PUBLIC EVIDENCE SERIES

PILLARS I, II AND III

District Strategy for Gender Based Violence Response

Gujranwala District, Punjab, Pakistan

Strategic Framework for Multi-Agency Coordination, Community Engagement, and Culturally Responsive Approaches



RESEARCH AND DEVELOPMENT

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Pillar I

Multi-Agency Coordination

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PILLAR I

Multi-Agency Coordination

1.1 Executive Summary

Gujranwala District, located in northeastern Punjab, Pakistan, represents one of the province's most densely populated and industrially active administrative units. According to the Pakistan Bureau of Statistics (2023), the district recorded a population of approximately 5.96 million persons, making it the fourth most populous district in Punjab. The urban core of Gujranwala city alone houses 2.51 million residents, with a population density of 19,169 persons per square kilometer in the urban tehsil (Pakistan Bureau of Statistics 2023). This demographic concentration, combined with rapid urbanization driven by internal migration, creates distinct challenges for gender based violence (GBV) prevention and response.

Punjab province consistently registers the highest absolute number of GBV cases in Pakistan. In 2024, provincial data compiled through Right to Information requests documented 26,753 cases of gender based violence across Punjab, comprising approximately 82 percent of the national total of 32,617 reported cases (Sustainable Social Development Organization 2025). Within Punjab, Gujranwala District falls within the high burden category for violence against women and kidnapping, requiring a structured strategic response aligned with existing legal frameworks and institutional mandates.

This strategic framework establishes the foundational approach for GBV incident response in Gujranwala District through three interconnected pillars: **multi-agency coordination protocols** , **community engagement strategies** , and **culturally responsive approaches** . The framework aligns with the Punjab Protection of Women Against Violence Act 2016, which provides for protection orders, residence orders, monetary relief, and the establishment of Violence Against Women Centers (Punjab Commission on the Status of Women 2024). It also operates within the institutional structure established by the Punjab Women Protection Authority Act 2017, which mandates District Women Protection Officers, District Women Protection Committees, and coordinated protection systems across all districts (Punjab Women Protection Authority 2024).

1.2 Situational Analysis

1.2.1 District Profile and Demographics

Gujranwala District serves as the administrative headquarters for Gujranwala Division, covering an area of 3,622 square kilometers in Punjab's northeastern region. The district shares borders with Sialkot District to the northeast, Gujrat District to the southeast, Hafizabad District to the southwest, and Sheikhupura District to the south. This geographic positioning places Gujranwala at a significant crossroads for internal migration patterns and industrial economic activity.

The 2023 Population and Housing Census documented the following demographic characteristics for Gujranwala Division, which provides contextual data for the district:

Table 1.1 Demographic Indicators for Gujranwala Division

Demographic Indicator	Gujranwala Division	Source
Total Population	11,416,686	PBS 2023
Overall Literacy Rate	76.41%	PBS 2023
Male Literacy Rate	79.16%	PBS 2023
Female Literacy Rate	73.61%	PBS 2023
Registered Voters (District)	3,336,531	ECP 2023
Female Registered Voters	1,512,446 (45.33%)	ECP 2023

Source: PBS 2023; ECP 2023, as cited in the table.

The district's economy centers on manufacturing, particularly electrical appliances, ceramics, and agricultural implements. Gujranwala produces approximately 97 percent of Punjab's ceramics output and contributes to nearly 5 percent of Pakistan's national GDP through its industrial clusters (Pakistan Bureau of Statistics 2023). This economic activity draws substantial rural to urban migration, creating informal settlements and heightened vulnerabilities for women workers in both formal and informal sectors.

1.2.2 Gender Based Violence Patterns in Punjab

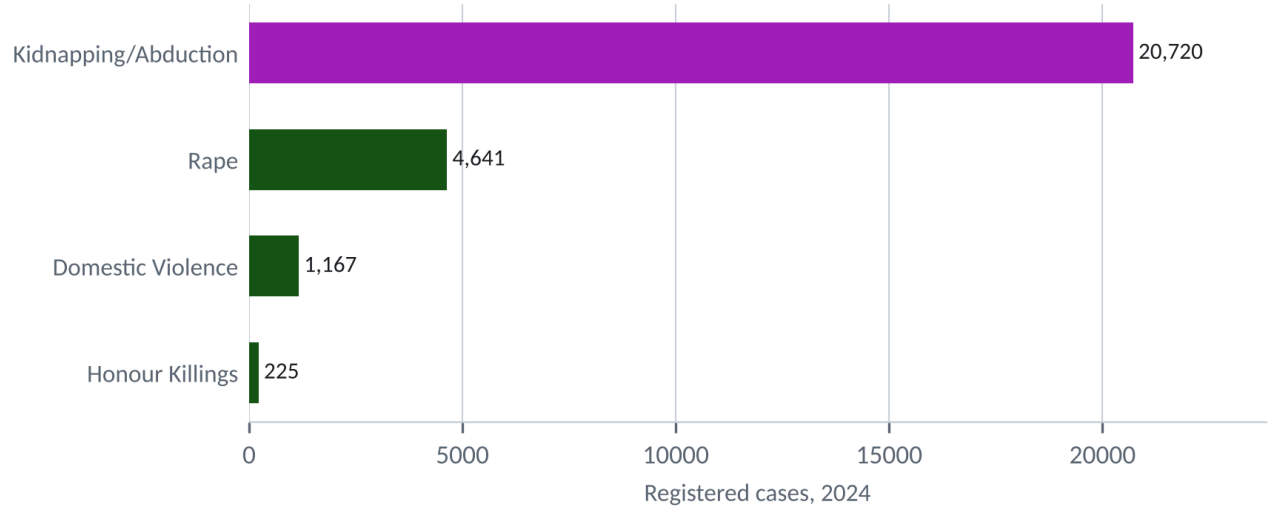
The scope and scale of GBV in Punjab demands urgent and coordinated response. The Sustainable Social Development Organization's 2024 analysis, compiled through Right to Information requests to provincial police departments, documented the following provincial statistics:

Table 1.2 Gender Based Violence Cases in Punjab Province (2024)

GBV Category	Cases (2024)	Convictions	Rate
Kidnapping/Abduction	20,720	16	0.08%
Rape	4,641	19	0.4%
Domestic Violence	1,167	3	0.26%
Honour Killings	225	2	0.9%
Total	26,753	40	0.15%

Source: Sustainable Social Development Organization 2025.

Figure 1.1 Kidnapping and abduction make up the largest share of registered GBV cases in Punjab, 2024



Source: Sustainable Social Development Organization 2025. Values from the table above.

These figures represent only reported cases and almost certainly undercount actual prevalence. According to the United Nations Population Fund (UNFPA), 32 percent of women in Pakistan have experienced some form of gender based violence, while approximately half of affected women have never sought help or disclosed their experiences to anyone (UNFPA Pakistan 2024). The UK Government's Country Policy and Information Note on Pakistan, drawing from multiple sources including Human Rights Watch, documented that 10,365 cases of violence against women were reported to Punjab police in just the first four months of 2023 (UK Home Office 2025).

Research conducted among married women in Punjab indicates that between 70 and 90 percent have experienced abuse from their spouses at some point during marriage (Nosheen, Khan, and Bibi 2022). This extraordinarily high prevalence reflects deeply entrenched social norms that normalize intimate partner violence and create substantial barriers to reporting and help seeking.

