



SHELTERING WOMEN FROM HARM

Dar-ul-Amans of Punjab Achievements & Challenges

2016



Punjab Commission on the Status of Women

DISCLAIMER

The **Sheltering Women from Harm: Dar-ul-Amans of Punjab - Achievements & Challenges 2016** has been prepared to encourage research to generate information, analysis and studies as well as to maintain a database relating to women and gender issues. The report is produced with official data provided by Social Welfare Department, Government of Punjab and other Departments of the Government of Punjab. While the Punjab Commission on the Status of Women (PCSW) has checked the data provided to the fullest possible extent, the responsibility for accuracy of information provided lies with original providers of data.

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LIST OF ACRONYMS

AC	Advisory Committee
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CMC	Complaint Management Committee (CMC)
CNIC	Computerized National Identity Card
DuAs	Dar-ul-Amans
FGD	Focus Group Discussion
GBV	Gender Based Violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
ICESCR	International Covenant on Economic, Social and Cultural Rights
MDM	Medicine Du Monde
NGO	Non-Government Organization
PCSW	Punjab Provincial Commission on the Status of Women
RYK	Rahim Yar Khan
SAARC	South Asian Association for Regional Cooperation
SOP	Standard Operating Procedures
SWD	Social Welfare Department
TORs.	Terms of References

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Executive Summary

In Pakistan, government-run shelter homes for women, the Dar-ul-Amans, pre-date the general international consensus of shelters being a crucial component in any effective response to the universal problem of gender-based violence. The Government of Punjab stands out for expanding the Dar-ul-Aman network to every district and systematically introducing measures to deliver services aligned with international best practices, in particular through revised Guidelines, minimum standards, and complaint mechanisms.

This report is part of continuing efforts to further improve Shelter Home services. It presents the results of a triangulated research comprehensive study of all 35 Dar-ul-Amans (DuAs) in Punjab that engaged residents, staff and other service providers, associated committees, departments, some former residents and community women unconnected to the Shelter Homes. Drawing on previous studies and international best practices, but using the government's Guidelines and minimum standards as the yardstick, the study gauged responsiveness to the needs of women seeking Shelter Homes in terms of physical facilities, legal and socio-medical care, as well as security of person. On this basis, it forwards a series of recommendations to further improve standards and give effect to the guidelines.

An empirical survey of the 35 Dar-ul-Amans in Punjab who have ever had residents¹ was complemented by a desk review of literature on DuAs in Pakistan and best international practices on shelters. The survey used questionnaires, guided focus group discussions (FGDs) and a comprehensive checklist developed to ascertain whether facilities and procedures accord with those prescribed in the Government of Punjab's Guidelines and minimum standards. Some 334 individual in-depth interviews were conducted with staff and others associated with the DuA such as the police, Advisory and Complaints Committees, the lawyers' pool, psychologists and doctors. FGDs with residents were held in seven DuAs. The empirical data was triangulated to cross-verify the information being provided by different respondents in order to draw conclusions. Data that could not be verified due to high levels of discrepancies between various sources was discarded. Additionally, to ascertain the perception of DuAs in the larger society, a few FGDs with community women were conducted.

There is a marked improvement in the services being delivered by the Punjab Dar-ul-Amans in terms of accommodation, security and management. DuAs provide legal, health and psychological services as well as shelter to women in need. Vindicating the government's perspective and policies, the best run DuAs are precisely those operating in compliance with the Guidelines and minimum standards with active Advisory Committees and links to civil society NGOs.

¹ The new DuA in Nankana had not yet received any women.

The implementation of the DuA Guidelines and minimum standards is uneven however, resulting in disparate levels of effectiveness. Amenities have been improved, including for security, but equipment is not always functional. Committees, panels and linkages are not equally effective and a number of challenges relate to budgets and staffing. There is also a need to address the negative perceptions of women residents and of DuAs in society, as well as some continued issues resulting from gaps in security measures in a few institutions.

Premises & budgets: Most DuAs are now housed in better-suited purpose-built premises, but interrupted power and gas supplies lead to discomfort. Hygiene and sanitization are of acceptable standards in only a handful of districts; ventilation and sanitary conditions are especially poor in rented buildings. Some DuAs have no windows in the residential quarters; in others windows exist but are always shuttered. This cuts women off from sufficient sunlight, thereby increasing the risk of diseases such as scabies.

Procedural delays in budget approval and release still oblige staff to work without salaries and to mobilise loans to keep the Shelter Homes running. A perennial problem for several DuAs under the provincial government, this can become acute in July-August, months that coincide with the peak number of residents in many places. Budget releases are easier in some district-administered DuAs. The increase of food allowance to Rs.100 per person per day is considered inadequate. So too is the budget for repair and maintenance.

Staffing: Eight DuAs are understaffed; several are under additional charge. The majority of In-Charges are women and female wardens have been appointed in many, but not all DuAs. In a number of places, female staff has stepped up to fill the gap, but this is not sustainable. The overwhelming majority of DuA staff is male. Guidelines prohibiting men from entering residential areas are respected in most DuAs, where this is not the case it increases the risk of security breaches.

Services & linkages: Coordination with concerned departments has improved, but medical services, counseling sessions and legal aid are contingent on social and filial networks and only DuAs with a strong referral system provide adequate healthcare. Some DuAs depend entirely on volunteer psychologists, doctors and donated medicines mobilized by staff, SWD DOs or Advisory Committees. Medical Superintendents do not always have the time available to respond to DuA needs. Psychologists are not always available at DHQs and psychological counselling depends on volunteers. Although lawyers' pools have been notified, only a few lawyers actually provide legal services in each district. Most DuAs have vocational and religious teachers, but classes are therapeutic and keep women busy rather than impart marketable skills.

Admissions, courts & freedoms: DuAs now admit women without a court referral but virtually all residents are required to subsequently obtain a court referral, partly to protect staff from violent family members. Consequently, women cannot leave the DuA without a court ruling and are completely dependent on the court for resolving their issues. Making all residents subject to court orders reinforces the impression that women seeking shelter are incapable

of making their own decisions and need supervision. Indeed, women in the DuA feel stripped of their freedom, with many asking the research team to help them regain their freedom (azadi, azadi ka order).

Judges do not accord importance to the Guidelines: Courts insist women meet whoever they have sanctioned, overruling their right of consent under Guidelines sub-clauses 4.1 and 4.2; staff upholding the rules can be threatened with contempt of court. As the court-ordained date for leaving the DuA is easily ascertained, women fearing violence at the hand of their family or community members attempt to leave the DuA a few days earlier. The requirement for court orders for exits poses a particular problem in the case of mentally unwell residents who may pose a serious threat to themselves, other residents or staff.

Attitudes, Dignity & Privacy: Staff's attitude towards residents have improved but women are still generally viewed as "bad women"; not victims, but somehow at fault and thus in need of control. Ignoring the Guidelines has resulted in the curtailment of women's freedom and privacy; no women can leave the DuA for any reason other than required presence in court or for medical attention; many DuAs do not allow women access to outdoor spaces within the premises, in some Shelter Homes women are only allowed out once a week to wash clothes and get some fresh air.

Guidelines sections on respecting the privacy of residents are ignored. Meetings with lawyers and families and sometimes even with the doctor and psychologist are often held in public areas or the In-Charge's room; even when held in a separate room, a staff member is always present. Telephone calls are monitored, as are meetings with lawyers.

Overall Governance: When active, Advisory Committees do help DuAs provide better services but were inactive in more than half of the districts. Mobilizing donations is easier in districts with strong commercial/industrial hubs. Complaint Committees are not very effective; complaint boxes are present almost everywhere but rarely used, not least because women are illiterate.

The persistent negative image of DuAs needs to be addressed, in particular by rigorously applying the Guidelines and minimum standards.

Security: New improved security measures, especially round-the-clock armed security by police and private companies, and CCTV cameras have ensured that the majority of DuAs are better secured and the security of women residents has improved dramatically. There are no complaints regarding misconduct or safety in the vast majority of the DuAs. The DuAs and SWD have intervened whenever lapses in protocols have been reported. Some In-Charges have adopted extra steps to mitigate security risks, e.g. software to stream CCTV threads on laptops and telephones. Despite efforts and improvements, allegations of misconduct and concern about women's personal security emerged in three districts. This is only 8%, however, is the perception that various persons associated with the DuAs are responsible for the security lapses including staff, police and panel lawyers, needs attention.

Children's welfare: DuAs are not equipped to respond adequately to the needs of children accompanying residents. There is no provision for their education and functional recreational equipment and materials are rare. In some locations where facilities exist, there is no evidence of children residing in the DuA using these.

Rehabilitation and re-entry: Currently, DuAs are not equipped to impart effective livelihood skills nor is there any protocol for to follow up and track the progress of former residents. With no transitional housing options, women leaving the DuA find it extremely difficult to acquire safe housing, earn a livelihood or even physical protection. For this, women would need some capital to purchase raw materials and some basic business skills.

Key Recommendations

Physical Amenities & Staffing:

- All vacancies should be filled at the earliest including provincial posts of psychologist and doctor (posts should be created in District-run DuAs); male staff progressively replaced with women using a formal effective vetting procedure for all personnel and robust annual appraisals. Wardens' duties should be in 12-hour shifts and two posts sanctioned to ensure the 24-hour presence; cooks should be dispensed with.
- All DuAs should be accommodated in purpose built structures with kitchens for residents; where needed premises for security personnel should be added to ensure no men are in residential areas as per the Guidelines.
- The overall budgets for the DuA need to be increased and include adequate allocations for repair and maintenance of essential equipment, fixtures and furnishing; the approval, release and reimbursement process should be streamlined to ensure timely and efficient release of budget.

Security:

- A uniform protocol should be established for all security procedures and measures rigorously enforced, including fully functional and suitably positioned security-related equipment and centralized review of CCTV tapes; lists of residents should be shared with police on a daily basis; the prohibition of males in residential areas must be strictly upheld and the presence of a lady constable should be ensured.
- Further measures should be devised to mitigate risks to for the safety of DuA staff and residents. Good practices introduced in some DuAs should be gathered and considered for wider replication; allegations of misconduct and exploitation of women residents in DuAs must be investigated at the earliest possible and suitable steps taken to end these.

Improving services for Women in Shelter Homes:

- The revised Guidelines and minimum standards must be translated into Urdu, user-friendly versions developed and widely distributed to all DuA associated personnel as well; orientation and refresher sessions held regularly;

- Trainings and refreshers by independent experts should be compulsory for all staff and affiliated service providers and impart: (1) orientation to the Guidelines and minimum standards, (2) gender sensitization and human rights-based understanding of gender-based violence, empowerment and non-discrimination, (3) Communication and intervention techniques, (4) Child protection and (5) Managing/organising appropriate referral procedures.
- Courts and other relevant government institutions should be sensitized to the nature and scope of DuA work and a robust legal cover provided to the guidelines;
- The Social Welfare Department and courts must facilitate Staff in transferring women requiring psychiatric treatment to appropriate facilities;
- Periodic third party monitoring and evaluations should complement SWD efforts.

Residents Rights & services

- Residents should be informed of benefits they are entitled to (e.g. free legal aid) as well as the rules; allowed reasonable mobility within the grounds each day; be involved in the cleaning and cooking of the DuA and have some decision-making in this.
- Training & Education: Adult education and skill training classes should be more frequent; Classes on women's legal rights should be regularly held; provisions made to ensure children accompanying mothers receive education, and can access recreational activities and play areas.
- Legal aid should cover property as well as family law matters; women should not require court orders to meet their self-appointed lawyers; the panel should be reduced and be appointed by a panel comprising the In-Charge or SWD DO, independent members of the Advisory Committee and civil society organizations/experts; legal services should be assessed by eliciting feedback from former resident-clients and other stakeholders.

Transitions:

- The Punjab Government should consider establishing transitional housing for women to learn vocational and basic business skills and a micro-credit scheme for women leaving the DuAs who have no other means of support.

1. The Research Framework

1.1 Background

Gender-based violence is a universal problem. In 2013, 35 per cent of women worldwide were found to have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.²The government of Punjab recently reiterated its cognizance “that violence against women was rampant in Punjab,”³ and on 23rd February 2016, Prime Minister Muhammad Nawaz Sharif reaffirmed his commitment to empower women and end violence against them in society.⁴This is in keeping with Pakistan’s commitment to promote gender equality and eradicate structural, socio-economic and cultural disadvantages that marginalize and endanger the lives of women.

In Pakistan, Shelter Homes for women have existed since 1961 when the first shelter, called Dar-ul-Aman (literally a place of peace), was established in Lahore as a private institute, “conceived as a sanctuary for women who have lost familial protection or been rendered destitute.”⁵ Recognizing the need for Shelter Homes, the Government started establishing State-run shelters in the 1970s under the auspices of the Social Welfare Department (SWD) using the same name, Dar-ul-Amans. Pakistan took action long before shelters as a critical component of a holistic response to gender-based violence started being iterated in various international instruments to which Pakistan is a State Party or signatory.

In 1995, the Beijing Platform for Action recommended that States “[p]rovide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counseling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence.”⁶ General Recommendation 19 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) calls upon States to recognize the importance of shelters to ensure the security and safety of survivors of family violence.⁷ The Committee for the International Covenant on Economic, Social and Cultural Rights has specified that implementing Article 10 requires States Parties “to provide victims of domestic violence, who are primarily female, with access to safe housing”⁸ Likewise, the SAARC⁹ Convention on Preventing and Combating

²<http://evaw-global-database.unwomen.org/en>

³<http://www.pakistantoday.com.pk/2015/09/14/uncategorized/pilot-programme-to-reduce-violence-against-women-established-in-punjab/>

⁴<http://www.radio.gov.pk/newsdetail/67372/23>

⁵<http://www.dawn.com/news/260957/karachi-hapless-women-call-darul-aman>

⁶Adopted by the Fourth World Conference on Women. Available at: <https://www1.umn.edu/humanrts/instreet/e5dplw.htm>

⁷Para 24k specifically it states: “States parties should establish or support services for victims of family violence, rape, sexual assault and other forms of gender-based violence, including refuges, specially trained health workers, rehabilitation and counselling”. Available at: <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19>

⁸Article 10 (1) of the ICESCR. See Paragraph 27 at: <http://www2.ohchr.org/english/bodies/cescr/docs/CESCR-GC16-2005.pdf>

⁹ South Asian Association for Regional Cooperation

Trafficking in Women and Children for Prostitution (2002) recommends member States establish shelters and/or encourage non-governmental organizations to do so.¹⁰

Punjab opened eight Dar-ul-Amans (DuAs) between 1973 and 1986, one in each divisional headquarter.¹¹ After the instatement of the first National Policy for Development and Empowerment of Women in 2002-12 and in the wake of commitments made under the Beijing Platform for Action translated into the National Action Plan of 1998, the Social Welfare Department started expanding the DuA shelter homes network to cover all districts in Punjab. Several initiatives have been taken by the Government of Punjab to improve the services provided by the DuAs and also to re-orient the attitudes of those intended to provide services towards women seeking shelters by instituting improved governance frameworks. Important measures include adopting new Guidelines, minimum standards, and complaint mechanisms. This report is part of the continuing efforts to improve services.

1.2 The Current Research

In December 2015, the Punjab Commission on the Status of Women (PCSW), a statutory body established by the Government of Punjab undertook to revisit the Dar-ul-Amans of Punjab in order to:¹³

- Evaluate all existing Dar-ul-Amans in Punjab to see how responsive they are to the needs of women in terms of physical facilities, legal and socio-medical care including trauma counseling and support for rehabilitation and re-entry.
- Provide recommendations on how to improve the standards of Dar-ul-Amans and incorporate best practices in accordance with the guidelines.

In order to achieve these objectives, the evaluation of DuAs has been conducted to assess the situation in terms of three basic indicator areas:

1. Physical amenities: This includes security of staff and residents, hygienic conditions, food, bedding, space, transport etc. according to the minimum standards.
2. Services: Accessibility and availability of legal aid, medical care, psychological counseling and vocational training.
3. Operational matters: Compliance with guidelines, Standard Operating Procedures and minimum standards.

The present research has been undertaken bearing in mind the issues identified in the past but using the revised guidelines and minimum standards as the yardstick for assessing all functioning Dar-ul-Amans in Punjab in terms of their responsiveness to women's needs with

¹⁰ Article IX. Available at: <http://www.saarc-sec.org/userfiles/conv-trafficking.pdf>

¹¹ *Strengthening and Capacity Building of 8 Existing Shelter Homes & Establishment of Shelter Homes in Remaining 27 Districts of Punjab*, Directorate General of Monitoring & Evaluation, Planning and Development Dept. Government of Punjab, Sept. 2009

¹² Mahmood Salim Mahmood, Secretary, Ministry of Women Development, *Introductory Statement to UN CEDAW Committee*. Government of Pakistan, Islamabad, May 2007

¹³ Ahson, Khalida, *Survey Report: Issues Requiring Guidance/Instructions, Dar-ul-Amans Punjab*, Shirkat Gah, March- April 2008.

respect to physical facilities, legal and socio-medical care including trauma counseling and support for rehabilitation and re-entry.

1.3 Methodology

To assess the situation from these three perspectives, the research deployed a triangulated methodological approach. Comprehensive ethnographic data was collected from all stakeholders in the field: from all echelons of the DuA staff and other service providers, to the committees and officials of departments lending support, from women residing in the DuAs, to former residents and women unassociated with the DuAs. A survey conducted by field teams in all 35 functioning Dar-ul-Amans in Punjab collected basic information regarding the functioning of each Shelter Homes using questionnaires, guided focus group discussions as well as a comprehensive check list developed to verify facilities, procedures and records prescribed by the Government of Punjab. Individual in-depth interviews were conducted with staff, and wherever possible with police, Advisory and Complaints Committees, members of the pool of lawyers, psychologists and doctors. All data collection tools were developed on the basis of the government's Guidelines and minimum standards.

To deepen understanding, a diverse range of seven districts was selected for more in-depth review. Key considerations in the selection were:

- Representation of districts from Northern, Southern and Central Punjab
- Poor and less poor settings
- Districts that have crisis centres to assess service networks¹⁴

In these selected districts, in addition to the questionnaires and physical verification, Focus Group Discussions (FGDs) were held with residents in seven DuAs, and interviews were held with concerned government officials from the Social Welfare and Health Departments, police officers, members of the Advisory and Complaints Committees, doctors and psychologists and representatives of the pool of lawyers. Purposeful sampling was deployed. Table1 provides a list of DuAs selected for more in-depth review.

¹⁴ Shaheed Benazir Bhutto Centers for Women (SBBCWs) currently operate in 12 districts in Punjab.

Table 1. Distribution of DuAs selected for more in-depth review

Sr. No.	Districts	Region	Rural/ Urban	Presence of Crisis Centre
1	Bahawalnagar	South	Rural	
2	Lahore	Central	Urban	✓
3	Kasur	Central	Urban	
4	Bahawalpur	South	Urban	✓
5	DG Khan	South	Rural	✓
6	Toba Tek Singh	Central	Rural	
7	Vehari	South	Rural	✓

An additional reason for selecting Dera Ghazi Khan was because it had been highlighted in previous studies as providing very low quality of service.¹⁵ Districts with a low number of current residents, such as Attock and Jhelum (with 1-2 women residents each) were not considered suitable for FGDs. Nevertheless, individual case studies of residents were gathered from these and other DuAs for greater depth of analysis.

In fact, additional information was gathered from more than half the DuA sites to enable a comprehensive review. Furthermore, to ascertain the perception of DuAs in the larger society, a few FGDs with community women were conducted outside the formal scope of this study. Likewise, case studies of former residents were collected wherever possible to shed further light on women's experience of DuAs. Table 2 indicates Districts in which additional qualitative data was collected through FGDs and case studies.

Finally, to round up the research methodology, a desk review was carried out of literature on Dar-ul-Amans in Pakistan as well as on best international practices. Relevant information from the government such as NADRA database, helplines set up by Punjab Government, and available data from monitoring units such as the Special Monitoring Unit (SMU), was also accessed for this report. Unannounced visits were made to three DuAs (Sargodha, Bahawalnagar and Chakwal), after teams gained an impression of considerable preparations by the DuA staff in anticipation of their visits.

¹⁵Khailda Ahson, op. cit. Currently the situation is much improved and it ranks in the middle on the scale of well-to-poorly run

Table 2. Districts Selected for In-depth Review

Sr. No-	Districts	FGDs with residents (Operational Management & Facilities)	FGD with community women	Case studies of DUA Residents/Former residents
1	Attock			✓
2	Bahawalpur	✓		
3	Bahawalnagar	✓		✓ 2 case studies
4	Chakawal			✓
5	DG Khan	✓		
6	Jhang			✓ 2 case studies
7	Jhelum			✓
8	Kasur	✓	✓	
9	Khushab			✓
10	Lahore	✓		
11	Multan		✓	
12	Muzaffargarh		✓ 2 FGDs	✓ 2 case studies
13	Nankana		✓	
14	Pakpattan			✓ 2 case studies
15	Sahiwal			✓ 2 case studies
16	Toba Tek Sing	✓		
17	Vehari	✓	✓	✓ 2 case studies

Time and resource constraints impeded interviews with any district judges and with senior officials of the SWD in Lahore. A total of **334 interviews were conducted with staff, service providers and other stakeholders associated with the 35 DUAs in Punjab.**

Data was recorded manually in questionnaires during fieldwork and then compiled electronically on coded spreadsheets. FGDs were conducted and recorded in local languages such as Saraiki and Urdu and later translated into English. All field data underwent several stages of screening to check for accuracy and completeness.

Data was then triangulated to cross-verify the information being provided by different respondents in order to draw conclusions. Data that could not be verified due to high levels of discrepancies between various sources was therefore discarded.

For ethical considerations, the identity of residents has been withheld in the report.

1.4 Issues in Data Collection

Working within time and resource constraints, the field team experienced certain challenges. The delayed departmental permission to enter the DuA put serious pressure on the teams. Once fieldwork started, research teams reported difficulties in locating several of the DuAs such as the ones in Sargodha and Sheikhpura as the address on record was incorrect. Other DuAs were simply difficult to locate. This serves to highlight the inaccessibility of some of these facilities to women in need of their services.

While staff and other stakeholders were generally cooperative, in a few instances the team was not given access to information despite the SWD letter authorizing the research. In Bhakkar, for example, the DO SWD refused to allow the team to review records, on the ground that the permission letter made no mention of sharing of documents. The In-Charges of the DUAs in Mianwali, Multan and Chakwal were not amenable to the physical verification of their facilities without surveillance; teams were unable to access records or undertake physical verification in Bahawalpur.

In a number of sites, the preparedness of the staff that had all records ready for inspection, suggests the possibility of records having been hastily brought up to date. In some places, facilities seemed to have been spruced up in anticipation of the research team visit, evident, for example, in brand new bed sheets. In Rahim Yar Khan and Chiniot, the readiness was due to the eminent arrival of the Social Welfare Department's own evaluation/monitoring team. This behavior is much expected, and merely underlines the need for continuous monitoring and evaluation efforts.

The greatest challenge was in to ensure conversations with residents without the surveillance of staff. The lack of unencumbered access to residents made it difficult to cross-verify the validity of all information staff provided in terms of services and facilities. In nearly all the DuAs, despite the repeated requests of the research teams to respect the confidentiality of residents, staff would insist on being present during the FGD. Alternatively, FGDs were disrupted by repeatedly calling participating residents out on the pretext of phone calls or visits. In some DuAs, such as Lahore and Bahawalpur, staff appointed "head girls" from amongst the residents would direct participating residents to leave the FGDs. Nonetheless, some DuA were cooperative, notably the staff at Toba Tek Singh (which is also one of the best run DuA).

Requests to include residents belonging to religious minorities in the FGDs were unsuccessful. This may simply be due to fact that virtually no women from minorities access any of the DuAs.

Lastly, in all locations, interviews with service providers such as psychologists, doctors and lawyers were mostly subject to their availability at the time of the field visit.

2. Shelter Homes: Principles & Issues

2.1 The Importance of Shelter Homes

At the very basic level, Shelter Homes are safe havens for women who have been subjected to, or are threatened by violence from partners, families or communities. Shelter Homes ensure that women at risk of violence have safe accommodation while they navigate through the complexities of the situation they find themselves in. Shelter Homes also accommodate the young children of women at risk. Properly resourced Shelter Homes, in addition, provide women (and their children) the time, resources and services to heal from their experiences, build self-esteem and take steps to lead independent lives. Such Shelter Homes help to prevent future incidents of abuse. Survivors confront vast challenges, ranging from psychological, physical and emotional trauma to financial, legal and social consequences. Shelter Homes are well placed to provide a supportive community, holistic recuperation and potential rehabilitation to survivors having few, if any, alternatives.

Well-run Shelter Homes help to overcome women's reluctance to report incidents of domestic violence or sexual abuse, and to seek help from formal service providers and authorities. They can play a pivotal role in improving the capacity and quality of response of other service providers in contact with abused women and girls, such as the police, legal and social service systems. By creating awareness amongst both survivors and service providers of what constitutes gender based violence (GBV) and violations of human rights, Shelter Homes can contribute significantly to social change and shifts toward gender equality. This role of advocacy in identifying the experiences of individual women as symptomatic of structural violence against women in the larger society can serve to sensitize legal and health providers, social service and security personnel to issues of gender discrimination and violence, and educate them regarding their obligations in providing appropriate services and safe referrals and responses to women and girls in need.

Large, albeit non-comparative, studies from the US, Ireland and Canada¹⁶ indicate that Shelter Homes can rejuvenate survivors' sense of hope, strengthen their decision-making abilities, and improve their knowledge about community resources. By fostering self-reliance and encouraging women to become "organizationally literate" individuals, Shelter Homes can help bring about positive change in the larger community. It has been noted that the longer a woman stays in a Shelter Homes (preferably three months or longer) and is able to avail its services, the higher the chances of her rehabilitation.¹⁷ It is likely that similar benefits will derive from the numerous Shelter Homes-related initiatives in Asia, for example in Malaysia, Sri Lanka and Bangladesh, but no literature was found assessing benefits for the concerned

¹⁶http://www.uwo.ca/fhs/kt/files/tools/nw_tools/ontario_shelter_study_summary_4-page%20aug12_final.pdf

¹⁷<http://www.dvijpiowa.org/the-benefits-of-shelters/>

women and society at large. Nevertheless, the key elements of initiatives in the region are summarized in Annex 2.

2.2 Establishing and improving government-run shelter Homes in Punjab

Government Shelter Homes for survivors of domestic abuse and women confronting other challenges have existed since 1961 under the auspices of the Social Welfare Departments. Starting in 1990, new Shelter Homes started being established by non-governmental organizations. Ms. Hina Jilani, a renowned lawyer, who was supporting survivors in her capacity as a lawyer established the first independent women's Shelter Homes, Dastak Charitable Trust, in 1990 because she found existing facilities not only inadequate, but often problematic. Dastak provided a new model for Shelter Homes in Pakistan leading to several other independent Shelter Homes modeled on Dastak being set up in other cities across the country. In contrast to government-run Shelter Homes traditionally driven by a charity and welfare perspective, Dastak has had a human rights-based approach from the outset, and treats all women residents as rights-holders with full agency.

Punjab has taken the lead in reorienting its Shelter Homes to be in keeping with international standards and new partnerships with civil society actors have catalyzed important changes in the functioning and management of the Dar-ul-Amans. The Punjab Social Welfare Department entered into collaboration with the French humanitarian NGO, Medecins du Monde (Mdm), in 2004, and later with the German assistance program in Pakistan (formerly the GTZ, now the GIZ). The aim of these collaborative arrangements was to improve the quality of life and multidisciplinary services offered to residents in DuAs, and to establish Shelter Homes in each district. Over the years, Mdm has provided some material assistance but more importantly has focused on working in a hands-on manner to improve DuA functioning through better documentation, institutional capacity building of Shelter Homes staff, helping to develop Standard Operating Procedures (SOPs) and the provision of legal, psychological and medical services.¹⁸ For its part, the GIZ provided substantial infrastructural support and facilitated policy level processes. Over the years, the Government has also engaged with various national civil society organizations, in particular, Shirkat Gah-Women's Resource Centre, Aurat Foundation, and Dastak Charitable Trust.

