



GENDER AND CHILD CELL

**PROVINCIAL DISASTER MANAGEMENT AUTHORITY
KHYBER PAKHTUNKHWA**

FUNCTIONAL COORDINATION MECHANISM TO ADDRESS GBV/GBVIE AND OTHER PROTECTION CONCERNS IN HUMANITARIAN SETTINGS



DISTRICT DISASTER MANAGEMENT UNIT SWAT



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Functional Coordination Mechanism to Prevent & Respond To GBViE's And Other Protection Concerns in Humanitarian Settings.



District Swat, Khyber Pakhtunkhwa

Abbreviation:

PSEA	Protection against Sexual exploitation and Abuse
GBViE	Gender Based Violence in Emergencies
AoR	Area of Responsibility
CPiE	Child Protection in Emergency
ACC	Assessment Claim Committee
MHPSS	Mental Health & Psychosocial Support
CBOs	Community Based Organizations
FIR	First Information Report
SDMA	State Disaster Management Authority
GDMA	Gilgit Baltistan Disaster Management Authority
MCP	Monsoon Contingency Plan
CPWG	Child Protection Working Group
CRC	Convention on the Right of Children
DDMU	District Disaster Management Unit
FATA	Federally Administered Tribal Area
FIR	First Information Report
GBV	Gender Based Violence
GCC	Gender and Child Cell
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Peoples
MISP	Minimum Initial Service Package
MSCPHA	Minimum Standard for Child Protection in Humanitarian Action
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
NMDs	Newly Merged Districts
OP's	Older Peoples
PDMA	Provincial Disaster Management Authority
PEOC	Provincial Emergency Operation Centre
PTSD	Post-Traumatic Stress Disorder
PWD	Person with Disability
UNCRC	United Nation Convention on the Right of Children

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1. INTRODUCTION & BACKGROUND

Pakistan is vulnerable to disaster risks from range of hazards including earthquake, floods. Landslides, droughts, glacial lake outbursts flood, avalanches, cyclones/storms, river erosion, tsunami and pest attacks. Human induced hazards that threatened the country include transport, industry, nuclear and radiological accidents, oil spills, urban and forest fire, civil conflicts, and internal displacements of communities due to multiple factors. These hazards have caused wide spread damages and losses in the past. Prior to 2005, the West Pakistan National calamity Act, 1958 was the only available legal remedy that regulated the maintenance and restoration of order in the areas which were badly affected by calamities. However, those regimes provided reactive approach towards emergency response only.

It was the need of the hour to make a transition toward a proactive approach from a reactive one owing to the multiples hazards that our country is prone to because of its unique Topography and global climate change phenomena. Hence, the government of Pakistan for the first time after earthquake 2005, contemplated for initiating the mechanism for disaster Management through Ordinance “National Disaster Management Act, 2010” passed by the National Assembly of Pakistan on 11th December, 2010 to provide for the establishment of a National Disaster Management System for Pakistan. The Provincial Assembly of Khyber Pakhtunkhwa has passed resolution for regulating the National Disaster Management System to overcome unforeseen situation.

Provincial Disaster Management Authority (PDMA) is the lead Institution at provincial level to deal with the whole spectrum of Disaster Management’s operation. In the response to disasters, all potential stakeholders including Government line departments NGOs, INGOs, UN Agencies work together with PDMA to conduct one window operation. PDMA manages the whole Disaster Management Cycle which includes Preparedness, Mitigation, Risk reduction, Relief and Rehabilitation. Different Disaster management plans (Monsoon Plan, winter plan, and Heat wave plan) are prepared to provide better services to the affected communities.

Khyber Pakhtunkhwa has experienced multiple disasters and is managing complex emergencies in the settled and newly merged districts of the province. In recent flood situation in Pakistan, this year (2022) the devastating floods gave a blatant call that Pakistan is bearing consequences of climate emergency. In the context of Khyber Pakhtunkhwa, in the floods and rain, PDMA Khyber Pakhtunkhwa has declared emergencies in 17 districts which are badly affected. According to initial report since June 15, 2022 to September 12, 2022, Total of 306 people lost their lives (147 Male, 44 female and 115 children) while total of 369 human injuries are reported including 156 male, 79 female and 134 children. The devastating flood has also damaged infrastructures, communication channels, schools, crops, livelihoods and livestock. It is reported that 37,523 houses are fully damaged while 53,935 houses are partially damaged.

In given circumstances there is a need to bridge the gap of reaching the most affected population through stakeholders who have mobilized some resources through coordination mechanism and communication channels. Further, the voices of most deprived and vulnerable should reach the decision makers. There should be a mechanism, if someone has some complaint, it can be launched and relevant section, department or organizations take corrective actions especially for GBViE, PSEA, SRH, Gender, or any other grievance.

Gender and Child Cell was established in 2013 and is working with different stakeholders and have framed multiple resources including policies, standards, SOPs and capacity building manuals to better scale up the existing coordinated response mechanism. Gender and Child Cell has established district Level mechanism in District Charsadda for addressing GBVIE, CPiE and other protection concerns. The same mechanism is being replicating in other districts in general and District Swat in particular.

In 2016, the protection cluster in KP conducted an assessment with findings that IDPs and returning displaced women continue to be exposed to grave risks of abuse and different forms of Gender-Based Violence (GBV). Recent displacements from NMD have affected women and girls differently from men and boys. When displaced and dislocated, women and girls often find themselves stateless and dependent on others. Women have lost their capacity to sustain their families' livelihood due to loss of seeds, livestock, and tools. Reportedly, negative coping mechanisms have had developed among the majority of the women who require structured psychosocial support and life-skills development activities. In the context of NMD, displacements and conflicts have increased women protection-related concerns. However, a majority of the root causes to GBV are rooted in centuries old harmful traditional practices and the absence of law and administration of justice. GBV types reported during IDPs' Vulnerability Assessment Profiling include but are not limited to physical assault, emotional violence, child marriage, female trafficking, domestic violence, denial of health services, access to education, honor-related crimes, rape, domestic violence, unwanted pregnancy, bride burning or dowry-related crimes, etc.