1.2.3 Conviction Rate Crisis

The conviction rates documented above represent a fundamental failure of the criminal justice system to provide accountability for perpetrators or justice for survivors. At the national level, the conviction rate for rape stands at 0.5 percent, with honour killings also registering 0.5 percent, kidnapping and abduction at 0.1 percent, and domestic violence at 1.3 percent (Sustainable Social Development Organization 2025). These figures reflect systemic weaknesses across multiple institutional domains, including police investigation quality, evidence collection procedures, prosecutorial capacity, and judicial processing.

CRITICAL STATISTIC

Pakistan ranks 145th out of 146 countries on the Global Gender Gap Index 2024, with only Sudan ranking lower. Women comprise only 22.8% of Pakistan's labour force, and Pakistan registers the highest wage gap globally with women earning 34% less than men on average.

1.2.4 Legal and Institutional Framework

The Punjab Protection of Women Against Violence Act 2016 (PPWVA) represents the primary legislative framework for GBV response in the province. The Act provides for:

- **Protective Remedies:** Protection orders, residence orders, and monetary orders available through family courts or through Women Protection Officers without requiring court intervention for interim relief.
- **Institutional Infrastructure:** Violence Against Women Centers (VAWCs) providing integrated services including police reporting, medical examination, forensic evidence collection, legal aid, and psychological counseling under one roof.
- **Monitoring Mechanisms:** GPS tracking bracelets for perpetrators subject to protection orders; District Women Protection Committees; and District Women Protection Officers assigned to each district. The Federal Shariat Court upheld the constitutionality of the PPWVA in November 2022, determining that no provision of the Act contravenes Islamic law as laid down in the Quran and Sunnah. The Court specifically directed the Punjab Government to ensure proper implementation and rollout of the law across all districts (Library of Congress 2023).

The Punjab Women Protection Authority (PWPA), established under the Punjab Women Protection Authority Act 2017, oversees implementation of the protection system. PWPA operates the toll free helpline 1737 and coordinates with District Women Protection Officers across Punjab's 36 districts. The Authority works with the Women Development Department, Punjab Police, Health Department, and prosecution services to ensure coordinated response (Punjab Women Protection Authority 2024).

Currently, Violence Against Women Centers operate in Multan (established 2017), with additional centers announced for Lahore, Faisalabad, and Rawalpindi. The Multan VAWC has served over 10,000 women since its establishment, substantially exceeding the original target of 1,200 annually (Punjab Women Protection Authority 2024). Virtual Women Police Stations have been established in multiple districts to provide accessible reporting mechanisms for women.

1.3 Strategic Objectives

This strategic framework establishes the following objectives for GBV response in Gujranwala District:

1.3.1 Primary Objectives

Table 1.3 Strategic Objectives Framework

Objective	Description
1	Establish functional multi-agency coordination mechanisms ensuring seamless referral pathways and information sharing among government agencies responsible for GBV response.
2	Strengthen police investigation capacity and evidence collection procedures to improve case outcomes and survivor experiences within the criminal justice system.
3	Develop district level case management information systems enabling coordinated tracking and outcome monitoring across service providers.
4	Build community engagement structures that shift social norms, increase help seeking behaviour, and mobilize community resources for survivor support.
5	Integrate culturally responsive approaches that address local context, engage religious and traditional leaders, and ensure services are accessible and appropriate for diverse populations.

1.3.2 Alignment with National and International Frameworks

This strategy aligns with Pakistan's commitments under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which Pakistan ratified in 1996. It supports achievement of Sustainable Development Goal 5 (Gender Equality) and SDG 16 (Peace, Justice, and Strong Institutions), particularly Target 5.2 on eliminating violence against women and girls and Target 16.1 on reducing all forms of violence.

The strategy also responds to recommendations from UN Women Pakistan's National Report on the Status of Women in Pakistan 2023, which identified violence prevention, access to justice, and economic empowerment as priority areas requiring coordinated government, civil society, and development partner action (UN Women Pakistan and NCSW 2023).

1.4 Pillar One – Multi-Agency Coordination Protocols

1.4.1 Rationale for Coordination

GBV response requires action across multiple government departments and agencies, each with distinct mandates, reporting structures, and operational cultures. In Gujranwala District, the following entities hold responsibilities relevant to GBV case handling:

Table 1.4 Agency Roles in GBV Response

Agency	Primary Role in GBV Response
Punjab Police (District)	First response, FIR registration, investigation, evidence collection
Women Police Stations	Specialized GBV reporting, female officer availability
District Health Authority	Medical examination, medico-legal documentation, treatment
District Prosecution Services	Case preparation, court representation, conviction pursuit
Social Welfare Department	Shelter provision, rehabilitation services, social support
District Women Protection Officer	Case coordination, survivor advocacy, protection system oversight
Family Courts	Protection orders, residence orders, monetary relief
District Administration	Inter-departmental coordination, resource allocation

Effective coordination among these entities reduces survivor re-traumatization by minimizing repetitive interviews and procedural obstacles. It also improves case outcomes by ensuring evidence integrity, timely prosecution, and comprehensive support services.

1.4.2 Strategic Approach to Coordination

DISTRICT WOMEN PROTECTION COMMITTEE ACTIVATION

The PPWVA 2016 mandates establishment of District Women Protection Committees (DWPCs) to coordinate protection system implementation. For Gujranwala District, the strategy envisions DWPC membership comprising:

The Deputy Commissioner (as Chair) providing administrative authority and resource allocation capacity. The District Women Protection Officer serving as focal point for case coordination and survivor advocacy. Senior representatives from Punjab Police (including the Station House Officer responsible for women's policing), District Health Officer, District Prosecutor, Director of Social Welfare, and representatives from civil society organizations working on women's rights in the district.

The DWPC should convene monthly for strategic coordination and case review, with emergency sessions available for urgent matters requiring multi-agency response.

REFERRAL PATHWAY DESIGN

The referral pathway for GBV cases in Gujranwala District should ensure survivors can enter the protection system through multiple access points while receiving consistent, quality services regardless of entry point:

First contact may occur through the PWPA helpline (1737), police stations, health facilities, social welfare offices, or community based organizations. Upon first contact, immediate safety assessment must determine whether emergency intervention is required.

For cases requiring police action, FIR registration should occur promptly with evidence collection following standardized protocols. Medical examination and forensic evidence preservation should occur within the medically appropriate timeframe for the type of violence experienced. The District Women Protection Officer should be notified of all GBV cases to ensure survivor access to protection orders, shelter, and rehabilitation services.

Cases proceed through prosecution services to family courts or criminal courts depending on the nature of charges and remedies sought. Throughout this process, the survivor should have access to legal aid, psychological counseling, and economic support services.

INFORMATION SHARING PROTOCOLS

Coordination requires structured information sharing that protects survivor confidentiality while enabling case tracking. The strategy envisions:

Standardized case intake forms used across all entry points, capturing essential information without requiring survivors to repeat their accounts multiple times. These forms should be designed in collaboration with UNFPA and UN Women technical experts to align with international standards.

Secure communication channels for case updates between agencies, potentially utilizing existing government information technology infrastructure. Case reference numbers should allow tracking without exposing survivor identifying information in inter-agency communications.

Monthly coordination meetings should include aggregate case data review, identification of systemic bottlenecks, and action planning for service improvements.

1.4.3 Police Response Enhancement

Police represent the first formal institutional contact for most GBV survivors seeking justice system intervention. Strengthening police response capacity is therefore essential for improved outcomes.

CURRENT CAPACITY CHALLENGES

UN Women research documents that only 1.5 percent (5,870 of 391,364) of police officers in Pakistan are female as of 2021 (Nosheen et al. 2022). This severe underrepresentation creates barriers for women survivors seeking to report violence, particularly sexual violence requiring sensitive handling.