In 2007, a collaborative effort of the Social Welfare Department and GIZ led to the formulation and adoption of new Guidelines in which Shirkat Gah-Women's Resource Centre served as expert consultants to GIZ. This was to be a watershed moment in public Shelter Homes practice in Punjab. In 2008, the need was felt for Standard Operating Procedures to ensure effective implementation of the new Guidelines. Towards this, Shirkat Gah conducted a questionnaire-based survey of all 27 DuAs and in-depth survey of seven, and submitted further recommendations and prepared SOPs for implementing the new Guidelines. The 2008 survey found that while the New Guidelines required a number of departments, such as the

¹⁸ Medecins du Monde Pakistan, *Dar-ul-Aman Survey: Healing the Wounds of Domestic Violence Project*, Feb 2007

police, district health and legal officers, to extend support to the DuAs at the district level, none were aware of this supportive role. To rectify the situation, the Secretary SWD officially wrote to his counterparts in relevant departments requesting their cooperation. Simultaneously, Shirkat Gah developed an Urdu language manual for the DuA staff as SOPs around the New Guidelines. Adopted by the SWD, this manual includes procedural forms developed in collaboration with MdM as well as rules for admission that emphasized a human rights-based approach.

In tandem, MdM continued its monitoring and evaluation process, leading to the Government of Punjab further revising its policies in 2015, accompanied by minimum standards and enhanced monitoring mechanisms.

The revisions progressively introduced by the Punjab Social Welfare Department are in keeping with global trends and understanding of what constitute effective shelter practices, all of which incorporate a multi-pronged approach, measures to improve the sensitivity of service providers and mechanisms to ensure the cohesion of a multi-sector response. The need for an integrated response of all concerned institutions such as police, legal, medical, psychological and Shelter Homes that function to complement each other has also been stressed in the context of South Asia. Regional meetings have highlighted the advantages of public/private partnerships.¹⁹ International and national civil society organizations working to overcome gender-based violence have reiterated similar perspectives in interactions with the Punjab government regarding Dar-ul Amans.

The revised Guidelines and Minimum Standards adopted for Dar-ul-Amans in Punjab are aligned with globally identified best practices to a large extent. Key guidelines and principles for best Shelter Homes practices are summarized below as a point of reference. These have been culled from a variety of toolkits²⁰, but rely especially on the recommendations of the Canadian Network of Women's Shelter Homes and Transitional Houses that provides the most comprehensive list of principles²¹.

Safety, security and dignity of residents must be the paramount concern and guiding principles of the shelter through confidentiality, security measures and monitoring.

All aspects should uphold the dignity, privacy and right of choice of residents.

- The views and voices of women should be promoted, with an emphasis on the right to self-determination and empowerment.

¹⁹*Reclaiming Space: From Victimhood to Agency*, Conference recommendations from State and civil society response to violence against women, A South Asian Conference by Rozan, 2011

²⁰The Scottish Women's Aid; Ixora shelter in Guyana, the Council of Europe and South Africa. See respectively <http://www.scottishwomensaid.org.uk/sites/www.scottishwomensaid.org.uk/files/NationalServiceStandards-SummaryApril2011.pdf>; http://www.hands.org.gy/files/Shelter_Manual.pdf; <https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF%282007%29Study%20rev.en.pdf> ; http://www.endvawnow.org/uploads/browser/files/minimum_standards_southafrica_2001.pdf

²¹*Shelter for Women and Girls at Risk of or Survivors of Violence*, UN Women, Canadian Network of Women's Shelters and Transition Houses, 2013

- Residents should be provided opportunities of participation in the form of communal spaces, workshops, trainings, house committees, support groups etc.

Shelter Homes should be operated by women and for women through independent women's organizations (wherever possible).

Shelter Homes should be open to all women in need (with or without court/NGO referrals), with equitable access to its services and facilities for women from diverse, excluded and disadvantaged backgrounds.

- In the event that the Shelter Homes is unable to house a woman, it must assist in finding safe alternative accommodations.
- Refusal to provide or re-admit should be based only in instances of serious breach of rules, or for the security of the women and children.

Services:

- Crisis support services should be flexible and tailored to meet the needs of each individual.
- Shelter Homes services should be available free of cost and on a 24 hour a day, 365 days a year basis, for as long as service users need them.
- Services should be holistic and available preferably within the same physical location in the form of "one stop shops" or multidisciplinary teams.
- Provision or referral of medical (health and substance abuse), legal, psychological, financial and housing assistance.

Inter-agency coordination and collaborative practices must be fostered through multi-agency partnerships to raise the standard of statutory and voluntary services. These services must represent the views of survivors.

Women should not be separated from their children:

- Childcare and educational facilities must be provided in order to promote children's rights as individuals and/or as families.
- For boys of a certain age accompanying their mothers who cannot be admitted to the Shelter Homes, the Shelter Homes should provide or look for alternative and safe housing.

Staffing:

Staffing levels should be sufficient in order to meet the needs of residents.

- All staff must be trained for an in-depth understanding of a gendered analysis of violence and human rights, communication and intervention techniques, child protection, appropriate referral procedures, empowerment and non-discrimination.
- Staff interactions with residents should reflect these trainings. All inter-personal communication, including those between adults and children, should reflect respectful behavior and non-violent approaches.

Mechanisms for grievance /redress should be in place to ensure accountability of all service providers in providing appropriate and quality responses.

Resettlement and follow up mechanisms should be in place for former residents and their children. Shelter Homes should provide means to medium and long-term empowerment solutions and accommodation.

- Shelter Homes must facilitate independent economic means for survivors in order to ensure rehabilitation and realization of potential through vocational trainings, job placements, and education.

Responsibility and accountability of domestic violence must rest with the perpetrator

These principles have been kept in mind for assessing the implementation and effectiveness of the existing Guidelines and minimum standards of the Dar-ul-Amans in Punjab.

2.3 Key Issues Identified in previous studies

Access: In principle, DuAs are supposed to provide refuge to women regardless of whether they are referred by the court, by NGOs, or seek shelter on their own. In practice however, the admission of women seeking shelter on their own in Pakistan was found to be rare.²² Severely controlled, and hence highly restricted, mobility²³ combines with lack of adequate transport hampers access of women, especially from rural areas.²⁴

Attitudes of DuA Staff & Authorities: Research carried out in 2001 indicated a prevalence of malfeasance amongst staff, with reports of women residents being beaten, forced to meet abusive family members and coerced into paying for food, medicine and other facilities that are meant to be free.²⁵ A more recent anthropological study²⁶ again recorded a lack of gender sensitization and sensitivity to the problems faced by violence survivors amongst Shelter Homes staff and police. The social acceptability of, and impunity for, violence in practices such as so-called ‘honor’ crimes, forced marriages, all forms of domestic and sexual abuse, combined with the persecution of women exercising agency in marrying by choice for example, has a host of implications. Women seeking Shelter Homes are often considered guilty of perceived immorality (at the very least breaking the sanctity of prescribed gendered roles), and therefore treated as pariahs. Women seeking justice or protection from abuse are often not taken seriously by authorities that tend to dismiss domestic violence as a “private family matter”. Women looking for protection/shelter are commonly advised to reconcile with their spouses/families by both the police and Shelter Homes staff.

²² Shahnaz Khan. *Gender, Religion, Sexuality and the State: Mediating the Haddoo Laws in Pakistan*, Khan, Center for Research on Violence Against Women and Children, 2001

²³ R. Malik, M. Dilshad, I. Rubab & M.A. Hashmi, ‘Voices of Inmates: What State Offers to Public Sector Shelter Homes in Pakistan?’, *Journal of Education Research*, Vol. 16, No.1 (2013), Dept. of Education IUB, Pakistan

²⁴ M. Iqbal & S.M. Hassan, ‘Verifying Effectiveness of Social Welfare Services in Pakistan through Methodological Triangulation: A Qualitative Analysis of Public Sector Institutions in Punjab’, *Pakistan Journal of Social Sciences*, Vol. 35, No. 1(2015), pp 185-199

²⁵ Shahnaz Khan, *Gender, Religion, Sexuality and the State: Mediating the Haddoo Laws in Pakistan*, Center for Research on Violence Against Women and Children, 2001

²⁶ *Risk on Return for Pakistani Women Who Have Lost the Support of Both Their In-Laws and Their Natal Kinfolk: An Anthropologically Informed Commentary on the Findings of Upper Chamber of the IAT in KA and Others (Domestic Violence-Risk on Return)*, Ballard, Roger, Center for Applied South Asian Studies, 2012

Residents' Perspective: A 2007 survey by MdM²⁷ found that the most pressing issue identified by women residing in Punjab DuAs was the lack of freedom of movement and respect. Indeed, the treatment of women residents as prisoners, evident in the use of the term “inmate” by staff to refer to women residents of the DuAs,²⁸ has been the subject of some uproar in Pakistani media.²⁹

Services: In principle, the Darul Amans are supposed to provide women legal aid, access to psychologists and medical personnel, offer women vocational training, and provide for the care and education of residents' minor children. In practice, these services are not always available – often because of inefficient budgetary management. Legal aid services provided by volunteer lawyers have been assessed as highly inadequate given the number of cases. Many women residents are illiterate and lack both self-confidence and information. Studies find that few women pursue judicial recourse and that many who do so, lose their cases.³⁰

Social Perceptions of DuAs: Literature indicates that DuAs do not enjoy a good reputation. Local communities generally view these institutions as a haven for unchaste or ‘bad’ women, as places that allegedly encourage immoral practices and behavior. This stigma deprives the DuA of community support, further alienates the residents and results in female staff members in particular facing derision for being associated with the institution. Frequent transfers of management, insufficient resources and budgetary inefficiencies often leave DuA staff ill equipped to effectively handle daily operations or to improve the image of these Shelter Homes, let alone facilitate rehabilitation and re-entry of the women residents.³¹

Follow-up of Residents: Finally, studies stress the lack of any procedure in place to follow up on women leaving the DuAs and the absence of secure transitional housing for such women. The lack of safe transitional housing was of particular concern as several women have been killed by their families upon leaving the DuAs; many more remain at risk.³²

2.4 Improving the System: Key Changes in Dar-ul-Aman Guidelines

Over the years, the government of Punjab has taken note of many of the issues highlighted by studies and taken steps to address these. For example, in 2007 the Social Welfare Department adopted new Guidelines developed with technical assistance from the German Agency for Technical Cooperation (GTZ). The Guidelines aimed to make the DuAs more resident friendly, enhance cooperation with different departments and foster a supportive

²⁷Dar-ul-Aman Survey: *Healing the Wounds of Domestic Violence Project*, Medecins du Monde Pakistan, Feb 2007

²⁸*Crisis Centers and Gender Crime Cells: An Investigative Study*, Aurat Foundation, 2012

²⁹<http://www.dawn.com/news/260957/karachi-hapless-women-call-darul-aman>

³⁰ Muhammad Tahir Noor, *Strengthening Gender Legal Framework for Combating Violence Against Women*, pp 98, 133, Sept 2011

³¹ M. Iqbal & S.M. Hassan. *Verifying Effectiveness of Social Welfare Services in Pakistan through Methodological Triangulation: A Qualitative Analysis of Public Sector Institutions in Punjab*, Pakistan Journal of Social Sciences, Vol. 35, No. 1(2015), pp 185-199. See also <http://www.dawn.com/news/868127/darul-aman-in-punjab> (2009);

<http://www.dawn.com/news/260957/karachi-hapless-women-call-darul-aman>.

³²Shahnaz Khan, op. cit.

environment that emphasizes the protection of the dignity and respect of residents. A follow up survey in 2008 to assess implementation identified a series of issues needing to be addressed as follows:

- **An annual financial crunch** was confronted in July and August following the end of the government's fiscal year in June. DuAs had great difficulty in maintaining operations during. Procedural delays in the release of funds led to an inability to pay staff salaries, utility bills and even to provide residents adequate food.
- **Inadequate staffing:** both a lack of posts and posts remaining vacant.
- **Weak Linkages** leading to poor institutional support from relevant district officers (health and home)
- **Staff's negative attitudes** towards women seeking shelter, leading to
- **Insufficient respect of residents' dignity with** residents treated more as prisoners than as rights-holders, denied freedom of mobility and other rights
- **Refusal to admit** women directly approaching DuAs
- **Women forced to meet people** by Courts in contravention of Guidelines

Several measures suggested for enhancing the effectiveness of shelters' management³³ were carried out immediately, such as the development of a manual to overcome bottlenecks obstructing the full operationalization of the New Guidelines, which functioned as Standard Operational Procedures; training run by civil society groups of SWD staff, in particular those assigned duties with the DuAs, around family law matters and gender-based violence in particular. Several new posts were added, e.g. a full-time resident female warden, a part-time psychologist, a part-time lady doctor and a part-time legal adviser.³⁴

Subsequently, monitoring and evaluation rounds conducted with the support of MdM prompted the 2015 revision of the guidelines.³⁵ The revisions include new language reflecting a human rights-based approach, such as informed consent, residential area, administrative area and public area. Some of the most significant changes signaled by the revised Guidelines and Minimum Standards are as follows:

A **commitment to ensure the rights and dignity of all residents**, reflected in the attitudes of DuA staff in their dealings with residents:

- Section 5 delineates residents' rights to equal access to all facilities and records, freedom of choice and movement (barring restriction of movement of court referral cases), rights to visits and telephone access. The section also elaborates the rights of residents to make written complaints, suggestions and requests directed to the in charge.

³³ Khalida Ahson, op. cit.

³⁴ *Strengthening and Capacity Building of 8 Existing Shelter Homes & Establishment of Shelter Homes in Remaining 27 Districts of Punjab*, Directorate General of Monitoring & Evaluation, Planning and Development Dept. Government of Punjab, Sept. 2009

³⁵ *Guidelines for the Dar-ul-Amans in Punjab (Shelter Homes for Women in Distress)*, Social Welfare & Bait ul Maal Dept, Government of Punjab, Pakistan, 2015

- Prohibiting the use of residents for DuA publicity in order to protect their identities.
- Security:** SWD to provide security guards with licensed arms in addition to area police.

Physical amenities:

- All rooms to be well ventilated and regularly cleaned.
- In-Charge to maintain a first aid facility for residents and conduct regular trainings on first aid and emergency fire extinguishers.

Services:

- A new section on income generating activities stipulating that residents are entitled to all money collected from the sale of products made by them;
- Provision of Legal Aid Service.

Management:

- A reiteration that boys above the age of 10 will not be allowed to reside in DuA;
- In-Charge to be available at any time when in need of special assistance;
- SWD to implement immediate disciplinary action against DuA staff for misconduct and violations of rules and regulations;
- The inclusion of thumb impressions with signatures in discharge records;
- Revised powers of Advisory Committees (AC); the In-Charge may follow the advice of the Committee only within its administrative and financial framework.
- ACs to meet at least monthly, scheduled by the Chairperson and Committee Secretary; quorum raised from 30% to 50% of the total membership.
- New Complaints Management Committees with specified TORs.

The present research was designed to review all these issues, assess progress in the revised guidelines and improved governance measures put into place.

3. Overview of Dar-ul-Amans in Punjab

Overall, there has been significant improvement in the workings of the Dar-ul-Amans in Punjab, especially in those DuAs that operate in compliance with the Guidelines and minimum standards. Nevertheless, the effectiveness and responsiveness of DuAs to women's needs varies tremendously. More than one third of DuAs (12) are well-run, especially given the circumstances that they are forced to operate in. For instance, the Kasur Shelter Home is housed in a poorly provisioned rented building; other DuAs suffer from staffing shortages. Despite these setbacks, the management has coped with these limitations admirably. DuAs identified to be well run are the following: Faisalabad, Gujranwala, Jhang, Jhelum, Kasur, Khanewal, Khusab, Lodhran, Mianwali, Pakpattan, Sialkot, and Toba Tek Singh. Of these, Faisalabad and Khushab are providing exceptionally good services that respect the dignity of women and should be seen as models for replication particularly with respect to the rights of residents, close linkages with both the government and civil society, and active Advisory Committees and Complaints Management Committees.

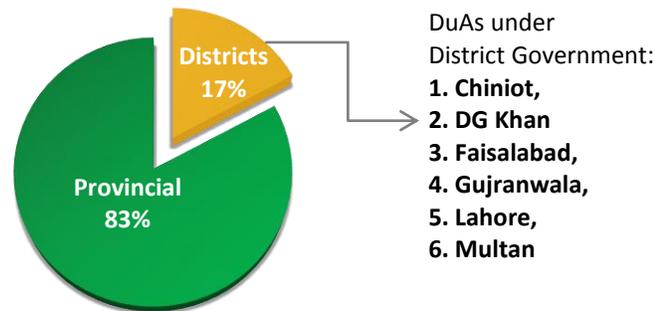
Civil society organizations were observed to be beneficial to the DuAs, as they function much like the Advisory Committees: providing resources (e.g. reading materials), facilitate recreational/celebratory events in the DuA, some even mobilize services such as medical supplies, food items and psychologists. The DuAs not performing at par are clearly those where rules are being flouted and instances of sexual abuse have been documented, namely, Muzaffargarh, Hafizabad and Rahim Yar Khan. At the same time, it is encouraging to note that cases of sexual abuse reportedly occurring previously in DG Khan and Rajanpur DuAs have been addressed by the relevant authorities as elaborated in Section 6.

3.1 Buildings and Amenities

Of the 35 Dar-ul-Amans servicing women at risk in the province, the vast majority (29 or 83%) fall under the remit of the provincial government. Six fall under District government, as listed in Diagram 1. A table classifying DuAs according to government authority is available in Annex 1.

Diagram 1

Proportional Distribution of DuAs under District & Provincial Governments



Concerted efforts to relocate DuAs to purpose-built premises are praiseworthy. Currently, 22 DuAs are housed in purpose-built premises. Of the remaining 12 shelter homes in rented premises, an additional three (Lodhran, Mandi Bahuddin and Okara) are either scheduled to move into new purpose-built premises soon or have approved budgets for this. DuA staff has been requesting purpose-built facilities for a long time as most rented spaces tend to be cramped and the separation of residential and administrative areas is less efficient. A lack of finances is usually identified as the main obstacle, yet the new facility in Khanewal was built within the allocated budget thanks to the personal management of its Superintendent. It is hoped that all the DuAs will soon be accommodated in purpose-built premises.

All DuAs excepting two (Sargodha and Lahore), are located within a 10 km radius of government hospitals, courts and police stations in keeping with the minimum standards. This facilitates access to services to be provided by these institutions.

The minimum standards specify that all rooms of government buildings are to be in use. In practice, the Bahawalpur DuA has converted three rooms of the upper portion into store rooms, in Sargodha, three rooms on the first floor stopped being used after women residents reported verbal abuse being hurled at them by the occupants of the adjacent house. In terms of bedding, the Guidelines stipulate: one bed, two bed sheets, one pillow, one pillow case and one blanket per resident capacity. Beds were provided as per the minimum standards, but proper bedding was not available in all the DuAs. In Rahim Yar Khan and DG Khan it appeared that brand new sheets had been purchased and laid out on the bed prior to the team’s visit.

Power supply: DuAs are not adequately equipped in terms of energy. Only five of the 35 DuAs had generators, and of these two were not functional. While 30 institutions were equipped with UPS, only 28 had functional UPS. The Lahore DuA is the only one which had three UPS. This leaves women residents in all DuAs in complete darkness and, often discomfort, during

the frequent power cuts. It also leaves the security guards and chowkidars in a similar situation.

In terms of Sui gas supply, 25 DuAs had direct connections. The remaining ten DuAs without direct supply lines either use gas cylinders or wood. For example, the DuAs in Bhawalnagar, Mianwali and Muzaffargarh use fuel-wood for cooking, as the areas where the DuAs are located do not have a gas supply. Toba Tek Singh, DG Khan and Lodhran DuAs use a combination of both firewood and gas cylinders. In Gujranwala, although the DuA has a Sui gas connection, wood is used for heating and cooking during winters.

Ventilation, hygiene & sunlight: Purpose-built premises are generally better ventilated than rented buildings; the exception being the well-ventilated Rahim Yar Khan DuA that is in a rented premise. The lack of ventilation and sunlight in most facilities such as Rawalpindi and Kasur not only makes for an unpleasant environment, but also facilitates the spread of illnesses amongst residents. The number of washrooms and bathrooms is considered sufficient, except in Kasur and Rahim Yar Khan. However, cleanliness was an issue. In almost all DuAs the bathrooms were noxious and unhygienic; minimum standards were only being adhered in a handful of districts like Khanewal that is housed in a recently purpose-built construction. Pointing to the need for repair and maintenance, half of the washrooms of the purpose-built DuAs in Toba Tek Singh and Sargodha were not in working condition.

Amenities distributed to residents: Soap is generally available in all DuAs. Items for *Hygiene kits* were visible in some DuAs, as packages in some cases, as supplies in others. However, these are rarely – if ever - given automatically to women. Items are issued on a needs basis although residents in DG Khan mentioned not having received anything. As per the Guidelines, dustbins were observed in washrooms and kitchens of 19 DuAs; eight DuA had a dustbin in *either* washrooms or kitchens; eight had no dustbins (Bhakkar, Chakwal, Chiniot, Gujrat, Layyah, Multan, Muzaffargarh and Sheikhpura). If Staff does not include sweepers, residents carry out the cleaning. Cleaning Schedules were displayed in 11 DuAs, but cleaning products were not available in six DuAs.

Clothing is only provided for residents on a needs basis although DuAs do maintain registers of all clothes distributed. In Attock and Narowal, women reported having been provided second-hand clothes. In Faisalabad and Vehari, the Advisory Committee distributes clothes for women on special occasions. Partly the problem seems to be one of budget where budgets end up being used for other necessities such as food.

Equipment: All DuAs except Muzaffargarh and Faisalabad have a computer that is used by the In-Charge, Assistant In-Charge, or Computer Operator. A few of the In-Charge had laptops. Only Lahore DuA has a photocopying machine.

Telephones for use by residents are available in all DuAs and usually located in the In-Charge's room. There is no PTCL landline in Sargodha and Sialkot DuAs, but mobile phones with a separate SIM for residents are used. Each DuA has designated one day in the week for women

to use the telephone that is usually kept in the In-Charge's room. The duration of calls allowed ranged from 3 to 10 minutes per resident. A register recording telephone usage affixes residents' thumb-prints and signatures as well as the In-Charge's signature.

Water coolers were present in 29 DuAs, although three are nonfunctional. Layyah has no cooler in the residential area. Except in Khushab and Layyah, all DuAs have a *television* set in a separate room according to the minimum standards, but in Sialkot, the TV was in the warden's room; TV sets were not operational in Jhelum, Khanewal, Chakwal and Sargodha. However, the wardens in Sargodha and Sahiwal occasionally show movies to residents on their laptops.

Books and games for resident women and children prescribed in the standards are rare, and only Lodhran DuA has one subscription for the *Akhbar-ay Jahan* magazine.

In compliance with the new regulations, all DuAs except Attock had one (and most had two) locked complaint boxes, in the administration area and/or in the residential area. Only some DuAs have placed pen and paper near the complaint boxes as described by the Guidelines. Unfortunately, most residents are illiterate and complaint boxes are rarely used. Several members of the Complaints Committees mentioned the ineffectiveness of complaint boxes. In practice, complaints are shared verbally; effective complaints mechanisms are rare, and in Hafizabad (one of the three problematic DuAs) the team was told that the complaints put in the box were simply torn up. In Toba Tek Singh, it was noticed that the complaint box has 'Complaint Box' written in English, raising the question of whether women understand its purpose.

Most Shelter Homes do display material relating to the rules of the DuAs. For example, Emergency Exit Plans were displayed in 23 DuAs as per the minimum standards. This still means that a significant eleven DuAs still do not display emergency plans, which are important for the Staff and volunteers as well as residents. A new positive development is the different materials visible in the DuAs related to women's legal rights displayed in Urdu language. However there is the more general question of how well the residents are aware of what to do in emergency situations given that most are illiterate.

3.2 Residency

At any given time the Dar-ul-Amans together house between 804 and 958 women. In 2015, the DuAs serviced a total of 10, 873 women and 3,038 children, and for example the Faisalabad DuA alone had serviced 706 women in 2015. Diagrams 2 and 3 illustrate the total number of women and children admitted in each DuA in the year of 2015.

