

Summary: The idea behind this exercise is to identify gaps and the current status of GBV service implementation, because after the flood, the situation has changed drastically, and organizations really want to get information about the gaps. Therefore, it is also considered that, this exercise will support new organizations that want to or will start working on GBV; they can use this information in their initial planning by compensating the needs and gaps of specific geographical areas.

Methodology:

For the service mapping exercise, a tool was developed in KOBO, and workshops was held at Islamabad, KPK and Sindh in order to trained the expected participance.

Information was collected from the service providers/IPs/.Organizations at the districts level Data collection dates: Data collected from October 25, 2022, to November 10, 2022.

In this slide, you can see the lead organizations, service providers/IPs, and number of Ips working in the district, as well as the number of organizations working on GBV service and the availability of GBV service in the district.

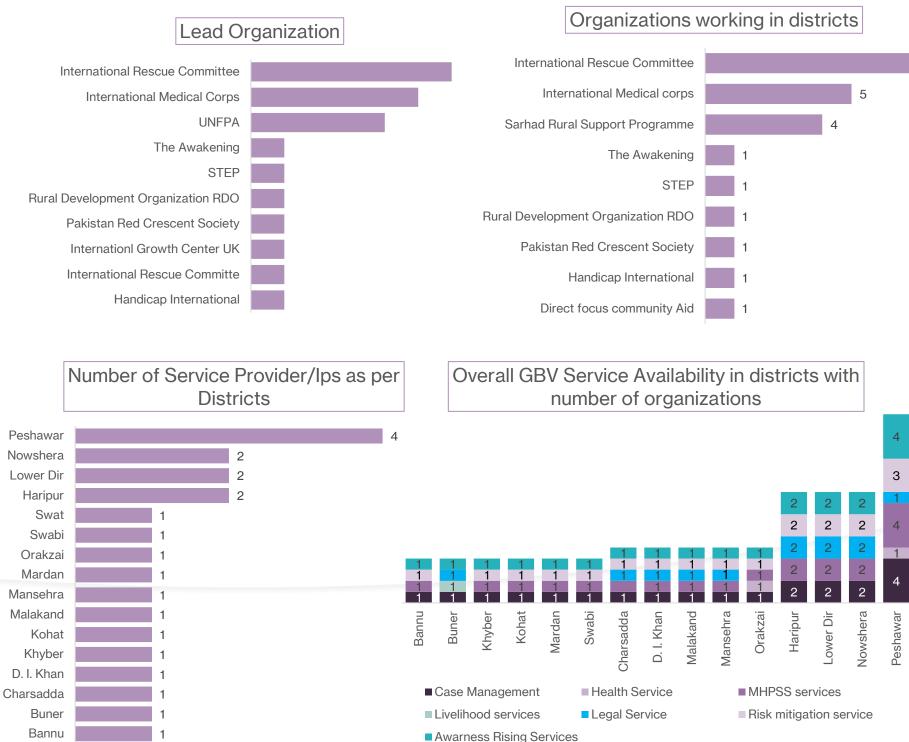
Disclaimer: This information report may not cover 100% of the districts and organizations, as this information is based on currently available data. However, it can give a good idea of the overall situation.

Accessible Districts 16 Number of participance 10 Lead Organizations.

Services delivery Approaches: Static 78% Mixed 11% Mobile/Remote 11%.

Target Population: Host Communities, Flood Affected, Refuges. Minorities, Person with Disabilities

Target Population Group: Adults, Children, Elderly Persons.



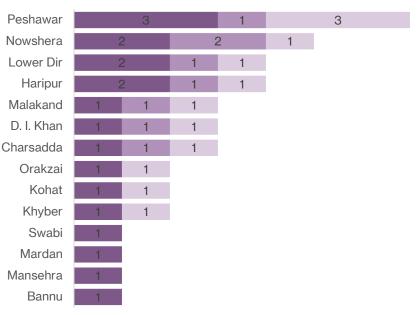
Carater-based Volume Auf

This slide shows the number of organizations working on a specific GBV-related service and its activities, by district.

For example, in the first graph, the first bar indicates that an organization is performing risk mitigation-related activities in different districts in Peshawer three organizations working on awareness and one organizations working on softy audit as well as three organizations distributing Dignity Kits .