Police investigation quality significantly affects case outcomes. Weak evidence collection, incomplete documentation, improper chain of custody procedures, and delays in forwarding cases to prosecution all contribute to the extremely low conviction rates documented earlier.

STRATEGIC PRIORITIES FOR POLICE RESPONSE

The strategy prioritizes the following elements for police capacity enhancement in Gujranwala District:

- Training on survivor centered investigation techniques, including trauma informed interviewing methods that avoid re-traumatization while gathering complete and reliable evidence. Training content should address specific evidentiary requirements for different forms of GBV, including domestic violence, sexual assault, and honour related violence.
- Infrastructure improvements at designated police stations to ensure private interview spaces, appropriate facilities for survivor comfort and safety, and secure evidence storage. Forensic evidence collection kit availability and proper usage protocols must be standardized.
- Female police officer recruitment and retention, working toward meaningful representation that enables same gender reporting options for women survivors. Female officers should receive specialized GBV response training and career development opportunities.
- Performance monitoring through key indicators including FIR registration rates, evidence quality assessments, case forwarding timelines, and survivor feedback mechanisms. Regular review of these indicators at DWPC meetings enables continuous improvement.

1.4.4 Coordination with Prosecution and Courts

The transition from police investigation to prosecution represents a critical juncture where many cases fail. Close coordination between police and prosecution services can improve case quality and outcomes.

CHALLAN PREPARATION STANDARDS

Prosecutors require complete, properly documented case files to pursue convictions effectively. The strategy calls for standardized challan preparation that includes:

Complete statement records from survivors and witnesses, properly attested and maintained. Medical and forensic evidence reports from qualified examiners, with chain of custody documentation. Scene documentation where applicable, including photographs and physical evidence. Suspect identification evidence and arrest documentation.

Joint training between police investigators and prosecutors should clarify evidentiary requirements and common deficiencies requiring correction.

COURT COORDINATION

Family courts handle applications for protection orders, residence orders, and monetary relief under the PPWVA 2016. Criminal courts process cases involving criminal charges for assault, rape, and other offenses. Coordination between these judicial tracks ensures survivors can pursue both protective and punitive remedies efficiently.

Where specialized GBV courts exist or can be established, case scheduling should prioritize timely hearings that minimize survivor burden while maintaining due process protections for defendants.

1.5 Pillar Two – Community Engagement Strategies

1.5.1 Rationale for Community Engagement

Legal and institutional responses alone cannot adequately address GBV. The RESPECT Women framework developed by UN Women and the World Health Organization identifies seven evidence based strategies for violence prevention, ranging from strengthening relationship skills to transforming harmful gender norms (UN Women Asia Pacific 2025). Community engagement addresses the social norms, attitudes, and power relations that enable violence while building community capacity to support survivors and hold perpetrators accountable.

Community based approaches are particularly important in contexts like Gujranwala where survivors may face family pressure to withdraw complaints, social stigma for reporting violence, and limited economic alternatives to remaining in abusive relationships.

1.5.2 Strategic Approaches to Community Engagement

COMMUNITY AWARENESS AND EDUCATION

Awareness initiatives should reach multiple population segments through appropriate channels. For urban populations in Gujranwala city, mass media campaigns, community events, and engagement through employers and industrial associations can reach large numbers. For semi-urban and rural tehsils, community gatherings, religious institutions, and healthcare facilities provide access points.

Awareness content should address:

- Recognition of GBV forms, including physical violence, sexual violence, psychological abuse, economic abuse, and digital harassment. Many survivors and community members may not recognize non-physical forms of violence as genuine abuse warranting intervention.
- Legal rights and available remedies under the PPWVA 2016 and other applicable laws. Knowledge of protection orders, residence rights, and monetary relief can empower survivors to seek assistance.
- Reporting pathways and available services, including the PWPA helpline 1737, police reporting options, healthcare access, and shelter availability. Clear information on how to access help is essential for increasing help seeking behaviour.
- Consequences for perpetrators, both legal and social. Community norms that protect abusers enable continued violence; shifting these norms to impose social costs on perpetrators can deter violence.

MALE ENGAGEMENT

Men and boys play essential roles in GBV prevention, both as potential perpetrators who must be reached with prevention messaging and as allies who can influence peer behaviour and support survivor family members. UN Women Pakistan has documented success with male champion programs, identifying 535 male champions across 10 districts to promote pro-women laws and combat community violence (UN Women Transparency Portal 2024).

In Gujranwala, male engagement should target:

- Young men through educational institutions, vocational training centers, and youth organizations. Early intervention with younger cohorts can prevent violence before patterns become established.
- Working men through industrial associations, trade unions, and employer based programs. Gujranwala's manufacturing base provides access to large concentrations of working age men.

- Community leaders including village elders, union council representatives, and business owners who influence local norms and dispute resolution processes.
- Religious leaders whose interpretations of religious texts shape community understanding of gender relations and acceptable conduct. Engagement with religious scholars supportive of women's rights can provide theological grounding for violence prevention.

WOMEN'S EMPOWERMENT AND ECONOMIC INDEPENDENCE

Economic dependence on abusive partners or family members significantly constrains survivors' ability to leave violent situations or pursue legal remedies. The World Bank identifies women's economic participation as essential for addressing GBV, noting that only 22.8 percent of Pakistan's labour force comprises women and approximately 55 million Pakistani women lack access to banking services (World Bank 2025).

Community engagement should connect with economic empowerment programs including:

- Skills development and vocational training opportunities that enable economic independence. The Benazir Income Support Programme and other social protection schemes provide platforms for reaching economically vulnerable women.
- Microfinance and entrepreneurship support that enables women to develop income sources independent of household male earnings. Access to capital and business development services can enable exit from violent relationships.
- Financial literacy and banking access that allows women to maintain independent financial resources. Mobile banking and digital payment systems can increase financial autonomy even where physical mobility is restricted.

COMMUNITY BASED SURVIVOR SUPPORT

Formal services cannot meet all survivor needs, particularly in areas with limited institutional presence. Community based support structures can complement formal services by providing:

- Informal counseling and accompaniment from trained community members who can provide emotional support and help navigate institutional processes.
- Emergency shelter within community networks when formal shelter is unavailable or inappropriate for survivor circumstances.
- Economic support through community funds, employment assistance, or direct aid to survivors facing economic hardship.
- Social reintegration support for survivors returning to communities after institutional involvement, helping address stigma and rebuild social connections.

1.5.3 Engagement with Traditional and Religious Leaders

Community leaders hold substantial influence over local norms, dispute resolution processes, and family decision making. Their engagement is essential for sustainable change in GBV prevalence and response.

RELIGIOUS LEADERSHIP ENGAGEMENT

The Federal Shariat Court's 2022 decision upholding the PPWVA 2016 provides authoritative religious endorsement for women's protection under Pakistani law. This ruling responded to claims that the law contradicted Islamic principles by affirming that women's access to justice against family members, including husbands, is consistent with Islamic injunctions (Library of Congress 2023).

Religious engagement in Gujranwala should:

- Disseminate the Federal Shariat Court ruling among religious scholars and mosque leadership, establishing clear religious authority for the protection framework.
- Develop sermon guidance and educational materials that address GBV from an Islamic perspective, drawing on scholarly sources that affirm women's dignity and condemn violence.
- Engage madrassah leadership to incorporate age appropriate content on gender relations, family responsibilities, and violence prevention in religious education curricula.
- Create referral relationships between religious institutions and formal GBV services, enabling imams and religious scholars to connect survivors with appropriate assistance.