Diagram 2

Total No. of Women in 35 DuAs in 2015

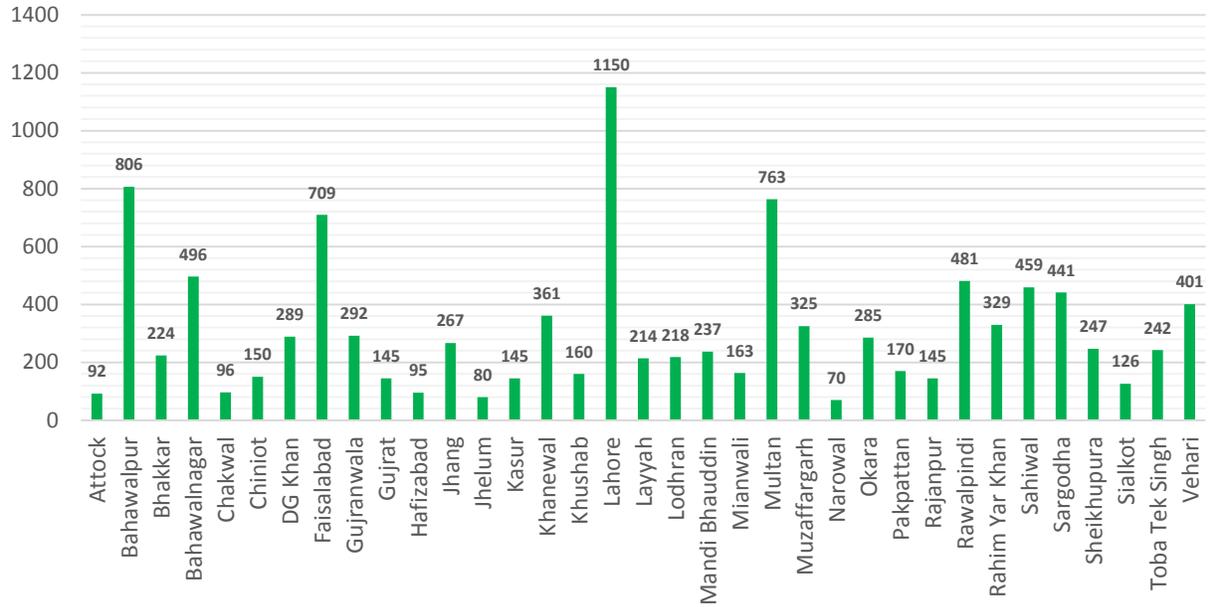
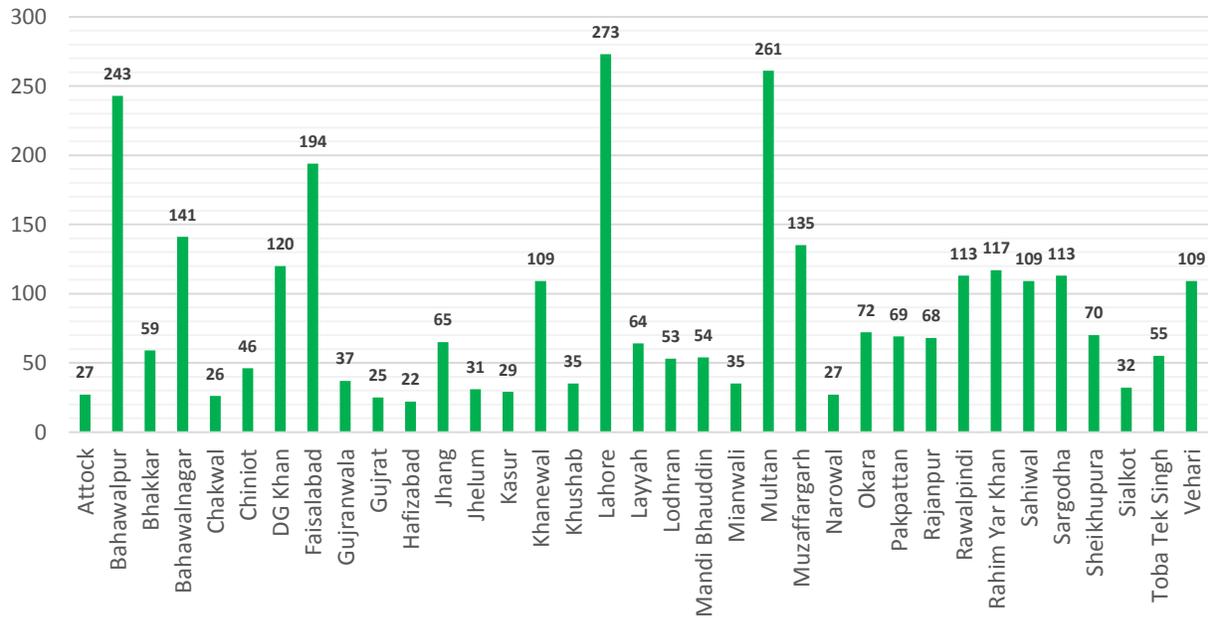


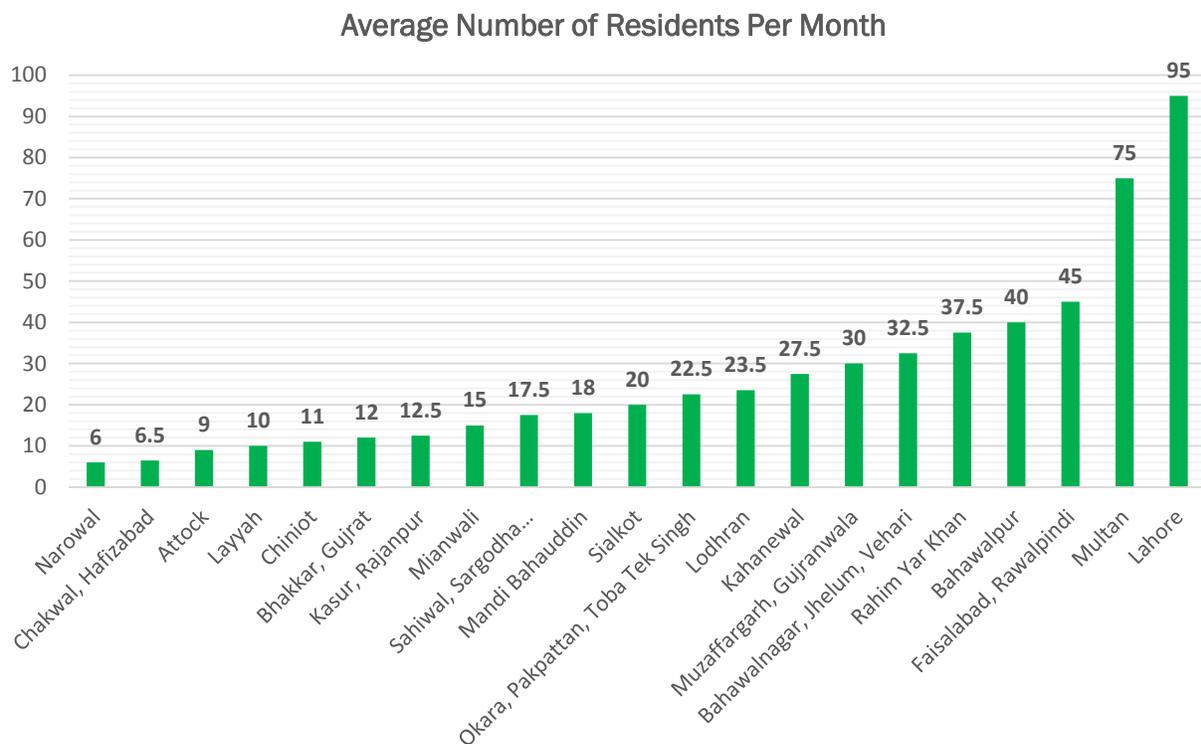
Diagram 3

Total No. of Children in 35 DuAs in 2015



The women residents of DuAs are not evenly distributed across districts, however. As detailed in Diagram 4 below, the average number of women residing in DuAs each month varies from a low of 5-7 (Narowal, Hafizabad, Chakwal) to a high of over 100 in Lahore, and 70-80 in Multan. Rawalpindi and Faisalabad both house an average of 40-50 women per month. Average residencies for the remaining DuAs are as follows: Five of the DuAs house up to 10 residents on average, eight DuAs on average house 10-15 women residents; four DuAs house an average of 20-40 women. The higher number of women accessing the DuAs in large cities like Lahore, Multan, Faisalabad and Rawalpindi is unsurprising given the overall district populations and urbanization. With the exception of Multan, large cities do not experience seasonal fluctuations.

Diagram 4



In many other districts the DuA staff reports seasonal fluctuations in the number of women seeking refuge. Seasonal fluctuations, peaking during harvest or summer months, can double the DuA population. Some staff respondents attribute this to women seeking to avail of the free facilities offered by the DuA during the hard summer months. An alternative view was that the harvest season provides households with a cash income that may enable women to have the financial resources required to leave their homes. It was also suggested that harvest time provides village women opportunities to meet new people and thus elope. This is all speculation, however, and cannot be taken as reflecting actual reasons for fluctuations. Indeed, the summer phenomenon has been recorded elsewhere, including in Canada and the

United States of America.³⁶The heightened levels of domestic violence associated with summers have been well documented in Karachi;³⁷ the resultant increased number of women approaching shelters is also the experience of the independent shelter, Dastak in Lahore. Sharing such research-based evidence with DuA staff would be useful to overcome baseless speculations.

Technically, the duration of stay of a resident in the DuA is limited to three months. However, this is not a rigid rule and there is room for flexibility. Women's residence is regularly extended to ensure she is sheltered for the period necessary for a woman to complete her court case. Alternatively extension of stay can be obtained through a recommendation of the Advisory Committee or Director General, SWD. Table 4 in Annex 1 provides data on the average number of women taking shelter every month in each DuA as well as the average and maximum duration of stays. The length of time any woman stays at the DuAs varies significantly from a single day, or 2-3 days to exceptional cases where the women continue to reside at the DuA for years. (One woman was reported to have resided at the Bhawalpur DuA for 11 years.) Eleven DuAs reported having had women's stays extended for up to 2 years, a further two DuAs had women staying on premises for 3 years. This means that almost two fifths of the DuA (37%) has some long-term residents, a phenomenon which is not taken into consideration in the rules and regulations.

The majority of women currently residing in the DuA come from rural areas of the same district. Hardly any women are literate, much less educated. At the time of research, none of the Shelter Homes housed any women from minority communities, although, DuAs in Khushab, Lodhran, Multan, Muzaffargarh and Toba Tek Singh reported having residents from the Christian communities previously; the Rajanpur DuA had once admitted a Hindu woman from Sindh. In terms of women with disabilities, it is commendable that the Toba Tek Singh DuA that regularly receives polio-stricken women has made special arrangements at the Shelter Homes for wheelchair access and customized toilets. The Bahawalpur and Bhakkar DuAs have women with speech disabilities, and have taken specific measures in Bhakkar to address their needs, such as mobilizing the support of a psychologist as elaborated in Section 5.

³⁶ See for example, <http://winnipeg.ctvnews.ca/women-s-shelter-sees-rise-during-summer-in-numbers-of-people-seeking-help-1.670233> and <http://www.nytimes.com/1982/09/23/nyregion/as-summer-ends-city-is-sheltering-as-many-homeless-as-last-winter.html>.

³⁷S. F. Sarfaraz & N.F.A. Khan, (2015), 'Domestic Violence Among Married Women with Special Reference to Slums Areas of Karachi', *Advances in Social Sciences Research Journal*, 2 (1), 127 -138

Main Reasons for Women Taking Shelter: The major reason unmarried women seek shelter is to escape life threats from their families when they desire or exercise their legal right to marry someone not selected by their families. Most married women seeking shelter have, or desire to, initiate *khula* cases, driven by a host of issues, which include but are not limited to instances of violence, maintenance issues, problems with in-laws etc. Occasionally, women seek support from the DuA because they desire to re-marry of their own accord and/or seek their children's custody after divorce. In the past, some DuA staff would facilitate these marriages such as in Jhelum, Toba Tek Singh and Gujrat. The Jhelum DuA reported that it had stopped facilitating marriages after facing security threats from residents' families.

Other reasons for seeking shelter include being a rape survivor and to escape customary practices such as *watta satta* and *wani*, or trafficking. Disputes over inheritance and dowry also precipitate a need to leave home. Toba Tek Singh and Rajanpur had received minors: one found at the bus stop and another girl evicted from her house after her father remarried.

The majority of women were referred through courts. While almost all the DuAs do admit women seeking shelter on their own and those referred by other institutions, upon admission all such cases are converted to court cases to acquire a legal cover for their subsequent proceedings. The majority of court-referred cases are civil in nature. Exceptionally, five DuAs (Gujranwala, Narowal, Pakpattan, Rawalpindi and Sahiwal) reported receiving women implicated in criminal cases. However, with the exception of Gujranwala, DuAs only house these temporarily (at most 24 hours), after which the police takes them away for further proceedings in their respective cases. Gujranwala has had residents who have had FIRs filed for or against them with the police; mostly these are women who were abducted or trafficked, although occasionally there have been women who have re-married without the previous marriage being legally dissolved.

In all likelihood far more women would access and use the services of the DuAs if (a) there was wider knowledge of the existence of these Shelter Homes, (b) the procedures for admission were simplified and complied with the Guidelines, and importantly (c) the image of the DuA were more positive. Unfortunately, despite the measures taken by the government, including the rights-based approach reflected in the Guidelines and Minimum Standards, DuAs continue to suffer from an unhealthy reputation, in part stemming from how women accessing these Shelter Homes are perceived, and in part from the less than satisfactory and sometimes highly problematic treatment of women residents, especially in some DuAs. These matters are discussed in the following sections.

3.3 Staffing

It is encouraging that, in keeping with best shelter practices, 26 of the 35 DuAs are headed by a female In-Charge with no additional charge. Steps have also been taken by the government to strengthen the staffing of all DuAs. This includes new posts of supervisors and wardens. However, the role of the supervisor remains unclear, and a majority of supervisors are men. Only in Toba Tek Singh is the Assistant In-Charge a woman; the position is filled by

men in 23 districts and remains vacant in 11. Hardly any supervisors had any idea about their responsibilities relating to the Helpline. Indeed, the overwhelming majority of DuA staff is male; in 10 Shelter Homes constituting more than 70%, as seen in Diagrams 5 and 6 below. Women only comprise 28% of the entire DuA staff. While it is understandable that drivers, chowkidars and guards are male, reasons for hiring men as cooks or against all other posts in women's Shelter Homes is less understandable. Although the position of cook is not sanctioned by the SWD, 21 DuAs have hired cooks, out of which only 5 are female. Additionally, there is a conflict of interest whereby at least 8 supervisors who are related to each other have been recruited from Tehsil Jatoi of Muzaffargarh and posted in different districts that include Bahawalnagar, Khushab, Chakwal, Rawalpindi, Sahiwal and Muzaffargarh.

At least eight DuAs are understaffed: Gujrat, Layyah, Sheikhupura, Chiniot, Vehari, Attock, Rajanpur and Narowal. Table 6 in Annex 1 shows the staffing position of different DuAs. In 17 districts the Assistant In-Charge does a double duty as the accountant. Only four women have been appointed in newly established Supervisor position; this post lies vacant in 11 districts. In Chakwal and Khushab the appointed supervisors, both men, also serve as Assistant In-Charges.³⁸ Unfilled posts of Accountants, Assistant In-Charges and Supervisors should be given to women.

More than a quarter, or nine, of the DuAs have acting In-Charges.³⁹ Six of those with additional charge of the DuA are men, who may not have much experience with the running of a women's shelter. Additionally, residents may not feel as comfortable with a male supervisor during what is often a traumatic period in their lives, and therefore may not divulge details of their circumstances that would be imperative in providing relief. In any event, those given additional charge may not have enough time to devote to the DuA given that their primary responsibility remains with their major designation. In the case of D G Khan, for example, additional charge has been given, appropriately to the Manager of the Crisis Centre, but she has also been given another additional charge, leaving her little time to devote to the DuA. In Gujrat, the DuA is currently severely understaffed following the transfer of the In-Charge on charges of malpractice. The officer given additional charge is responsible for the Sanatzar and has been unable to devote adequate time to the DuA.

A very welcome development is the appointment in 23 DuAs of women wardens who stay on the premises. Still, 12 DuAs do not have wardens. This needs to be redressed, as the only female staff member who stays with the women at night, the warden is crucial. In the absence of the warden it becomes very difficult to deal with any crisis or urgent issues faced by residents. Technically, the remaining male staff cannot respond in times of medical emergency as they are not allowed to enter the female residents' area. Often, the female In-Charge or religious teacher is requested to either stay at the DuA or be on call to deal with emergencies.

³⁸In Attock, the appointed Supervisor had been deputed to work in the Khidmet Card Drive and was unavailable at the DuA.

³⁹Attock, Dera Ghazi Khan, Gujrat, Jhelum, Layyah, Narowal, Shiekhupura, Toba Tek Singh and Vehari.

Diagram 5

Staff Polling per District by Gender

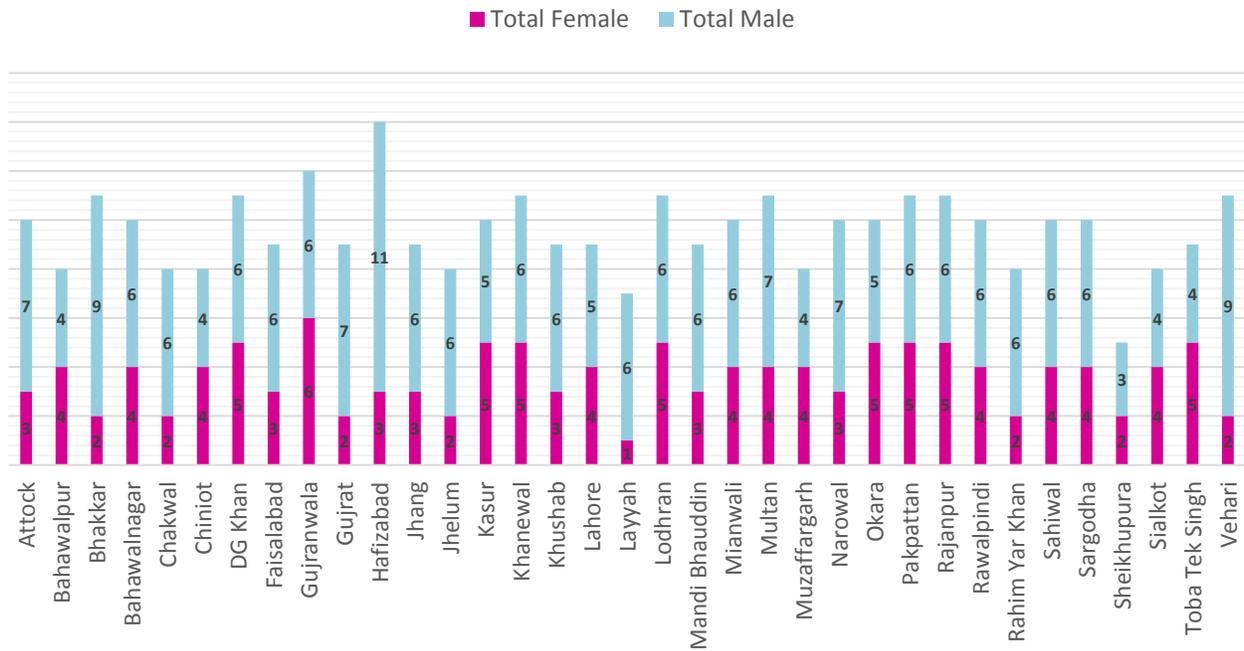
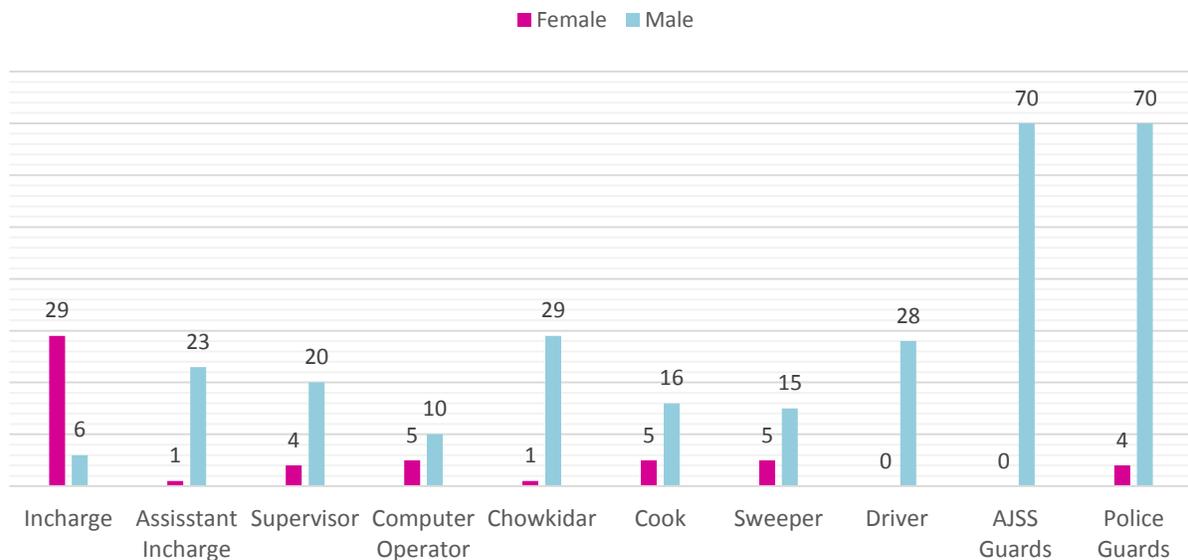


Diagram 6

Staffing of DuAs by Posts and Gender



The insufficient number of female staff obliges female staff to juggle responsibilities in order to meet the residents' needs. Where wardens have not been appointed, religious and/or

vocational teachers are frequently called upon to perform the warden's duties in addition to their own. Commendable though this is, it is not sustainable. Sometimes, wardens are expected to be on 24-hour duty. It was stressed that at least 2 women wardens with 12-hour shifts should be notified.

Computer operators have not been appointed in 19 DuAs; only six of the 16 posts have been filled by women. Only three Accountants have been appointed. In all the other 32 districts the Assistant In-Charge has taken on the responsibility of the Accountant.

The post of Religious teacher has not been filled in 11 DuAs; nine DuAs do not have a Vocational/handicrafts teacher but four DuAs have appointed two Vocational/ Handicrafts teachers. Only two DuAs (Rawalpindi and Rajanpur), have a literacy teacher.

Five Shelter Homes do not have Chowkidars, while the Rawalpindi DuA has two Chowkidars, one female and male. It is the only DuA with a female chowkidar.

Of the 21 appointed cooks, only five are women. In Okara, the male cook performs as a driver too. Where there is no cook, cooking is carried out by the residents. Residents stressed that they prefer to have a female cook. In any case, the position of cook should be eliminated, women residents allowed to cook, and the budget used for other needed personnel, such as vocational and literacy teachers or drivers. Seven DuAs do not yet have drivers. In Gujrat, the DuA is using the driver appointed to the Sanatzar, however, this is only possible since the Manager of the Sanatzar had been given additional charge of the DuA.

The Guidelines prohibition of any men from entering the residential areas⁴⁰ is respected in most DuAs and male staff was found to be largely unaware of the conditions of residential areas. Yet, 15 DuAs with a single kitchen have male cooks while 1 DuA has a cook cum driver. As women also need to access the kitchen, interactions between male cooks and residents become inevitable. Generally this was not seen as problematic but it unnecessarily raises the risks of inappropriate behavior with the women residents. More worrying was the observation in several DuAs that male staff moves about at will in spaces designated exclusively for women residents and their minor children. In a few cases, male staff remained in the premises at night. The presence of men in spaces restricted for women is problematic as it can and has given rise to situations of abuse, as related in detail in the section on security matters.

Head-Girls: an improvised management tool: In order to cope with shortage of staff, In-Charges have developed an informal system of appointing 'head girls' from amongst the residents to help manage. The practice seems to have developed primarily through word of mouth since the 1980s when the In-Charge in Rawalpindi appointed resident representatives for each room in the residential area to ease management. The In-Charge deputed at Rahim Yar Khan (RYK), for example, said she started to appoint 'head-girls' after having become

⁴⁰ Sub-clauses 7.4.3 and 7.4.4 in *Guidelines for the Dar-ul-Amans in Punjab*

aware of this practice and its benefits in discussions amongst fellow In-Charges at trainings organized by MDM.

The criteria for selecting a head-girl are the quality of her organizational and managerial skills as determined through e.g. her educational level, performance in weekly classes and overall responsible behavior. The length of stay at the DuA of head girls met varied from 2 months to a year, indicating length of stay is only a secondary consideration. The In-Charges in Lahore and Rahim Yar Khan said they appoint head-girls following a voting procedure amongst residents and that head-girls are changed periodically, in particular should there be any complaints from the residents. In all other DuAs, head-girls were selected by a mutual decision of the In-Charge and her subsidiary female staff, and occupied the position for the duration of their stay at the DuA.

The responsibilities and authority granted to head-girls over other residents was similar across DuAs. Primarily responsible to manage the affairs of the residential area, they delegate and oversee tasks of cooking and cleaning, conflict resolution amongst residents, assist in the weekly classes, and broadly act as the liaison between the residents and DuA staff. With the exception of Multan and Vehari, where head-girls also assist in tasks such as the maintenance of records and overseeing admissions at night, none of the DuAs provided their head-girls with access to the administrative area.

While the staff repeatedly emphasized the democratic nature of selection and smooth functioning facilitated by appointing 'head-girls', other residents, particularly in Vehari and Multan, had mixed opinions on the head-girls and their role.

3.4 Financial matters

Budgetary allocations continue to be insufficient and are not always efficiently managed. In many DuAs, the budget for food is seen as insufficient. The Guidelines specify a balanced diet is to be provided consisting of at least three meals a day at 2250 K.cal per person⁴¹. Previously, several In-Charges had adopted the practice to submit food budgets in terms of calorie intake not cash to compensate for inflation. Unfortunately, a 2010 SWD directive (Order No. SO(D)1-2008), that raises the budget allocation from Rs. 50 to Rs.100, has been taken to mean that only a monetary calculation is acceptable. Consequently none of the In-Charges submit food budgets in terms of calorie intake.⁴² This monetary amount is considered unrealistic because it does not account for rising prices. Consequently, the DuA management often has to juggle budget heads just to be able to feed women residents and their minor children. Supplementary nutrition is only given to pregnant women on need basis because of

⁴¹ See sub-clause 7.6.5 of *Guidelines for the Dar-ul-Amans in Punjab (Shelter Homes for Women in Distress)*, Social Welfare & Bait ul Maal Dept, Government of Punjab, Pakistan, 2015

⁴² District-run DuAs are excluded from this order.

budget constraints. Sometimes this means reducing funds for services beyond the bare minimum of feeding and sheltering women.

Budgets for repair and maintenance as well as the upkeep of physical amenities, such as generators, back up gas cylinders, television sets, children's play swings etc. is negligible. In other words, even if DuAs are provisioned with certain amenities to begin with, the lack of budgets for upkeep essentially means a waste of investment as those amenities become dysfunctional (as noted above). In some places, the budget to meet running costs depletes budgets under other heads. Hence in Mianwali, for example, the budget for amenities had to be used to buy wood for fuel given the severe shortage of gas in the region.

Procedural delays in approving and releasing annual budgets still create a bottleneck in the summer months of July-August, precisely when the residency of many DuAs peaks. The delayed release obliges DuA staff to work without pay and borrow from shops to keep the Shelter Homes running while the new budget is approved and released. DuAs under the jurisdiction of District Governments appear to face less difficulty in this regard and In-Charges consider that reporting directly to the District Government minimizes bureaucratic delays in releasing funds.

At the same time, the practice of reimbursing expenses (rather than having advance budgets) means that borrowing is an issue throughout the year. Reimbursement of expenses at the DuA is submitted to the SWD Accounts Office for approval. A further problem reported in three DuAs under the provincial government⁴³ is that reimbursement is only carried out after a commission of 3 to 5% to the Accounts Office.

⁴³ Rawalpindi, Chakwal and Attock

4. Admissions, Mobility & Procedural Matters

4.1 Admission

Admission procedures have improved, but challenges persist. Section 9.1.10 of the Guidelines states that all women seeking shelter must be admitted, even those that approach the facility without institutional referrals by courts or NGOs. The overwhelming majority of DuAs now admit women regardless of whether they have a court referral or not. There are only two exceptions: in Sargodha, the security guards reported that should a woman turn up seeking shelter on her own at night, she is turned away and directed to approach the court or police to acquire a referral. In Hazifabad, no woman is entertained without a court referral, regardless of timing. Turning women away during the night leaves women shelter-less and can further endanger women fleeing for their lives.

This situation can expose already vulnerable women to a whole new set of corrupt practices considered rampant at the lowest levels of these institutions, as illustrated by the Case Study 1 boxed below.

Self-admitted cases are considered to entail a greater risk to Staff than court-referred cases. Staff feels that having a court order mitigates the risk they face when confronted by the angry and sometimes violent family members of the resident; hence all DuAs except Gujrat obtain court-referrals within 24 hours after admitting the women. Sometimes women may be refused for other reasons. For example, the In-Charge of Faisalabad DuA, one of the better-run Shelter Homes, says she will turn away women who do not seem to genuinely need shelter. She gave the example of one woman who after being admitted confessed she had entered the Shelter Homes so as to persuade her husband to woo her back.

As a result, the vast majority of women residents are dependent on the court for any resolution of their circumstances, and on the court's permission to leave the DuA. In effect, this undermines the agency of adult women and makes the DuA a *de facto* legal custodian of women residents. The *de jure* legal status of an adult woman residing in the DuA is unclear as is the basis for the custody of an adult woman not implicated in a criminal case being granted to any institution. Courts, it should be noted, no longer send women implicated in criminal cases to the DuAs, although in some districts police will drop off women for temporary 'safe-keeping' but never for more than a day.

The net result of making all women subject to court decisions is to reinforce the impression that women residents seeking Shelter Homes are incapable of making their own decisions and in need of supervised behavior. This is evident in the attitudes and confinement of women.

Case Study 1: Jhang

When Q's father found out that she wanted to marry a man of her own choosing, he beat her up and threatened to kill her. The very next day, Q went to her college and asked one of the maids about the nearest DuA who informed her about the DuA in Jhang. A day later, Q told her family she was going to college, but upon reaching her college, she changed vans and went to Jhang.

Managing to find the DuA, she told the guard that she wished to seek shelter from her family. The guard told her that she needed to go to the court first, to get her papers made after which the police will escort her to the DuA. Otherwise, she would not be admitted.

When Q reached the police station and inquired about the procedure for admission to the DuA, she was told that she had to file an application for a case file to be created which the magistrate must then sign. The whole procedure, the *istamfarosh* told her would cost a total of Rs.3000. When she replied that she only had Rs. 1000, he took Rs.150 for the form and Rs.200 for writing the application when he took her to the lawyer. The *istamfarosh* told the lawyer she did not have much money and so asked for a discount. The lawyer took Rs. 500 to draft the application, after which the magistrate signed it and instructed the police to drop Q to the DuA.

