accessible to survivors with disabilities. The facility has a proper system to ensure confidentiality of documentation of GBV cases. In KP, a help desk has been established in

the police stations where a female police inspector is available. If a survivor does not feel comfortable in the presence of men, she is linked to the female staff. However, the initial interaction happens with the male staff. All these considerations are essential for all survivors including those with disabilities.

It is extremely important to protect survivors' dignity and to ensure their confidentiality while working with them. One of the achievements of creating GBV cell is the way we tackled a rape case in Sialkot, where no one knew even the name of the survivor.

Inspector GBV Cell, Punjab

The GBV survivors in both provinces approach the court using two sources: the police and/or private complaints through courts (evidence-based trial). To ensure confidentiality, security, and safety of the

survivors, GBV court in Punjab takes consent from GBV survivors and provides a private room to discuss issues with the judge without any external pressures. No private space is available in the KP court.

5.3.4 Linkages with other sectors for Referral and Coordination

The survivors usually reach the protection services through the police emergency number (15) and through local police stations after filling out a First Investigation Report-FIR. The police department does not have staff that can communicate with those with speech, hearing and intellectual impairments. However, in such instances the

provincial Social Welfare Departments are approached to provide the required assistance. GBV cell provides transportation to survivors when needed, e.g. if a woman with a disability contacts and asks for assistance, she is provided with transportation to report.

There is a lack of a systematic process for referrals, which if needed, the survivors are referred to service providers through the Social Welfare Department and the personal contacts of the staff. The staff have to face difficulty in transporting wheelchair users, and they have not received any training in which GBV related needs of survivors with disabilities or/ and laws applicable to them were shared.

In both the courts, a coordination system has been

established. In Punjab, as per the practice, the court refers a GBV survivor to Dar-ul-Aman and a written statement is issued by a judge. In KP, the court links the survivor to the crisis center. For effective service delivery, the GBV court in KP and Punjab do not have a strong coordination system that includes trained staff, referral directories made in consultation with relevant GBV service providers, a budget to facilitate a survivor with disability, SOPs, and a data management system.

5.3.5 Communication with and Participation of Persons with Disabilities in Design, Implementation and Assessment of services

In both the provinces, the staff of the GBV cells lack the required skills to communicate effectively with persons with disabilities, especially those who have hearing and speech impairment. Access to a sign language interpreter is available through the Special Education Department. The IEC material such as large posters with sign language to display in the office, audio or braille material for the blind. In Punjab, a GBV cell is running a YouTube channel for the general public, whereas in KP a Facebook page and Twitter account have been developed to share information.

The services do not focus on inclusion of women with disabilities, either in the recruitment process, or in the formation of committees to address the specific needs of survivors. The assessment also indicates that there is no concept of consultation with organizations of persons with disabilities in the design, implementation and evaluation of policies and services.

In Punjab, there is neither a proper mechanism for giving feedback to the staff and higher management nor any grievance policy for the general public. In KP, there are four police stations in which it is mandatory for all officers including constables to

ask survivors for feedback about the services they receive. Besides that, a mechanism for sharing feedback with higher management exists in the form of an application.

GBV courts in KP and Punjab do not have the capacity to effectively communicate with persons with disabilities, especially those with hearing and speech impairment. However, in Punjab, it can be arranged by submitting a request to the Special Education Department. That provides support for sign language interpretation. IEC material is not available in alternative format such as audio tape, large print, and braille for persons with disabilities.

There is no specific website, contact number, email address or specific IEC material for public awareness of the GBV courts. In both the courts, no proper mechanism exists to design and disseminate information about their services.

There was no formal feedback mechanism available to receive feedback and complaints or to subsequently address those. There is no grievance policy available for the employees to raise their concerns to the management.

Civil society organizations with the support of the government of Pakistan should design programs which will help in bridging the gaps between the police and courts. At times, loopholes in investigations cause major delays in case proceedings. This should be addressed by providing training especially to the investigation officers so the courts can deliver the case verdicts in time. These are a few measures that should be taken in order to make the justice system of Pakistan better.

Additional Session Judge, GBV Court Lahore

5.3.6 Resources and Financing

There is no budget or resources allocated to the two police stations and the GBV courts for responding to the special needs of the survivors with disabilities such as providing transportation, staff training, and developing information about

services in alternative forms. The shortage of female police officers in the workforce, and the limited overall budget for transportation, investigation, etc. impacts work with GBV survivors in general including those with disabilities.

5.3.7 Accessibility

The police stations in question were found to be partially accessible, lacking dedicated parking spaces and basic facilities for individuals with disabilities such as tactile, color-contrasted accessible steps and stairs, ramps, and availability of wheelchairs near the entrance. While reception areas in both buildings were spacious, they did not offer privacy in communication. Although wheelchair users could comfortably use the counters in Punjab, the same was not true for

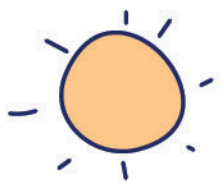
KP. Rooms, halls, and corridors were only partially accessible, with accessible doors, sufficient space, and adequate lighting, but lacking in signage, tactile paving, functioning fire alarms with visual and audible signals, and signs indicating accessible escape routes. Additionally, the toilets were not accessible for individuals with disabilities, and information on services in easy-to-read and large print formats was not available in reception halls and rooms in both stations.