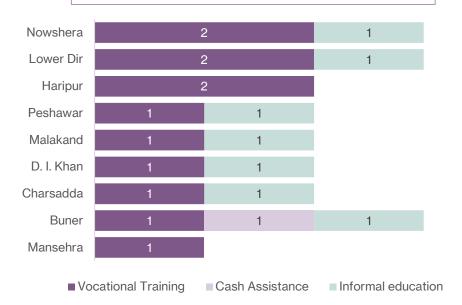
The second graph shows that the number of organizations working on MHPSS in the districts. Health graph reflects the availability of health activities in district and the number of organizations working on these activities. since Health services are available in very few districts, this gap must also be filled.



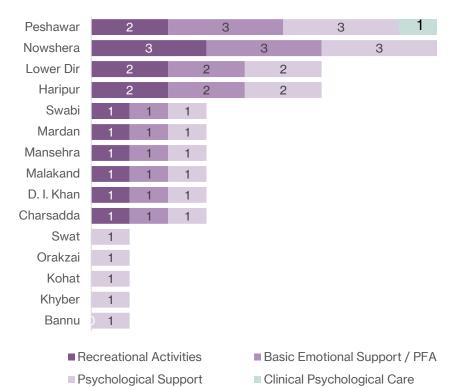


Organizations working in District with Livelihood Service Activities

■ Awareness raising/outreach activities ■ Safety audits ■ Dignity kits



Organizations working in District with MHPSS Service Activities

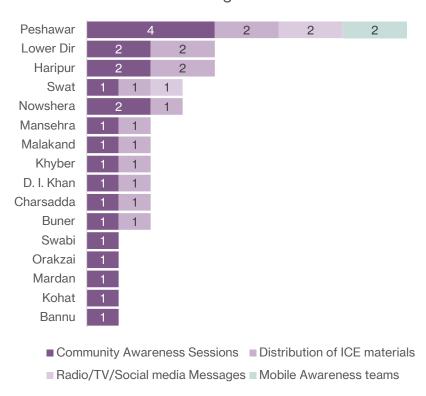


Organization working in District with Health Service Activities

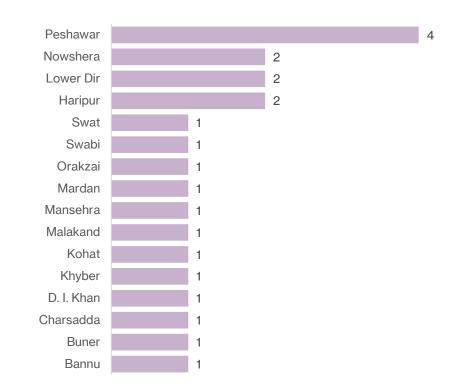


The questions about training on the pocket guide and Legal activities identified a significant capacity-building gap, as only one organization in one district reported having been trained on the pocket guide.

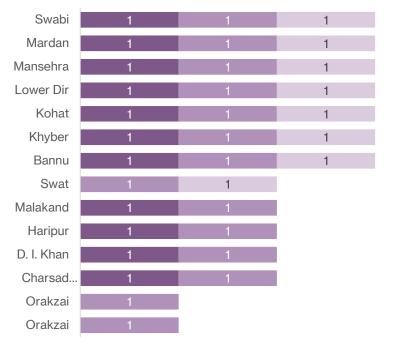
Organizations working in District Awareness Rising Activities



Service provider/organizations working on Case management in districts



Number of organizations with other GBV services & trained on the Pocket Guide



- Provide "Women and girl friendly spaces".
- information for safe referrals to GBV specialists
- GBV Pocketguide