The police, however, told her that the lady constable would not accompany her to the DuA unless she received some money in exchange. When Q informed the constable that she only had Rs. 20 left after the day's procedures, the lady constable saying she needed at least Rs. 100, refused to take her and left.

4.2 Attitudes towards and confinement of women residents

Women seeking shelter continue to be perceived as “bad women”. Rather than being seen as victim, women are seen to be at fault. Such views prevail not only in society at large but amongst DuA staff as well, as discussed further in Section 7 of this report. This negative view seems not to have been mitigated by the fact that courts no longer refer women implicated in criminal cases to the DuAs that earlier converted the DuA into a sort of sub-jail, and by association, encouraged the view of residents as alleged ‘criminals’. Consequently, on the whole, women residing in DuAs continue to be treated more as inmates than as rights-holding citizens in need of temporary refuge.

FGDs conducted with DuA residents revealed that a large majority of women feel they had been stripped of their freedom, as evidenced in the repeated desire to be granted “their freedom” (*azadi, azadi ka order*). A recurrent theme in the interaction between the field team and women residents was the latter's plea for the research team to help them regain their freedom.

Not a single DuA allowed any woman to leave the premises for any reason whatsoever except for supervised attendance in court or for medical care, despite Sub-clause 5.2 of the Guidelines which states:

“All the residents shall have access to public areas within the Dar-ul-Aman. The residents (excluding court cases) shall be entitled to leave the premises of the Dar-ul-Aman between 8 a.m. and 3.p.m., upon application to the Dar-ul-Aman In-Charge, declaring that Dar-ul-Aman shall not be responsible for the safety of the residents while the residents are outside the Dar-ul-Aman. Permission on an application to leave the premises under this sub-rule shall not be withheld by the In-Charge unless there are reasonable grounds to do so. The residents will have to fill in the consent form for short leave.”

The In-Charges view this provision as impossible to follow and, in any case, for the reasons given above, virtually all women have court cases.

In the well-run DuAs, especially those housed in purpose-built premises, women are allowed access to outdoor spaces within the DuA premises as specified in the Guidelines. However, in other places, this is not the case as women are not allowed access to any outdoor spaces within the premises and remain confined inside the closed-off spaces of the building for most of their stay. Several DuAs said women residents were permitted outside once a week to wash clothes (for an hour) and once a week to exercise in fresh air. These restrictions contradict Guidelines provisions. The lack of access to the outside spaces within the DuA premises is especially problematic in summer months when: (a) the population can double, and (b) because of electricity cuts when there is no back up UPS for residents’ living areas, as noted in the Amenities Sub-section above.

Again, in breach of both the guidelines and minimum standards to respect and protect the privacy of each resident, women residents have no privacy. Meetings with lawyers, families or friends are conducted predominantly in the public areas of the DuAs, under staircases, or in the In-Charge’s room, rather than in the privacy of a separate room as instructed by the Guidelines.⁴⁴ Even when a separate room dedicated for services (i.e. meetings with psychologists, doctors and lawyers) is used privacy is negated by the presence of a DuA staff in all meetings. Similarly, telephone calls in scheduled time-slots take place in the presence of the In-Charge, warden or other DuA staff member. Residents are not allowed to receive phone calls outside schedules times, and calls are restricted to 3-5 minutes per person. Staff usually also sits in on meetings of lawyers with their clients. Hardly any DuA kept the residents’ records under lock and key; and few women knew their files were there for them to consult.

4.3 Court Involvement

The role of the courts in the protection of survivors of domestic violence is not without ambiguity. Involving courts is intended to facilitate women, but concerns already emerged in 2008 about judges pressurizing DuA staff into obliging residents to meet with visitors the court

⁴⁴ Sub-clauses 4.14, 5.7 and 7.2.3 for rights to privacy in *Guidelines for the Dar-ul-Amans in Punjab*

recommended, regardless of the consent of the concerned women. This practice continues unabated in direct violation of the resident's rights to freely decide who to meet (or not) as specified in the Guidelines.⁴⁵ In-Charges expressed deep concern at their inability to comply with the Guidelines as judges threatened to issue contempt of court orders against them if they did not obey the court's directive. This practice continues. Furthermore, the Sargodha In-Charge, for example, says that on more than one occasion when she has not sent a resident for a hearing because she did not have the female constable to accompany the resident, as prescribed in the Guidelines, she has been threatened with contempt of court. Efforts to uphold and comply with the Guidelines by the In-Charges can be nullified by judges unwilling to accord these any importance. One judge reportedly dismissed the Guidelines saying, "that's only a piece of paper not law". This opens the scope for rulings to be made in direct violation of the Guidelines.

The residents' dependency on the court can in some cases increase the risk of violence in two scenarios. DuAs have confronted difficulties in transferring women with serious psychological problems who pose a threat to themselves, other residents or Staff, to appropriate institutions, in part because they need court orders. In the case of women leaving Shelter Homes, hostile family members (as anyone else) can easily find out from court the date on which a woman is being discharged from the DuA, then wait for her outside the DuA premises on that day, or follow her in order to kill her. In Multan and Lodhran it was reported that, fear of violence or a mortal attack by their family members, residents attempt to 'escape' from the DuA a few days prior to their court-ordained release date. The use of the word 'escape' is telling, suggesting that women in the DuAs remain 'captive', rather than simply find refuge from threats. It is indeed ironic that women who enter Shelter Homes in order to escape violence should be exposed to new risks on leaving Shelter Homes. This unintended increase of risk needs to be brought to the notice of judges who also need to be sensitized to the scope of the shelter's work.

As a result, the vast majority of women residents are dependent on the court for any resolution of their circumstances, and on the court's permission to leave the DuA. In effect, this undermines the agency of adult women and makes the DuA a *de facto* legal custodian of women residents. The *de jure* legal status of an adult woman residing in the DuA is unclear as is the basis for the custody of an adult woman not implicated in a criminal case being granted to any institution. (Courts, it should be noted, no longer send women implicated in criminal cases to the DuAs, although in some districts police will drop off women for temporary 'safe-keeping' but never for more than a day.)

⁴⁵ See clause 5 for resident's rights and sub-clause 4.1 and 4.2 for the definition of informed consent in *Guidelines for the Dar-ul-Amans in Punjab*.

4.4 Operational Procedures

4.4.1. Record keeping

The Guidelines stipulate that extensive records of all activity within the DuA must be maintained by the staff and kept in a safe location. Records concerning the residents include admissions, legal and psychological counseling, and medical reports are to be kept confidential yet accessible to the residents. **Registers** are to be kept for: movements of residents for legal or medical purposes, visitors for residents, visitors to the DuA e.g. volunteer service providers, the usage of amenities such as first aid box, dispatch of mail, issuance of hygiene kits, distribution of clothing, telephone usage, inventory for furniture, and cleaning schedules, etc. Upon being discharged, women are to be provided full access to their records. In practice residents rarely request access to their files. When they do it is to ensure that their belongings or cell phones have been correctly registered, or to check who has visited them. Sometimes women request access to their files in order to find out the date of their court hearings although more commonly, lawyers call them on the telephone. Importantly, there were no complaints about personal belonging. Table 7 in Annex 1 provides an overview of record keeping in all the DuAs.

A variety of **forms** are maintained for admission, discharge as well as residents' consent for meeting someone, etc. As a rule, women's thumb-prints are affixed to admission and discharge forms, but forms are not consistently signed by the In-Charge. In a few exceptional instances, admission and discharge forms were not available, i.e. Attock (the field team was denied access to records in Mianwali). There is a need for standardization of practices that would be helped by both more orientations and more regular monitoring visits/appraisals.

The team was only able to verify the existence and status of these records subject to the cooperation of DuA staff. This was particularly difficult in Bahawalpur and Bhakkar. Rawalpindi and Gujrat are the only districts in which the DuA had a separate room for maintaining records. In Lahore, the records were kept in the staff room, and in most cases, records were kept either in the room of the In-Charge or Assistant In-Charge.

4.4.2. Visitors

In most DuAs, residents are permitted visitors only with court approval, including self-appointed lawyers. Exceptionally, the Jhang DuA allows residents to apply for visits. Written consent to meet the visitor is taken from the resident (thumb print and/or signature) in the visitor's register. If the resident refuses to meet her visitor, this is noted on the back of the court order slip and returned to the court. However, the In-Charges of Khanewal and Okara had been threatened with contempt of court for not enforcing court-ordered visits regardless of women's reluctance. The court only allows the woman's blood relatives or lawyer to visit.

In-Charges maintain that residents are never forced to meet anyone, but a few instances of coerced meetings came to light as indicated in the section on security matters.

There is little privacy in for meetings arranged between residents and visitors. In Lahore, visits are conducted across a window in the public area and visitors' rooms where these exist are not properly sectioned off, and conversations are quite audible. The consultation room may also be used for visitors. One reason given for this lack of privacy was for the security of the woman herself. For example, after a visitor murdered a resident in Lodhran, the security protocol for visits was revised and residents are now only permitted to meet their visitors through a mesh window with iron bars. A female staff member sits with the resident and a guard stands by the visitor on the other side of the window.

4.5 Awareness about Guidelines

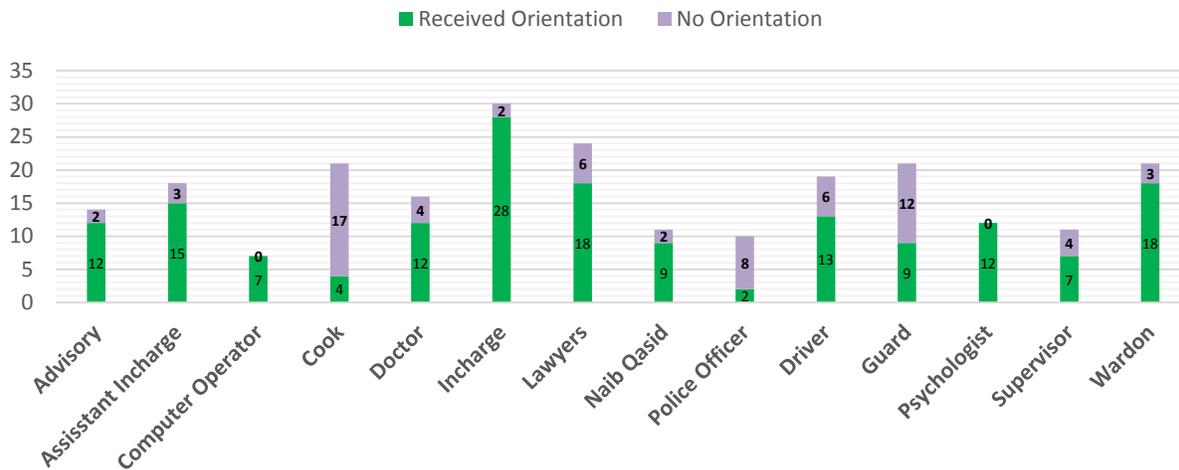
The Social Welfare Department's policy for effectively responding to women needing shelter is contingent on the effective implementation of the revised Guidelines and minimum standards. Therefore, the Guidelines emphasize the training of staff members and envisage multiple orientation sessions to ensure that all stakeholders share a common view and perspective.⁴⁶The SWD is responsible for the regular training of staff members, the In-Charges for all other stakeholders. The Government's investment in elaborating a policy with a rights-based approach has yet to be fully capitalized. This is partly due to an uneven implementation of the Guidelines and partly because the foundational understanding of women's rights and gender based violence has not yet been inculcated amongst those servicing women in need of shelter

Few staff members were found to be well versed in the Guidelines or adequately sensitized to issues of gender-based violence. The majority of the staff as well as advisory committee members, all the psychologists and most of the lawyers interviewed said they had received orientation on the Guidelines. But staff views these as sporadic and inadequate and mostly remember trainings conducted by MdM (rather than the SWD). The SWD official in Sialkot interviewed had attended the highest number of training sessions provided to the DuA by MdM. The absence of regular orientation and refresher courses has resulted in a minimal understanding and implementation of the Guidelines. The diagram below illustrates staff members' orientation to the Guidelines according to post.

⁴⁶ Sections 3.8 and 8.2 of *Guidelines for the Dar-ul-Amans in Punjab*

Diagram 7

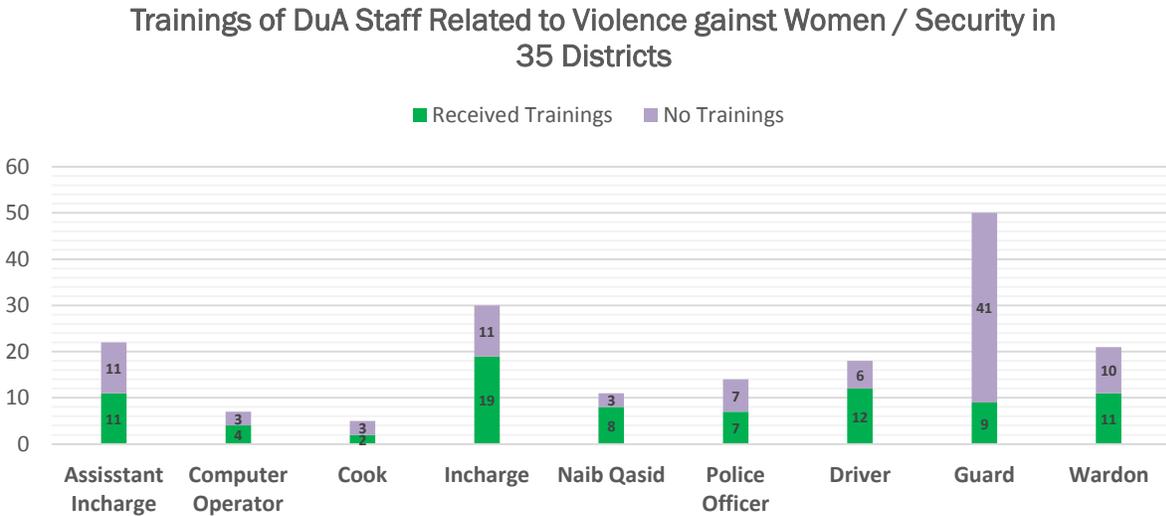
Orientations to Guidelines of DuA Staff in 35 Districts



More rigorous orientations/sessions are required to adequately equip staff to deal with procedural matters, and sufficiently sensitize them on matters relating to gender-based violence (GBV). Given the DuA staff’s insufficient familiarity with the revised Guidelines, others involved, such as the psychologists, doctors and lawyers are also unfamiliar with the Guidelines’ provisions. Although 62% of lawyers interviewed reported having attended awareness sessions, the attitudes towards residents of many lawyers revealed negative biases. This raises the question of the effectiveness of the trainings being provided, suggesting a need to revisit the training/orientation modules and programme.

The vast majority (78%) of the psychologists interviewed claimed to be aware of the DuA Guidelines thanks to sessions conducted by the In-Charge, or by having read displayed materials or in a training provided by MdM in the case of the psychologist in Faisalabad. Psychologists in Jhang, Hafizabad and Toba Tek Singh said that they were unaware of any Guidelines. Only a handful of those having been oriented were able to provide details regarding the Guidelines. Better-informed respondents were from Faisalabad, Multan, Lahore, Okara, Bahawalpur, Rajanpur and Sialkot. (Details regarding trainings are also provided in Annex 1.) As relatively few members of the Advisory Committees were available for interviews, it is more difficult to gauge their level of awareness, but it is likely that if the more regularly engaged psychologist and lawyers are poorly informed, so will Advisory Committee members. Indeed, members of the Advisory Committee in Pakpattan for example, said that they had never received any training regarding the Guidelines or gender-based violence. The diagram below illustrates the current trainings received by DuA staff in all districts.

Diagram 8



The Faisalabad and Khushab DuA are exceptional and serve as a model for others. These DuAs were the most vigilant in imparting trainings and refresher courses to its staff and in acquainting Staff with the Guidelines. Remarkably, the residents of these DuAs are also provided access to the Guidelines through regular sessions held by the In-Charge in keeping with the Guidelines. This indicates that it is possible to follow guidelines and that these do provide better services since these are the best-run DuAs in Punjab. Understanding how it has achieved its best practices so as to help align the functioning of other DuAs. In both instances, staff maintained close linkages with civil society organizations with human rights based approaches.

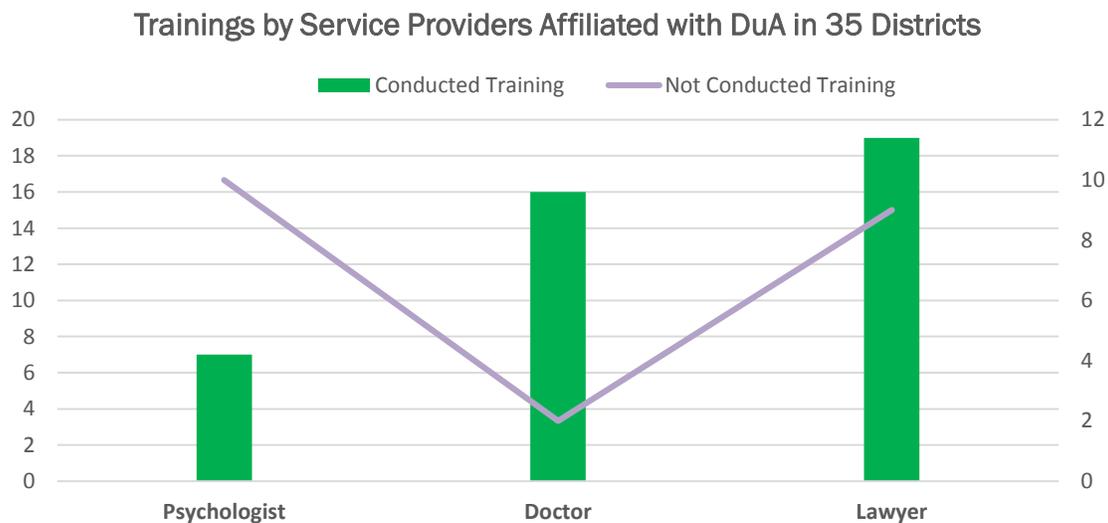
On the positive side, most people are familiar with the required procedures, More positively, various stakeholders are apprised of the rules and regulations to be followed, including residents. Staff and service providers seemed aware of performa filling, legal and medical issues for residents, behaviour with staff and residents, rehabilitation, welfare and capacity building. Psychologists reported that the Guidelines had been useful in helping them perform their duties better and in maintaining documentation.

Faisalabad was the only DuA in which the In-Charge held regular sessions with residents to inform them of their rights as residents at the DuA. Otherwise the orientation provided residents upon admission is limited to the rules and regulations that residents must abide by in the Shelter Homes. In-Charges reported that they run some legal and health awareness sessions for residents, but such sessions were not corroborated in FGDs with residents. Few residents are informed of the facilities that they are entitled to, such as free legal aid, access to telephones and freedom of mobility, free medicine and other amenities, and the right to make written complaints.

Staff members interviewed urgently **requested further trainings** on the following aspects:

1. DuA rules and regulation and staff duties;
2. Women issues and how to deal with them;
3. Dealing with sensitive and psychological cases;
4. New laws, human rights, gender sensitization, forced marriages, *watta-satta*, inheritance rights, health of women and women’s rights, laws for the protection of women;
5. Conflict resolution;
6. Grooming of residents;
7. Handling emergencies and security matters:
 - Use of firearms, anti-terrorism and new techniques
 - Emergency health procedures, e.g. how to administer injections,
 - Use of equipment to put out fires,
 - Self-defense and security measures;
8. Refresher courses on all sorts of tasks (Accounts, management, rules & regulations and other themes).

Diagram 9



In sum, the ground reality in terms of orientations and trainings stands in contrast to the Guidelines and schedules of trainings listed by the SWD. In truth, the schedule itself seems overly ambitious and would require the In-Charges to spend considerable time to meet all the sessions scheduled with the Staff, residents, psychologist, doctors and lawyers, as well as the Advisory Committee members. Psychologists, doctors and lawyers are expected to conduct awareness trainings on topics such as health, hygiene and legal rights, for the DuAs staff and residents, they rarely have time for this. The manner in which training is currently supposed to take place needs to be revised, and the assistance of civil society groups or experts sought. Diagram 9 above illustrates the extent to which service providers are conducting trainings for residents and staff of DuAs.

4.6 Monitoring & Evaluation

The more regular monitoring and evaluation processes now in place appear to have positive results. Until November 2015, the MdM carried out evaluation rounds regularly and, for example, the Faisalabad DuA In-Charge shared that close interaction between the staff and MdM provided exposure to international standards of service. MdM representatives stationed at the Shelter Homes helped to develop effective administrative processes, and regular evaluation rounds by MdM encouraged the staff to continuously improve the quality of their operations.

Since November 2015, these monitoring and evaluation visits are to be conducted twice a year by the Lahore SWD Secretariat. The SWD Monitoring and Evaluation teams have continued to improve the quality of service as witnessed by the research field visits that took place directly following such visits in locations such as Jhang, Chiniot, Toba Tek Singh, and Rahim Yar Khan. Research findings indicate that the monitoring and evaluation process would benefit from the inclusion of an independent third party in the team.

It is unfortunate, however that of the 35 SWD District Officers looking after the DUAs, only three are women (in Khushab, Multan and Rajanpur), and for two (DG Khan and Toba Tek Singh) this is an additional temporary charge.

5. Services, Linkages & Operational Procedures

This section reviews the services provided to residents by the DuAs in Punjab and the extent to which the availability and quality accords with the Guidelines. DuAs are providing legal, health and psychological services and support to women residents, but confront a number of challenges in meeting commitments. Access to psychologists and even medical services is often contingent upon personal ties with medical universities.

Medical services, counseling sessions and legal aid are all contingent on the active participation of stakeholders, often through the social and filial networks of the DuA In-Charge and/or the Social Welfare District Officer. In other words, the provision of these services is still not institutionalized and depends largely on personal capability to forge and maintain networks with service providers so as to ensure their functioning participation in the DuA. This was the case for the In-Charges in Chiniot, Toba Tek Singh and Faisalabad. Linkages and coordination with concerned Departments to implement the New Guidelines has improved. A positive development that has recently transpired is that the provincial government has announced the post of psychologist and doctor on a contractual basis for all provincially administered DuAs. In some instances, the DuA staff does go out of its way to facilitate its residents, and has been known to take special measures for residents with specific needs, as outlined below:

Case Study 2: Bhakkar

The In-Charge reportedly looks after residents well, and also follows up when they leave the DuAs. There was a resident who couldn't speak and had been abducted from Data Darbar, Lahore. She belonged to a well-off family and refused to join fellow residents in cleaning and cooking, and also demanded that her specific dietary requirements be met every day. The IC dealt with her with patience and skill and took special measures to trace her family but to no avail. A psychologist and a special education teacher were then brought in especially to counsel her and provide therapy so as to extract information from her about her original whereabouts. Through sign language and illustrations, the resident indicated she belonged to Lahore after which the IC took her to Lahore herself and handed her over to her family. In view of her efforts and successful management of this case, she was awarded a special letter of appreciation by the SWD as well.

Case Study 3: Mianwali

The computer operator related the case of a woman who had come with her child to the DuA after her husband divorced her. Her natal family refused to take her back, rendering her helpless. Meanwhile, a man acquainted with the male staff at the DuA had come to the facility in search of a girl to marry. The IC took it as a responsibility to check his background and proposed to the girl to marry him – the woman agreed and now she is married to the man and living happily with her older child and another child in Mianwali. The IC and computer operator mentioned that she keeps making regular visits to the DuA to meet with the staff here.

5.1 Psychological Counseling

According to Section 7.2 of the Guidelines DuAs are to provide each admitted resident with an immediate psychological assessment and regular consultation services thereafter, according to needs. The position of a part-time psychologist has been added. In addition to individual assessments, the psychologist on call is responsible for therapy sessions both for individual residents and groups, and must maintain informed consent and confidentiality of all cases. To ensure the privacy of these sessions, the DuA must designate a separate room for counseling sessions. A referral system linking the DuA to the psychiatric departments of near-by government hospitals or DHQs must also be in place in order to place residents assessed with mental illnesses for psychiatric treatment.

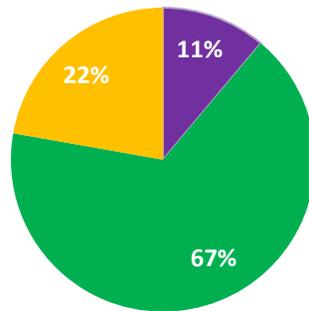
Availability of Psychologists: On the positive side, more than half (57%) of Punjab's operative DuAs have at least one psychologist available for consultations. Districts which do not currently have any psychologists are: Attock, Bahawalnagar, Chakwal, DG Khan, Gujrat, Jhelum, Kasur, Layyah, Lodhran, Narowal and Sheikhpura. However, even when psychologists are on call, the actual access to psychologists is not always consistent. For example, in Sahiwal, although there is a psychologist listed as a service provider who would initially make monthly visits to the DuA, she has not been providing her services for the past 6 months. In many districts non-availability of psychologists for the DuAs results from a shortage of trained professionals in the local hospitals and universities.

Most psychologists facilitating DuAs are female practitioners, all of who operate in a voluntary capacity. According to the psychologists interviewed, almost two-fifths (38%) provide these voluntary services as public sector employees; the remaining are private sector volunteers. Diagram 10 below shows the breakdown of the regularity with which these psychologists visit the DuA where they offer their services.

Diagram 10

Frequency of Psychologist Visits to DuAs

■ Monthly ■ Weekly or at least bi-weekly ■ Daily or multiple times a week



All DuAs providing psychological counseling services maintain a weekly schedule of sessions, except for those with higher residency. In Lahore, that has the highest number of residents as well as turnover, the psychologist is on daily duty from 8 AM to 3 PM. The second highest frequency is in Multan, where the psychologist visits 5 times a week, excluding Fridays and Saturdays. The third highest psychologist visits are in Muzaffargarh, i.e. 4 times a week. In some cases, however, a discrepancy was noted between the number of visits recorded in the registers and the information given by the service providers. However, there was no set pattern; sometimes the registers showed higher numbers of visits and at other instances showed lower numbers of visits.

5.1.1. Nature of Counseling Services

The Guidelines stipulate a psychological review of women on admission, however most psychologists are informed of newly admitted residents during their pre-scheduled visitation day, which is also when they conduct initial examinations. At this first consultation, a case history is written up for each resident. Depending on the frequency of psychologists' visits, there could be significant lapses in the time of the resident's admittance and her first consultation with the psychologist.

Individual and group sessions are held according to the psychologist's assessment. The psychologist in Bahawalpur, for example, conducts small group sessions with residents that faced similar issues. Some of the techniques employed include role modeling and problem solving, behavior assessment, activities and games, relaxation therapy, personality tests, interviews and group discussions. The psychologist in Lahore has introduced group arts and crafts sessions as a form of therapy. Few psychologists conduct capacity building sessions with the staff, although the psychologist in Toba Tek Singh had intervened on behalf of residents to modify the behaviour of staff members.

A psychological assessment at the time of discharge is often not carried out. Respondents attributed the lapse in discharge assessments to the fact that psychologists were not permanent staff members. Few psychologists work with DuAs every day, and the departure of residents may not come to their notice.

5.1.2. Confidentiality and Record-keeping

Most psychologists have been provided with a separate room for consultations. This is often the facility's services room, or in Toba Tek Singh's case, in the In-Charge's room.

Typically, the In-Charge identifies residents needing particular counselling, or residents approach the psychologist themselves. Psychologists in Muzaffargarh and Okara reported that most women requesting help are survivors of domestic abuse and/women experiencing eating or sleeping disorders. In most cases, informed consent is taken of the residents verbally.

Psychologists maintain records for each resident and confidentiality is preserved by keeping these records locked or by using initials or coding in the documentation. However, the In-Charge is usually provided access to these records.

5.1.3. Referrals

Referral systems for psychiatric treatment remain weak across the province, in part due to a shortage of psychiatric facilities in Punjab's public health system. The dire need for more psychologists in government service at the district level was underlined in earlier research.⁴⁷ Out of the 35 DuAs, 40% have access to a nearby psychiatric facility; less than one third (31%) of the have access to psychiatric wards and only 11% to rehab centers.