Table 4. Physical Accessibility of Police Stations & GBV Courts in KP and Punjab
(Not accessible = NA, partial accessible = PA, Accessible = AC)

Police Station			Courts	
Area	KP	Punjab	KP	Punjab
Outside the building (parking)	NA	NA	NA	NA
Reception and waiting area	PA	PA	PA	PA
Rooms and Halls	PA	PA	PA	PA
Accessible Toilets	NA	NA	NA	NA
Inside the Building/Premises (Corridor)	AC	AC	PA	PA

The accessibility of both police stations and courts for persons with disabilities is currently limited. While the buildings are easily identifiable and have general parking areas with accessible pathways, there are several issues that do not meet accessibility standards. These include inadequate parking areas, lack of tactile paving, non-compliant steps/stairs, and entrance doors that do not meet accessibility requirements. Although wheelchairs are available near the entrance and ramps are present, there is still work to be done to ensure full accessibility for all individuals.

Reception counters were not available in both the facilities, but the waiting areas outside the offices, and space for wheelchair users were accessible. Rooms, halls, and corridors in both the buildings were partially accessible. Room doors, inside space and lights, floor material and obstacles in rooms met accessibility standards. However, sign language interpreters, accessible steps/stairs, functioning fire alarms with visual and audible signals, and signs indicating accessible escape routes were missing. Furthermore, there were no accessible toilets available in both the facilities for persons with disabilities. Information on the services in easy-to-read and large print format was not available in both the facilities.



06

CONCLUSION



6. CONCLUSION

The assessment of public GBV services identifies potential barriers that may affect the inclusiveness, responsiveness, and accessibility of women and girl survivors to these services.

Best practices by some of the services for addressing the needs of GBV survivors with disabilities include:

- Incorporating the needs of survivors with disabilities in the mainstream GBV training of MoHR.
- Developing partnerships with the Department of Special Education, and Social Welfare by GBV courts, social services, and the Health Department, in case an interpreter or any other assistance is required while supporting the women and girl survivors with disabilities.
- Providing transportation facilities to the survivors by hospitals, which can be extremely useful for survivors with disabilities to access services.
- Accommodating persons with disabilities by shifting courts to the ground floor of the buildings if required for wheelchair users.
- Making recommendations to the Social Welfare Department KP for constructing a disability-friendly shelter home as a result of insight gained by the shelter manager post-training on the needs of survivors with disabilities.

The existing policies and systems are inadequate in providing effective services to survivors of gender-based violence (GBV) with disabilities. The majority of health, social, police, and justice services lack inclusive policies, procedures, and guidelines

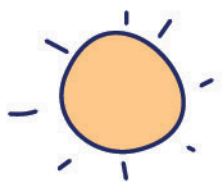
that address the specific needs of survivors with disabilities, or fail to implement operational mechanisms to cater to the needs of survivors with different disabilities. Additionally, there is a lack of policy-level guidance and resource allocation, both human and financial, to meet these needs. For instance, there is a need for staff training to be more attuned to the needs of individuals with disabilities, integrating disability-related issues into standard GBV training, and allocating funds to address the special transportation, shelter, and other similar needs of survivors with disabilities.

The majority of health, social, police, and justice facilities have only partial accessibility for individuals with disabilities. The parking areas, entrances, waiting areas, counters, rooms, halls, and restrooms within the buildings do not adhere to accessibility standards for PWDs. The helpline systems are partially accessible and require significant enhancements, such as video and audio relay systems, automated message services, and upgraded data management systems to mitigate security risks. Websites and mobile applications lack essential features and need to be updated to comply with the latest digital accessibility standards. Additionally, the staff lacks the necessary knowledge and skills related to digital data privacy, security protocols, and accessibility standards.

The effective coordination of services is crucial for providing comprehensive support to survivors of gender-based violence (GBV), particularly women and girls with disabilities. Current GBV coordination mechanisms show some gaps that need improvement, including the development of formal and informal referral systems. While coordination mechanisms exist in GBV courts and hospitals in