GBV occurs in all humanitarian emergencies: it is not limited to specific regions, cultures or types of emergency. In armed conflicts, a growing body of evidence suggests that sexual violence can be used as a strategic weapon of war aimed at destabilizing and demoralizing communities. Sexual violence is also often perpetrated against both women and men held in detention in conflict and post-conflict settings. Evidence indicates that the displacement and destruction that accompanies natural disasters puts women and girls at high risk of multiple forms of GBV. The culture of impunity and silence due to fear of reprisal and shame is exacerbated by the erosion of structural protection systems in the event of natural disasters or armed

conflict. One out of three women globally have experienced GBV, the World Health Organization reported in a 2013 study on violence against women. These rates are higher in humanitarian settings due to increased vulnerability emanating from the immediate effects of the violence, loss of livelihoods and disruption of social and family structures. The lack of access to services to prevent, report and hold perpetrators accountable for GBV can exacerbate effects and prevalence of GBV in emergencies. Survivors of GBV are:

- At higher risk of suffering death, including suicide
- Twice as likely to experience depression
- Almost twice as likely to have alcohol use disorders
- 16 per cent more likely to have a low birth-weight baby
- 1.5 times more likely to acquire HIV and
- 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhea¹¹.

We know from local studies, surveys and global data that these are common types of GBV issues in any emergency situation and are equally applicable in the context of KP and district Swat (Please refer to annex 2).

The repeated large-scale disasters experienced in Pakistan led the government to develop policies and to establish institutional infrastructure for disaster management like National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMAs) and District Disaster Management Units (DDMUs) across the country. These institutions have played an important role in streamlining and coordinating humanitarian activities.

Because of huge displacements that took place within the province and people moved from erstwhile FATA into the settled districts, PDMA Khyber Pakhtunkhwa had a vital role in the humanitarian assistance, management and return of the displaced persons.

The extremely vulnerable groups, like GBV Survivors, people with disabilities, elderly people, women and children were the most affected ones during these disasters, where special attention was required to ensure their protection, care and wellbeing.

However, in the past, due to lack of efficient coordination mechanism among the stakeholders at district level, the special needs of vulnerable groups were not truly addressed at all phases of disaster management spectrum.

¹¹ Handbook for Coordinating Gender-based Violence Interventions in Emergencies-GBV AOR 2019

District Disaster Management Unit (DDMU), under National Disaster Management Act 2010 is planning, coordinating and responding body for disaster management. One of its key functions is to prepare a disaster management and coordination plans. District Swat with an active approach took a lead and planned “To Establish Functional Coordination Mechanism to prevent and respond to Sexual and Gender based violence, PSEA, CPiE, PWDs, Special needs of Women, girls, SRH and other protection issues “in District Swat Under the patron of District Disaster Management, Swat.

Vulnerable groups include (but is not limited to) children, women, adolescent girls, elderly and persons with special needs. These groups have specialized needs and concern as they require special attention during disasters.

The coordination mechanism is one of the tools to streamline the various processes involved in supporting these vulnerable groups and further strengthened efforts and coordination to reduce the vulnerabilities these groups.

District Disaster Management Unit (DDMU), Swat in facilitation with Gender and Child Cell of PDMA, after the series and in-depth consultations with different stakeholders is presenting a functional coordination mechanism to better prevent and response to GBViE's, PSEAS, CPiE's, SRH, protection of women and adolescent girls, special needs of pregnant and lactating and other protection concerns in humanitarian crisis. This mechanism will aim to strengthen the competencies of relevant stakeholders working in the area of Gender mainstreaming, GBV, child protection in Emergencies and general protection and will aim to provide substantial protection to vulnerable groups.

LEGAL FRAMEWORK PROVIDES FOUNDATION FOR THE ESTABLISHMENT OF FUNCTIONAL COORDINATION MECHANISM

The Aim of the establishment of coordination mechanism is to enhance and coordinate the capacity of the country to prepare for and respond to disasters by defining the measures to be considered necessary for disaster management and risk reduction in line with provision of the National Disaster Management Act, 2010 and National Disaster Management Plan 2012. The Act (2010) and Plan (2012) govern the whole spectrum of Disaster Risk Management through legal bodies and the establishment of an institutional system in all provinces and regions of Pakistan. I.e. NDMA, PDMA's, GBDMA and SDMA.

The Khyber Pakhtunkhwa Provincial Assembly incorporated certain amendment in the year 2012, 2014 and 2019 in NDMA Act 2010 for human induced disaster like militancy and terrorism incidents and made some other relevant changes in the context of Khyber Pakhtunkhwa.

Currently, the National Disaster Management (Khyber Pakhtunkhwa) (Amendment) Act, 2019 governs the institutional arrangements for Disaster Risk Management in the province by the Government of Khyber Pakhtunkhwa.

Other legal frameworks which support DRM in Khyber Pakhtunkhwa are:

1. Civil Defense Act, 1952
2. Pakistan Environmental Protection Act, 1997
3. Pakistan Climate Change Act, 2017.
4. Khyber Pakhtunkhwa Act, 2020.
5. Khyber Pakhtunkhwa climate change Policy & Action Plan 2022.

PDMA coordinates efforts of all stakeholders for effective disaster risk management. Its coordination mechanism is simple but effective for the dissemination of early warning, undertaking search and rescue activities and conducting relief operations to meet the needs of the vulnerable groups. For this purpose, PDMA entails coordination mechanism at two levels:

1. Horizontal coordination mechanism:

PDMA entails horizontal coordination with the relevant provincial line departments and humanitarian organizations at provincial level for joint efforts in preparedness, rescue, relief response and early recovery.