This poses a particular problem for DuA management, who find it difficult to transfer residents who pose a threat to themselves, other residents or staff members due to violent behaviour as a result of mental illness. There are currently 3 residents of the Rahim Yar Khan DuA with serious mental illnesses. The In Charge shared that she had sent an application to the Health department for their immediate transfer to a mental rehabilitation center 20 days ago from the time of the field visit. However, she has yet to receive a response. The Gujranwala In-Charge related that she had attempted to have such residents transferred to appropriate facilities by moving an appeal in court, but her efforts were rejected on the basis that the Guidelines did not have any legal standing. She finally managed to refer the women to institutions like the Fountain House and Edhi Center. It was found that most mentally ill residents are transferred to Edhi Centers in the respective districts.⁴⁸

⁴⁷ Khaild Ahson, Op. Cit.

⁴⁸ See sub-section 9.1.11 of the Guidelines

There have also been instances where residents requiring psychiatric attention have been dealt with adequately by DuA staff. The psychologist in Lahore shared the case of a resident that she diagnosed with schizophrenia and referred to PIMH as directed by the court. Another case of a resident in Multan threatening immolation of herself and her daughter was dealt with satisfactorily by the psychologist and DuA staff who calmed down the resident and prevented any incident from occurring.

Only DuAs enjoying a strong referral system are able to provide their residents with the necessary health care, such as Faisalabad which has an exceptionally strong referral system as volunteer psychologists are based in the Family Planning Association of Pakistan (FPAP), the DHQ Hospital and Government College University.

5.1.4. Challenges

Staff emphasized the need for a psychologist to be on the DuA staff given the number of residents coping with highly stressful circumstances in urgent need of psychological counseling. Psychologists, too, expressed the view that the lack of a permanent position in the DuA hinders adequate counseling services to residents. For more serious cases, DuA staff needs the support of the Social Welfare Department, courts and external facilities in dealing with and transferring residents requiring psychiatric treatment.

Finally, if some psychologists understand that residents have complex and difficult circumstances to navigate and require support, a significant number still harbour negative biases and lack of sensitivity to gender-based violence. In Bahawalpur, Muzaffargarh, Okara, Pakpattan, Rajanpur, Rawalpindi and Sahiwal, residents who leave homes to exercise their legal right to the freedom of choice in marriage are considered to be of immoral character. This raises the question of whether such psychologists consider reconciling residents with families to be an essential part of their counseling regardless of an adult woman's wishes. It is pertinent to recall that according to global best practices for women's shelters, reconciliations with families must be subject to the informed consent and desire of each resident to reconcile with her family.

5.2 Medical Care

Section 7.1 of the Guidelines requires DuAs to maintain regular contact with part-time or volunteer, preferably female, doctors (Section 7.1.2), arrange regular visits and checkups for residents, and liaise with the nearest possible government hospital to accommodate residents' medical needs. Doctors providing services to DuAs should have access to a pharmacy with basic medicine and be able to ensure vaccinations in collaboration with the Health Department. Specific medical attention is to be paid to pregnant residents and newborns. Doctors are also responsible for conducting regular health and hygiene awareness sessions (see Diagram 9 in Section 5). Medical services rely on voluntary doctors, and are not

always available through government. For example, the Lodhran DuA receives no assistance from the Health Department and relies entirely on a member of the Advisory Committee.

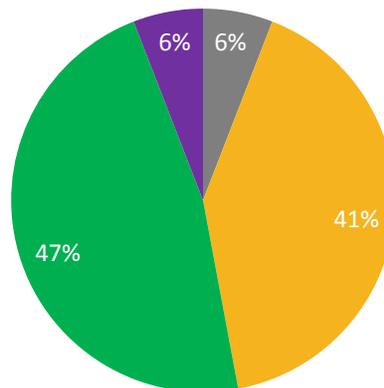
5.2.1. Availability of doctors

Generally, DuAs do have doctors providing medical services to the Shelter Homes. The exceptions are Narowal, DG Khan, Rajanpur, Mianwali, Layyah and Sheikhpura. Of the 18 doctors interviewed, 13 were government employees whereas the remainder had private practices. As with the psychologists, all doctors offer their services to the DuA on a volunteer basis. Volunteer doctors comprise both women and men. The pie chart in Diagram 11 below shows the frequency of doctor visits to DuAs according to interviews with volunteer doctors.

Diagram 11

Frequency of Doctor's Visits to DuAs

■ Monthly ■ Weekly ■ Bi weekly ■ More than once a week



The doctor in Lahore visits the DuA twice a week to accommodate the high number of residents. Similarly in Gujranwala, two voluntary doctors each undertake a weekly visit. Doctors in Hafizabad, Chakwal, Kasur, Khushab, PakPattan, Toba Tek Singh and Vehari carry out weekly visits as per the Guidelines. In Jhang and Jhelum, doctors visit fortnightly while in Rawalpindi visits take place once a month. According to the In-Charges, visits were largely based on emergency need of residents. The usual ailments are: fluctuating blood pressure, respiratory and digestive problems, cramps during periods, labor pains, kidney-related problems, diarrhea, flu, anxiety and headaches.

5.2.2. Checkups & Referrals

Doctors are responsible for an initial checkup of all new residents. With the exception of Pakpattan, however, none of the doctors are informed of new residents at the time of admission. Usually, initial check-ups are conducted on the doctor's next scheduled visit. Residents in Toba Tek Singh, however, indicated they had not undergone any checkup on admittance. Discharge check-ups are only carried out systematically in Bhakkar and Jhang. In all other cases, discharge checkups only occur if a resident's discharge coincides with a doctor's regular visit.

Other examinations depend on the specific needs of the residents. Some doctors do conduct regular checkups at least twice a month; in Lahore, Kasur and Toba Tek Singh weekly check-ups take place. Common ailments treated included low blood pressure, abdominal pain, flu, headaches and migraines, hormonal imbalance, ulcers and PRB and PID infections.

Vaccinations are administered to pregnant women in all DuAs. Two-thirds (67%) of the districts had referral systems for pregnant women to maternity wards at either district DHQs or private clinics. In Toba Tek Singh and Jhang, doctors indicated that the DuA rarely receives cases of pregnant women. Referrals are made for residents requiring tests, ultrasounds or specialist consultancy. Supplements are usually given to pregnant women only on a needs basis due to budgetary constraints.

Medical care of children is provided during the regular doctor visits; doctors in Chiniot and Faisalabad specifying that checkups for children were conducted in tandem with their mothers. Polio vaccinations were being administered to children in 44% of the DuAs, but other than this, no pediatric care was being provided.

The Guidelines require doctors to conduct sessions with residents on a variety of topics such as personal hygiene, vaccinations, diarrhea, dengue, sexually transmitted diseases and contraception, heatstroke, TB and maternity care. Few DuAs appear to be running such sessions. Residents in Bahawalpur refuted the doctor's claims of conducting regular hygiene awareness sessions, saying they had not received any such sessions nor had there ever been regular visits by a female doctor. Doctors in Gujrat, Khushab, Jhang and Vehari provided the most comprehensive responses in this regard, suggesting that the likelihood of trainings in these particular DuAs is relatively higher.

There is no uniform adherence to the patient confidentiality clauses of the Guidelines that is the responsibility of the doctor and In-Charge. Some doctors ensured that records were coded and locked, and in Faisalabad and Chiniot, exclusive codes are assigned to each resident to ensure privacy of the records that the In-Charge stores in her room.

5.2.3. Medical Supplies

Medical supplies are the responsibility of the In-Charge. Doctors interviewed were largely unaware of how frequently DuA medical supplies are replenished. The doctor in Kasur shares the list of medicines with In-Charge to be purchased and added to the DuA dispensary. Doctors in Sahiwal indicated lack of sufficient medicines; doctors in both Chiniot and Gujrat indicated the lack of a BP apparatus. Well-maintained pharmacies were evident in DuAs that mobilise free medicines from different sources, for example, Faisalabad through FPAP camps, Sarghoda through a Trust, volunteer doctors in Gujranwala.

Many first aid kits contained expired medicines and while all medication prescribed to residents is supposed to be free of charge, FGDs in Bahawalpur, for example, indicated that residents often have to purchase required medicines. Likewise, residents in DG Khan said they were not provided any medicines. The provision of medical supplies and services requires the support of the Health department. However, the Lodhran DuA reportedly receives no support from the Health Department and the Medical Superintendent has not responded to any DuA correspondence in this regard. Instead, an Advisory Committee member who owns her own hospital facilitates all the medical needs of the residents. She performs regular medical checkups as needed, refers residents to the hospital and donates medicines from her hospital. In Pakpattan, the DuA also depends largely on medicines donated by volunteer doctors mobilised by the Advisory Committee.

The referral system set up to deal with the most urgent medical issues of residents, depends on the cooperation of all service providers to ensure that the needs of the patient are met and she is transported to the hospital in a timely manner. This is not always the case as illustrated by the case study below. The referral system set up to deal with the most urgent medical issues of residents, depends on the cooperation of all service providers to ensure that the needs of the patient are met and she is transported to the hospital in a timely manner. However, this is not always the case as illustrated by the case study below.

Case Study 4: DG Khan

A woman admitted to the DuA by court order two weeks prior to the field visit, revealed that medical care for residents is an urgent issue that needs attention. The resident in question had faced injuries before taking refuge at the shelter and required immediate emergency treatment due to excessive menstruation flow. The Assistant In-Charge first had to make phone calls to the police to send a lady constable and vehicle. After significant delays, the resident was taken to the hospital, where she was given medication and assessed to be in dire need of additional diet and/or drip. However, she was returned to the DuA without full treatment, as the lady constable accompanying her to the hospital could not remain with her in the hospital.

5.2.4. Challenges

Staff in many DuAs views the lack of a permanent doctor as a serious obstacle in providing adequate medical services. Discrepancies between the information provided by service providers and by residents needs to be further assessed in monitoring and evaluation processes that preferably include independent researchers.

5.3 Legal Aid

Section 7.3 of the Guidelines stipulates that all residents are entitled to free legal aid from the notified pool of lawyers. The TORs for the pool of lawyers are to provide free legal counseling to women and children, represent the administration in court, conduct awareness sessions related to GBV, human rights and legal issues pertaining to the needs of residents, and participate in improving the image of DuAs in their communities by conducting sensitization sessions with families, the court and the larger public.

5.3.1. Legal Services

The stipulated pool of 8 to 10 lawyers has been duly notified in all DuAs except Rawalpindi, Chakwal, Chiniot, Sheikhpura and Attock. Most women entering the DuA have already hired the assistance of private lawyers. Half (49%) of the DuA panel lawyers interviewed, say they visit the DuA weekly, but residents say the actual frequency is lower. A majority of lawyers interviewed reported undertaking the requisite seven residents' cases, mostly *khula* or divorce cases, and inheritance claims. They also orient women on legal procedures.

More than half the lawyers reported conducting regular training sessions for the residents, as given in the Guidelines, but only lawyers from Chiniot, Khushab and Khanewal provided details of the various awareness sessions they conducted.

The confidentiality of residents' meetings with lawyers as provided for in the Guidelines is rarely respected as residents usually meet lawyers in public areas of the DuA, such as the stairwell or entrance, where their conversation can be overheard.

In Toba Tek Singh few women residents were aware that DuAs provide free legal aid. Residents' feedback also indicates that in some districts such as Toba Tek Singh and Multan, lawyers who are supposed to do *pro bono* work for the DuA, in fact demand fees for their services.

Over and above this, there is a need to ensure that ensure that the notified panel of lawyers consists of quality and gender-sensitive professionals who can best serve the interest of women in need of shelters as some were considered unsuitable by the Staff, and other respondents. The response of one lawyer interviewed, for example, suggested a staggering deficit of sensitivity toward women and gender based violence. A direct quote from this interview is: "A lawyer is not a lawyer if he does not use a woman."

5.3.2. Challenges

Concerns raised in particular by a lawyer in Gujrat are that (a) the excessive number of lawyers in the pool is counter-productive and (b) the current system of selection by the District Bar rather than the local DuA administration, is inefficient as the District Bar President tends to appoint lawyers who have helped him win the bar council elections rather than assessing their strengths and suitability for this work. Only a handful of the 10 lawyers are active and he recommended that only a few lawyers be included on the panel and these should be selected by the In-Charge who is well positioned to know which lawyers are active and interested in working for the residents at the DuA.

5.4 Recreation, Training & Childcare

5.4.1. Trainings & Recreational Activities

Vocational teachers have been notified in all but nine (9) districts. The skills imparted range from sewing, embroidery, arts and crafts which, in very rare cases, include jewelry making and bamboo chick making. The Jhang and Gujranwala DuAs had displays of items created in their vocational classes that demonstrated professional skills on part of the residents (paintings, bamboo-chicks, decoration pieces etc.). These are the exceptions. By and large, skills taught in all DuAs are at a basic level and lack marketable quality, possibly due to limited budgetary allocations.

Limited income generation opportunities do exist for the women inside the DuAs: As observed in Gujranwala, Jhang Lodhran, Bhakkar and Rawalpindi, the women residents with stitching skills manage to get orders from each other, from the DuA staff, the Advisory Committee or visitors to the DuA. Income thus generated is not significant, and not all women have sewing skills. On the whole, the deputation of vocational teachers and the conduction of regular classes at the DuA have not translated into opportunities for income-generation for residents.

Moreover, although section 7.5 on vocational training in the Guidelines expects DuAs to liaise with the Sanatkar and other vocational institutions to open avenues for income generation for residents, the extent to which this is carried out is uneven and even then usually consists of arranging displays of residents' handiwork at Sanatkar in DuAs such as Bhakkar and Khanewal.

There is no evidence to suggest that any steps have been taken to provide educational support to the residents. Literacy teachers are available only in Rawalpindi and Rajanpur. Topics discussed in the classes include teachings on the five pillars of Islam and recitations of the Quran.

The absence of classes, the often restricted permission to watch television and other means of keeping women in the DuAs occupied during the days and evening is problematic. Best shelter practices stress the need to ensure women are occupied during the day both to

prevent depressions, but also as a means for avoiding tensions amongst women who have nothing to do all day.

It is encouraging that a few DuAs do take the initiative to celebrate different days and occasions, some of which are invented, such as 'ice cream days', as well as International Women's Day. In Chiniot, Faisalabad and Sargodha the DuAs also arrange beautician and bridal make-up competitions. The Toba Tek Singh DuA has designated a day for women to spend in the yard of the DUA premises supervised by supervised by staff, and maintain a register on activities. A rare exception to the state of facilities provided is the DuA in Faisalabad where a gym has been recently constructed and has a trainer who conducts two-hour training sessions for women daily. The trainer, however, remained absent during the days that the team visited the DuA.

The DuA Guidelines clearly state in Sub-section 7.6.1 and 7.6.3 that residents should have free access to all communal areas and public spaces at least twice a week and have leisure rooms with properly maintained recreational facilities available to them. In reality, recreational facilities are severely limited and the mobility of residents is greatly restricted. Although the In-Charges of most DuAs claimed that newspapers and magazines were available for residents, this few reading materials were seen. Most DuAs do have a television and board games, but the TV is broken in several DuAs. Some purpose-built facilities do have a garden that residents are allowed to access once a week. In rented premises the situation is much worse.

5.4.2. Catering to Minor Children

Currently, no DuA is equipped to provide adequate facilities to children accompanying residents. There is no provision for their education and only minimal facilities providing children with a supportive and caring environment. In Multan, the field team observed that children were provided pencils and notebooks to use for drawing, but it remained unclear to what extent primary education was being imparted, as there was no teacher assigned. In Faisalabad, the In-Charge, vocational teacher or an educated resident run a class separately for children when the DuA is housing more than 10 children. Most recreational equipment, such as swings, and materials for children was donated by MDM but unfortunately this is either broken or needs replenishment.

A few DuAs do have children's playrooms equipped with interactive toys, such as in Toba Tek Singh, Rawalpindi, Bahawalpur and Khanewal. However, these were locked, appeared to be unused. The playroom in Sargodha is only kept open during working hours (8AM to 3 PM). In Bahawalnagar, the children's room has been converted to a prayer room by the In-Charge.

Exceptionally, the Gujranwala and Jhang DuAs are a model in this regard; the children's rooms were well furnished and carpeted with colourful drawings and posters on the walls, evidence that children had access and were benefiting from books and interactive games.

5.4.3 Rehabilitation Facilities

There is no follow up procedure at any of the DuAs to facilitate or to monitor the re-entry of a resident into society once she leaves the facility. There is no transitional housing for women leaving the DuAs that could help them to determine the steps needed to move forward in their lives. Without providing residents with the options or means of securing safe housing outside the DuA, ensuring the rehabilitation of residents is near impossible.

Regarding the prospect of creating such institutions, the Assistant In-Charges of Pakpattan and Rajanpur suggested transitional houses should be formed at the Provincial level first. The Gujranwala In-Charge supported the idea, saying “institutes designated primarily for women where they can become self-sufficient to sustain themselves before becoming a part of the society” should exist. In contrast, the Assistant In-Charge of Faisalabad said such institutes are not needed as the strengthening of linkages of DuAs with institutes like the Sanatkar would suffice for the purpose of women’s rehabilitation upon their departure from the DuA.

5.5 Advisory & Complaints Management Committees

Recognizing the benefits of a multi-faceted response for women needing shelter, the Social Welfare Department has notified an Advisory Committee and Complaints Committee for each DuA as shown in Table 3 below. In particular, Advisory Committees were notified in order to facilitate further linkages. Additionally, the Complaints Management Committee was notified to redress grievances and past complaints, monitor and take up complaints lodged at the DuA. Advisory Committees exist for 22 DuAs; additionally in Jhelum, Multan and Lahore, these have been notified but it was unclear when they would become operational. In Khanewal, Lodhran and Muzaffargarh, the fact the number of members was unclear, does not suggest an active Committee. Only 12 DuAs had established the Complaint Management Committees. Although the research team met members of five of these committees, it could not determine what they did, if anything.

Table 3: Presence of Committees District as conveyed by DuA Staff

District Name	Advisory Committee & number of members		Complaint Management Committee	
	Exists	Number of members	Existence	Number of members
Attock	✓	9	Expired	
Bahawalpur	✓	8	None	
Bhakkar	✓	10	None	
Bhawalnagar	✓	7	✓	2
Chakwal	✓	7	Expired	
Chiniot	None		None	
DG Khan	None		None	
Faisalabad	✓	10	None	
Gujranwala	✓	10	✓	6
Gujrat	None		None	
Hafizabad	✓	10	None	
Jhang	✓	10	✓	Unknown
Jhelum	Recently notified		None	
Kasur	✓	8	None	
Khanewal	✓	Unknown	✓	Unknown
Khushab	✓	10	✓	5
Lahore	Notified		None	
Layyah	Expired		None	
Lodhran	✓	Unknown	None	
Mandi Bhauddin	Expired		None	
Mianwali	✓	10	None	
Multan	Recently notified		✓	Unknown
Muzaffargarh	✓	Unknown	✓	Unknown
Narowal	None		None	
Okara	✓	10	✓	6
Pakpattan	✓	10	✓	7
Rajanpur	✓	9	None	
Rawalpindi	None		None	
RY Khan	None		None	
Sahiwal	✓	10	✓	5
Sargodha	✓	7	None	
Sheikhupura	None		None	
Sialkot	✓	10	✓	Unknown
Toba Tek Singh	None		None	
Vehari	✓	11	✓	6

5.5.1 Advisory Committees

According to the Terms of Reference, the Advisory Committee comprises representatives of concerned departments such as police or education, the medical superintendent of the health department, a representative of the District Bar Association, prominent members of the local community involved in business and/or philanthropy, and the DuA In-Charge. Typically, the committee's chairperson is the wife of a prominent member of the SWD.

Advisory Committees have multiple roles: They help mobilize additional funds through private donations as well as voluntary service providers from the public and private sectors; assist in monitoring adherence to the Guidelines and ensuring minimum standards of cleanliness, assist in arranging staff trainings. The Committee also has the authority to recommend the selection of women for admission to the Shelter Homes and to extend residents' stays. DuAs that can count on active Advisory Committees are able to provide relatively better facilities and amenities such as Jhang, Khushab, Faisalabad and Gujranwala.

Some 71% of the districts have Advisory Committees, but their effectiveness varies considerably across the province and Committees were inactive in 17 DuAs, i.e. more than half of the districts. The most active Advisory Committees were found in Faisalabad, Jhang, Vehari, Lodhran, Okara, Pakpattan and Gujranwala where they have been instrumental in arranging vast donations to the DuAs. In Gujranwala, the Committee has mobilized funds for purchasing capital assets as well as underwritten the costs of vocational training classes. Big donations are possible in Faisalabad due to the affluence of the larger community, which is heavily involved in the textile industry. In Chiniot, another commercial centre, while there is no notified Advisory Committee, the In-Charge maintains close ties with the SWD DO and has been able to access funds with relatively greater ease. In poorer, more isolated districts like Bhakkar and Mianwali, Advisory Committees are unable to access donor bodies. Effectiveness can be affected by other factors. Hence, the members of the Pakpattan Advisory Committee expressed dissatisfaction with their chairperson who rarely attends meetings and yet demands funds to cover personal expenses.

5.5.2 Complaint Management Committee

The TORs of the Complaints Management Committees (CMC) stipulate that it shall consist of the SWD DO, In-Charge, representatives of local NGOs, the chairperson of the Advisory Committee and a representative of the DuA residents. This body is supposed to address all complaints lodged at the DuA. Only 34% of DuAs have active Complaints Management Committees. The **Complaints Box** procedure as already mentioned above. In order to overcome women's illiteracy the CMCs in Vehari and Sahiwal arrange face-to-face meetings with residents. In Hafizabad, one of the most problematic DuAs, complaints had been made but respondents reported witnessing complaints in the box being torn up and thrown away. Although the CMC in Jhang is one of the most active, it was reported that many complaints become redundant as meetings are only held on a monthly basis. It was recommended that

either the meetings should be held more frequently so that the Committee could remain up to date on current issues, or the CMCs should be replaced with an internal resolution process. Further inquiry is needed to identify what enables some committees to function well to identify best practices and draw up protocols.

5.6 Linkages with other government service providers

As part of its multi-prong response, the DuA policy envisages a network of concerned departments such as different sections of the Social Welfare Department, the police, health department and the courts so as to ensure optimal service provision and support for the DuA and its residents.

The SWD is responsible for overseeing all procedural matters, staff notification and placement of service providers such as doctors and psychologists. Although one member of the SWD is notified for direct interaction with the DuA at all districts, linkages with other institutions within the SWD are uneven across the province.

Only in some places did the DuA connect with the Sanatzars, for example. Linkages were particularly weak with crisis centers in districts where such institutions exist. Despite the convergence of purpose, there is no coordination between the Dar-ul Amans and the Crisis Centers anywhere in Punjab. This is unfortunate as crisis centers also service victims of domestic abuse and could be an effective referral system connecting women in need of shelter to the DuAs.⁴⁹

Districts operating crisis centers are as follows:

1. Bahawalpur	2. D G Khan	3. Faisalabad
4. Khushab	5. Lahore	6. Mianwali
7. Multan	8. Muzzafargarh	9. Rawalpindi
10. Sahiwal	11. Vehari	12. Sialkot

It should also be noted that very few respondents were aware of the hotline for victims of domestic abuse that the Department had recently launched. Moreover, the SWD Supervisors in all districts were unclear about their TORs that primarily included managing the helpline.

DuAs in Bhawalnagar, Chakwal, Pakpattan and Mianwali reported no linkages with the Health Department; the Lodhran DuA did not have support from Departments in terms of health facilities.

⁴⁹*Crisis Centers and Gender Crime Cells: An Investigative Study*, Aurat Foundation, 2012

The Faisalabad DuA had very strong linkages with the health department, police, hospitals, different NGOs and industries facilitating services and donations. Bahawalpur, Chiniot and Faisalabad all had good linkages with educational and research institutes. Gujranwala DuA had strong linkages with vocational institutes. The In-Charge also created linkages between trainers from TEVTA and teachers at the DuA for vocational trainings, and referred two outgoing women for jobs at the Pakistan Sweet Homes. She also has links with the Child Protection Bureau where boys over 10 years of age are referred. No linkages with any vocational institute existed in 5 DuAs (DG Khan, Hafizabad, Narowal, Rahim Yar Khan and Toba Tek Singh). Except for Toba Tek Singh all other DUA had linkages with NGOs.

5.6.1 Police Support to the DuAs

As per the Guidelines, the police are responsible for escorting residents to court hearings and District Police Officers (DPOs) have deputed two police guards on a rotational basis in each DUA. The police does provide residents escort to the court everywhere as well as for medical purposes in all districts.

The DuA is expected to maintain contact with the Station House Officer (SHO) and nearest police station. Most DuAs have linkages with more than one police station; in Faisalabad linkages are also maintained with the women's police station. Bhakkar, Layyah, Rawalpindi and Jhang are exceptional and police meet with the In-Charges on a weekly or biweekly basis. This good practice should be encouraged everywhere. Elsewhere, coordination is minimal and essentially maintained by telephone. (The D. G. Khan Assistant In-Charge was unable to arrange a meeting with the SHO for example.)

For their part, several police officers complained that the DuA staff does not provide them with a daily list of residents.

6. Security & Perception Issues

6.1 Security Equipment & Measures

The government has introduced a number of measures to strengthen the security of both women residents and staff in keeping with the Guidelines and minimum standards. In addition to a police detail, all DuAs have been provided with two armed private security guards in accordance with sub-section 7.4.2 of the Guidelines,⁵⁰ and equipped with 2-4 CCTV cameras. This has improved security significantly, but equipment is not always functional.

The height of the DuA boundary walls is in accordance with the minimum standards except in Toba Tek Singh, Gujrat, and Bhakkar. 23 DuAs have security wires on boundary walls. In addition, Layyah had placed broken glass on the wall tops. In Sargodha and Mandi Bahauddin, the security wires are only on the front boundary wall. The back wall of the Gujrat DuA was found to be broken. The main entrance gate was mostly locked with the Guards or In-Charge holding the keys. DuAs do not all follow the same security protocol for admitting visitors; some were more rigorous than others.

As most DuAs are now situated in purpose built premises, the residential area is usually blocked off from the Administrative Section, either by a door or sliding iron bars, in 31 DuAs and residential areas are locked. Only the Sheikhpura and Kasur DuAs had no door separating the two sections. Housed in two-storey buildings, the Chakwal and Gujranwala DuAs accommodate residential areas on the first floor; there are no doors separating these areas. As per the minimum standards, windows have iron bars excepting in Kasur, Attock, Chiniot, and Pakpattan, and only a few windows of the facilities at Lodhran, Sarghoda and Toba Tek Singh were barred.

In keeping with the minimum standards, DuAs are equipped with between 2-6 fire extinguishers. Exceptionally, Layyah and Chiniot had no fire extinguishers. The four fire extinguishers in Sheikhpura were still in the storeroom; those in Bahawalnagar had expired six months ago; the ones in Rahim Yar Khan and Narowal had no visible expiry date.

The minimum standards stipulate CCTV cameras are to be placed in both residential and administrative areas. Each DuA has 2–4 cameras. However, Layyah, DG Khan and Attock have no cameras at the entrance to the residential area, neither of the two CCTV cameras each in the Narowal and Muzaffargarh DuAs is working. There is no standard protocol on where the viewing of the CCTV stream should be placed. In most DuAs, CCTV footage is only viewed in the In-Charge's room. Exceptionally, in Chiniot and Khushab the footage was viewed in the male Supervisor's room. Cameras in Rahim Yar Khan, Sheikhpura and Kasur were not connected to UPS, which means this security provision lapses every time there is load shedding. All records and CCTV tapes are kept with the In-Charge. Recordings are kept for 15-

⁵⁰ Sub-clauses 7.4.1 and 7.4.2 of *Guidelines for the Dar-ul-Amans in Punjab*

20 days, after which the tapes are erased and reused. Exceptionally, Kasur reported keeping the tapes for 6-7 months. In Khushab, the supervisor saves all footage after 15 days. Again, there is no set protocol for reviewing or saving recordings, and matters are left to the discretion of the In-Charge or whoever she/he may assign this duty to.