TRADITIONAL LEADERSHIP ENGAGEMENT

In areas where traditional dispute resolution mechanisms operate, informal justice processes may handle some GBV cases outside formal legal channels. While these processes lack legal authority and may produce outcomes inconsistent with survivor rights, their influence on community behaviour warrants engagement.

Traditional leadership engagement should:

- Communicate legal requirements and consequences for interference with formal justice processes. Traditional leaders should understand that facilitating illegal practices like honour killings or forced marriage exposes them to legal liability.
- Provide training on survivor rights and appropriate referral to formal services. Traditional leaders who encounter GBV cases should direct survivors to appropriate institutional support rather than imposing informal resolution.
- Advocate for elimination of harmful practices including forced marriage, child marriage, exchange marriage, and honour related violence. Traditional authority can be leveraged to delegitimize these practices rather than perpetuate them.

1.6 Pillar Three – Culturally Responsive Approaches

1.6.1 Rationale for Cultural Responsiveness

Effective GBV response must account for the cultural context in which violence occurs and survivors seek help. Cultural responsiveness involves understanding local values, communication patterns, family structures, and community dynamics while maintaining commitment to survivor rights and access to justice.

Cultural responsiveness is distinct from cultural relativism. The framework does not accommodate practices that violate fundamental rights or perpetuate harm. Rather, it adapts service delivery, communication, and engagement strategies to maximize accessibility and effectiveness within the local context.

1.6.2 Elements of Cultural Responsiveness

LANGUAGE AND COMMUNICATION

While Urdu serves as the national language and medium of official communication, Punjabi is the primary language for most Gujranwala residents in daily life. Service delivery should accommodate linguistic preferences:

- Helpline services and first responder communication should be available in both Urdu and Punjabi, with operators capable of communicating comfortably in the survivor's preferred language.
- Informational materials should be produced in both languages, with visual elements and simplified language for populations with limited literacy.
- Court proceedings under formal law operate in Urdu and English; survivors should have access to interpretation support as needed and explanation of proceedings in accessible language.

FAMILY AND COMMUNITY DYNAMICS

Pakistani family structures typically involve extended household arrangements, joint family decision making, and significant involvement of in-laws in married women's lives. GBV often occurs within these complex family systems, with perpetrators including not only husbands but also in-laws, fathers, brothers, and other relatives.

Culturally responsive approaches should:

- Recognize that survivors may wish to maintain family relationships while seeking protection from specific perpetrators. Services should not require complete family severance unless survivors choose this path.
- Engage supportive family members as allies in survivor protection and recovery. Parents, siblings, or other relatives may provide essential support if appropriately engaged.
- Address family pressure that may push survivors to withdraw complaints or reconcile with abusers without adequate safety measures. Counseling and legal advice should prepare survivors for family pressure while respecting their autonomous decision making.
- Provide family counseling and mediation services where survivors choose reconciliation and safety conditions can be established. The PPWVA 2016 provides for mediation between survivors and perpetrators under appropriate circumstances.

ECONOMIC AND SOCIAL CONTEXT

Economic dependence and social pressure create substantial barriers to help seeking and case completion. Culturally responsive approaches address these realities:

- Recognition that economic consequences of leaving violent situations may be severe, including loss of housing, income, and family support. Services should provide economic alternatives rather than assuming survivors can simply leave.
- Understanding that divorce carries significant social stigma affecting not only survivors but also their children and extended families. Survivors may prefer protection within marriage to divorce; services should support their choices while ensuring safety.
- Acknowledgment that rural women face additional barriers including limited mobility, distance from services, and stronger traditional authority structures. Mobile outreach and community based services can extend reach to underserved populations.

SPECIAL POPULATIONS

Certain populations within Gujranwala District face heightened vulnerability to GBV and additional barriers to service access:

- **Religious minority women** , including Christians, Hindus, and Sikhs, face intersecting discrimination based on both gender and religious identity. Research documents that minority women experience domestic, economic, and digital violence compounded by systemic discrimination and institutional neglect (Ahmed 2025). Services must be accessible and welcoming to minority populations, with staff trained on intersectional discrimination.
- **Domestic workers** in urban households face specific vulnerabilities including isolation from support networks, economic dependence on employers, and limited legal protections. Outreach to domestic worker populations and employer accountability measures can address these vulnerabilities.
- **Women with disabilities** face heightened risk of violence and additional barriers to service access. Physical accessibility, communication accommodations, and staff training on disability awareness are essential.
- **Transgender women** experience distinct forms of violence including harassment, assault, and exclusion from both male and female spaces. The 2023 census documented 10,418 transgender persons nationally; services must be prepared to serve this population appropriately.

1.6.3 Service Delivery Adaptations

HEALTHCARE INTEGRATION

Healthcare facilities provide critical access points for GBV identification and response. Lady Health Workers (LHWs) serving communities throughout Gujranwala District are positioned to identify violence indicators, provide initial support, and facilitate referrals.

Research in Pakistan demonstrates that life skills based training for healthcare providers improves capacity for GBV identification, empathetic communication, and appropriate referral (Malik et al. 2025). Training should address personal biases, survivor centered approaches, and coordination with protection services.

Healthcare integration should include:

- Routine inquiry protocols for GBV in maternal health, family planning, and general healthcare settings, with private space and appropriate response when violence is disclosed.
- Medico-legal examination capacity ensuring quality forensic evidence collection that meets evidentiary standards for prosecution.
- Mental health and psychosocial support services for survivors, addressing trauma, depression, anxiety, and other mental health impacts of violence.

EDUCATIONAL INSTITUTION ENGAGEMENT

Schools and colleges provide access to young populations before and during the age ranges when early marriage, domestic violence, and other forms of GBV commonly begin. The Punjab curriculum already includes women protection content in grades 9 through 12 (Punjab Commission on the Status of Women 2024).

Educational engagement should include:

- Age appropriate content on healthy relationships, consent, and violence prevention integrated into existing curricula and extracurricular programming.
- Teacher and administrator training on GBV identification, appropriate response, and referral procedures when students disclose violence at home.
- Student peer education programs that engage young people as advocates for violence prevention among their peers and families.
- Parent engagement through school based programming that reaches adult populations through their connection to educational institutions.

WORKPLACE PROGRAMS

Gujranwala's industrial base employs substantial numbers of both men and women, providing workplace settings for GBV prevention and response programming. The Protection against Harassment of Women at the Workplace Act 2010 requires employers to establish inquiry committees and procedures for handling harassment complaints.

Workplace engagement should include:

- Employer partnership for GBV awareness campaigns, policy development, and survivor support. Large employers can provide paid leave, flexible scheduling, and referral assistance for employees experiencing violence.
- Information dissemination through workplaces, reaching employed populations with information about legal rights and available services.
- Economic empowerment programs connected to employment, helping women develop economic independence that enables exit from violent situations.
- Industrial association engagement to establish sector wide standards for GBV prevention and response, creating peer accountability among employers.

1.7 Monitoring and Evaluation Framework

1.7.1 Purpose and Principles

The monitoring and evaluation (M&E) framework enables tracking of strategy implementation progress, assessment of outcomes, and continuous improvement of interventions. M&E should be survivor centered, avoiding data collection that creates additional burden for survivors while generating information necessary for accountability and improvement.