2. Vertical Coordination Mechanism:

Vertical coordination occurs with district administration directly for effective early warning, preparedness, rescue, relief efforts at district level.

1. GENDER BASED VIOLENCE IN EMERGENCIES (GBViE's)

The Inter Agency Standing Committee (IASC) defines "Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females." It could be physical, mental, or sexual abuse – including acts, attempted or threatened, committed with force, manipulation, or coercion and without the informed consent of the survivor – directed against a person because of his or her gender in a society or culture.

The IASC Policy and GBV Area of Responsibility (GBVAoR), 2018 primary focus is on women and girls as those most disproportionately affected by violence stemming from gender inequality and the resulting differences in power, privilege, and opportunity that are often exacerbated in emergencies. GBV is known to be prevalent in all settings and is likely to increase in emergencies when social structures and protection mechanisms break down. It is a protection concern that requires specialized interventions to provide accessible, prompt, confidential and appropriate services to affected and vulnerable population groups, particularly women, girls and boys.

UNFPA Minimum Initial Standard Packages (MISP) says that in displacements (emergency situation) at least;

- 4% of the total population will be pregnant at a given time
- 15% of women are expected to have life threatening complications
- 5% of all pregnancies will require C- section
- At least 2% women have experienced some kind of Gender Based Violence in Humanitarian conditions

In this regard, the multi-sectorial response services and the implementation of mechanisms to prevent and respond to GBV can be facilitated through coordination and guiding principles and approaches (elaborated in annex). Coordinate and ensure multi sectorial services for prevention and response to women/girls and vulnerable groups such as direct or (tele) psychological well-being services and counseling, referral mechanism, provision of services for incident case management, health and reproductive health services, legal aid, and possible linkages to livelihoods programs in collaboration with UN agencies. As per IASC guidelines, GBV support should continue during stabilized phase while it needs to be mainstreamed in all other sectors as well such as legal assistance, socio-economic growth, water and sanitation, food security and livelihoods etc.

2. CHILD PROTECTION IN EMERGENCIES (CPiE's) UNDER THE NATIONAL AND INTERNATIONAL FRAMEWORK

Child Protection in Emergencies is the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies. Also includes addressing psychosocial wellbeing of children and caregivers.

The definition of Child Protection, as agreed by Child Protection Working Group, is “the prevention of and response to abuse, neglect, exploitation and violence against children”. Thus, child protection is not the protection of all children’s rights but refers instead to a subset of these rights.

(Ref: “Minimum Standards for Child Protection in Humanitarian Action” by CPWG)

Child Protection in Emergency is guided by UNCRC, Child Protection Welfare Act 2010 Khyber Pakhtunkhwa, National disaster Act 2010, UNICEF Core Commitments and Minimum Standards of Child Protection in Humanitarian Action.

Pakistan signed the UNCRC on 20th November 1989 and ratified in 12 December 1990. Supporting articles of United Nations Convention on Rights of Children (UNCRC) include:

- **Art 2** – all rights guaranteed by the UNCRC available to all children without discrimination.
- **Art 3** –the best interests of the child must be a primary consideration in all actions.
- **Art 6** – every child has the right to life, survival and development.
- **Art 12** – children’sview must be considered and taken into account.

Protection rights – ensure children are safeguarded against all forms of abuse, neglect and exploitation, including special care for refugee children; children in the criminal justice system; children in employment; and children who have suffered exploitation or abuse of any kind.

- **Art 22** – Refugee children
- **Art. 38** – Protection of Children Affected by Armed Conflict
- **Art. 39** – Rehabilitation of Children Affected by Armed Conflict

Child Protection in Emergencies’ focus During Prevention and Response:

- Hazards and injury prevention
- Physical violence and harmful practices
- Sexual Violence
- Psychosocial distress and mental disorder
- Children associated with armed forces or armed groups
- Child labour (boys/Girls)
- Separated and unaccompanied children
- Justice for children (girls/Boys)

Minimum Standards for Child Protection in Humanitarian Action-Standard 1 – Coordination, is stating that relevant and responsible authorities, humanitarian agencies, civil society organizations and representative of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response

Right and timely coordination helps in assisting the related bodies in facilitating child protection and targeting the issues related to it. It brings all the relevant actors on one platform for achieving the better result.

OBJECTIVES OF THE ESTABLISHMENT OF COORDINATION MECHANISM

1. To present Gender and protection as an important segment in disaster management specially to provide protection support to GBV's survivor, women, Adolescent girls children, elderly, disabled, Refugees and other vulnerable groups.
2. To set up a standard procedure and elucidate coordination mechanism for addressing the issues of gender based violence, special needs of women/adolescent girls, Person with Disabilities, Minorities, Refugees, Psychosocial wellbeing, child protection and other protection concerns during disasters
3. To identify the relevant actors and delegate responsibilities or ToRs.

Major Role of Coordination



Put in place predictable leadership and decision making structure.

- Identify and address GBV, PSEA and other protection concerns



Established shared objectives

- Define Role & Responsibilities



Develop inclusive and prompt response to GBV PSEA, CPIEs, PWDs and other protection concerns

- Avoid Duplication and Prevent wastage of resources.



BUILDING ON EXISTING PROTECTION SYSTEM

- Strengthening resilience of individual, family and communities

3. MULTI-LEVEL MODEL

Program experiences from the field reveal that no single sector or agency can adequately address GBV prevention, mitigation and response alone. The multi-sector model calls for holistic, interagency response and coordinate across sectors, including (not limited to) Health, mental health and psychosocial, legal/justice and security.

Survivors are linked to these different sectors of service through case management. This model builds on an understanding that survivors have political and socio-economic rights, which span a range of needs and services.

Another critical component of the multi-sector mode and intra-sector coordination including creation and monitoring of referral pathways, information sharing and participation in regular meetings with representatives from the various sectors, GBV Sub-working group and other coordination mechanisms in place must work towards ensuring presence and quality of programing in each of these sectors of response in emergencies sittings.