CCTV footage has been useful in a number of occasions, including helping the police identify a burglar using DuA camera footage in Faisalabad. In Jhang, the CCTV footage was used to trace a run-away resident.

6.2 Security of Person of Residents

Security for women at risk of violence can be considered in three different phases: (1) prior to and in the process of seeking shelter, (2) during their stay at the DuA and (3) upon leaving the Shelter Homes. Pre and post shelter security matters have been touched upon earlier, but are beyond the scope of this review. The concern here is with security during women's stay in the DuAs that is the direct responsibility of the DuA staff and more broadly, the Social Welfare Department.

In the past, the security of women residents was a major concern, pointed out in a number of studies and media reports.⁵¹ The Social Welfare Department's measures to overcome security breaches, in particular its revised Guidelines, minimum standards and an active monitoring and evaluation unit, have had positive results. The impact of more robust security measures and protocols was evident in dramatically improved conditions and the absence of complaints regarding misconduct or safety in the vast majority of the DuAs (92%). Moreover, steps have been taken to overcome reported lapses in protocols and problems. For example, staff and SWD acted to rectify the situation after reports of instances of violations in DG Khan and Rajanpur.⁵² In Rajanpur, the DuA now has a detail of 5 policemen permanently stationed within the premises and the problematic *chowkidar* was dismissed (the post is vacant). This appears to have overcome the security risks to the residents (although it raises a new question of whether women would want to reside in a facility where there are so many male personnel present, suggesting the need to consider adding well-trained female police guards to the DuA details.) Some In-Charges have adopted extra steps to mitigate security risks. For example, the Lodhran In-Charge has installed a programme on her personal laptop as well as telephone that allows her to monitor the situation even when she is outside the DuA. This is a good practice that can be adopted in other DuAs as well. In Jhelum, another good practice initiated in the absence of a warden, is that the religious teacher seals the keys to the residential area and signs across the envelope to ensure that nobody opens the seal without authority. In

⁵¹ Malik et. Al. 2015 and media reports including Pakistani media reports on DuAs: <http://nation.com.pk/national/18-Aug-2015/darul-aman-inmates-complain-of-sexual-abuse> ; <http://www.dawn.com/news/1203721> <http://www.dawn.com/news/260957/karachi-hapless-women-call-darul-aman> <http://www.pakistantoday.com.pk/2015/09/14/uncategorized/pilot-programme-to-reduce-violence-against-women-established-in-punjab/>.

⁵² Media reports regarding rape allegations on DuA staff members in Muzaffargarh: <http://nation.com.pk/national/18-Aug-2015/darul-aman-inmates-complain-of-sexual-abuse> and <http://www.dawn.com/news/1203721>

Hafizabad, the installation of CCTV cameras has reportedly reduced the security risks of residents, underscoring the need to ensure that CCTV cameras are always operational and properly placed.

Exceptionally, allegations of misconduct and women's personal security issues emerged in three DuAs. Of concern is the perception that various persons associated with the DuAs are responsible including staff, police and panel lawyers as well as their *munshis*. These concerns and allegations were expressed by a variety of persons including police personnel, guards and other staff members as well as residents. While the number of districts is very small indeed, the seriousness of allegations makes it imperative that the Social Welfare Department thoroughly investigate all such matters and take robust actions to eliminate lapses of security found so as to avoid damage to the reputation of all Shelter Homes.

In order to enable the valuable institutions of Shelter Homes to effectively meet their purpose of facilitating and supporting women at risk of violence, further attention should be paid to overcoming gaps in procedures that increase risks and measures taken to fortify existing complaint and redressal mechanisms to be more effective. Security risks can be reduced by more rigorous implementation of specified protocols, e.g. the Guidelines sub-section 7.4.4 in restricting male presence within the DuA, particularly in the residential area. Risk can also be mitigated by: instituting a vigorous vetting process prior to appointing staff combined with effective annual assessments; gender sensitization programmes for government personnel supporting DuAs; more effective monitoring and evaluation processes that include independent assessors. There is also a need to carefully select lawyers and others associated with the DuAs to ensure sensitivity and professional care. (See section 6.3.2. above)

The post of warden needs to be filled with appropriate female staff so there is always a female officer at night to ensure that the residential area is properly locked, and in case of medical or other emergencies. An additional suggestion forwarded to eliminate risk, is ensuring that no staff is posted at a specific DuA for too long a period.

6.3 Perceptions of DuAs

Opinions were elicited from all stakeholders on the image of DuAs and how to improve this. Perceptions were elicited from women without any connections with the DuAs, as well as Staff, those facilitating services and a few former residents. These indicate that DuAs still suffer from a negative image. Suggestions are summarized below.

Knowledge about DuAs primarily travels by word of mouth. This means that former residents returning to their communities are a vital source of information for other women who hear of the treatment received, facilities offered as well as obstacles and difficulties encountered by former residents.

When the treatment and experience has been positive, the number of women admitted at the facility may shoot up exponentially. This was, for example, the opinion of staff at the DuAs in

Okara and Gujrat, who believe the number of women approaching them abruptly rose to 40 or 50 residents because of the good experiences of women they had supported.

6.3.1. Perceptions of Community Women

Community-based FGDs were held with women in the districts of Multan, Muzaffargarh, Nankana, Vehari, and Kasur around the DuAs. A reputation of corruption and malpractice of particular DuAs colours perception about the institution and how women seeking shelter are perceived.

Community women engaged in FGDs see Gender-Based Violence (GBV) as a phenomenon having its roots in the home, mostly perpetuated by either in-laws or natal family members. If natal homes are expected to provide succor and protection from violence inflicted upon a woman after her marriage, women recognize that parents and brothers are often either complicit in, or neglectful of, the woman's suffering.

Most women had some awareness about Dar-ul-Amans being a government facility for women seeking Shelter Homes, but none were able to identify the location of the DuA closest to their community.

FGD participants had a generally negative impression. Women approaching the DuAs were sometimes described as *"someone who has no one"*, indicating that the DuA is seen as a last resort. In Muzaffargarh, women had heard reports of the alleged sex trafficking at the DuA widely reported in news media⁵³, and therefore considered the Dar-ul-Aman to be an unsafe option. In Kasur, the FGD revealed a different problem in that there is a perception that the DuA forcibly marries off residents to men who could not otherwise find a wife, and taking a fee for arranging such marriages, a practice viewed as a form of 'selling' women. In Vehari, discussions brought to light another source: negative portrayals of DuAs in popular television dramas as places where women are abused by staff members and sold for prostitution contributed to the DuA's ill-repute.

In Kasur district, women survivors of domestic violence often seek refuge in the famous shrine of Bulleh Shah despite the dangers for women who spend the night there. Skeptical of the DuA's ability to protect an abused woman in any way significantly different from taking refuge at the shrine, women said: *"We don't know how safe the DuA is to be honest. If it is like the shrine, then she might as well go to the shrine."* Nonetheless, women were willing to recommend women in need to the DuA provided they were given assurances that the facilities were safe and could provide necessary rehabilitation and succor. Otherwise, they expressed the view that it was better to be a victim at the hands of one's husband rather than of strangers. Ensuring women's security in all DuAs in an effective manner is crucial.

The negative image and reputation of the DuA was confirmed by diverse stakeholders, including the DuA staff, the lawyers and other service providers facilitating the DuA, former

⁵³ MedFor example: <http://nation.com.pk/national/18-Aug-2015/darul-aman-inmates-complain-of-sexual-abuse> and <http://www.dawn.com/news/1203721>

residents and women who have never accessed the Shelter Homes at all. It must be said that this negative perception persists despite the notable improvements in services and management in most DuAs highlighted in Section 3.

The fear of societal rejection emerged as a paramount concern and one of the most important factors explaining why women did not turn to DuAs for help. Aside from the question of the DuA's environment and its direct consequences for women's safety, the taboo of being associated with a place seen as a 'haven for immoral women who have run away from their homes' is often seen as a risk far too great to take when there are no guarantees that such a step would be beneficial at all. Women wondered whether their voices would be heard if they were to take the risk of running away to the DuA. Underscoring this perception, in Nankana, women saw DuAs as a place where women eloped with their lovers; some women in Vehari expressed horror at the very notion of seeking help at a place with such a reputation, "*Women from reputable families prefer to die rather than go to such a place*". Driving this fear was the very real threat of not being accepted back into the family's fold, should they take the step to approach the DuA; a danger that many women who seek shelter at DuAs do face.

Despite such trepidations and negative consequences, there have been instances where the DuA staff has been successful in reconciling women with their families who initially refused to accept them back after their stay at the DuA.

Women in the FGDs in Multan and Kasur opined that there is a dire need to raise awareness regarding the purpose of DuAs, and the very concept of women's shelters and rights. Discussions revolved around the negative perception of women who seek institutional support but also who claim their legal rights. A woman who has spent a few days outside her home is immediately seen with suspicion by her extended family and acquaintances. Seeking shelter can thus incur the wrath of a woman's family that does not wish to be a part of a scandal and desires to save face in front of the community. The family also fears such women may have a bad influence on their female relatives, for example, persuading female family members to demand legal rights rather than focus on their filial duties, thereby destroying the very fabric of filial harmony.

Women participating in the Kasur FGD complained that, in any case, access to DuAs was very difficult as the procedure for admittance was too complicated and required too many formalities, such as bringing a lawyer and completing paperwork. In their view, it should be the duty of the DuA staff to fulfill the formalities and arrange for the necessary documentation. One woman shared the story of a girl from her village seeking shelter at the DuA, who had been asked to pay Rs. 10,000 for completing the paperwork by the staff. As a result, she remains unable to leave her abusive husband and take shelter at the DuA.

Despite societal backlash, there was a definite need articulated for women's Shelter Homes in combating domestic violence, and the facilities they could offer victims of abuse if their

image was improved in the eyes of local communities. This was particularly so in Nankana where the district DuA had not started operating at the time of study.

6.3.2. Perceptions of Staff and Service Providers

A detailed section of the questionnaires specifically elicited views and perceptions amongst DuA staff members, psychologists, doctors, lawyers, police and others associated with service provision, toward women who seek shelter and of the DuA's image in society.

Some respondents stressed that their responsibility was to provide support to all women who came to the DuA, and they were not there to sit in judgment on residents. Unfortunately, these were in a minority. Generally, the perceptions of those working directly with DuA residents across all districts can be classified into three categories: (1) those who view women coming to the DuA as immoral women who dishonour their families; (2) those for who working closely with survivors has developed an empathy the plight of these women; (3) those who see survivors of domestic violence as weak and needing support.

Service providers usually believed that residents were a mix bag of genuine cases deserving support, and less genuine cases. Genuine cases seem to consist of those woman facing life-threatening circumstances, or in dire need of legal support in the face of domestic violence. In contrast, women who want to marry according to their own wishes are usually not considered to be confronting genuine issues.

These categories of opinions cut across various occupations and often reflect diversity of opinion within the same DuA. For instance, in Multan while the In-Charge felt it was her duty to provide services and not be judgmental, the warden in the same facility did not make use of her residential quarters within the residential area and instead slept on a makeshift bed in the In-Charge's room because, in her words, "*the DuA already has a bad image and living with the residents would only tarnish my reputation as well. I am a married woman and cannot afford such an association*".

The In-Charge is responsible for setting the tone of the facility and for raising awareness amongst the staff. This makes their attitudes pivotal. Rahim Yar Khan stood out particularly for the strong language used by Staff in condemning women residents, "*The walls of the DuA are not bad, it is the women who come here that are bad.*"

Non-staff service providers likewise shared a range of opinions regarding the women residents. The panel lawyer interviewed in Pakpattan felt that such women were indeed immoral and that their desires for divorce did not justify their stay at the facility. The most extreme case was in Southern Punjab mentioned above, where a panel lawyer's derogatory statement suggests the right to abuse such women. This raises the question how as to the lawyers are appointed on the panel and the clear lack of a prior vetting process regarding their own attitudes and follow up to monitor on the ground practices subsequent to appointment to the panel.

Nevertheless, others providing services have more positive attitudes, such as a member of the Okara Advisory Committee who believed that DuAs more a blessing for society as it with a broad usage for women.

Yet again, this brings to the forefront the lack of awareness and implementation of the Guidelines. If the guidelines and minimum standards are not taken seriously, this undermines the effectiveness of measures introduced by the government in sensitizing the staff. Clearly, the scarcity of awareness trainings amongst those responsible for providing services to residents is an issue meriting further investigation.

The stigma attached to the DuA is strong enough that some respondents admitted discomfort in disclosing to that they work at the DuA. Generally, there is agreement on the need to improve the DuA image and to conduct awareness sessions with parents and especially family men. One respondent from Sialkot hoped that the good experiences of past residents and greater communication regarding the facilities provided by the DuA would help raise awareness to improve the institution's standing in society. Several respondents such as the SHO of Rahim Yar Khan recommended thorough background checks before notifying staff and greater accountability of all members in order to prevent any instances of malpractice and so as to allay the fears of local communities regarding the environment of the DuA.

7. Conclusions & Recommendations

Fully cognizant of the issues confronting women at risk of violence and otherwise in need of shelter, the Government of Punjab has taken robust steps to address the issues women face, starting with establishing Dar-ul-Amans across the province. Importantly, responses have been periodically upgraded in the light of the conclusions of research surveys, collaborative initiatives and feedback loops. The result is that Darul Amans now operate in 35 districts and will soon be functional in throughout the province. Periodic revisions to improve service provision and monitoring have been put into place. These important initiatives mean the Social Welfare department has become more aligned with universally approved practices in shelter provision.

The Guidelines and Minimum Standards adopted by the Punjab Social Welfare Department reflect the trends and thinking regarding effective shelter practices across the contemporary world. These incorporate a multi-pronged approach that seeks to improve the sensitivity of service providers and the cohesion of a multi-sector response. The multi-pronged approach is clear in the policy of mobilising support from several government departments as well as private sector service providers, and by involving community members to support the DuAs. The move towards a rights-based approach is reflected in the Guidelines and the minimum standards, the provisions for orienting and trainings for staff, advisory committees and other service providers, and the instructions to ensure the dignity of women residents and to apprise them of their entitlements at the DuA.

Overall improvement is impressive: Better housing, facilities and security as well as services, are noticed. The major challenge is how to ensure effective implementation of the policies and rules, renew the perception of DuAs, and reorient all service providers and associated persons to better comprehend the issues of gender-based violence. Apart from possible prejudices against women who suffer violence as being “somehow to blame”, a basic issue seems to be the non-acceptance of an adult woman’s legal rights under family law to marry a person of her choice. This is reflected in the attitudes of society at large, starting with family members, and extends to DuA staff and other service providers as well as the courts.

The following conclusions and recommendations are organized around the globally accepted best practices for Shelter Homes mentioned at the outset of this report, and in the light of the SWD’s own guidelines and established minimum standards. While specific recommendations are provided here, examples of good practices from neighbouring countries such as Malaysia, Sri Lanka, Bangladesh and Turkey are attached as Annex 2.

7.1 Physical Amenities & Budgets

An important investment has been in the creation of purpose built premises to house DuAs in light of their needs. These are now present or approved in almost all districts. While many amenities have been added and upgraded, such as televisions etc., there seems to be an

inadequate budget for maintenance and repair. Hence a significant number of the equipment is dysfunctional, including UPS, generators, television, and children's swings.

7.1.1. Improvement of premises

- The building should be purpose built - there should be barbed wires on outer boundary walls of Shelter Homes. Inside, the building should be spacious and airy with adequate sunlight. Washrooms need to be clean and even renovated in some of the cases.
- There should be a separate room for a driver and chowkidar outside the residential area of residents.
- Kitchen for the use of residents should be within the residential area.
- A reasonable budget should be allocated for repair/maintenance of the building and equipment.
- Adequate Shelter Homes for male security staff should be provided.
- Arrangements should be made to enable women residents to use the open spaces of the DuA premises for exercise and recreational purposes.
- Proper infrastructure and supplies should be ensured for vocational classes.

7.1.2. Equipment's and Power Supplies etc.

- Power supply should be ensured to the residents and sufficient UPS installed to enable not only the administrative staff, but residents as well as guards, chowkidars and drivers to have relief especially in hot weather. Sui Gas supplies should also be ensured as the research team witnessed how the use of firewood created an unpleasant and unhealthy environment.
- UPS, heaters, refrigerators, generator and gas cylinder should be ensured in all DuAs.
- The Government should consider providing the DuAs with conveyances such as a motorcycle to go to the market for day-to-day purchase of food items.
- Ventilation arrangements should be adequate, including for example, a fan in the guards' rooms. Beds should be replaced by charpoyas as these are more comfortable especially in the summer season and proper bedding should be supplied and cleaned regularly.

7.1.3. Budgets

- Overall budgets of the DuA should be increased, paying particular focus to the amount allocated for court fees, which is currently insufficient, provision of clothing and a balanced diet for residents and their children,
- A budget should be allocated for the maintenance of the DuA vehicle, and all equipment such as washing machine, TV, security camera, water filters etc.
- The Rs 100/ resident /day for food is very inadequate and should be increased.
- The government should expand the budget for the purchase of medicines as part of the DuA budget to further enhance performance.

- The processes for budget approval, release and reimbursements must be revised to ensure timely and efficient release of budget.

7.2 Accessibility of shelters for all women in need

Shelter Homes should be open to all women in need with or without court and NGO referrals as per the Guidelines. The prevalent practice of admitting women who come without court referrals only to convert these into court dependent cases is problematic for a number of reasons: (a) it negates women's agency and (b) it reinforces the idea that any woman in need of shelter is a person incapable of making her own decision, and hence reduces them to legal minors. While there is a genuine need to protect the Staff from possible negative reactions and violence at the hand of family members, this should not be at the cost of rendering women legal minors. This has given rise to the common refrain of women in DuAs seeking help from the team to "obtain their freedom".

- Measures should be taken to ensure the safety of the Staff, but women should be able to find refuge and leave the DuA on their own volition.
- Refusal to admit (or re-admit) a woman should be restricted to instances of serious breach of rules, or for the security of the women and children already residing in the DuA and the Staff. Reasons for refusal should be recorded and periodically reviewed by the Advisory Committee and the SWD.
- In the event that the DuA is unable to house a woman for some reason, there should be a system in place to assist her in finding safe alternative accommodation.
- For women accompanied by boys of a certain age who cannot be admitted to the shelter Homes, the DuAs should provide or look for alternative and safe housing.

7.3 Staffing

Staffing has been expanded, and the important new post of female wardens as well as supervisors created. Unfortunately, there is still an imbalance in the number of female to male staff. In some unfortunate cases the male staff has been responsible for serious breaches of security. It is recommended that:

- All Staff positions should be filled immediately, in particular, vacant posts of In -Charge, wardens, psychologists
- The DuA In-Charge must always be a woman and the entire staff positioned inside the administrative area and/or with access to the residential areas at the DuA must be female.
- Progressively, the DuA staff should predominantly be female, in accordance with best shelter practices.
- The unsanctioned post of cook should be eliminated and budget redistributed to accommodate budgetary requirements for other needed staff.
- Interaction between residents and male DuA staff should be minimized and under no circumstances, should male members of the staff be allowed residence inside the DuA premises.

- Fulltime posts sanctioned by the province for psychologists, doctors and lawyers should be replicated by District governments, and filled at the earliest.
- There should be two female wardens, on rotation.
- There should be more training for the DuA staff, especially on gender and security issues.
- A vigorous vetting process be instituted for appointing staff as well as the panel of lawyers to assess ensure their perspective is one that will uphold women's dignity
- All staff should undergo training for understanding a gendered analysis of violence and human rights, empowerment and non-discrimination. Staff should also be provided training in communication and intervention techniques. Trainings should encompass an element of child protection as well as how to manage appropriate referral procedures., Staff interactions with residents should be monitored to ensure behavior reflects trainings. Learning should be rewarded.
- Annual appraisals of all staff must include assessments of their gender sensitivity and include feedback from a variety of stakeholders
- Training of staff must be compulsory and include refreshers. This is given in the policy but seems to be missing or insufficient in practice. It is also suggested the training be conducted by civil society organizations and experts working in the field of gender-based violence and shelters.
- Training must include gender sensitization and awareness of women's legal rights under the law and constitution.

7.4 Safety, security and dignity of residents

A number of security measures have been instituted in terms of hardware, including CCTV cameras, raised boundary walls with wires, and armed guards. However, reports of continued breaches of security suggest the need for better control measures inside the DuA. Moreover, FGDs with DuA residents revealed that the vast majority of residents feel stripped off their freedom, many pleaded with the field team to help them regain freedom. No DuA allows any woman resident to leave the DuA for any reason other than medical and court proceedings, and that too under escort. This is in complete violation of the Guidelines provision which In-Charges say is simply not feasible. While discussions need to take place on how to overcome the prisoner-like restrictions, some measures can be taken immediately.

- Women should be allowed to move with relative ease within the grounds and this should be a daily event, rather than waiting for only special occasions;
- List of residents to be shared with police;
- Women should be involved in cleaning and cooking of the DuA and be allowed to do some decision-making in this regard;
- CCTV cameras should be appropriately placed and then be fed with a centralized system of reviewing these instituted;
- Residents should be informed of what benefits they are entitled to such as legal aid, as well as the rules;

- The SWD may consider the developing film clips to apprise women of both the entitlements and the rules given the high illiteracy rate of women residents;
- The SWD may consider installing a programme on In-Charges' personal phones that allow them to monitor the situation within the DuA at all times;
- The presence of a lady constable should be ensured;
- Security measures should be arranged for the DuA staff given the risk of threats to their safety

A separate issue is the insistence of courts that women meet with visitors approved by the court, regardless of their own will. This must stop. Furthermore the requirement for court orders for all entries and exits poses a particular problem for DuA management when confronting residents who because of ill health pose a serious threat to themselves, other residents or staff members. The SWD needs to look into this and find ways to address this serious problem.

7.5. Services:

While institutional linkages have been strengthened, many DuAs meet the commitments to provide legal, health and psychological support by mobilizing their own social and filial networks. As a result, only DuAs with strong referral systems can provide residents with the necessary services related to legal assistance, health care and social-psychological recovery. These services need to be institutionalized and not left to the personal capability of the In-Charge or SWD DO. Such as;

- Orientations including gender sensitization should be carried out for all those providing services, whether on a voluntary basis or as part of regular. Part-time staff;
- Revisit and revise existing grievance mechanisms to make them more effective.

7.5.1. Recreation and training

- Recreational facilities, adult education and skills training should be run regularly;
- More recreational activities by civil society groups should be organized;
- The frequency of classes for women should be increased;
- Library for residents and children should be provided;
- There should be play area for children;
- Some stationary (paints, chart paper pencils e.g.) should be available for children and women residents;
- There should be some informational CDs and CD player or computer;.
- Government should provide 3-4 sets of syllabus books of each and every class

7.5.2. Legal

- Women should be provided legal help not only on family cases but also in property cases;
- Women should be able to meet their own lawyers without court orders;

- The notified panel of lawyers should be reduced to 3-5 persons, and their services regularly assessed by eliciting feedback from former residents who have been assisted as well as other stakeholders;
- The lawyers' panel should not be appointed by the Bar Council President, but by a panel which includes the DUA In-Charge who is more likely to be aware of the situation and needs of the women or SWD DO, independent members of the advisory committee and independent civil society organizations/experts.

7.5.3. Medical

- The government of Punjab needs to hire more psychologists at the district level;
- Inter-departmental meetings need to consider how best to ensure medical services for the DuA residents;
- Childcare and educational facilities must be provided in order to promote children's rights as individuals and/or as families;
- Measures must be taken to ensure children accompanying mothers receive education, either by providing transport and admission in the nearest schools, or by arranging educational facilities inside.

7.6 Overall Management

The uneven implementation of and compliance with the Guidelines and minimum standards underscores the need for effective and regular monitoring and evaluation. It is recommended that:

- Regular monitoring and evaluation by SWD is supplemented by periodic third party evaluations as sensitive issues may not be shared with insiders;
- An Urdu-language user-friendly booklet of the Guidelines and minimum standards should be developed and widely distributed to all stakeholders;
- A separate admission form for unmarried girls has been suggested by the staff;
- Office premises should not be used for accommodation purposes for staff members.

7.7 Improving the Image of Dar-ul Aman

As people often learn of the DuAs through word of mouth, the experience of women residents in the DuAs is critical. One of the best ways of improving the image of DuAs is to ensure rigorous compliance with the stated Guidelines and minimum standards.

Overcoming the negative attitudes towards women seeking shelter requires wider mass awareness campaigns using broadcast, web-based and social media. Additionally, the subject of human rights with a particular focus on ways that appropriate gender roles and identities in societies should be inculcated in curriculums in schools.

A number of steps to improve the image of the DuA suggested by Staff worth considering include:

- Campaigns directed at the communities to raise awareness about the purpose of the creation of such facilities and a sensitization towards the circumstances that drive women to seek shelter in the DuAs.
 - These efforts should be aided by the state and institutions such as the media through sponsorship and propagation of such promotional/awareness campaigns.
 - Key community opinion makers should be brought onboard to endorse awareness campaigns, incorporating references from religion that support the provision of safeguards to women in society.
- Hosting events at the DuAs for members of civil society, such as representatives of NGOs, and students to familiarize them with the workings of the facility and their purpose in society. These events could also be open to members of the community, and organized at the DuA on days of cultural and religious importance.
- The staff also recommended that the name of Dar-ul-Aman should be changed to help restore the dignity of the institution, and suggested the institution be called a 'Shelter Home' or 'Women's Hostel'. The latter of course is impractical given the existence of government-run women's hostels for working women.

7.8 Resettlement and follow up mechanisms

There is a clear need to institute protocols for maintaining contact with women leaving the DuAs so as to ensure their safety. However, this can only be with the free and informed consent.

There was general agreement amongst women engaged in FGDs outside the DuA that there was a need for enhancing women's livelihood options, so they can be truly independent. Expressing the view that if a woman had to be dependent on someone, she was better off being dependent on her husband rather than a stranger, or institution, women recommended that the government provide residential quarters for women so that they did not remain dependent on charity. While this expressed in the context of discussions around the DuAs, women had little idea of the role of Shelter Homes. Undoubtedly, more attention can be paid to enhancing skills training and income generation within the Shelter Homes, it must be remembered that women are in vulnerable positions when they come to DuAs. Women (a) may not be in the right mental framework to undertake rigorous training and, (b) may not stay long enough to learn the skills needed for economic solvency.

Many women without any means of support require a transitional or mid-way home which functions partly as a hostel and partly as a training centre, connected to but independent of the Shelter Homes.