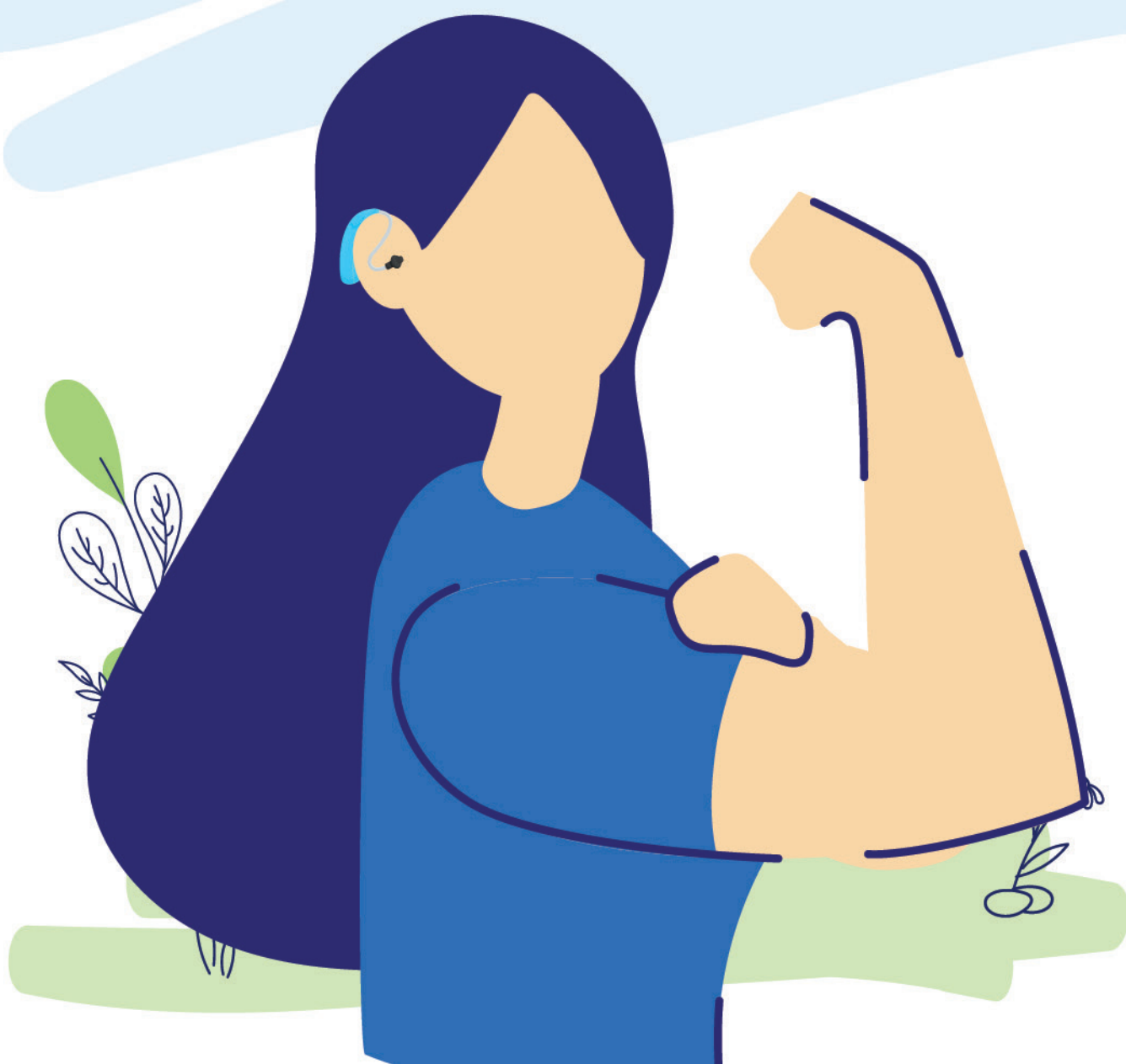
Lahore, Punjab, they lack integration. There is also a lack of clarity regarding the scope and mandate of services, with the health department having limited knowledge of legal aspects of GBV and the police having limited knowledge of health needs. Additionally, challenges in coordination arise when referred services are unable to fully meet survivors' needs or respond effectively, as noted by helplines in relation to mental health services and police protection.

There is currently a significant gap in the involvement of individuals and organizations working with disabilities in the formal feedback system for the design, implementation, and assessment of services. Active participation of women and girls with diverse disabilities can contribute to policy development, enhance service quality, and improve understanding of ethical considerations such as informed consent, privacy, and confidentiality.



07

RECOMMENDATIONS



7. RECOMMENDATIONS

The following text contains key recommendations derived from an assessment of GBV service providers in the **social services, health, police, and justice sectors**. While some recommendations are

applicable across all services and are included in the general recommendations subsection, sector-specific recommendations are outlined in the respective subsections.

7.1 Overall Recommendations

7.1.1 *Constitute a disability board to incorporate disability lens in GBV service-related policies and guidelines for women and girls*

A specialized disability board, with the backing of the Social Welfare and Special Education Department, should be established to ensure that shelter homes, crisis centers, helplines, hospitals, police, and GBV courts operate in a disability-friendly manner. It is imperative to review existing policies through a disability lens, particularly concerning support for gender-based violence (GBV), and to reinforce this with a robust implementation framework. I recommend incorporating a section on the specific needs of women and girl survivors of GBV into the current policies and procedures

governing these facilities. This addition should go beyond recognizing their access to these services and should instead operationalize measures to make the facilities accessible for women and girls with all forms of disabilities. This should also include their involvement in planning, implementing, and evaluating services, as well as ethical measures to ensure their safety. Enhancing communication and expanding service outreach to women and girls with disabilities and their caregivers should be a crucial aspect of the revised policy.