(UNFPA's 2015 PUBLICATION MINIMUM STANDARDS FOR PREVENTION AND RESPONSE TO GBVIE's)

Disabilities inclusion in Gender Based Violence, PSEA AND other Protection Programing in Humanitarian Response

According to national guidelines on vulnerable groups in disasters issued by NDMA, "Persons with Disabilities are defined as those who have physical, sensory or emotional or learning difficulties that impede their access and use of standard disaster support services"

The following key inclusive standards have been developed by "Humanitarian inclusion standards for older people and people with disabilities"

1. Identification: Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participation, appropriate and relevant to their needs.
2. Safe and Equitable Access: Ops and PWDs have safe equitable access to humanitarian assistance.
3. Resilience: Ops and PWDs are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.
4. Knowledge and Participation: PWDs & Ops know their rights and entitlements and participate in decisions that affected their lives.

5. Feedback and complaints: Ops and PWDs have access to safe and responsive feedback and complaints mechanisms.
6. Coordination: PWDs and Ops access and participate in humanitarian assistance that is coordinated and complementary.
7. Learning: Organizations collect and apply learning to deliver more inclusive assistance.
8. Human Resource: Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and Ops and PWDs have equal opportunities for employment and volunteering in humanitarian organization.

Logical Fine Points of Gender Based Violence, Protection from Sexual Exploitation Abuse, Protection Coordination Mechanism and Facilitation Bodies.

Pre-Disaster

- Ensure that well defined Gender & child protection coordination mechanism is in place;
- Activate the dissemination of important information in regard to Gender/GBV, children, People with Disabilities and Older Peoples effected during previous disasters and related issues;
- Promote awareness about protection concerns of vulnerable groups and welfare focused legislations, both national and international.
- Modify Child Protection Rapid Assessment in local context.
- Evaluate the existing Gender/GBV, child and Persons with Disabilities (PWDs) protection mechanisms and response procedures among different stakeholders.
- Develop/update service directory based on 5Ws tools in partnership with stakeholders.
- Ensure that expected human resource as actors in the coordination mechanism are gender sensitive, trained and prepared.

Response

- Bring the related actors on board and define roles and responsibilities according to the developed mechanism.
- Ensure the information management related to issues of Gender/GBV, child protection during disaster for prioritizing the response.
- Based on 5Ws and organizational capacities agree on line of action;
- Ensure protection of children and women, PWDs and Ops etc. by bringing in all the related actors in the coordination mechanism.
- Respond to GBV and violations of child rights.
- Maintained gender and age segregated database management.

ROLE & RESPONSIBILITIES OF STAKEHOLDERS (TERMS OF REFERENCE)

As Coordination is the shared responsibilities, it is essential formapping of potential stakeholders to implement coordination mechanism. The development of ToRs will make the actors responsible for their role and will help them commit to the tasks that they are assigned. The determination of roles and responsibility clarifies and ensures timely response. The roles and responsibilities of main and related actors are documented below:

1. District Disaster Management Unit- SWAT.

District Disaster Management Unit (DDMU) is working and functional at district level in Khyber Pakhtunkhwa. DDMU act as third tier of Disaster Management framework and perform as first responder before and after disaster within district. At District level, Additional Deputy Commissioner (Relief & Human Rights) or Assistant Commissioner (Head Quarter) is declared as District Disaster Management Officer (DDMO) in the district.

- DDMU is the focal point at district level for all humanitarian agencies, CBOs, communities and line departments.
- Mapping of service providers working in district Swat.
- Chair district coordination meetings with stakeholders for fulfilling the gaps in relief operation.

- DDMO being the Head of Claim Assessment Committee (CAC) at district level, DDMU will ensure timely disbursement of compensation cheques to the affected population as per policy/rules
- Data management regarding affected population, Relief services, Distribution of items, GBVIE/PSEA, CPiE's cases and other protection concerns.
- Notification of district working groups on different thematic areas (GBViE's/PSEA, CPiE's, and Health/Nutrition) for addressing special needs of vulnerable groups.
- Maintain effective communication mechanism regarding early warning systems.
- Facilitating humanitarian organizations in resolving their challenges for smooth implementation of projects
- Forward urgent information related to GBV, women and child protection to all relevant agencies for immediate response.
- Assist the stakeholders in establishing temporary relief (crises centers), protective Spaces for women and child protection related cases.
- Establish women and child protection response mechanisms and services.
- Assist in rapid assessment, case identification and verification.
- Enhancing safety and wellbeing of women and children during emergencies.
- Information sharing and making referrals.
- Monitoring exercises

2. Social Welfare Department

The Department of Zakat, Usher, Social Welfare, Special Education & Women Empowerment Khyber Pakhtunkhwa is mandated to look after various marginalized segments of population such as poor, destitute women, persons with disabilities orphan, victims of violence and drugs addicted through established Institutions and Autonomous Bodies across the Province. District level stakeholders identified the following Role and Responsibilities as per mandate:

- To take care of general protection of vulnerable population in emergencies with a special focus on GBV/PSEA, women, children, PWDs and Transgender etc.
- To keep data all vulnerable groups effected in emergencies and their needs.
- To share the vulnerability data with line departments and NGOs for any special assistance.

- Make necessary arrangement for re-integration rehabilitation of survivors
- Ensure accessibility of PWDs and Ops to available relief services.
- Assist DDMU in conducting district coordination meeting in time of emergencies.
- Establish crises centers for women and child protection and refer cases to shelter homes
- Provide recreational facilities at women and child friendly centers.
- Creating awareness in public on Bolo Help line.
- Formulate services mapping at district level and referral pathway for referral mechanism to link vulnerable people with services
- Establish panahgahs with joint support of Baitul Mal for displaced people for shelter and food.