1.7.2 Key Performance Indicators

The following indicators should guide monitoring of strategy implementation:

Table 1.5 Service Delivery Indicators

Indicator	Definition	Target	Frequency
Cases registered	Total GBV cases registered by police	Baseline + annual	Monthly
Referral completion	% completing referral pathway	80%	Quarterly

Indicator	Definition	Target	Frequency
Service access time	Avg time from contact to service	Under 48 hours	Quarterly
Shelter occupancy	Utilization of shelter capacity	Monitoring	Monthly
Protection orders	Number granted by family courts	Monitoring	Quarterly

Table 1.6 Criminal Justice Indicators

Indicator	Definition	Target	Frequency
FIR registration rate	% of complaints resulting in FIR	90%	Quarterly
Case forwarding time	Avg days from FIR to challan	Under 90 days	Quarterly
Evidence quality	% meeting prosecutorial standards	75%	Quarterly
Conviction rate	% of prosecuted cases convicted	10% (interim)	Annual

Table 1.7 Community Engagement Indicators

Indicator	Definition	Target	Frequency
Awareness reach	Population reached through activities	500,000 annually	Quarterly
Male champions	Men completing engagement training	500 annually	Quarterly
Religious leaders	Leaders participating in programs	200 annually	Quarterly
CBOs active	Organizations engaged in GBV work	50	Annual

1.7.3 Data Collection and Reporting

Data collection should utilize existing administrative systems where possible, minimizing additional reporting burden on service providers. Police case management systems, court records, health information systems, and social welfare records provide primary data sources.

Survivor feedback mechanisms should enable confidential input on service quality and areas for improvement. Feedback should be voluntary and should not affect service access.

The District Women Protection Committee should receive quarterly reports on strategy indicators, with annual comprehensive assessments informing strategy refinement.

1.7.4 Learning and Adaptation

The strategy should be treated as a living document subject to revision based on implementation experience. Regular review should identify:

- Bottlenecks and barriers encountered in implementation, with problem solving to address identified obstacles.
- Promising practices emerging from implementation that can be scaled or replicated.
- Changing context factors requiring strategy adaptation, including legal changes, resource availability, and emerging forms of violence such as technology facilitated abuse.
- Evidence from research and evaluation that suggests more effective approaches warranting adoption.

1.8 Resource Requirements and Partnerships

1.8.1 Government Resource Allocation

Effective strategy implementation requires adequate government resource allocation across relevant departments. Key resource requirements include:

- Personnel costs for District Women Protection Officer, support staff, police investigators assigned to GBV cases, prosecutors, counselors, and shelter staff.
- Facility costs including private interview spaces at police stations, shelter accommodation, and counseling facilities.
- Equipment and supplies including forensic evidence collection kits, secure communication systems, transportation for survivor access to services, and informational materials.
- Training and capacity building investments for police, prosecutors, healthcare providers, and other service personnel.

1.8.2 Development Partner Support

Development partners including UN Women, UNFPA, and bilateral donors provide technical assistance, capacity building support, and funding that complements government resources. Current development partner engagement in Punjab includes:

- **UN Women Pakistan** providing technical support for policy development, capacity building, and coordination. UN Women has supported development of the National Report on the Status of Women and provides technical assistance to the National Commission on the Status of Women (UN Women Pakistan 2023).
- **UNFPA Pakistan** supporting GBV case management training, standard operating procedure development, and service capacity building. UNFPA recently supported development of Standard Operating Procedures for Women Protection Centers in Punjab (UNFPA Pakistan 2025).
- **European Union** through the Gender Action Plan III (2021-2025), prioritizing freedom from all forms of gender based violence as one of four thematic engagement areas in Pakistan (European Union 2023).
- **World Bank Group** integrating GBV prevention and response measures across sectors including education, agriculture, and infrastructure through the Country Partnership Framework (World Bank 2025).

1.8.3 Civil Society Partnership

Civil society organizations provide essential services, advocacy, and community engagement that government alone cannot achieve. Partnership with civil society should include:

- **Service delivery partnerships** with organizations providing shelter, legal aid, counseling, and economic empowerment services. Government funding and referral relationships can strengthen civil society service capacity.
- **Advocacy partnerships** with organizations working on legal reform, policy development, and accountability monitoring. Civil society voices complement government efforts and provide independent oversight.

- **Community mobilization partnerships** with organizations embedded in local communities and capable of reaching populations that formal services may not access effectively.
- **Research and documentation partnerships** with academic institutions and research organizations generating evidence to inform strategy refinement.

1.9 Conclusion

Gender based violence in Gujranwala District represents both a human rights violation requiring immediate response and a systemic challenge requiring sustained, coordinated action. The strategic framework presented in this document provides structure for addressing GBV through three interconnected pillars: multi-agency coordination that ensures efficient, survivor centered service delivery; community engagement that shifts social norms and mobilizes community resources; and culturally responsive approaches that adapt interventions to local context while maintaining commitment to survivor rights.

The extremely low conviction rates documented throughout this analysis represent institutional failure that enables perpetrators and denies survivors justice. Addressing this failure requires strengthened police investigation capacity, improved coordination with prosecution services, and accountability mechanisms that track and respond to case outcomes. The strategy establishes performance indicators and monitoring frameworks to drive improvement in these areas.

Community engagement recognizes that legal and institutional responses alone cannot end GBV. Transforming the social norms, attitudes, and power relations that enable violence requires sustained engagement with community members, traditional and religious leaders, educational institutions, and workplaces. The strategy prioritizes male engagement, recognizing men and boys as both potential perpetrators requiring prevention intervention and potential allies supporting survivor protection.

Cultural responsiveness ensures that services are accessible and appropriate for Gujranwala's diverse population, including linguistic minorities, religious minorities, persons with disabilities, and marginalized communities facing intersecting discrimination. Adapting service delivery to local context increases accessibility without compromising commitment to survivor rights and justice.

The framework aligns with the Punjab Protection of Women Against Violence Act 2016 and Punjab Women Protection Authority Act 2017, building upon existing legal and institutional structures rather than creating parallel systems. Effective implementation requires adequate government resource allocation, development partner support, and civil society partnership.

> **STRATEGIC VISION**
>
> Every woman and girl in Gujranwala District deserves safety, dignity, and access to justice when violence occurs. Success in addressing GBV will contribute to Punjab's broader progress on gender equality and women's empowerment, supporting achievement of Sustainable Development Goal 5 and Pakistan's international human rights commitments.

Pillar II

Community Engagement Strategies for Increased Reporting and Help-Seeking

2.1 Executive Summary

2.2 Contextual Analysis: Gujranwala District Profile

2.3 Legal and Institutional Framework

2.4 Strategy One: Culturally Appropriate Outreach Materials

2.5 Strategy Two: Community Ambassador Program

2.6 Strategy Three: Public Awareness Campaign Framework

2.7 Integration and Coordination Mechanisms

PILLAR II

Community Engagement Strategies for Increased Reporting and Help-Seeking

2.1 Executive Summary

This strategic document outlines a comprehensive framework for community engagement to address Gender-Based Violence (GBV) in Gujranwala District, Punjab, Pakistan. According to the United Nations Population Fund (UNFPA 2024), 28 percent of women aged 15 to 49 in Pakistan have experienced physical violence, while 34 percent of ever-married women report spousal physical, sexual, or emotional violence. Critically, 56 percent of women who experience violence do not seek help or inform anyone, primarily due to sociocultural barriers, economic dependency, and lack of accessible support systems (UNFPA Pakistan 2024).