7.1.2 *Improve physical accessibility of the services*

The assessment identified that services for women and girls with disabilities are only partially accessible. Physical barriers are limiting their access to services, particularly in the context of gender-based violence (GBV) and disability. Most services have common areas that need improvement to ensure independent access for women and girls with various disabilities.

ramps, and wheelchair access near entrances. Within the building, it's important to have clear and easily readable signs in large fonts, as well as sign language symbols and interpreters when feasible to assist individuals with disabilities. Corridors and reception areas should have ample space for wheelchair movement and access.

It is essential to provide reserved parking spaces for individuals with disabilities at all facilities. This includes incorporating tactile paving of contrasting colors, accessible entrances, pathways, steps,

Additionally, communication privacy, wheelchair maneuverability, interpreter accommodations, and support person accommodations should be factored in. Providing information about services in easy-to-read, large print formats and offering

sign language interpretation are also important considerations.

The following features are recommended for ensuring accessibility in facilities: signs outside rooms and directional signs, tactile paving with color contrast, functional fire alarms with visual

and audible signals, and signs indicating accessible escape routes. Additionally, it is advised to have at least one accessible toilet in all facilities that meets accessibility standards.

Consider integrating disability accessibility into the routine annual audits of all services.

7.1.3 Develop disability friendly communication material

To enhance the accessibility and reach of Gender-Based Violence (GBV) services for women and girls with disabilities, it is crucial to effectively communicate the scope of these services using disability-friendly communication materials. This can be achieved through the development of awareness campaigns and Information, Education, and Communication (IEC) materials in alternative formats, including braille, large print, and audio

and video tapes with sign language translation. It is also beneficial to have staff members within these services who are proficient in sign language and possess an understanding of the specific needs of individuals with disabilities. Additionally, for survivors with intellectual disabilities and limited functionality, it is important to engage with female caregivers such as mothers and siblings as part of the communication and outreach efforts.

7.1.4 Involve persons with disabilities in the design, implementation and assessment of services

The current services lack the inclusion of individuals and organizations working with disabilities, and there is no formal feedback mechanism in place. To effectively address the impact of policies and practices on women and girls with disabilities, their active participation in the design, implementation, and assessment of services is crucial. Involving women and girls with diverse disabilities and

backgrounds, including socio-economic, religious, and caste diversity, can provide a comprehensive understanding of their varied challenges and needs. This inclusive approach can also help address ethical concerns such as informed consent, privacy, and confidentiality, leading to better reflection of these considerations in operational procedures.

7.1.5 Allocate human and financial resources for disability inclusion and responsiveness

Survivors of gender-based violence (GBV) who are women and girls with disabilities often have specific financial and human resource needs. These may include covering travel expenses, costs associated with services they are referred to, and medical needs arising from disability-related complications. In addition, human resources such as assistants, interpreters, and trained staff with

a comprehensive understanding of the specific needs and accommodations required for survivors with disabilities are essential. To address these additional needs, it is recommended that service providers, after consulting with women and girls with disabilities, identify and allocate the necessary human and financial resources to ensure inclusivity and responsiveness in their services.

7.1.6 Invest in staff sensitivity training and capacity building and integrate disability in standard GBV trainings

The current GBV training for MoHR helpline staff lacks coverage of issues related to women and girls with disabilities. It is recommended that disability-related issues be integrated into standard GBV training to ensure sustained attention to these issues. This integration can be achieved by incorporating disability components into the training modules and curriculum for service providers during their pre-service and in-service training. The level of specialization of the disability component should align with the specific roles of different service providers in handling GBV cases. For instance, health staff should be informed about associated medical complications, while social service providers should be aware of the specific assistance required by persons with disabilities when being referred to shelters or other services.

Regardless of the role of service provider, it is recommended that besides covering the basic ethics, knowledge, and skills of dealing with GBV survivors, the following areas should be covered:

- unpacking myths and misconceptions related to disabilities
- unpacking attitudes towards persons with disabilities, especially women and girls
- rights-based approaches to working with women and girls with disabilities
- survivor-centered approach, maintaining privacy, confidentiality, informed consent despite dependence
- added vulnerabilities of women and girls with disabilities in the aftermath of GBV, including ones at the time-of-service provision, and those due to natural and manmade disasters
- basic communication skills for working with women and girls with disabilities
- laws applicable and related to persons with disabilities.

7.1.7 Ensure interpreters and support services are trained on survivor centered approaches to working with GBV survivors

Many of the services in health, police and social services contact support services such as the special education departments to provide interpreters when dealing with PWDs. It would

be important to ensure that these interpreters have been trained on basic principles of survivor centered approach before supporting the case management process.

7.1.8 Improve coordination among essential services for survivors of gender-based violence

To effectively address GBV against persons (especially women) with disabilities, establishment of a well-coordinated system among the public GBV service providers is a principal requirement. This holds true regardless of whether the survivor has a disability. A GBV survivor often

requires multiple services for her protection and rehabilitation, including medico-legal, police, helplines, and shelter homes. Thus, a multi-sectoral referral pathway that facilitates coordination and response among all actors and service providers is needed. In the absence of a coordinated system,

the survivor will be more vulnerable to violence and exploitation. A well-coordinated system will not only help survivors get all the required services, but also ensure their quick access to GBV services.