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Online Resources

1. Canadian shelter study:
http://www.uwo.ca/fhs/kt/files/tools/nw_tools/ontario_shelter_study_summary_4-page%20aug12_final.pdf
2. <http://www.dvpiowa.org/the-benefits-of-shelters/>
3. The Scottish Women's Aid:
<http://www.scottishwomensaid.org.uk/sites/www.scottishwomensaid.org.uk/files/NationalServiceStandards-SummaryApril2011.pdf>;
4. Ixora shelter, Guyana: http://www.hands.org.gy/files/Shelter_Manual.pdf
5. The Council of Europe:
<https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF%282007%29Study%20rev.en.pdf> ;
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http://www.endvawnow.org/uploads/browser/files/minimum_standards_southafrica_2001.pdf
7. Pakistani media reports on DuAs: <http://nation.com.pk/national/18-Aug-2015/darul-aman-inmates-complain-of-sexual-abuse> ; <http://www.dawn.com/news/1203721>
<http://www.dawn.com/news/260957/karachi-hapless-women-call-darul-aman>
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13. International Covenant on Economic, Social and Cultural Rights (ICESCR):
<http://www2.ohchr.org/english/bodies/cescr/docs/CESCR-GC16-2005.pdf>
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ANNEXURE

Annex 1: Further Tables on Findings

Table 3: Total Number of Residents Per Month and Duration of Stay Per District)

Sr. #	Districts	Average Monthly Number of Women Residents	Minimum/Average/Maximum Duration of Stay		Comments
Average 5-10 women per month					
1	Attock	8 - 10	10-20 days	3 months	
2	Chakwal	6 - 7	2-3 days	4 months	
3	Hafizabad	6-7	20-25 days	3 months	
4	Layyah	10	1 day	1 year	
5	Narowal	5 - 7	2 months	3 months	
Average 10-15 women per month					
6	Chiniot	10 - 12	1 day	1-2 years	
7	Bhakkar	12	1 day	10 Months	Seasonal fluctuations peak in May-Dec.
8	Gujrat	12	1 day	10 Months	Winters 10; Summers 20
9	Jhang	15 - 20	1 day	3 Month	
10	Kasur	10 - 15	1 day	6 months	
11	MandiBahauddin	18	3 months	6 months	
12	Mianwali	15	1 day	3 years	
13	Rajanpur	10-15	1 day	1 year	
Average 15-20 women per month					
14	Sahiwal	15-20	10-15 days	3 years	

15	Sargodha	15-20	1-2 days	3-4 months	
16	Sheikhupura	15-20	1 day	3 months	
17	Sialkot	20	2 weeks	1 year	Increases to average 30 women in summers
Average 20-30 women per month					
18	DG Khan	20 - 25	2-3 months	1 year	
19	Khanewal	25 - 30	1 week	1 year	35-40 in winters; 60 in summers, One women stayed for 3 years
20	Khushab	20-25	15-20 days	6-7 months	One woman has been residing at the DuA for the past 2 years.
21	Gujranwala	30	10 days	6 months	
22	Lodhran	22-25	2-3 days	3-4 months	22-26 winters; 1-7 in summers
23	Muzaffargarh	30	1 day	9 months	15-17 in winters; 30-35 in summers
24	Okara	20 - 25	6 months	1 year	
25	Pakpattan	20 - 25	20 to 25 days	6-7 months	Increases during harvesting to 50
26	Toba Tek Singh	20-25	2-4 days	3 months	30-45 during the wheat harvest season
Average 30-35 women per month					
27	Bhawalnagar	30 - 35	20 days	1 year	
28	Jhelum	30-35	10-20 days	3 months	
29	Vehari	30-35	1 day	4-5 months	Increases during harvesting to 50 per month
Average 35-40 women per month					
30	RY Khan	35-40	1-10 days	1 year	One woman stayed for 1 year
31	Bahawalpur	40	3-4 months	4 months	One resident stayed for 11 years
Average 40-50 women per month					
32	Faisalabad	40-50	1 day	3 months	706 in 2015- No seasonal variation
33	Rawalpindi	40-50	1 day	4-5 months	

Average more than 50 women per month					
34	Multan	70 - 80	One week	1 year	40-45 in winters; 60-80 in summers
35	Lahore	113	10-15 days	1.5 year	70-80 in winters; 100 in summers

Table 4: Distribution of DUA by date of establishment and District/Provincial Remit

Sr.No	Districts	Date of Establishment	District/Local Govt	Provincial
1	Attock	2005		√
2	Bahawalpur	1973		√
3	Bhakkar	2005		√
4	Bhawalnagar	2005		√
5	Chakwal	2005		√
6	Chiniot	2009	√	
7	DG Khan	1987	√	
8	Faisalabad	1973	√	
9	Gujranwala	1974	√	
10	Gujrat	2005		√
11	Hafizabad	2005		√
12	Jhang	2005		√
13	Jhelum	2005		√
14	Kasur	2006		√
15	Khanewal	2005		√
16	Khushab	2005		√
17	Lahore	2003	√	
18	Layyah	2006		√
19	Lodhran	2005		√
20	MandiBhauddin	2005		√
21	Mianwali	2006		√
22	Multan	1973	√	
23	Muzaffargarh	2005		√

24	Narowal	2005		√
25	Okara	2005		√
26	Pakpattan	2006		√
27	Rajanpur	2005		√
28	Rawalpindi	1961		√
29	RY Khan	2005		√
30	Sahiwal	2006		√
31	Sargodha	1987		√
32	Sheikhupura	2006		√
33	Sialkot	2005		√
34	Toba Tek Singh	2005		√
35	Vehari	2005		√

Table 5: Staff distribution in 35 Operational Dar-ul-Amans Gender wise

	Female
	Males

District Name	Incharge	Assistant In charge	Supervisor	Computer Operator	Accountant	Warden	Naib Qasid	Teachers			Security Guards				Cook	Driver	Sweeper	Peon
								Religious	Vocational	Literacy	AJSS	Police	Chowkidar					
Attock	1M		1M			1F	1M		2F			2M	2M	1M	1M	1M	1M	
Bahawalpur	1F	1M (/ account)					2M	1F	2F			2M	2M	1M				
Bhakkar	1F	1M		1M			2M	1F	1F			2M	2M	1M	1M	1M	1M	
Bhawalnagar	1F	1M (Assist. cum accountant)	1M	1F		1F	2M		1F			2M	2M	1M	1M	1M	1M	
Chakwal	1F		1M (Assistant IC)				1M		1F			2M	2M	1M	1M	1M	1M	
Chiniot	1F		1M			1F	1M					2M	4M	1M	1F	1M	1F	
DG Khan	1F	1M (Accountant)	1M	1M			2M	1F	2F			2M	2M	1M			1F	
Faisalabad	1F	1M	1M	0		1F	1M	1F				2M	2M	1M		1M	1M	
Gujranwala	1F	1M	1M	1F		1F	1M	1F	2F			2M	5M	1M		1M	1M	
Gujrat	1M	1M (Com Operator)	1F			1F	2M	1F				2M	2M	1M				
Hafizabad	1F	1M (Accountant)	1M	1M		1F	2M	1F				2M	1M	1M	1M	1M		
Jhang	1F		1M				2M	1F	1F			2M	2M	1M	1M	1M		
Jhelum	1M		1M	1M			2M	1F				2M	2M			1M	1F	
Kasur	1F			1F	1M	1F	2M	1F	1F			2M	1F	1M		1M		
Khanewal	1F	1M (Accountant)	1M			1F	2M	1F	1F			2M	3M		1M	1M	1F	
Khushab	1F		1M (Assis.I C)			1F	1M		1F			2M	2M	1M	1M	1M	1M	

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Lahore	1F		1F	1M	1M	1F	2M	1F			2M					1M		
Layyah	1F	1M	1M				2M				2M	1M, 1F				1M	1M	
Lodhran	1F	1M (Assist. cum computer operator)	1M	1M			2M	1F	1F		2M	2 M	1M	1F			1F	
MandiBhauddin	1F	1M (Assist. cum Accountant)	1M			1F	1M		1F		2M	2M	1M	1M	1M			
Mianwali	1F	0	1M	1F			2M	1F	1F		2M		1M	1M	1M			
Multan	1F	1M (senior clerk)		1M		1F	2M	1F	1F		2M	4M, 1F	1M			1M	1M	
Muzaffargarh	1F	1M (Assist. cum Accountant)				1F		1F	1F		2M	2M, 1F	1M	1M	1M			
Narowal	1M	1M (Accountant)	1F			1F	1M		1F		2M	2M	1M	1M	1M	1M		
Okara	1F			1F	1M (cum Assit.)	1F	1M	1F	1F		2M	2M	1M	1M (cook/driver)			1M	
Pakpattan	1F	1M (computer Operator)				1F	2M	1F	1F		2M	2M	1M	1F	1M	1M		
Rajanpur	1 F	1M (Accountant)	1 M			1 F	1 M	1 F	1F	1F	2M	5M		1M	1M			1M
Rawalpindi	1F	1M (Accountant)	1M				1M		1F	1F	2M	2M	1M, 1F			1M	1M	
RY Khan	1 F	1 M (Accountant)		1 M		1 F	1 M		1F		2M		1M			1 M		
Sahiwal	1F	1M (Accountant)		1M		1F	2M	1F	1F		2M	2M	1M			1M	1M	
Sargodha	1F	1M	1M			1F	2M	1F	1F		2M	2M	1M			1M		
Sheikhupura	1F							1F			2M	1M	1M	1M	1M			

Sialkot	1F	1M				1F	2M	1F			2M		1M	1F			
Toba Tek Singh	1M	1F	1M			1F		1F	1F		2M	3M	1M	1F	1M		
Vehari	1M	1M (Accountant)	1F	1 M			2M		1F		2M	2M	1M	1M	1M	1 M	

Table 6: Registers (Records) Maintained at DuA

Districts	Records Accessed (Yes/No)	Records Registers Present
Attock	Yes	Residents Admission Register, Residents Meeting Register, Court attendance Register, Residents attendance Register (Classes), They had shown us only some record and as they were in phase of shifting in new DUA Building so that according to them they had packed all the record and Team had witnessed the packed Boxes.
Bahawalpur	No	Records couldn't be accessed
Bhakkar	No	Records couldn't be accessed
Bhawalnagar	Yes	Volunteer register for doctors, Lawyers, Admission Forms and Discharge Slips, Consent Form of Residents for Meetings, Admission register, Stock Register, Issuance of items to Residents, Vaccination Records, Movement Register, Inventory Register, Telephone Register
Chakwal	Yes	Admission Register, Admission and Discharge Slip, Consent Form, Stock register, Inventory register, Movement register, Telephone Register
Chiniot	Yes	Visit sheets, Have PEEDA and conduct rule 1996, Health and hygiene form, Records of children vaccination kept in file form, Movement Register, Admission Register, Inventory Register, Medical files, Activity Report, Residents Attendance Register (Classes)
DG Khan	Yes	Admission Register, Movement Register, Medical Register, Residents Meeting Register
Faisalabad	Yes	Movement Register, Register of Medicine, Medical Register, Donation Register and Donation Receipt, Residents Admission Register, Visit Sheets, Attendance Register (Classes)
Gujranwala	Yes	Volunteer register for doctors, lawyers, admission forms and discharge slips, Consent form of residents for meetings, Admission register, stock register, cleaning schedules, issuance of items to residents, vaccination records, movement register, inventory register, telephone register
Gujrat	Yes	Admission forms and discharge slips, Consent form of residents for meetings, Admission register, stock register, cleaning schedules, vaccination records, movement register, inventory register, telephone register, Meal menu, schedule of classes,

Hafizabad	Yes	Consent form, Admission Register, Minutes of meeting of pool of lawyers, stock register,
Jhang	Yes	Volunteer register for doctors, lawyers, admission forms and discharge slips, Consent form of residents for meetings, Admission register, stock register, cleaning schedules, issuance of items to residents, vaccination records, movement register, inventory register, telephone register, Meal menu, schedule of classes, register for hygiene kits
Jhelum	Yes	Separate entry registers for volunteers such as doctors. No entry register for lawyers. Register for visitors to DuA, plus an entry register for resident's visitors; Telephone register, admission and discharge slips, stock register, donation record. No records available for issuance of items to residents, or medical register, register of medicines, vaccination register, movement register and inventory register. ACRs, equipment and furniture inventories, and consent forms available.
Kasur	Yes	Entry-exit register for all Visitors, Visit Sheet, Telephone Register, Stock register/food issuance register, Donation register, cleaning schedule record, hygiene kits Register, Medicine Issuance Register, Medical Prescription Register, Vaccination record, Movement Register, Residents Belongings Register, Inventory Register For Furniture, Donation Inventory and Issuance Register, Residents Meeting Register.
Khanewal	Yes	Group counseling register, hygiene and sanitation reports, phone call register, admission and discharge register with civil judge statement, individual psychological counseling register, visitor register, hygiene kit register, Rescue 1122 trainings for staff and residents register, Hospital referral register, visitor's sheet, medical check-up register, health education register, legal awareness register, service provider sheet, vaccination register, legal counseling register (empty), event register
Khushab	Yes	Admission Register, Telephone Register, Medical Register, Residents consent form,
Lahore	Yes	Entry-exit register, visitors register for service providers & visitors, volunteer register, telephone register, admission-discharge slips, hygiene kit register, issuance of items to residents register, Vaccination record, Inventory of DuA equipment and furniture, Consent forms, health and hygiene forms,
Layyah	Yes	Volunteer register for doctors, lawyers, admission forms and discharge slips, Consent form of residents for meetings, Admission register, stock register, cleaning schedules, issuance of items to residents, vaccination records, movement register, inventory register, telephone register, Meal menu, schedule of classes,

Lodhran	Yes	Visitors register, vaccinators register, threat register, issuance of clothing items register, register of medicines, register of ante-natal and post-natal provisions, register of hospital referrals, vaccination register, movement register, class attendance register, class monthly reports, inventories of DuA equipment and furniture, financial records, contingency register, Telephone register.
MandiBhauddin	Yes	Visitor's register, Volunteer register for service providers, Telephone register, Admission forms, discharge slips, Stock register, Issuance register for hygiene kits, clothing, movement registers for medical and court, inventory register for furniture etc
Mianwali	No	Couldn't Access to verify
Multan	No	Records couldn't be accessed
Muzaffargarh	Yes	Visitors register, Movement Register, entry-exit register,
Narowal	Yes	Residents information Register, Register of letters dispatched (official), Inventory Register only for mobiles, Residents Movement Register, Visit sheets, Telephone Register, Residents Visitor Register, Residents Information Register, Admission/Discharge Register Residents,
Okara	Yes	Visitors register, vaccinators register, service-providers register, first aid register, telephone register, Admission and discharge forms, Stock register for food items, donation register, diet schedule, food issuance register, medical register, register of hospital referrals, register of medicines for ante-natal and post-natal provisions, vaccination register, movement register, inventory register, inventories of DuAequipment and furniture, service-providers visit sheets.
Pakpattan	Yes	Residents information Register, Register of letters dispatched (official), Inventory Register only for mobiles, Residents Movement Register, Visit sheets, Telephone Register, Residents Visitor Register, Residents Information Register, Admission/Discharge Register Residents,
Rajanpur	Yes	Visitors sheet, Medical Register, Movement Register, Inventory register, Admission Register
Rawalpindi	Yes	Residents information Register, Register of letters dispatched (official), Inventory Register only for mobiles, Residents Movement Register, Visit sheets, Telephone Register, Residents Visitor Register, Residents Information Register, Admission/Discharge Register Residents,
RY Khan	Yes	Entry-exit register, Service-Providers Register and visit sheets, Telephone Register, Admission-discharge forms, Vaccination record, movement register, Personal Belonging Register, Health and Hygiene Form, Counselling Session Records for legal and Psych Counselling

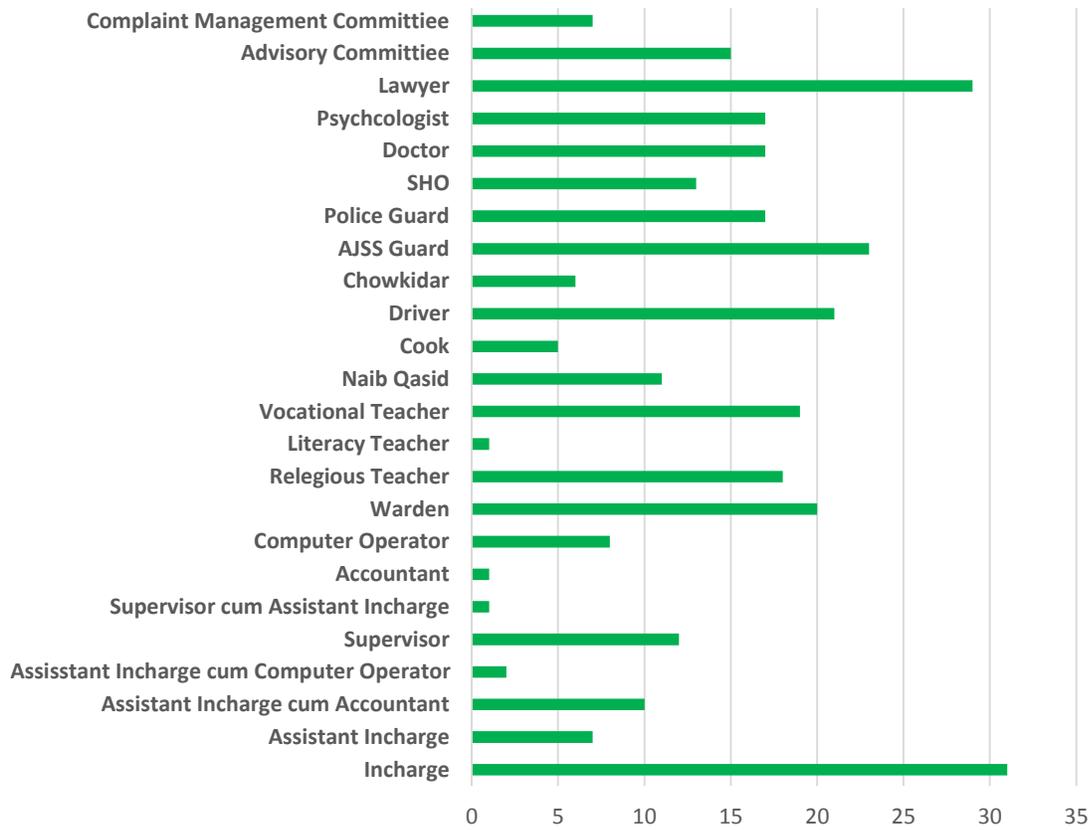
Sahiwal	Yes	Residents/Discharge Admission Register, Inventory Register, Psychological Counselling Register, Medicine Register
Sargodha	Yes	Residents information Register, Register of letters dispatched (official), Inventory Register only for mobiles, Residents Movement Register, Visit sheets, Telephone Register, Residents Visitor Register, Admission/Discharge Register Residents
Sheikhupura	Yes	Volunteer register for doctors, lawyers, admission forms and discharge slips, Consent form of residents for meetings, Admission register, stock register,s, vaccination records, inventory register, telephone register, Meal menu, schedule of classes, visitor's register
Sialkot	Yes	Visitor's register, Volunteer register for service providers, Telephone register, Admission forms, discharge slips, Stock register, Issuance register for hygiene kits, clothing, movement registers for medical and court, inventory register for furniture etc
Toba Tek Singh	Yes	Residents Admission/Discharge Register, Movement Register, Outdoor residents registers for residents allowed to go in yard within DUA premises , Lawyers, Doctors, Psychologist Sessions Registers, Activity Register, Telephone Register, Residents Meeting Register, Outdoor register for medical checkups, Inventory Register, Residents attendance Register (Classes), Medical Register, Telephone Register, health and hygiene form
Vehari	Yes	Residents information Register, Register of letters dispatched (official), Inventory Register only for mobiles, Residents Movement Register, Visit sheets, Telephone Register, Residents Visitor Register, Residents Information Register, Admission/Discharge Register Residents

Table 7: Additional Charges

Sr. No	Districts	Designation	Male/Female	Date of add. Charge
1	Attock	IC Additional Charge. New IC was looking after Urban Community Development, GOP	M	Since 2011
2	DG Khan	IC Additional Charge	F	2016
3	Gujrat	1. IC (Additional Charge (Manager District Industrial Home Sanatzar) 2. Assistant cum Computer Operator (originally Marketing Officer Sanatzar) 3. Driver (originally positioned at Sanatzar) 4. Religious Teacher (Additional Charge (originally supervisor UCD project)	1. M, 2. M, 3. M, 4. F	Assistant In charge additional charge since 2013
4	Jhelum	IC Additional	M	2015
5	Layyah	IC (Manager Sanatzar)	F	2015
6	Narowal	IC additional. IC was IC of 7 depts (IC of sanatzar, looking after Kashna, old home, sweet homes, UCD Project, Nai Umang)	M	2012
		SW-DO had additional charge. He was also overseeing the Sialkot DUA	M	2012 in Narowal
7	Sheikhupura	In charge (Manger Sanatzar)	F	2016
8	Sialkot	Assistant In charge on additional duty	M	-
9	Toba Tek Singh	IC had additional charge	M	Aug-15
		SW-DO	M	3 days ago
10	Vehari	IC had additional charge because the previous IC had left. Originally in charge of Sanatzar	M	Feb-16

Total Positions Interviewed Per Designation

Diagram 12



Annex 2: Best Practices from the Region

Some key practices in relevance to Pakistan's geographical location and Muslim majority population have been summarized below:

- **Malaysia:**

Women's Center for Change⁵⁴ (WCC) is a non-profit organization and shelter which worked closely with the government to set up One Stop Crisis Centers⁵⁵ (OSCC) to provide victims of domestic and sexual abuse with immediate medical and police services. OSCCs aim to provide victims with all necessary services under one roof, such as psychological counseling, legal aid, shelter and medical care. Today, OSCCs are located in almost all state and district hospitals in Malaysia. OSCCs are managed jointly by medical staff, NGOs, Police, Legal Aid and Social Welfare Departments. The WCC trains service providers such as police, healthcare professionals and welfare staff on gender based violence at the same time that it continues to advocate for better enforcement of the law and improved provisions for victims of sexual assault.

WCC also manages a Women's Service Center (PPW) which works directly with OSCCs to provide temporary shelter, counseling and legal advice to women.

The National Council of Women's Organizations⁵⁶ has recruited and trained a group of volunteer counsellors to assist at OSCCs. Trainings that include gender sensitization of social workers, police force and medical personnel, led to the establishment of a Police Rape Squad. The squad aims to create a conducive and safe environment where victims of rape and incest can feel comfortable in disclosing vital evidence to assist in investigations.

Malaysia's first women's refuge, Women's Aid Organization⁵⁷ (WAO), runs a Child Care Center (CCC) where the children of former residents who have decided to live independently are accommodated. The children are given a home, education at a local school and a support system for their emotional, mental and physical needs.

The Rose Virginie Good Shephard Center⁵⁸ is a shelter committed to skill development. Single mothers, past and present residents in need of financial assistance are given the opportunity to be occupied in skilled work through the employment opportunities at the center. The products are sold at various locations throughout Malaysia.

Police investigating officers for domestic violence cases are predominantly women who wear civilian clothes and drive unmarked cars in order to put victims in traumatic situations at ease.⁵⁹

⁵⁴ <http://wccpenang.org/>

⁵⁵ <http://www.osccmy.org/>

⁵⁶ <http://www.unwomen-eseasia.org/projects/evaw/vawngo/vammys.htm>

⁵⁷ <http://www.wao.org.my/>

⁵⁸ <http://goodshepherd.my/rose-virginie-good-shepherd-centre-0>

⁵⁹ *The Malaysian Police and Domestic Violence*, Tucker, Andy, Azusa Pacific University

- **Turkey:**

Turkish authorities have in-service training programmes for public sector personnel such as law enforcement officers, judicial bodies, health care and social workers. The UN Population Fund together with the Turkish Directorate General on the Status of Women train officials on domestic violence so that they may in turn train police officers and other stakeholders.⁶⁰

A special police team comprising of an equal number of males and females functions to protect women against GBV. This team is trained in matters of gender sensitivity, domestic violence and inequality.

The Poppy Project⁶¹ maintains a hotline that victims can call to seek legal advice. Mor Çatı Women's Shelter⁶² is one of the oldest independent women's shelters, operating since 1990 to provide protection and services to survivors.

- **Sri Lanka:**

All police stations have a Women and Children's Desk⁶³ (WCD) run by female police staff under the Police Bureau for the Prevention of Abuse of Women and Children. The Ministry of Women's Empowerment, Institute of Judges Services and the Police Department conduct training and sensitization programs for police officers on GBV.⁶⁴

Women in Need⁶⁵ (WIN), a network of non-profit shelters, focuses on a multi-agency approach. It pioneered One Stop Crisis Centers in hospitals and operates mobile legal clinics to raise awareness and assist women in trauma. It works with the Justice Ministry to train magistrates and district court judges on GBV.

Sri Lanka has pioneered the integration of GBV sensitization in its national health system: Judicial Medical Officers⁶⁶ strengthen connections between the police, WCDs, and hospitals. The Ministry of Health also trains community health providers known as Public Health Midwives⁶⁷ (PHM) on intimate partner violence.

The Women Development Center⁶⁸ (WDC), a non-profit shelter, runs a crisis intervention center, gender sensitization trainings to service providers, medical personnel, school teachers and

⁶⁰ *The Effect of CEDAW on Women's Rights*, Kabasal, Zehra F. Human Rights in Turkey, University of Pennsylvania Press, 2011

⁶¹ *Turkey: Domestic Violence, Including Legislation, State Protection and Support Services*, IBR Immigration and Refugee Board, 2012

⁶² <https://www.morcati.org.tr/en/about-us/our-story>

⁶³ *Understanding Gendered Violence against Women in Sri Lanka: A Background Paper for 'Women Defining Peace'*, Jayasundere, Ramani, 2009

⁶⁴ <http://www.un.org/womenwatch/daw/csw/csw57/generaldiscussion/memberstates/srilanka.pdf>

⁶⁵ <http://winsl.net/>

⁶⁶ <http://gbvaor.net/wp-content/uploads/sites/3/2015/02/Implementing-the-National-Human-Right-Action-Plan-Reducing-Violence-Against-Women-2012.pdf>.

⁶⁷ *Training Sri Lankan Public Health Midwives on Intimate Partner Violence: A Pre and Post Intervention Study*, BMC Public Health Publication, 2015

⁶⁸ <http://womendev.org/about-wdc/>

community leaders. A Women's Entrepreneurship Program focuses on economic strengthening through skill development, business planning, marketing and access to livelihood loans and micro-credit.

The government has established Gender Focal Points⁶⁹ in government institutions to monitor and evaluate gender sensitive policies in the government.

- **Bangladesh:**

The One Stop Crisis Center⁷⁰ (OCC) adopts a coordinated inter-ministerial approach. OCCs have been established at all Medical College Hospitals. All required services for female victims of violence such as health care, police assistance, DNA tests, social services, psychological counseling, shelter and rehabilitation (education, skill training etc.) are provided under one roof.

In collaboration with 10 NGOs, the Bangladesh police has established Victim Support Centers⁷¹ (VSC), operated by female police officers. All staff undergoes sensitization training to facilitate and coordinate a support network consisting of health care professionals, social workers, lawyers and NGO personnel. VSCs and their NGO partners are equipped to provide support on a 24 hour basis.

Shelters and safe custodies of government departments provide women with shelter for up to 6 months, along with legal support, psychological counseling and life skill training.⁷²

The Ministry of Women and Children's Affairs set up a Multi-Sectoral Programme on Violence Against Women which established the National Trauma Counseling Center, Legal Aid Service Cells, the National Violence Against Women Database (2009), and the Prevention Cell for Violence Against Women (PCVAW) at the central, divisional and sub-divisional levels. Mechanisms for reporting to the Central PCVAW are in place; reports are finally presented to the Inter-Ministerial Coordination Committee. In addition, NGOs operate shelters, halfway homes and drop-in centers nationally.

- **Morocco:**

Center Chaml⁷³ is a shelter that follows the "one stop model" and aims to provide women with all necessary services- legal, medical, psychological- under one roof. It also has a literacy program, income creating opportunities and training in arts and crafts. The Moroccan government maintains toll-free hotlines for victims of domestic abuse.

⁶⁹ <http://www.un.org/womenwatch/daw/csw/csw57/generaldiscussion/memberstates/srilanka.pdf>

⁷⁰ <http://healthmarketinnovations.org/program/one-stop-crisis-centre-occ-bangladesh>

⁷¹ <http://dmpwsid.gov.bd/view/details/about-us/about-vsc>

⁷² *Safeguarding Gender Equality*, Chowdhury, Masuda M.R, 2014

⁷³ *One Stop Domestic Violence Shelters: Morocco and South Africa*, Kleinpeter-Ross, Adair, Barnard Center for Research on Women.