Gujranwala District, part of the Gujranwala Division with a population of approximately 11.4 million (Pakistan Bureau of Statistics 2023), presents both opportunities and challenges for GBV prevention. The division maintains a literacy rate of 76.41 percent, with female literacy at 73.61 percent (PBS 2023). This relatively high literacy rate, combined with growing digital connectivity, creates favorable conditions for awareness campaigns and community mobilization efforts.

This document provides strategic guidance across three interconnected areas: developing culturally appropriate outreach materials, establishing community ambassador programs, and designing public awareness campaigns. Each component is designed to function within the framework established by the Punjab Protection of Women Against Violence Act 2016 and the Punjab Women Protection Authority Act 2017, ensuring alignment with provincial mandates and service delivery mechanisms.

2.2 Contextual Analysis: Gujranwala District Profile

2.2.1 Demographic and Socioeconomic Overview

Gujranwala District represents one of the most densely populated and industrially active regions in Punjab. The 2023 National Population and Housing Census conducted by the Pakistan Bureau of Statistics establishes the Gujranwala Division population at 11,416,686, with the urban population accounting for approximately 38 percent of residents. The median age of Pakistan's population stands at 20.6 years (UN DESA 2024), indicating a predominantly young demographic that shapes communication strategies and platform selection.

The district's position as a major industrial hub, particularly in manufacturing and ceramics, influences household dynamics and women's economic participation. According to the Pakistan Demographic and Health Survey 2017-18 (National Institute of Population Studies 2019), approximately 77 to 86 percent of

married women in Pakistan are not engaged in paid work, while only 3 to 4 percent of husbands are unemployed. These economic asymmetries create conditions of financial dependency that contribute to barriers in help-seeking behavior.

Table 2.1 Gujranwala Division Demographic Indicators

Indicator	Value/Description
Total Population (Division)	11,416,686 (PBS 2023)
Overall Literacy Rate	76.41% (PBS 2023)
Male Literacy Rate	79.16% (PBS 2023)
Female Literacy Rate	73.61% (PBS 2023)
Urban Population Share	Approximately 38% (PBS 2023)
Primary Languages	Punjabi, Urdu

Source: Pakistan Bureau of Statistics, 7th Population and Housing Census 2023.

2.2.2 GBV Prevalence and Reporting Patterns

Analysis of nationally representative data from the Pakistan Demographic and Health Survey 2017-18 reveals significant prevalence of intimate partner violence (IPV). According to peer-reviewed research published in PLOS ONE (Mirza et al. 2024), the prevalence of ever experiencing IPV among married women aged 15 to 49 was 33.48 percent. The study identified key risk factors including the number of living children, knowledge of parental physical IPV, husband's use of alcohol, and marital control behaviors.

Provincial data from the PDHS 2012-13 indicated that 79 percent of violence against women was perpetrated by husbands, followed by in-laws at 20 percent (WHO EMRO 2021). Critically, 52 percent of women did not seek help or tell anyone about their experiences of violence. This profound underreporting reflects entrenched social norms that normalize violence and stigmatize help-seeking behavior. Research indicates that 47 percent of women surveyed agreed that spousal beating was justified if the wife argued with her husband, demonstrating the internalization of patriarchal norms (National Institute of Population Studies 2019).

Table 2.2 GBV Prevalence Indicators in Pakistan

Indicator	Percentage
Women (15-49) experiencing physical violence	28%
Women (15-49) experiencing sexual violence	6%
Ever-married women experiencing spousal violence	34%
Women who did not seek help after violence	56%
Girls (20-24) married before age 18	18%

Source: UNFPA Pakistan 2024; PDHS 2017-18.

2.2.3 Media Access and Digital Connectivity

Digital connectivity in Pakistan has experienced substantial growth, creating new opportunities for awareness campaigns and service access. According to DataReportal's Digital 2024 report, Pakistan had 111 million internet users in January 2024, representing 45.7 percent internet penetration. Social media users numbered 71.7 million, equivalent to 29.5 percent of the total population. Mobile connectivity remains high, with 188.9 million cellular connections representing 77.8 percent of the population (DataReportal 2024).

The gender digital divide, while persistent, has narrowed significantly. The GSMA Mobile Gender Gap Report 2025 indicates that mobile internet usage among women in Pakistan increased from 33 percent in 2023 to 45 percent in 2024, representing the highest growth rate among surveyed countries. Approximately 8 million women gained mobile internet access during this period, with growth primarily driven by rural women (GSMA 2025). However, the Freedom House report on Pakistan (2024) notes that 83.5 percent of women report that their spouse or parents dictate their phone ownership, reflecting ongoing limitations on women's autonomous digital access.

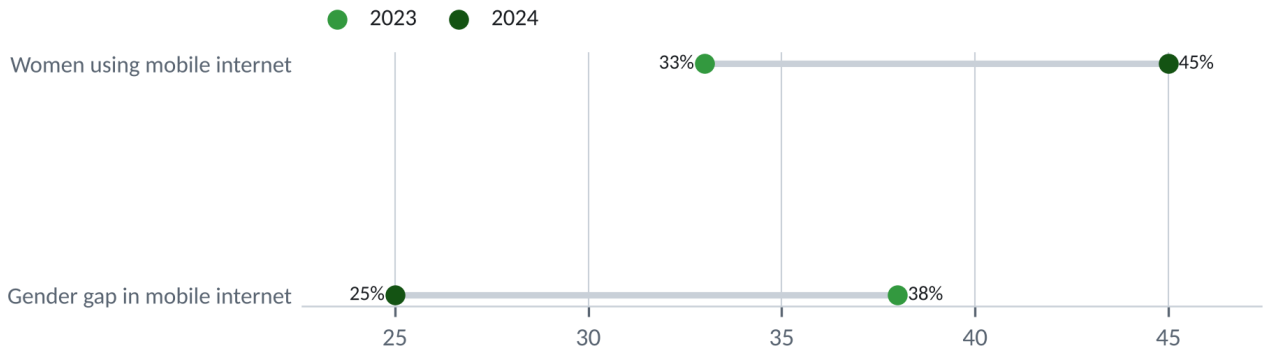
Traditional media remains essential for reaching rural populations. Radio continues to serve as a medium for news and entertainment in areas with limited digital access. Private FM radio stations, while restricted from broadcasting their own news programs under Pakistan Electronic Media Regulatory Authority regulations, provide entertainment programming that reaches both urban and rural audiences. Radio Pakistan operates FM networks including FM 93 and FM 101 across Punjab (Media Landscapes 2023). For Gujranwala specifically, Awaz FM operates stations covering the region (Internews 2012).

Table 2.3 Digital and Media Access Indicators

Indicator	Value (2024)
Internet Users (Pakistan)	111 million (45.7%)
Social Media Users	71.7 million (29.5%)
Mobile Connections	188.9 million (77.8%)
Women Using Mobile Internet	45% (up from 33% in 2023)
Gender Gap in Mobile Internet	25% (down from 38% in 2023)

Source: DataReportal 2024; GSMA Mobile Gender Gap Report 2025.

Figure 2.1 Women's mobile internet use rose and the gender gap narrowed between 2023 and 2024



Source: GSMA 2025. Values from the table above.

2.3 Legal and Institutional Framework

2.3.1 Punjab Protection of Women Against Violence Act 2016

The Punjab Protection of Women Against Violence Act 2016 represents the most comprehensive provincial legislation addressing violence against women in Pakistan's history. The Act establishes a protection system that encompasses domestic violence, sexual violence, psychological abuse, economic abuse, stalking, and cybercrimes. Critically, the Federal Shariat Court of Pakistan upheld the constitutionality of the Act in November 2022, confirming that no provision contradicts Islamic injunctions (Library of Congress 2023).