It is recommended that the services develop a joint plan of action that outlines the responsibilities of each of the services in dealing with the GBV cases, allocates resources and lays out the steps that would need to be taken along with timelines. It is also recommended that services designate trained persons for coordination and follow-up of referrals. Regularly updating the referral lists and sharing

information should also be part of the coordinated activities. The information sharing mechanisms should be such that the ethics are maintained, confidentiality of the survivor is upheld, and there is sufficient documentation so that the survivor is not required to report the incident repeatedly to each service that she is referred to. Standardized data and management systems for information sharing, systems for staff's stress management, and accountability of service provision should also be considered a part of the coordination mechanism. A memorandum of understanding (MOU) can also be signed among the partners to formalize the coordination mechanism.

7.1.9 Explore partnership with organizations of persons with disabilities

The need for learning from experiences of local organizations with expertise in GBV services and persons with disabilities came up in almost all areas of policy and practice, linkages and coordination, staff training and ethical considerations. While active partnerships between local organizations

with expertise in GBV exist in almost all the sectors, there is a need to explore partnerships with organizations of persons with disabilities to improve the services at various levels, starting from the policy to staff capacity building, to coordination and feedback for improvement of services.

7.2 Social Services Specific Recommendations

7.2.1 Review the helpline callback protocol for survivors' safety

Some helplines, for example, the MoHR helpline have a system of keeping a record of calls received during off hours and calling back the callers later to inquire about the reasons for calling. While this may be an efficient system, in the context of GBV, according to the international and local best practices⁴², it may be problematic as it can put the safety of the woman or girl experiencing violence at

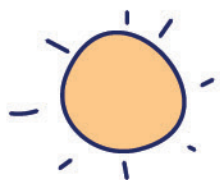
risk. GBV helplines have often debated the option of helplines calling back the callers, especially the first-time callers with whom safety issues have not been assessed. The survivor may have made the call when no one was around, and in case the return call from the helpline is picked up by the perpetrator, it can put the survivor's life at risk.

42 <https://gbvresponders.org/wp-content/uploads/2018/10/GBV-Mobile-and-Remote-Service-Delivery-Guidelines-final.pdf> as well as experience of local organizations such as Rozan

7.2.2 Improve the digital services, helpline technology, mobile application and website

The helplines can undertake a number of measures to improve their current call management processes, record keeping, and safety and security. It is recommended that the helplines:

- Update the data logging portal/online forms that categorize complaints for GBV and persons with disabilities and use appropriate nomenclature for persons with disabilities.
- Maintain cloud-based databases to strengthen digital data privacy and safeguard systems to minimize security risk.
- Strengthen the management capacities on data safeguard and security protocols, cyber security, and breaching on-site databases.
- Create preventive guidelines and toolkits for data privacy in alternative formats for persons with disabilities.
- Develop a strict protocol to limit the use of personal digital devices and transfer of information through USBs and personal use devices.
- Ensure security of sensitive data by installing CISCO, Fortinet or Palo Alto firewalls on-premises and get mime cast subscriptions for all email communications of staff.
- Update helpline support systems with video and audio relay to increase accessibility of persons with hearing, speech, and visual impairment.
- Develop linkages with Pakistan Telecommunication Authority (PTA) to strengthen data management and prevent information security breaches on-premises.
- Create an official WhatsApp account to facilitate persons with hearing and speech impairment.
- Strengthen websites and mobile apps with trailing design features and information in accessible format, licensed subscriptions, and WCAG 2.0 standard.
- Update app versions for Android and Apple iOS containing panic buttons that are accessible for screen readers.
- Develop a system that enables helpline staff access to data of websites and apps managed externally.
- Establish a digital data management system for feedback to record and track feedback processes to ensure organizational accountability.
- Strengthen reporting mechanism by providing facilities such as phone number (WhatsApp number) and email ID on website in alternative format



08

ANNEXURES



8. ANNEXURES

8.1 Annexure 1. Tools - Polices, Capacities and Communication

Section-1 General Information		
1.	Name of GBV service provider	
2.	Name of respondent	
3.	Designation	
4.	Town	
5.	District/City	
6.	Address of GBV Service Facility	
7.	What services are provided to GBV survivors and persons with disabilities?	
Start time		End Time
Section-2: Inclusionary Policies		
8.	What policies do you have/follow concerning GBV and persons (especially women) with disabilities? Can we see these policies?	
9.	What laws do you have/follow concerning GBV and persons (especially women) with disabilities?	
10.	How these policies are enforced/used, and by whom? (e.g., strategy for recruiting employees, board and committee members and other volunteers with disabilities, trained staff, case management)	