3. Tourism department

Tourism is the mainstay of local economy for the Khyber Pakhtunkhwa. Tourism department has taken the proactive approach and identified the potential evacuation centers for the tourist destinations in wake of any utmost situation. The following responsibilities are hereby chalked out for tourism department for any emergency situation.

- Coordination with DDMU/PDMA/PEOC and Pakistan Metrological Department for early warning about hazards and risks prevalent in tourist areas
- Enhance awareness of tour operators, hotel management, hotels and motel association, transporters and other stakeholders about risk areas, GBV, PSEA and the needs for Disaster preparedness strategies in tourism industry.
- Public awareness materials on GBV, PSEA. Protection guidelines, seasonal hazard and risks in tourist destinations.
- Displays of evacuation rout Map in the tourist areas in case of any disaster situation.

4. Education Department

- To maintain information on all the available education resources needed in time of emergencies.
- To make necessary educational arrangement for affected children including girls in time of emergencies
- Maintain school enrollment record during emergencies setting.

- Formation of parent teacher council for urgent matters.
- Create awareness about Disaster Risk Reduction.
- Training for teachers on Disaster Risk Reduction.
- To maintain strong coordination and information sharing with DDMU, line departments and NGOs to better response to address educational issues especially related to girls.
- School feeding programs should be initiated with WFP for stay children in schools.

5. Police Department

- To launch FIR in case of missing and separated child, Gender based Violence and exploitation.
- Help in family tracing of unaccompanied child or separated women.
- To collect all information related to women and children that can help in family tracing.
- To provide protection support to women and children at risk or survivors of GBV
- Link to other related department for support of women and children in their custody, specially arrangement to be made for girl's children.
- Liaise with women shelter homes in case of violence against women.

6. Health Department

- Create duty plans for doctors/lady doctors and paramedic staff in emergencies.
- Psycho-social support services to survivors of violence/affected by disaster.
- Ensure availability of pediatrician during emergency health services.
- Ensure availability of lady doctor and required medications for women/girls during emergency situations.
- Ensure availability of pediatric medicine during emergency health services.
- Facilitated vaccination process for children.
- Coordination with DDMU, line departments and NGO's for information sharing
- Establish a referral mechanism to linked people with other related services

7. Legal support services

- Establish referral mechanism with legal support services at the district level to provide women and children with the legal assistance specially to survivors of S/GBV
- Ensure provision of free of cost legal support to the S/GBV survivors

8. Rescue 11 22 Services

- To establish stations in identified Disaster prone areas as per District administration/ DDMU/PDMA instructions.
- Mock exercise with local communities on FIRST AID, boating and swimming tactics etc.
- Ensure services to be linked with local communities as special focus on services for pregnant women, Ops and PWDs.
- To develop safer communities through establishment of an effective system for emergency preparedness, response and prevention.
- Special arrangements to be made to on air various radio program to educate local people to better utilized Rescue 1122 Services in case of emergencies.

9. Civil Defense District Swat

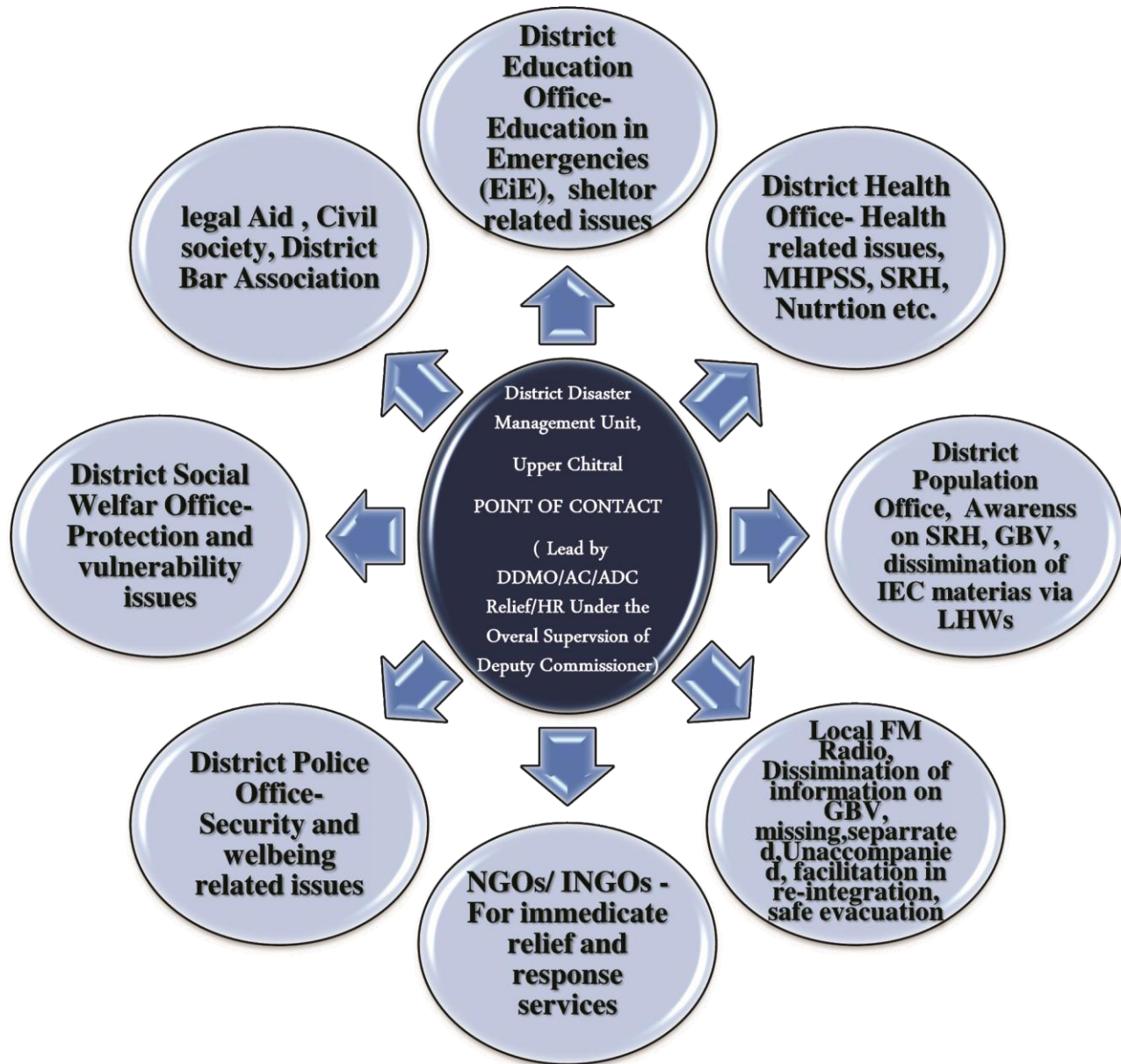
Civil Defense is the attached department of Relief, Rehabilitation & Settlement Department which is regulated under the Civil Defense Act 1952. The Civil Defense has a Razakar frontline force in large scale at district level for civil emergencies such as floods, earthquake, Invasion and Civil disorder. The Razakar is numbering more than 42,000 across the province. The core responsibilities of Civil Defense are the following:

- Establishment of Emergency Control room and to be linked with DDMU and provincial Emergency Operation Center (PEOC)

10. Local FM Radio

- Creating awareness on GBV, PSEA, CPiE's, special needs of PWDs and other protection concerns.
- Collection and dissemination of information to and from communities including women/girls.
- Assisting in identification of women and child protection issues and its solution through collaborative approach while taking care of confidentiality of all cases.
- Development of harmonization on information gathered for protective environment.

8. ILLUSTRATIVE FUNCTIONAL COORDINATION MECHANISM TO PREVENT AND RESPOND TO GBVIE's/PSEA AND OTHER PROTECTION CONCERNS



STRATEGY FOR THE IMPLEMENTATION OF COORDINATION MECHANISM

With the consultations of line departments, DDMU, CBOs and humanitarian Agencies, implementation strategy has also been framed to better address the concerns of GBVIE, PSEA, CPIE, women, adolescent girls, PWDs and other protection concerns. They were agreed that there should be a District level committee for implementation of CM and oversight the progress and challenges in identification, Assessment, Referral, case management and follow up before and after disaster situation. The structure and functions of District Level Committee is given below.

Structure of District level Committee

1. (DC/DDMO/ADC Relief/Human Rights) (Chairman)
2. District Education Officer (Male) (Member)
3. District Education Officer (Female) (Member)
4. District Social Welfare Officer (Member)
5. Child Protection Unit (Member)
6. District Health Officer (Member)
7. Chairman Safety Committee (Member)
8. In Charge Dar-ul- Aman (Member)
9. District Police Officer (Member)
10. Local Government (Member)
11. Representative from Transgender's Community (Member)

CORE FUNCTIONS OF THE COMMITTEE

- a) Committee may call Quarterly Meeting; however, it may also be called on need based.
- b) Review of existing situation in regarding GBVIE, PSEA, CPIE's and other protection Concerns
- c) Conduct an analysis on case management, highlighting challenges and give directions for corrective actions/measures to fill up the gaps.
- d) Maintaining Database at DDMU level
- e) Develop progress tracking and complaint response mechanism
- f) To in place Follow up mechanism

SERVICE MAPPING& REFERAL DIRECTORY OF DISTRICT SWAT FOR GBV, PSEA, WOMEN EMPOWERMENT, CPIES, LEGAL AID, MHPSS, HEALTH ETC.

Swat District Administration			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Deputy Commissioner Swat	09469240337 Mingora Swat Hours of Operation: Monday-Friday 09:00am -5:00pm	This office is responsible for overall administration and control at district level
2	Assistant Commissioner Swat	09469240008 Khawazakhela Swat Hours of Operation: Monday-Friday 09:00am -5:00pm	This office is responsible to assist the commissioner and overall administration and control at tehsil level

Government Bodies in District Swat			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	District Social Welfare Department Swat	Muhammad Zamir 09469240203 03439557918 Computer Operator Hours of Operation: Monday-Friday 09:00am -5:00pm	Provides assistance for Child Protection & Welfare, Women Welfare & Empowerment, Welfare & Rehabilitation of Persons With Disabilities (PWDs), Senior Citizens, professional guidance & Financial assistance
2	Bolo Helpline - Social Welfare Directorate	0800-22227 Hours of Operation: 24/7	Assist GBV Victims and persons with disabilities across Khyber Pakhtunkhwa for immediate psychological support, referral services, awareness on basic rights and legal aid in consultation with lawyers panels
Police and Law Enforcement in District Swat			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Police station Mingora	Rahim, Moharrar, 09469240394 Hours of Operation: 24/7	Responsible for the registration of FIR for cases of violence, theft, murder, kidnapping, rape and other similar offences. One Each in Every Police Station

2	Police Station Bunr	0946811902 Hours of Operation: 24/7
3	Police Station Charbagh	0946730156 Hours of Operation: 24/7
4	Police Station Ghalegai	0946751320 Hours of Operation: 24/7
5	Police Station Khursid Khan Shaheed	0946744306 Hours of Operation: 24/7
6	Police Station Kabal	0946755301 Hours of Operation: 24/7
7	Police Station Kala bat	0946841523 Hours of Operation: 24/7
8	Police Station Kanju	0946881029 Hours of Operation: 24/7
9	Police Station Madyan	0946882149 Hours of Operation: 24/7
10	Police Station Manglawar	0946730438 Hours of Operation: 24/7
11	Police Station Matta	0946792725 Hours of Operation: 24/7
12	Police Station Mingora	09469240394 Hours of Operation: 24/7
13	Police Station Rahimabad	09469140389 Hours of Operation: 24/7