Annex 3: Current Shelter Homes Guidelines

Guidelines

for the Dar-ul-Amans in Punjab

(Shelter Homes for Women in Distress)



Social Welfare & Bait-ul-Maal Department
Government of the Punjab
Pakistan

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Guidelines for the improvement of the functioning of the Dar-ul-Amans in the Province established by Social Welfare & Bait-ul-Maal Department

PREFACE

Women constitute more than half of the total population of Pakistan and yet are deprived of many basic rights. Illiteracy, poor health facilities, poverty, violence and the denial of fundamental human rights are the basic problems of the majority of women and girls in Pakistan society.

The Government of the Punjab is determined to create opportunities and conditions that would enable women to achieve their due social, economic, legal and political rights. The Government is framing and implementing policies, plans and programs to meet the specific needs and interests of women and girls to enhance development in the Province.

The Social Welfare & Bait-ul-Maal Department established Dar-ul-Amans (women shelter homes) in all districts of the Punjab to protect women and girls in distress from physical and psychological abuse.

To protect the rights of the residents of the Dar-ul-Amans and to improve the functioning of these shelter homes and their standard of service delivery, these Guidelines have been formulated with the technical assistance of the German Agency for Technical Cooperation (GTZ) in 2007. The concerned line Departments, lawyers and NGOs, such as the Aurat Foundation, Shirkat Gah, Dastak and MdM also gave their invaluable inputs for establishing these standards. Since then lessons have been learnt from Monitoring and Evaluation cycles conducted with the support of Médecins du Monde (MdM). Therefore the guidelines have been revised in 2015.

1. DEFINITIONS

- 1.1 **“Resident”** shall mean a woman and/or her minor child admitted to the Dar-ul-Aman.
- 1.2 **“Incharge”** shall mean the Superintendent of the Dar-ul-Aman entrusted with the day to day running affairs of the Dar-ul-Aman.
- 1.3 **“Court”** shall mean any court of competent jurisdiction within the territorial limits of the Islamic Republic of Pakistan.
- 1.4 **“Rules and procedures”** shall mean any rules and/or procedures framed by the Social Welfare Department, Government of the Punjab under these Guidelines.
- 1.5 **“Crises cases”** shall mean women who come with injuries and need medical help, rape victims who need to be reported and sent for medico-legal examination (if not referred by court) or traumatized women who need immediate psychiatric help. In case of a life threat (self referred case) immediately inform the area police.
- 1.6 **“Informed consent”** shall mean that the women coming to the Dar-ul-Aman are given complete information about everything (for e.g. medical care, psychological counselling, legal aid, their rights etc.) to get their approval without any pressure or coercion.

- 1.7 **“Residential area”** shall mean the part of the building that is reserved to the residents of the Dar-ul-Aman. It shall include the residents’ bedrooms, the washrooms, a kitchen, a service room and/or a classroom, a leisure room.
- 1.8 **“Administrative area”** shall mean the part of the building that is reserved for the Dar-ul-Aman management and the visitors.
- 1.9 **“Public area”** shall mean a space (indoor or outdoor) within the boundary walls of the Dar-ul-Aman, at the exclusion of residential and administrative area.

2. PRINCIPLES

These are the underlying objectives which shall be achieved while working for the protection and the empowerment of the women residing in the Dar-ul-Amans.

- 2.1 The protection and well-being of the residents shall be the first and foremost priority.
- 2.2 These guidelines shall ensure the protection of the rights and the dignity of the residents.
- 2.3 All the residents shall be treated with due respect of their inherent dignity and value as human beings. This respect for dignity and rights should reflect in the attitude of the Dar-ul-Aman staff during their interaction with the residents.
- 2.4 Beneficence (do good) and non-maleficence (do no harm) shall be the essential purpose of working with the residents.
- 2.5 The residents shall be given opportunities to participate in all decisions pertaining to their life and well-being.
- 2.6 Decisions shall be taken after obtaining an informed consent from the residents.
- 2.7 Records and identity of the residents shall be kept confidential to ensure privacy, respect and dignity of the residents.
- 2.8 The residents shall not be used for publicity etc. even if it is for the image building of the Dar-ul-Aman.
- 2.9 Crisis cases shall be addressed on a priority basis without any undue delay.
- 2.10 In cases of conflict of interest, priority shall be given to the protection and the well-being of the residents.
- 2.11 There shall be no discrimination on the basis of class, caste, religion, and/or profession of the residents.
- 2.12 Periodic appraisals shall be incorporated in the management system of the Dar-ul-Amans to maintain the quality of services for the residents.

3. GUIDELINES FOR THE DAR-UL-AMAN STAFF

- 3.1 Apart from ensuring smooth functioning of the Dar-ul-Amans these guidelines have been formulated to guarantee the protection of the residents from possible mistreatment on part of service providers or Dar-ul-Aman Incharge or staff and/or any threat from the abusers and/or their accomplices.
- 3.2 Any progress pertaining to the legal cases must be shared with the concerned resident and/or with those authorized by the resident in this regard.
- 3.3 The Dar-ul-Aman Incharge shall ensure provision of the following services (described in the fifth section of these guidelines) to its residents either directly (as per provision of PC-1 for the Dar-ul-Amans) or through referrals:
 - a) Psychological counselling and other healing practices
 - b) Medical treatment or medication
 - c) Legal aid
- 3.4 Each Dar-ul-Aman Incharge shall formulate a safety plan and provide its staff with appropriate training to deal with the residents in order to adequately safeguard the security of the staff, management, service providers (referral services) and the residents. The Dar-ul-Aman Incharge shall be responsible to arrange for:
 - a) Security through Police guards or watchmen hired by SWD
 - b) Staff training (as per needs of the staff, including the Incharge)
 - c) Support services (professional, technical or logistic)
- 3.5 The Social Welfare Department, Government of the Punjab shall ensure that the Incharge shall not hold any other additional charge or responsibility.
- 3.6 The Social Welfare Department, Government of the Punjab, shall ensure the security of the staff and the residents of the Dar-ul-Aman through close liaison with the District governments.
- 3.7 All Dar-ul-Aman staff shall respect the Rules, responsibilities and regulations as described in the annex.
- 3.8 The Social Welfare Department, Government of the Punjab shall ensure training of the Dar-ul-Aman staff through regular training sessions in order to ensure a continuous improvement in the quality of services. The Dar-ul-Aman staff shall also be encouraged to identify their training needs through periodic appraisals.
- 3.9 Each Dar-ul-Aman Incharge shall ensure that the staff members actively participate in trainings and preferably on the following topics:
 - a) Sensitization: domestic violence, gender issues, legal literacy family laws, psychological distress.
 - b) Technical skills: team management, financial and administrative management, educative and vocational skills.
- 3.10 The training sessions shall be carried out by, private or public, certified institutes. During and after these sessions, the progress of the Dar-ul-Aman staff shall be assessed through a clearly laid down assessment criteria which shall be provided to the Dar-ul-Aman Incharge beforehand.

- 3.11 Specific training sessions on the implementation of these guidelines shall be organised for the Incharges of all Dar-ul-Amans of Punjab. The Incharge shall share the information, provided during these training sessions, with other Dar-ul-Aman staff members.

4. GUIDELINES TO DEAL WITH THE RESIDENTS

- 4.1 Consent will be called an informed consent only when
- All information is conveyed to the resident.
 - All possible advantages and disadvantages of a decision are discussed with the resident.
 - It is given without any stress, pressure or coercion.
 - The resident is in a safe and comfortable place.
 - It is obtained by an individual Dar-ul-Aman the resident is comfortable with.
- 4.2 Consent shall be taken in writing and verbal consent would only be adequate in situations where there is no legal requirement or documentation required to provide a particular service to the residents.
- 4.3 Confidentiality of the residents is to be maintained, thus names addresses or any other identifying information about the residents or the family must not be discussed within the Dar-ul-Aman, other institutions and media.
- 4.4 Decision as to which information, pertaining to the residents, can be shared and with whom shall only be taken after consultation with the residents.
- 4.5 The residents shall never be used to advance the interest of the Dar-ul-Aman or any service provider. Using the residents in such a manner would be considered as exploitation and would make the offender liable to appropriate legal action.
- 4.6 Confidentiality of the residents must be maintained through strict control over the records of the residents. Records shall be accessible only to the concerned staff of the Dar-ul-Aman and those who have been authorized by the residents in this regard.
- 4.7 The residents shall have a free and easy access to their records and files.
- 4.8 Only those persons with relevant expertise shall address the needs of the residents.
- 4.9 The residents shall be provided with all and full information pertaining to her case (legal, medical, psychiatric) and no information shall be withheld from the residents.
- 4.10 Decision of the residents shall not be influenced in any way.
- 4.11 All the residents and their families shall be informed about these Guidelines as of right to that they know their rights and obligations by using an audio cassette or reading them their rights.
- 4.12 In case of adult residents, the consent of the resident should be taken as final.
- 4.13 In case of a child resident, the decision in the best interest of child shall be taken by the Dar-ul-Aman. In cases where the 'best interest of the survivor' is in dispute, the decision must be taken through clearly defined steps and in consultation with other service providers

and the Advisory Committee keeping in view the *Guidelines for the Protection of Dignity and Rights of Survivors of Violence*.

- 4.14 The residents shall be provided private, secure, and comfortable atmosphere to discuss their situation and to identify possible options for future course of action.
- 4.15 Room allocation for the residents shall be carried out after dividing the residents in groups: the single residents and the residents with children.

5. THE RESIDENTS' RIGHTS

- 5.1 All the residents shall have equal access to all facilities of the Dar-ul-Aman including medical check up, food, bedding, clothing, awareness sessions, vocational training, psychological and legal support and all other facilities made available by the Dar-ul-Aman from time to time.
- 5.2 All the residents shall have access to public areas within the Dar-ul-Aman. The residents (excluding court cases) shall be entitled to leave the premises of the Dar-ul-Aman between 8 a.m. and 3.p.m., upon application to the Dar-ul-Aman Incharge, declaring that Dar-ul-Aman shall not be responsible for the safety of the residents while the residents are outside the Dar-ul-Aman. Permission on an application to leave the premises under this sub-rule shall not be withheld by the Incharge unless there are reasonable grounds to do so. The residents will have to fill in the consent form for short leave.
- 5.3 Cases referred by the Court shall be dealt with strict caution and permission to leave the premises shall only be granted in case of emergency. The Incharge shall ensure that such cases are provided with proper security before they leave the Dar-ul-Aman premises.
- 5.4 Every resident shall enjoy freedom of choice and decision regarding anything that concerns the resident's person. However, in cases where the residents have been referred by the Court, the Dar-ul-Aman Incharge shall be allowed to curtail the freedom of movement of the said resident.
- 5.5 The residents shall be entitled to receive visitors twice a week under arrangements made at least a day in advance of such meeting. All visitors shall sign the visitors register and shall be subject to security checks of their person, identity and any materials brought within the Dar-ul-Aman. Consent to a meeting shall be given to every meeting by the residents in writing on a prescribed form excluding court cases.
- 5.6 The Dar-ul-Aman may with the consent or on the request of a resident arrange for a resident to be married. All marriages arranged by the Dar-ul-Aman shall be conducted by a Nikah Registrar in the presence of at least two witnesses. The consent and/or request of a resident to enter into marriage must be given in express terms and shall in all cases be evidenced in writing.
- 5.7 The residents shall have access to telephone facilities, however, usage of mobile phones shall not be allowed. The residents shall be provided with facilities to send; and receive correspondence through post and/or courier. The Dar-ul-Aman shall observe and respect the privacy of all correspondence or communication of the residents.
- 5.8 The residents shall be entitled to make complaints, suggestions or requests about any matter concerning their personal or communal environment. In case of a request made by a resident

the Incharge shall ensure that all efforts are made to entertain reasonable requests having regards to available resources.

- 5.9 All matters which the residents wish to communicate under this sub-rule shall be so communicated in writing and addressed to the Dar-ul-Aman Incharge.
- 5.10 In case a complaint is raised by any resident against the Dar-ul-Aman Incharge, such complaint shall be addressed to the Director General, Social Welfare Department, Government of the Punjab who shall ensure that the complaint is properly investigated and that appropriate action is taken, if necessary.
- 5.11 All the residents shall be entitled to and shall be allowed free access, during office hours, to any record, detail or information stored by the Dar-ul-Aman, pertaining to the residents, in any form whatsoever, including information kept electronically and shall be provided with copies of any such record on request.
- 5.12 Any resident who may be required to be present before the Police for the purpose of any investigation, court appearance or in connection with any other judicial proceeding shall be given in to the custody of the Police subject to receipt of a notice and/or warrant in writing expressly requiring the presence of such resident provided the relevant police party consists of at least one female police officers.
- 5.13 The Incharge shall ensure that all local emergency phone numbers including but not limited to police, fire brigade, medical rescue, to be displayed in all communal places within the Dar-ul-Aman.

6. PROTECTION GUIDELINES (see Annexes)

7. SERVICES TO THE RESIDENTS

These are the specific services that shall be provided to the residents by the Dar-ul-Aman. In specific cases, these services can be provided through referral systems.

7.1 Medical care

- 7.1.1 The Dar-ul-Aman staff shall maintain regular contact with voluntary doctor(s) (preferably female) or part-time Dar-ul-Aman doctors, including gynaecologist, of the nearest possible government hospital or a private clinic.
- 7.1.2 The Dar-ul-Aman Incharge shall arrange regular visits by a lady doctor and maintain liaison with her to address the medical needs of the residents.
- 7.1.3 The Dar-ul-Aman Incharge shall maintain liaison with the nearest government hospital to which the residents may be sent in case of an emergency.
- 7.1.4 Medical examination of each resident shall be carried out at the time of admission to the Dar-ul-Aman.

- 7.1.5 Medical record of each resident shall be maintained by the Dar-ul-Aman, which shall be handed over to the resident at the time of discharge. One copy shall be kept in the Dar- ul-Aman record.
- 7.1.6 Doctor and the Dar-ul-Aman Incharge shall be responsible for ensuring confidentiality of the results of medical examination, which shall be carried out in private.
- 7.1.7 A pharmacy, with basic medicines, shall always be at the disposal of the doctor visiting the Dar-ul-Aman.
- 7.1.8 The Dar-ul-Aman Incharge shall ensure vaccination in collaboration with the Health Department.
- 7.1.9 In case of a pregnant resident, the Dar-ul-Aman Incharge shall ensure pre and post natal care from a well reputed Government or Non-Government Hospital.
- 7.1.10 In case of child birth, the Dar-ul-Aman Incharge shall make adequate arrangements for the child to be born in a Government or Non-Government hospital in proximity to the Dar-ul-Aman.
- 7.1.11 If a child is born to a resident during her stay in the Dar-ul-Aman, this fact shall not be mentioned in the birth certificate of the child.
- 7.1.12 The Dar-ul-Aman Incharge shall ensure the regular conduction of awareness sessions by doctors. These sessions should tackle the following topics: general and personal hygiene, EPI-vaccination, skin problems and scabies, diarrheal diseases, Tuberculosis, dengue fever, sun or heat stroke, pregnancy, ANC/PNC, contraception methods, etc.

7.2 Psychological support

- 7.2.1 The Dar-ul-Aman Incharge shall ensure that the psychological condition of each resident is assessed during the first consultation. Regular psychological service shall be provided afterwards upon needs.
- 7.2.2 Counselling sessions, individual and in group, shall be arranged for each resident who expresses need and consent in this regard.
- 7.2.3 In order to maintain confidentiality, the psychologist shall be provided with a private room for the counselling sessions. The information given by the residents to the psychologist, during the session, shall be kept confidential.
- 7.2.4 The psychologist may refer residents to psychiatric hospital in case of mental illness (within the first three days of admission). The Dar-ul-Aman Incharge shall maintain liaison with the psychiatric department of a governmental hospital in close proximity to the Dar- ul-Aman.

7.3 Legal aid

- 7.3.1 Legal advice and assistance shall be provided to each resident who is in need of such help and gives an informed consent to the Dar-ul-Aman Incharge in this regard.

- 7.3.2 The residents shall be made fully aware of the available course(s) of action and the possible implications of opting for such a course of action with regard to pursuing their case in court.
- 7.3.3 Volunteer lawyer shall maintain a regular liaison with the Bar Councils, judiciary, Law and Human Rights Department, Districts Government, NGOs and members of the Civil Society in order to seek help for the residents with regard to their cases.
- 7.3.4 The Dar-ul-Aman Incharge shall ensure that the volunteer lawyer clearly understands and abides by the terms of reference notified by the Social Welfare Department for the pool of lawyers.
- 7.3.5 Volunteer lawyer shall provide the residents with a regular update of their cases pending before the courts.
- 7.3.6 Volunteer lawyer may act as a mediator between the resident and her family if the resident gives consent to such an initiative on part of the volunteer lawyer.
- 7.3.7 If a resident is discharged from the Dar-ul-Aman while her case is pending in the court, the management of that Dar-ul-Aman shall be obliged to provide her with all the original documents pertaining to her case.
- 7.3.8 The Dar-ul-Aman Incharge shall ensure the regular conduction of awareness sessions by volunteer lawyers to the residents on women's and children's rights and on pro-women laws in Pakistan and Punjab.

7.4 Security

- 7.4.1 The Dar-ul-Aman Incharge shall ensure regular contact with the Station House Officer (SHO) of the nearest Police Station.
- 7.4.2 The Social Welfare Department, Government of the Punjab shall ensure that security guards with licenced arms are providing security round the clock to the staff and the residents of the Dar-ul-Aman.
- 7.4.3 The Dar-ul-Aman Incharge shall ensure privacy of the residents and the Police Constable shall not be allowed to enter into the residential area except in case of an emergency.
- 7.4.4 Unless accompanied by a woman officer, no male member of the staff shall be allowed to enter those areas of the Dar-ul-Aman which shall be reserved for the residents.
- 7.4.5 The Dar-ul-Aman Incharge shall also make appropriate security arrangements, in liaison with the SHO of the nearest Police Station, for patrolling around the Dar-ul-Aman and for the residents who attend court hearings, especially in cases where danger is apprehended.

7.5 Vocational training

7.5.1 The Dar-ul-Aman Incharge shall make arrangements for vocational training sessions to be conducted within the premises of the Dar-ul-Aman in order to facilitate the rehabilitation process of the residents.

7.5.2 The Dar-ul-Aman Incharge shall also liaise with Sanatzar and other vocational training institutes.

7.6 Other services or facilities

7.6.1 All communal areas at the Dar-ul-Aman shall be freely accessible to all the residents at all times without any restriction unless necessitated by repair or maintenance work. The residents shall be offered the possibility to visit public area (as defined under the first section of these guidelines) at least twice a week.

7.6.2 The Incharge shall ensure that a strict hygiene routine is followed by all the residents in respect of all communal areas. To enable compliance with this sub-rule, clearly marked waste disposal receptacles which are cleared and/or cleaned at least once every day.

7.6.3 The Incharge shall ensure that leisure rooms are equipped with at least one Television maintained in good working order, books, newspapers, board or card games for free use by the residents.

7.6.4 All rooms shall have hygienic conditions. They shall be well ventilated and regularly cleaned.

7.6.5 The residents shall be provided with meals at least three times a day according to pre-specified schedules. Meals must consist of 2250 K.cal per person which shall be provided through a balanced diet consistency of meat or vegetables or lentils and fruit. Provision for drinking water at appropriate temperature shall be made at all meal times.

7.6.6 Any resident and/or child of a resident shall be provided with clothing items if the resident and/or child of a resident do not own appropriate clothing. Clothing for the purposes of this sub-rule means shalwar kameez, dupatta, shoes, socks, undergarments, slippers and appropriate items for the winter season i.e. shawl, sweater etc.

7.6.7 The Incharge shall also ensure a safe storage for cash and/or jewelry belonging to a resident. Such items shall be stored against a receipt of items or cash. Personal belongings kept in the Dar-ul-Aman safe shall be returned to the resident upon departure from the Dar-ul-Aman after signature of receipt.

7.6.8 The Incharge shall maintain appropriate transportation which shall be resumed for use of the residents and the staff of Dar-ul-Aman only for official purposes.

7.6.9 If a resident needs to go outside the premises of the Dar-ul-Aman for medical care or required to be present by a law enforcement agency or a court, they shall be provided with transport maintained for this purpose.

7.6.10 If considered appropriate by the Dar-ul-Aman Incharge, a resident shall be accompanied by a woman constable who shall be asked to escort the resident under formal request by the Dar-ul-Aman Incharge.

- 7.6.11 The Incharge shall maintain a first aid facility for the residents. The Incharge shall ensure regular training sessions for the residents and the staff of the Dar-ul-Aman on the first aid facility.
- 7.6.12 The Incharge shall ensure the installation and maintenance of fire extinguishers as well as the training by Rescue 1122 for the Dar-ul-Aman staff on the use of these extinguishers.

8. ACTIVITIES FOR THE RESIDENTS

All activities at the Dar-ul-Aman for the residents shall be provided or facilitated free of cost.

8.1 Educational, religious and vocational training

- 8.1.1 All the residents shall be provided with opportunities to attend educational, religious and vocational trainings.
- 8.1.2 The Dar-ul-Aman Incharge shall subscribe to selected magazines or newspapers and shall purchase selected books that would be of interest to the residents.

8.2 Awareness sessions

The Incharge shall conduct basic health, hygiene, as well as legal education sessions at the Dar-ul-Aman at least four times a month. The Incharge shall ensure that the residents are provided with relevant materials in the form of brochures, visual displays, discussions etc. These training sessions shall be provided to any resident who expresses a desire to improve her knowledge on the aforementioned issues.

8.3 Socio-educative activities for the children

According to their age, each child residing with his/her mother in the Dar-ul-Aman shall be awarded the opportunity to get educated and take part in collective socio-educative activities. Educated women from amongst the residents shall also be encouraged to teach other women and children.

8.4 Recreational activities

- 8.4.1 Recreational activities inside the Dar-ul-Aman shall be organized for the residents on a regular basis.
- 8.4.2 The special occasions such as Eid, Christmas, Ashura, etc, shall be observed and celebrated.

8.5 Income generating activities

- 8.5.1 Women must be given information on income generating activities and availability of jobs.
- 8.5.2 The Dar-ul-Aman Incharge shall ensure adequate opportunities for display and sale of products made by the residents.
- 8.5.3 The money collected from the selling of the products made by the residents will be given to them.

9. PROCEDURES

9.1 Admission

- 9.1.1 Any woman in distress who is referred to the Dar-ul-Aman through a Court, NGO or on her own will shall be eligible to reside in the Dar-ul-Aman.
- 9.1.2 Any woman victim of any form or threat of violence including physical, psychological and sexual violence, as well as any woman facing life threats, is eligible to reside in the Dar-ul-Aman if she gives her consent¹.
- 9.1.3 The residents taking refuge in the Dar-ul-Aman accompanied by their children² will be entitled to keep them in the institution.
- 9.1.4 Each Dar-ul-Aman shall maintain a proper record pertaining to the admission of each resident.
- 9.1.5 The Dar-ul-Aman Incharge shall ensure that an admission form is completed and signed by each and every resident without any coercion and pressure.
- 9.1.6 An application for admission must state
- a) The name, age and residence of the applicant
 - b) The reason for seeking shelter
 - c) Free and voluntary consent to reside in the shelter
 - d) Willingness to abide by the rules of the shelter
 - e) Whether there is any criminal case registered against the applicant or is she required for investigation in any such case,
 - f) Information on any pending civil or criminal litigation and whether legal aid is required:
 - g) Name and age of minor children accompanying the applicant along with a statement exonerating the institution from any responsibility, except the provision of facilities.
- 9.1.7 Applicants must put their thumb impression on the application even if they have signed the same.
- 9.1.8 The Incharge shall also ensure that each resident understands the rules and procedures before she signs the admission form and gives an informed consent to abide by these rules.

¹ For minors, child custody should be taken by the Dar-ul-Aman through guardian court.

² Boys above the age of 10 will not be able to reside at the Dar-ul-Aman.

- 9.1.9 The Dar-ul-Aman Incharge shall not be liable in any criminal or civil proceedings pertaining to awarding admission to a resident. The Incharge shall only be summoned by a Court and that also in cases where her presence is essential for the interest of justice.
- 9.1.10 Women can be admitted to the Dar-ul-Aman at any time of day and night by the Incharge or in her absence by the Assistant Incharge during working hours and by any staff member on duty in case of an admission outside working hours. A set of admission forms must be provided by the Incharge or the Assistant Incharge to the person on duty in case of duty outside working hours and on off-days.

9.1.11 In case any woman does not fulfil the above-mentioned criteria and/or suffers from any severe disease or psychiatric disorder and/or is liable to endanger³ other residents may not be admitted. The decision for the women who are not in possession of a court referral to stay in the Dar-ul-Aman shall be made within 3 days by the Incharge, after consulting the legal advisor, the doctor and the psychologist of the Dar-ul-Aman. The applicant may be sent to the Area Magistrate in order to obtain a court referral. However, should the Court or the Incharge decide that a woman is not eligible to reside in the Dar-ul-Aman, she would be, at short notice, referred to another appropriate social welfare institution available in the province of Punjab.

9.2 Duration of stay

9.2.1 The duration of the stay for a resident at the Dar-ul-Aman shall be limited to three months.

9.2.2 The period specified in 3.8.2.1 above would be extendable for three months after a recommendation by the Advisory Committee. The Advisory Committee shall make its recommendations after having regard to the particular residents' circumstances including but not limited to their age, background and general medical health etc.

9.2.3 Further extensions shall only be made after getting approval from the Director General, Social Welfare Department.

9.2.4 This will not be applicable to court cases.

9.3 Discharge

9.3.1 The residents may decide, at any time, to leave the Dar-ul-Aman. However, she shall be required to sign a discharge slip before she leaves the Dar-ul-Aman premises.

9.3.2 If the resident is someone who had been sent by a court then she shall seek permission from the concerned court in addition to signing the discharge slip in order to be allowed to leave the Dar-ul-Aman.

9.3.3 Each Dar-ul-Aman shall maintain a proper record pertaining to the discharge of each resident.

³ Refusals need to be accompanied by a medical certificate done by a doctor of Government Hospital.

9.4 Working days and hours

9.4.1 The Incharge must depute, following a rotation scheme, a Naib Qasid, a security guard and a driver, to be present on off-days and also during hours outside the working hours in order to ensure a continuous presence and security. This is applicable only when the security guard is on leave.

9.4.2 The Incharge and the Assistant Incharge shall be required to make regular, unannounced, visits to the Dar-ul-Aman during nights and public holidays in order to assess the functioning of the institution.

9.4.3 The Incharge should moreover be accessible at any time when the residents are in need of special assistance.

9.5 Compliance with internal rules of the Dar-ul-Aman

9.5.1 Every resident shall upon admission to the Dar-ul-Aman be provided by the Incharge or someone acting on behalf of the Incharge, with both written and oral information and guidance about the Rules and Regulations of the Dar-ul-Aman.

9.5.2 Every resident shall follow the Rules provided to them under these guidelines. Use of audio cassettes will help the illiterate residents to know about their rights and responsibilities.

9.5.3 Corruption, threat, emotional or verbal or physical abuse, forced labour, prostitution, forced or imposed decisions, retention of residents' personal property (including money) and violation of a resident's privacy shall be considered as misconduct and the Social Welfare Department shall be justified in taking appropriate action in this regard.

9.5.4 Disciplinary action can also be taken by the Social Welfare Department, Government of the Punjab against the Dar-ul-Aman or any of its staff with regard to any alleged misconduct that is brought to the notice of the department.

9.5.5 Immediate action will be taken against the Dar-ul-Aman staff, referral services providers, the staff of public institutions, consultants and volunteers working with the residents found guilty of abusing their power.

9.5.6 All service providers shall respect Rules, responsibilities and regulations as described in the annex.

Whereas it is expedient and necessary in the public interest and for good governance to provide measures for improvement of efficiency and quality of services, the above guidelines are hereby approved.

Date:

Haroon-ur-Rafique
Secretary
Social Welfare & Bait-ul-Maal
Government of Punjab



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88 Shadman II, Lahore Pakistan



+92 042-99268000-4



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