11.	Do you have budget available for adaptations or adjustments for women and girls with disabilities and other disability-inclusive actions (e.g., training staff; producing information in alternative communication formats; providing transportation and assistant costs; and making facilities accessible)?	
12.	Are organizations of persons with disabilities, including women and girls with disabilities, consulted in the design, implementation, and evaluation of policies and services?	
Section-3: GBV Staff Capacities, GBV Services, and Data Management		
13.	Have you or anyone in your institution/facility received training on responding to GBV against women and girls with disabilities? If yes, what specific topics did the training include, who received it, who provided it, and how many days did it last? Are the individuals who were trained still in their post?	
14.	Are staff trained on informed consent / assent and strategies to support women and girls with disabilities to make their own decisions?	
15.	What are the common channels through which a GBV survivors and person with disabilities can outreach /report GBV to you? (<i>Helpline, email, online complaint mechanism</i>)	
16.	What measures do you have in place to support survivors with disabilities and their families? For example, provision of transportation to services, interpreters and support people, and other accommodations / adaptations. (<i>Shelter - is it safe and accessible for PWD</i>) If shelter available, how many people are in the camp?	
17.	How do you ensure the confidentiality and protection of survivors with disabilities during your support? (<i>Available private interview space, location – PWD access</i>)	
18.	Do you have a coordination mechanism to work with other service providers on the issue of GBV and disability? If yes, who are the service providers? how you coordinate?	

19.	What are some of the challenges that you face in responding to GBV against women with disabilities? How do you think these challenges could be addressed?	
Section-4: Communication		
20.	Is staff in your institute able to communicate effectively with women with disabilities including hearing and speaking impaired?	
21.	Do you offer interpreters for participants who are deaf or hard-of-hearing?	
22.	Do you use IEC materials for GBV survivors including persons with disabilities seeking services? Are materials available in alternate formats (e.g., audio tape, large print, Braille) which are understandable to persons with visual, hearing, learning and cognitive impairments (disabilities)?	
23.	Do GBV information, education and communication materials feature positive representations of persons with disabilities as part of the general community?	
24.	What channel does your institute/agency use to share information? If the institute has a functional web site, is it accessible?	
25.	Does the institute use specific telephone number for GBV survivor to access? If yes, who will operate it and what are the timing?	
26.	Are feedback and complaints mechanisms accessible to women and girls with disabilities? What adaptations have been made to ensure that women and girls with disabilities know about and can use these mechanisms? Is the grievance policy available to the public? Is the policy posted where women and employees have easy access to it?	

8.2 Annexure 2-Tools digital accessibility of Helplines

Sr.	Question Responses	
	Section-1 General Information	
1	Name of GBV service provider	
2	Name of respondent	
3	Designation	
4	Town	
5	District/City	
6	Address of GBV Service Facility	
	Start time	End Time

Section-2: Assessing Barriers in accessing the Website, App and Helpline.		
8	What services are provided to GBV survivors and persons with disabilities?	Website Helpline App
9	Does the website and App provide reasonable accommodation (On Screen Keyboard, High Contrast Settings, Audible markers like clicking sounds, Audio Cues for warnings, Captions for video content, speech to text, text to speech) for persons with disabilities accessing information.	(Based on response assess which features are present or missing and which disability segment is being ignored.)
10	Are any prompts, alerts or messages being displayed in a manner to avoid flashing colours or strobe effects to minimize seizures or shocks.	Yes / No

Section-2: Assessing Barriers in accessing the Website, App and Helpline.

11.	Does the website and App contain any trailing design feature (bread crumbs in the form of a progress bar, status prompt, error recovery on wrong selection) that enable the users to retrace their steps or get prompts next steps for access to in-formation without having extensive technical knowledge of the platform? If yes, are all of these changes implemented in an accessible manner: Refer to features detailed in Question 20)	
12.	Is there any aspect of multi-language support and information present in the app or website?	Yes / No
13.	If yes to Question 23, then is the content accessible through screen readers, text to speech and speech to text applications in respective languages not just English?	
14.	When using any accessible feature like text-to-speech, speech-to-text, magnification of content, high contrast set-tings, etc. is there any loss of information like missing audio cropped edges or blurred content?	Yes / No
15.	The content present on the website and app does it adhere to data privacy and protection technological safeguards like storing information anonymously, cyber security authentication measures. If yes, is the user being communicated this information in an accessible format.	
16.	Can a user of the app having any form of disability get understandable feedback on the status of their complaint and progress in regards emergency response i.e. lead time for help to arrive, safeguards to take till the help arrives, how to secure themselves from further harm etc. in an accessible format.	
17.	Does the panic button on the App can be located with ease by a visually impaired person and the generated alert communicated in an audible manner or the status of panic button is seen and understood by a hearing or intellectually impaired person.	
18.	Can a physically impaired person access the panic button on the App by not touching it.	
19.	Are there any safeguards in place on App or Website which enables the user to hide their interaction history, discreetly generating alert or status of their alert in case their device gets into possession of the perpetrator. If yes, are these safeguards easy to access by Persons with Disabilities.	
20.	Does the telephone helpline contain voice activated features for inputting any coordinate or features.	Yes / No

Section-2: Assessing Barriers in accessing the Website, App and Helpline.