Shelter Homes in District Swat			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Women Shelter	Rehana Farid, '0946721118 Superintendent Hours of Operation: 8:00am - 4:00pm:	Boarding and Lodging facility 1. Counselling, 2. Healthcare provision 3. Food, 4. Clothing, 5. Women specific essentials, 6. Communication, 7. Referral assistance

Economic Empowerment/Skills Development Support Providers in District Swat			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	WBDC Swat	Women Business Development Centre Saidu Sharif Road, Faizabad, Opposite Side Dr. AQ Khan School. Ph: 0340.8057883 Hours of Operation: 8:00am - 2:00pm	Vocational skill training, tailoring, embroidery
2	District Social Welfare Office Swat	Ms. Asma Shahzad, Vocational Teacher, 0341-2587781 Hours of Operation: 9:00am - 4:30pm	Vocational training in stitching, embroidery, knitting
3	District Social Welfare Office Swat	Ms.Nargis, Instructor 0346-9408007 Hours of Operation: 9:00am - 2:00pm	Vocational training in stitching, embroidery, knitting

4	District Social Welfare Office Swat	Ms. Salma, Instructor 0343-9621315 Hours of Operation: 9:00am - 2:00pm	Vocational training in stitching, embroidery, knitting
5	District Social Welfare Office Swat	Ms. Shazia, Vocational Teacher 0343-8992199 Hours of Operation: 9:00am - 2:00pm	Vocational training in stitching, embroidery, knitting
6	District Social Welfare Office Swat	Mr. Akbar, Clerk, District Social Welfare Office, 0946-9240203 Hours of Operation: 9:00am - 2:00pm	Vocational training in stitching, embroidery, knitting
7	District Baitul-Maal Office Swat	Mr. Kalim Ullah, Assistant Director, Baitul-Maal, 0300-5796099 Hours of Operation: 9:00am - 2:00pm	6 Months vocational course, beneficiaries are given Rs. 10 as transportation cost per day
8	Raran Welfare Society	Mr. Habib Ur Rehman 0946-770271, 0341-3565656 Hours of Operation: 9:00am - 2:00pm	Vocational Skills training in different vocational traits
9	Khushbo Community Welfare Organization	Mr. Nasir Qasmi, Executive Director 0334-9199466, 0347-9696439 Hours of Operation: 9:00am - 2:00pm	Vocational training in knitting and embroidery

10	Community Development Council	Mr. Mutasrif, 0344-9644297 Hours of Operation: 9:00am - 2:00pm	Vocational skills training in different vocational traits
11	Awami Welfare Society	Mr. Syed Mahiuddin Hours of Operation: 9:00am - 2:00pm	Vocational skills training in different vocational traits
12	District Social Welfare Department	Ms. Wajahat, Female Helper 0346-9356415 Hours of Operation: 9:00am - 2:00pm	Vocational trainings in stitching, embroidery, knitting, decoration pieces
13	Dastakari centre Char bagh	Muhammad Zamir, Computer Operator, '09469240203/034395579 18 Hours of Operation: 9am to 1 pm/ 6 days	Stitching and sewing
14	Dastakari centre saidu sharif	Muhammad Zamir, Computer Operator, '09469240203/034395579 18 Hours of Operation: 9am to 1 pm/ 6 days	Stitching and sewing
15	Dastakari centre Kotha	Muhammad Zamir, Computer Operator, '09469240203/034395579 18 Hours of Operation: 9am to 1 pm/ 6 days	Stitching and sewing

16	Dastakaricentre Sabil	Muhammad Zamir, Computer Operator, '09469240203/03439557918 Hours of Operation: 9am to 1 pm/ 6 days	Stitching and sewing
17	Dastakaricentre Matha	Muhammad Zamir, Computer Operator, '09469240203/03439557918 Hours of Operation: 9am to 1 pm/ 6 days	Stitching and sewing

Legal Aid Support Providers to Women in District Swat

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	District Child Protection Unit	Mr. Gohar Khan, District Child Protection Officer, 0946-729991 Hours of Operation: 9:00am - 4:00pm	Legal aid to GBV survivor through referrals
2	Advocate	Mujahid Farooq, 03339480915, Advocate Hours of Operation: 9:00am - 4:00pm	Legal Aid

Psychosocial Support Providers in District Swat

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Child Protection Unit	Mr. Gohar Khan, District Child Protection Officer, 0946-729991 Hours of Operation: 9:00am - 4:30pm	Individual counseling, group counseling, family counseling, Family reintegration

2	Saidu Central Hospital	Dr. Umar Ayub, Psychiatric 0300-5740261 Hours of Operation: 9:00am - 4:30pm	Individual counseling, group counseling, family counseling, Family reintegration
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Health Services and Medical-Legal Services to Women in District Swat

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Saidu Teaching Hospital	Dr. Khurshed Ahmad, Medical Specialist 0946-9240128, 0332-9149544 Hours of Operation: 8:00am - 2:00pm For emergencies, the hospital services are available 24/7	Medical support to GBV survivors, Medico-legal support
2	DHQ Hospital	Dr. Malik saeedullah khan, 09240139, DMS, DHQ Hours of Operation: 24/7	Medical facilities

Social Protection Services for Women – Pakistan Bait-ul- Mal

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Pakistan Bait-UI-Mal	Lal Badshah 0915621308 0915700505 Hours of Operation: Monday-Friday 09:00am -4:00pm	Women empowerment center 2154 registered and School for rehabilitation of Child labor 845. At WEC 50 rupee per day for six month is provided and at SRCL 600 Rs per month is provided

Social Protection Services for Women – Sehat Sahulat Programme

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Sehat Sahulat Card	0919216013 Hours of Operation: Monday-Friday 09:00am -5:00pm	This office provide information related to Sehat Sahulat Programme

4. ANNEX

GBV Guiding principles²

GBV guiding principles and approaches the following guiding approaches and principles¹⁵ underpin all standards, and are referred to throughout the Minimum Standards as the 'GBV guiding principles':

Survivor-centered approach: A survivor-centered approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centered approach is based on the following guiding principles

- **Safety:** The safety and security of the survivor and her/his children is the primary consideration.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

Rights-based approach: A rights-based approach seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

Community-based approach: A community-based approach ensures that affected populations are engaged actively as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct involvement of women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions, and build on existing community-based protection mechanisms. **Humanitarian principles:** The humanitarian principles of humanity, impartiality, independence and neutrality should underpin the implementation of the Minimum Standards and are essential to maintaining access to affected populations and ensuring an effective humanitarian response.