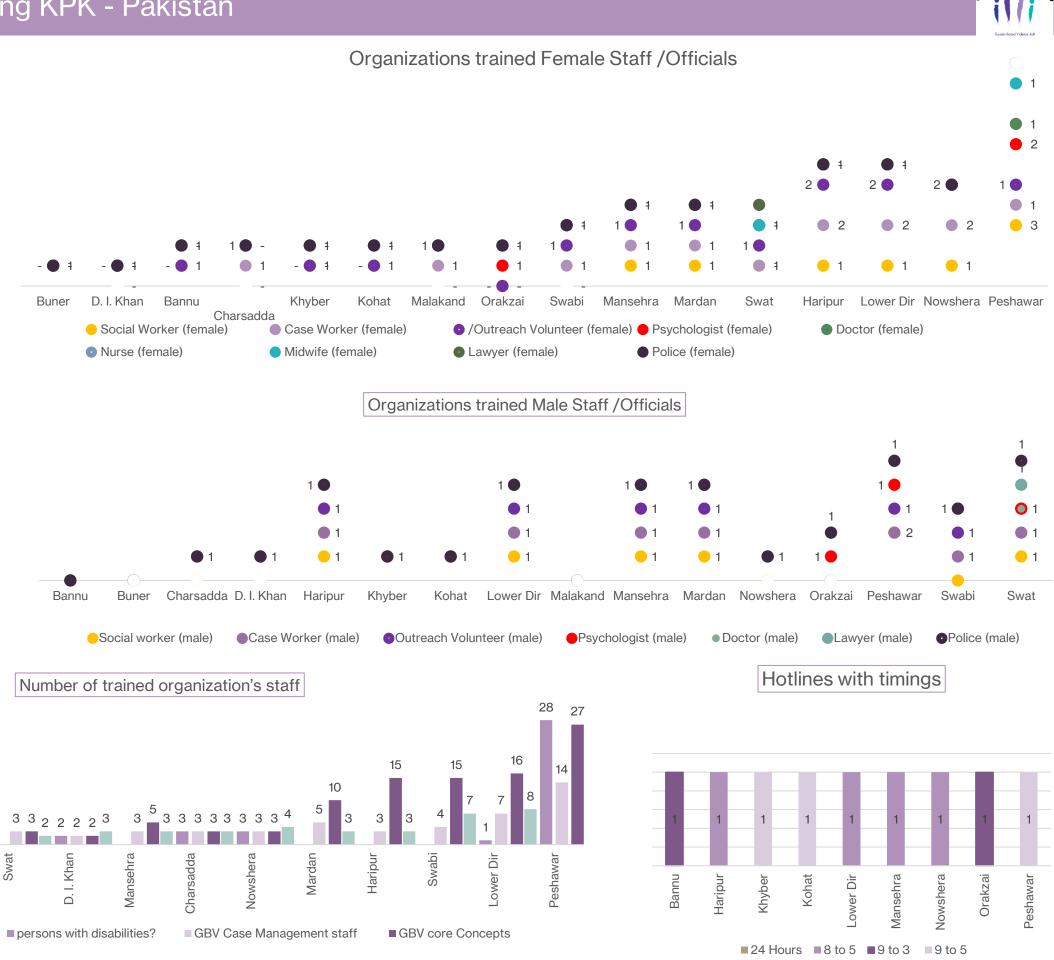


The first graphs on this page describe the availability of legal services in the district as well as number of organizations working on legal-specific services. And the graphs with circles represent the number of male and female staff/officials trained in various departments, while the graph represents number of organizational staff trained in GBV specialized services. And the hotline graph reflects the availability of hotlines at district level with open timings for example District Sukker has two hotlines with 24/7 and 9 to 5 timing. .

Kohat

Malakand

■ Working with child survivors



Finding & recommendations: As a result of this exercise, it was discovered that there is a significant gap in GBV services in flood-affected districts such as Tank, Karak, Luck Marwat, Chitral, and others Therefore, greater coordination/efforts is needed to reach unmonitored/inaccessible districts. Although the findings reflect the fact that even accessible districts lack sufficient resources to reduce GBV risks.

Responsibilities for GBV prevention and response are shared by the state and local governments, the police and community organizations. However, there is a lack of, funding, and collective action. Another challenge is, the origination response, as organizations have shown a lengthy response to this exercise. Therefore, organizations need to learn and understand the importance of reporting and it is important the lead organization to encourage the lps/service providers to improve its capability.

Recommendation Need for more trainings and workshops for GBV stakeholders in order to better understanding of GBV. 2. Required an IM or Data person dedicated to the GBV, 3. As KPK has good coordination mechanism, however, little more efforts on coordination and monitoring are needed among all organizations to establish the implementation the GBV minimum standard. 4. There is a need to build the capacity of the stakeholder. 5. Making organizations a little more accountable