The legislation mandates the establishment of Violence Against Women Centers (VAWCs) and Women Protection Centers (WPCs) that provide integrated services under one roof, including police reporting, FIR registration, medical examination, forensic evidence collection, legal aid, and psychological counseling. Women Protection Officers (WPOs) and District Women Protection Officers (DWPOs) are authorized to receive complaints, coordinate with law enforcement, arrange victim protection, and supervise shelter homes (Punjab Commission on the Status of Women 2024).

The Act provides civil remedies including Protection Orders, Residence Orders, and Monetary Orders, allowing aggrieved women to seek immediate relief through family courts. Obstruction of a Women Protection Officer's work is punishable by imprisonment of up to six months and fines. The Act also enables the use of technology for monitoring, with provisions for GPS tracking of perpetrators under court orders (Punjab Laws 2016).

2.3.2 Punjab Women Protection Authority

The Punjab Women Protection Authority (PWPA), established under the Punjab Women Protection Authority Act 2017, serves as the oversight and implementing body for the protection system. The Authority's mandate includes establishing and operating Protection Centers across Punjab, executing protection policies, enlisting women volunteers, and maintaining coordination with all stakeholders in the protection ecosystem (Punjab Laws 2017).

The Violence Against Women Center in Multan, established in March 2017, serves as the pilot facility and has exceeded its original target of serving 1,200 women annually, reaching over 10,000 women within its first six years of operation. The center operates 24/7 with women staff providing first aid, post-trauma rehabilitation, police reporting, prosecution support, medical examination, and forensic services (Punjab Women Protection Authority 2024). The Federal Shariat Court directed the provincial government to roll out this model across all districts of Punjab (Library of Congress 2023).

2.3.3 Lady Health Worker Program Integration

The Lady Health Worker Program (LHWP), established in 1994, provides an existing community-based infrastructure with over 100,000 Lady Health Workers (LHWs) deployed across Pakistan. According to the World Health Organization Eastern Mediterranean Regional Office (WHO EMRO 2024), this network covers approximately 60 percent of the rural population. Each LHW serves approximately 1,000 people, conducting an average of 27 household visits per week and consulting with 22 individuals (MCHIP/ USAID 2014).

Research conducted in Gujranwala District demonstrates the feasibility of expanding LHW roles to include health education on sensitive topics. A study published in Discover Global Society (2024) documented that over 170 LHWs were trained to deliver household education across 25,760 households

in Gujranwala, demonstrating the network's capacity for scaled awareness interventions. The Lady Health Workers' Strategic Plan 2022-2028, developed with UNICEF technical assistance, positions LHWs as primary healthcare providers with potential for expanded social service referrals (Government of Pakistan 2022).

2.4 Strategy One: Culturally Appropriate Outreach Materials

2.4.1 Audience Segmentation Framework

Effective outreach requires differentiated approaches for distinct audience segments within Gujranwala District. The primary target populations include women survivors and potential survivors, community members who may support or hinder help-seeking, family members including mothers-in-law and husbands, and local leaders who shape social norms. Each segment requires tailored messaging, appropriate channels, and culturally resonant framing.

PRIMARY AUDIENCE: WOMEN SURVIVORS AND AT-RISK WOMEN

- Literacy levels: While Gujranwala Division has 73.61% female literacy, significant variation exists between urban and rural areas, requiring visual communication approaches for lower-literacy segments
- Language preferences: Punjabi for informal communication and emotional resonance; Urdu for formal information and written materials
- Media access: Mobile phones accessible to 45% of women; access often mediated by male family members; health facility visits provide private information access points
- Help-seeking barriers: Shame, family honor concerns, fear of escalation, economic dependency, lack of awareness about services and rights

SECONDARY AUDIENCE: COMMUNITY MEMBERS AND FAMILY

- Mothers-in-law: Critical gatekeepers who can facilitate or obstruct help-seeking; messaging should emphasize family harmony and children's wellbeing
- Husbands and male family members: Require reframing of masculinity and family responsibility; economic arguments about household stability
- Neighbors and community members: Bystander intervention messaging; normalizing support for affected families

TERTIARY AUDIENCE: COMMUNITY LEADERS AND INFLUENCERS

- Religious leaders (Imams, Khatibs): Islamic framing emphasizing protection of family, justice, and women's rights under Shariah
- Local government officials (Union Council members, Councilors): Emphasis on legal obligations and community development
- Biradari (clan) leaders: Traditional dispute resolution integration; honorable pathways for families

Table 2.4 Audience Segmentation Matrix

Audience	Key Channels	Message Frame	Language
Women Survivors	Health facilities, LHWs, WhatsApp, Radio	Rights, safety, confidential support	Punjabi (spoken), Urdu (written)

Audience	Key Channels	Message Frame	Language
Family Members	Community events, Cable TV, Social media	Family harmony, children's welfare	Punjabi, Urdu
Community Leaders	Direct engagement, Seminars, Print materials	Justice, community wellbeing, religious duty	Urdu (formal)

2.4.2 Message Development Framework

CORE MESSAGES: SERVICE AWARENESS

Primary messages should communicate the existence, accessibility, and confidentiality of GBV services. Key service information includes the Punjab Women Helpline (operated by PWPA), Women Protection Centers and their locations, legal protections available under the Punjab Protection of Women Against Violence Act 2016, and the role of Women Protection Officers. Messages should emphasize that services are free, confidential, and staffed by women professionals.

CORE MESSAGES: LEGAL RIGHTS

Rights-based messaging should inform women of specific protections available under law, including Protection Orders that prevent perpetrators from approaching the survivor, Residence Orders that protect the right to remain in the marital home, Monetary Orders for maintenance, and criminal penalties for domestic violence, stalking, and cybercrimes. The Federal Shariat Court's endorsement of the Act provides religious legitimacy that can be incorporated into messaging for resistant audiences.

CORE MESSAGES: DESTIGMATIZATION

Destigmatization messaging must address the honor-shame dynamic that prevents help-seeking. Framing should emphasize that seeking help protects family honor by preventing escalation and protecting children; that violence, not help-seeking, brings dishonor to families; that strong families resolve problems through appropriate channels; and that confidential services protect privacy. Testimonials from respected community figures can normalize help-seeking behavior.

2.4.3 Material Format Specifications

Given the diversity of literacy levels and media access patterns in Gujranwala District, materials should be developed across multiple formats to maximize reach and comprehension.

PRINT MATERIALS

- Visual brochures using pictorial storytelling with minimal text for low-literacy audiences
- Wallet cards with helpline numbers and basic service information for discrete retention
- Posters for health facilities, schools, and public spaces with QR codes linking to digital resources
- Stickers for placement on prescription pads, medicine packaging, and household items

AUDIO CONTENT

- Radio spots in Punjabi for FM broadcast on Awaz FM and Radio Pakistan networks
- Audio messages for community loudspeaker systems (masajid announcements during non-prayer times)
- Voice messages for WhatsApp distribution through women's networks and LHW groups

VIDEO AND DIGITAL CONTENT

- Short-form video content (30-60 seconds) optimized for Facebook and YouTube
- Longer documentary-style content for community screening events
- WhatsApp-shareable image cards with key messages and contact information
- SMS templates for bulk messaging campaigns through telecom partnerships

2.4.4 Cultural Adaptation Protocol

All materials should undergo a systematic cultural adaptation process to ensure resonance with local audiences while maintaining fidelity to core messages. This process includes translation by native speakers with expertise in Punjabi dialects spoken in Gujranwala (distinct from South Punjab Saraiki); review by a Cultural Advisory Committee comprising local women leaders, religious scholars supportive of women's rights, educators, and health professionals; pilot testing with representative samples of target audiences across urban and rural settings; and iterative refinement based on feedback before full-scale production.