²<https://www.unfpa.org/minimum-standards>

“Do no harm” approach: A “do no harm” approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.

Principles of Partnership: The Principles of Partnership comprise a framework for all actors in the humanitarian space to follow principles of equality, transparency, a results-oriented approach, responsibility and complementarity. The principles strive to highlight the role of local and national humanitarian response capacity, and enhance the effectiveness of humanitarian action based on accountability to affected populations.

Best interests of the child: Child and adolescent girl and boy survivors of sexual abuse have the right to have their best interests assessed and determined and taken as a primary consideration in all decisions that affect them.

The above guiding principles and approaches are linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by crisis. They serve as the foundation for all humanitarian actors when planning and implementing GBV-related programming. It is important to underscore that:

GBV encompasses a wide range of human rights violations. Preventing and mitigating GBV involves promoting gender equality, and beliefs and norms that are respectful and non-violent.

Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.

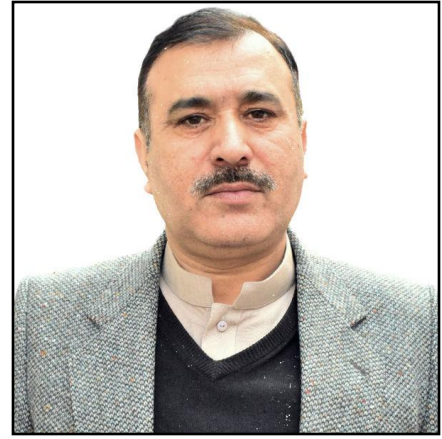
GBV-related interventions should be context-specific in order to enhance outcomes and **“do no harm”**.

Participation and partnership are cornerstones of effective GBV response and prevention.

Annex 2

The table presents various types of GBV in humanitarian settings, with an example of its impact. These impacts are magnified in humanitarian settings.

GBV IN HUMANITARIAN CONTEXTS	EXAMPLES OF IMPACT
GBV (child marriage) and mortality	Seven out of the 20 countries with the highest rates of child marriage are affected by large-scale humanitarian crises, including Chad, Ethiopia, Mali, Nigeria, Somalia and South Sudan. Yemen and Syria are also severely affected by child marriage. Child brides are more likely to experience frequent and early pregnancies, which may cause a range of long-term health complications and, in some cases, death. Complications in pregnancy and childbirth are the leading cause of death in girls aged 15 to 19 globally (for more information see the inter-agency initiative Girls Not Brides).
GBV (forced abortion) and women's reproductive health	Many women in Colombia have been subject to forced abortions and births, especially within guerrilla groups. Moreover, many abortion procedures were inadequate and took place very late in the pregnancy, resulting in high risks of health complications.
GBV (conflict-related sexual violence), fistula and post-traumatic stress disorder (PTSD)	A 2016 study conducted in Goma in the Democratic Republic of Congo (DRC) found that women who had survived conflict-related sexual violence (CRSV) were significantly more likely to have fistula and chronic pelvic pain compared with survivors of other types of sexual violence. Survivors of CRSV also experienced more severe forms of depression and PTSD, compared with those who also had fistula, and scored highest among the respondents on PTSD and other mental health severity scales. ³
GBV (domestic violence and sexual harassment) and mental health	In Indonesia (following Pidie Jaya earthquake and Bima floods in 2016), 13 per cent of respondents reported that women and girls felt distressed by the rise in domestic violence after the disasters. Adolescent boys and girls reported that unsafe temporary housing arrangements during the disasters triggered an increase in sexual harassment



ABOUT THE AUTHOR

Muhammad Saddiq is a PhD Scholar in Sociology with strong academic and professional credentials in the fields of Disaster Management, Social Protection, and Gender Integration. He holds an M.Phil. degree in Sociology from Bacha Khan University, Charsadda, a Master's degree in Political Science from the University of Peshawar, and a Postgraduate Diploma in Climate Change from IMSciences University, Peshawar.

With extensive professional experience, he has worked across Disaster Management, Education in Emergencies (EiE), Camp Management, Child Protection in Emergencies (CPiE), Prevention of Sexual Exploitation and Abuse (PSEA), and Gender-Based Violence in Emergencies (GBViE). His expertise includes gender mainstreaming in DRM and DRR, policy advocacy, and ensuring the voices of vulnerable groups are integrated into policies, SOPs, and contingency planning including monsoon, winter, and heatwave response plans.

As a skilled facilitator, Mr. Saddiq has designed and led numerous capacity-building trainings and workshops on protection-related themes such as CPiE, GiE, DRR, case management, referral pathways, mine risk education, and child-centered DRR. His work strongly emphasizes inclusive disaster management approaches that address the needs of women, children, persons with disabilities, and other marginalized groups.

He is also the author of this booklet, *“Functional Coordination Mechanism to Address GBViE and Other Protection Concerns in Humanitarian Settings at District Disaster Management Unit.”* This work presents a practical coordination structure aimed at helping stakeholders effectively address GBViE and related protection concerns.

Blending academic insight with field based expertise, Muhammad Saddiq brings a holistic, rights-based, and inclusive perspective to disaster management and humanitarian response.



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