21.	Is there an easy to remember code for hearing or physical impaired to dial helpline and receive guidance on text messages in case of mobile phones\smartphone user.	Yes / No
22.	If yes, how is the information shared in Question 30 handled stored and processed at backend.	
23.	Does the helpline contain a video or audio relay system in place to register complaints coming from visual or hearing impaired?	
24.	The content present on App, website or telephonic helpline is it presented in an easy-to-understand para phrased format or arranged in a way that persons with disabilities can easily understand.	
25.	Does the staff working on website, App or telephone have awareness of WCAG 2.0 or any other digital accessibility standard?	Yes / No
26.	Whilst reporting an incident on the helpline, how does the staff respond if there is a person with disability on the other side unable to communicate or use any accessibility tool.	
27.	One a scale of (1-10) where 1 being lowest and 10 being highest in service, how would you rate the complaint registration to redressal process from the perspective of a Person with Disability	

8.3 Annexure 3-Physical Accessibility

UNIVERSAL DESIGN/ASSESSMENT TOOL

Details of the Facility			
Facility:			
Town:			
District:			
Details of the Team			
	Name	Title	Organisation
1			
2			
3			
4			
5			
6			
7			
8			
Start time:		End time:	
Date:			
General comments / observations:			

1. OUTSIDE THE BUILDING

Please tick yes “ü” if available and tick no “û” if not available and please note in the comments box if found any issues of each facility mentioned below in the table.

S No.	Identification	Yes ü	No û	Comments
1.1.	Can you easily identify the building?	☐	☐	
1.2.	Is there parking? If no, go to Question 1.5	☐	☐	
1.3.	Are there spaces reserved for people with disabilities? If no, please go to question 1.5	☐	☐	
1.4.	If yes, do they meet the accessibility standards? Please refer to the guidelines “1.2 Parking” and note any is-sues	☐	☐	
1.5.	Is there any pathway at least 90cm wide, flat, smooth, non-slippery and free of all obstacles and hazards (equipment, boxes etc.) (from the parking) to the entrance?	☐	☐	
1.6.	Is there any tactile paving of contrasting color?	☐	☐	
1.7.	Is the entrance clearly signed?	☐	☐	
1.8.	Are there any steps or stairs at the entrance? If no go to question 1.10	☐	☐	
1.9.	If yes, do the steps or stairs meet the accessibility standards? Please refer to the guidelines “2. Steps and stairs” and note any issues	☐	☐	
1.10.	Is there a ramp? If no, go to question 1.12	☐	☐	
1.11.	If yes, does the ramp meet the accessibility standards? Please refer to the guidance “3. Ramps” and note any issues	☐	☐	
1.12.	Does the entrance door meet the criteria for manual doors? Please refer to guidelines “4. Doors” and note any issues.	☐	☐	

S No.	Identification	Yes ü	No û	Comments
1.13.	Are wheelchairs available near the entrance for patients who need them?	☐	☐	
1.14.	Is the entrance free of all obstacles and hazards (equipment, boxes etc.)?	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

2. RECEPTION AND WAITING AREA

Please tick yes "ü" if available and tick no "û" if not available and please note in the comments box if found any issues of each facility mentioned below in the table.

S No.	Identification	Yes ü	No û	Comments
2. 2.1.	Is there a reception counter or area which is clearly identifiable from the entrance? If no, go to Question 2.5	☐	☐	
2.2.	Can a wheelchair user use the counter comfortably – enough space to allow privacy in communications?	☐	☐	
2.3.	Is there a sign at reception that gives priority for people with disabilities?	☐	☐	
2.4.	Is information on the services at the building/ premises available in easy-to-read, large print format and provision of sign language interpretation?	☐	☐	

S No.	Identification	Yes ü	No û	Comments
2.5.	Is there a waiting area equipped with chairs and space for wheelchairs users? If no, go to Question 2.7.	☐	☐	
2.6.	Is there a sign in the waiting area that gives priority for people with disabilities, older people, adults with children, and pregnant women?	☐	☐	
2.7.	Is the surface level, smooth, non-slippery, and clear of any obstacles and hazards?	☐	☐	
2.8.	Is there enough light so all the information be clearly seen? (This can be through natural or artificial light)	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

3. ROOMS AND HALLS

Please mark on your floor plan and note in the comments rooms and doors that do not meet the accessibility standards in your guidance

S No.	Yes ü No û (For Each Room)	Room					Comments
		1	2	3	4	5	
3. 3.1.	Does the room have a door that meets the accessibility standards? Please refer to guidelines "4. Doors" and note any issues.	☐	☐	☐	☐	☐	
3.2.	Is there a sign outside the room that meet accessible standards? Please refer to guidelines "8. Internal signage" and note any issues	☐	☐	☐	☐	☐	
3.3.	Is there sufficient space inside the room to manoeuvre a wheelchair, floor material non-slip and non-glare, move in the room easily with an interpreter/support person and clear of any obstructions or hazards?	☐	☐	☐	☐	☐	
3.4.	Is there enough light? (Natural or artificial)	☐	☐	☐	☐	☐	
3.5.	Are obstacles in room in contrasting colours e.g., cabinets and tables clearly visible etc.	☐	☐	☐	☐	☐	
3.6.	Can people with sensory, physical and intellectual disabilities use relevant equipment?	☐	☐	☐	☐	☐	
3.7.	Are there functioning fire alarms with visual and audible signal installed?	☐	☐	☐	☐	☐	
3.8.	Is there clear signage indicating accessible escape routes?	☐	☐	☐	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

4. ACCESSIBLE TOILETS

Please mark on your floor plan and note in the comments toilets that do not meet the accessibility standards in your guidance

S No.	Identification	Yes ü	No û	Comments
4. 4.1.	Are there functioning accessible toilet facilities with directional signage indicating the location reserved for people with disabilities? If no, go to section 5. Moving around the building/premises	☐	☐	
4.2.	Can the accessible toilet be used by people of all genders?	☐	☐	
4.3.	Is the accessible toilet clearly labelled with signage which meets the accessibility standards? Please refer to the guidelines "9. Internal signage" and note any issues	☐	☐	
4.4.	Does the accessible toilet have a sliding door or a door that opens outwards, and which meets the accessibility standards? Please refer to the guidelines "4. Doors".	☐	☐	
4.5.	Can the accessible toilet door be locked from inside and can be released from outside by authorised staff in case of emergency?	☐	☐	
4.6.	Is there sufficient space inside the accessible toilets to manoeuvre a wheelchair, floor material well drained, waterproof, non-slip, space available for assistants and interpreters and non-glare?	☐	☐	

S No.	Identification	Yes ü	No û	Comments
4.7.	Are a toilet paper dispenser and/or bidet shower and flush control located within easy reach and easy to use?	☐	☐	
4.8.	Is there an accessible sanitary bin?	☐	☐	
4.9.	Is the toilet seat at a height between 45-48 cm?	☐	☐	
4.10.	Is there a washbasin which allows knee space and the tap is easily operable? If no, go to question 4.12	☐	☐	
4.11.	Is the rim of the washbasin mounted at a height of 86.5 cm maximum from the floor?	☐	☐	
4.12.	Are soap and paper towel provided through accessible dispensers?	☐	☐	
4.13.	Are there grab bars in the accessible toilet (for toilet, urinal and washbasin) which meet the accessible criteria? Please refer to guidelines "10.2 Handrails / Grab bars in toilets".	☐	☐	
4.14.	Does the colour of the toilet/washbasin/ grab bars contrast with the background?	☐	☐	
4.15.	Is there a functioning fire alarm with both visual and audible signals installed in the accessible toilet?	☐	☐	
4.16.	Is there enough light?	☐	☐	
4.17.	Is the accessible toilet clear of any obstructions or hazards?	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

5. MOVING AROUND INSIDE THE BUILDING/PREMISES

Please note on your map and in the comments section any obstructions or issues with corridors, doors, ramps, steps and stairs.

S No.	Identification	Yes ü	No û	Comments
5. 5.1.	Is there enough space for wheelchair users, a clear path of 120 cm wide and turning spaces of at least 150 cm?	☐	☐	
5.2.	Are the paths and corridors free of all obstacles and hazards (boxes, tables, cupboards etc.), and the surface is flat, non-slip and non-glare?	☐	☐	
5.3.	Are obstacles in the corridors in contrasting colours e.g., columns of a different colour from the background etc.	☐	☐	
5.4.	Are there clear signs providing directions to rooms with colour contrast, non-glare, large print and pictures, and have clear signage indicating accessible escape routes?	☐	☐	
5.5.	Is there any tactile paving with colour contrast?	☐	☐	
5.6.	Is there enough light along the paths and corridors?	☐	☐	
5.7.	Are there functioning fire alarms with both visual and audible signals?	☐	☐	
5.8.	If there are corridor doors, do they meet the accessibility requirements? Please refer to guidelines "4. Doors" page 16 and note any issues.	☐	☐	
5.9.	If there are steps and stairs along the corridors, do they meet the accessibility requirements? Please refer to guidelines "2. Steps and Stairs" page 8 and note any issues.	☐	☐	

S No.	Identification	Yes ü	No û	Comments
5.10.	If there are ramps along the circulation paths, do they meet the accessibility requirements? Please refer to guidelines “3. Ramps” page 12 and note any issues.	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

8.4 Annexure 4- List of GBV service providers visited for assessment

S.no	Category of GBV services	GBV facilities	Location	Province
1	Health	Molvi Ameer Shah Memorial Hospital	Peshawar	KP
2		DHQ Hospital	Nowshera	KP
3		IRMNCH Hospital	Lahore	Punjab
4		THQ Hospital	Fateh Jang	Punjab
5	Police and Justice	Local Police Station (DPO Office)	Peshawar	KP
6		Police Station (Cantt Division)	Lahore	Punjab
7		GBV Court	Peshawar	KP
8		Court in Lahore	Lahore	Punjab
9	Social Services	Dar-ul-Aman	Peshawar	KP
10		Dar-ul-Aman	Lahore	Punjab
11		Dar-ul-Aman	Rawalpindi	Punjab
12		Women Crisis Center	Rawalpindi	Punjab
13		Family Protection and Rehabilitation Center for Women	Islamabad	ICT
14		BoLo Helpline	Peshawar	KP
15		Helpline (1043) - Punjab Commission on the Status of Women	Lahore	Punjab
16		Family Protection and Rehabilitation Center for Women	Islamabad	ICT