2.5 Strategy Two: Community Ambassador Program

2.5.1 Program Rationale and Structure

The Community Ambassador Program positions trusted local women as bridges between GBV survivors and formal support services. This approach addresses the documented barrier of low help-seeking, where 56 percent of violence survivors do not seek assistance (UNFPA Pakistan 2024). Ambassadors provide a familiar, trusted entry point to services while extending the reach of formal institutions into communities.

The program aligns with the Punjab Women Protection Authority Act 2017 mandate to enlist women volunteers and women volunteer organizations in each district to assist Protection Centers through advocacy, awareness raising, mediation, and survivor referrals (Punjab Laws 2017). Ambassador activities complement rather than replace the work of Women Protection Officers, creating a layered support system.

2.5.2 Ambassador Selection Criteria and Recruitment

Ambassador selection should prioritize women who possess community trust, personal stability, and capacity for sensitive work. The ideal ambassador profile includes women aged 25 to 55 with established community presence; residents of the target community for at least five years; minimum education of intermediate level (12 years) or equivalent functional literacy; demonstrated community engagement through existing roles such as Lady Health Workers, schoolteachers, community organization members, or informal community leaders; personal qualities including empathy, discretion, and communication skills; and absence of close family relationships with known perpetrators.

Recruitment should leverage existing community networks, particularly the Lady Health Worker network, which provides a pool of approximately 25,760 trained community health workers in Gujranwala District alone (Discover Global Society 2024). School teachers, particularly female teachers in government girls' schools, represent another recruitment pool with existing community trust and regular contact with families. Community organizations, including women's committees at Union Council level, provide additional recruitment channels.

Table 2.5 Community Ambassador Selection Criteria

Criterion	Specification
Age Range	25 to 55 years
Community Residence	Minimum 5 years in target community
Education	Intermediate (12 years) or equivalent functional literacy
Existing Roles	LHW, teacher, community organization member, or informal leader
Personal Qualities	Empathy, discretion, communication skills, emotional stability

2.5.3 Training Curriculum Framework

The ambassador training curriculum should span six modules delivered over a two-week intensive period, followed by ongoing continuing education. Training should be delivered by qualified facilitators from the Punjab Women Protection Authority, partnering UN agencies (UNFPA, UN Women), and civil society organizations with GBV expertise.

MODULE 1: UNDERSTANDING GBV (8 HOURS)

- Forms of violence: physical, sexual, psychological, economic, stalking, cybercrimes
- Root causes: patriarchy, power dynamics, social norms, economic factors
- Impacts on survivors, children, families, and communities
- Legal definitions under Punjab Protection of Women Against Violence Act 2016

MODULE 2: SERVICES AND REFERRAL PATHWAYS (8 HOURS)

- Women Protection Centers: services, locations, contact protocols
- Women Protection Officers: roles, how to contact, what to expect
- Shelter homes (Dar-ul-Aman): eligibility, intake process, services
- Police stations: women's desks, FIR registration, evidence preservation
- Health facilities: medical examination, forensic evidence, health services
- Legal aid: free legal services, court procedures, protection orders

MODULE 3: PSYCHOLOGICAL FIRST AID (8 HOURS)

- Active listening and empathetic communication
- Crisis intervention basics
- Validating survivor experiences without judgment
- Recognizing trauma responses
- Boundaries of ambassador role versus professional counseling

MODULE 4: SAFETY PLANNING AND CONFIDENTIALITY (6 HOURS)

- Safety planning with survivors: escape routes, emergency contacts, document storage
- Confidentiality protocols: what can be shared, with whom, documentation
- Managing risks to survivors from disclosure
- Data protection and secure record-keeping

MODULE 5: SELF-CARE AND SECONDARY TRAUMA (4 HOURS)

- Recognizing secondary trauma and burnout
- Self-care strategies and boundary-setting
- Peer support mechanisms
- When and how to seek supervision support

MODULE 6: REPORTING AND DOCUMENTATION (6 HOURS)

- Monthly activity reporting requirements
- Case documentation (anonymized)
- Referral tracking and follow-up protocols
- Using mobile reporting tools

2.5.4 Ambassador Roles and Responsibilities

Community Ambassadors function as the first point of contact for women seeking information or support, while maintaining clear boundaries regarding professional services. Core responsibilities include conducting community awareness activities such as household visits, group sessions, and public information sharing; identifying women who may benefit from services through routine community interaction; providing information about available services, legal rights, and access procedures; accompanying willing survivors to service providers when requested and appropriate; conducting follow-up with women who have accessed services to ensure continuity of care; and submitting monthly activity reports to program coordinators.

2.5.5 Support and Supervision Structure

Sustainable ambassador performance requires robust support and supervision. The supervision structure should include monthly individual supervision meetings with program coordinators to review cases, address challenges, and provide guidance; quarterly peer support group meetings bringing together ambassadors from across the district for shared learning and mutual support; continuing education sessions introducing new topics, refreshing core skills, and addressing emerging issues; a recognition system acknowledging outstanding ambassador contributions through certificates, public acknowledgment, and advancement opportunities; and safety protocols ensuring ambassador protection when facing community backlash, including escalation procedures and relocation support if needed.

2.6 Strategy Three: Public Awareness Campaign Framework

2.6.1 Campaign Objectives and Theory of Change

The public awareness campaign aims to shift social norms around GBV while increasing community support for survivors. The theory of change posits that increased knowledge of GBV as a social problem, combined with positive norm messaging and visible community leader engagement, will create an environment where help-seeking is normalized and supported, ultimately increasing service utilization and reducing violence prevalence.

PRIMARY BEHAVIORAL OBJECTIVES

- Increase in help-seeking behavior among GBV survivors, measured through service utilization data

- Decrease in social tolerance for GBV, measured through population surveys
- Increase in bystander intervention, measured through reported instances of community members facilitating access to services
- Increase in community leader public statements against GBV

2.6.2 Campaign Messaging Strategy

Campaign messaging should employ positive framing that resonates with community values while challenging harmful norms. Rather than focusing solely on the problem of violence, messages should emphasize solutions, agency, and community responsibility.

THEMATIC MESSAGING PILLARS

- Family Wellbeing: Strong families communicate; healthy homes are safe homes; children thrive when parents are at peace
- Community Responsibility: Our community protects its members; we are stronger when all are safe; neighbors looking out for neighbors
- Justice and Rights: Every person deserves dignity; the law protects all family members; seeking help is a sign of strength
- Positive Masculinity: Real men respect women; strong men protect families without violence; honorable men lead through care

ADDRESSING MYTHS AND MISCONCEPTIONS

Campaign content should directly address common myths that perpetuate violence and prevent help-seeking. These include the myth that violence is a private family matter (counter: violence affects children, communities, and society), that women provoke violence through their behavior (counter: violence is a choice made by perpetrators), that seeking help brings shame (counter: seeking help demonstrates courage and protects family honor), and that services are not confidential (counter: all services maintain strict confidentiality protocols).

2.6.3 Channel Strategy

MASS MEDIA CHANNELS

Mass media provides broad reach for awareness building and norm-setting messages. Radio broadcasting through Awaz FM and Radio Pakistan FM 93/FM 101 networks offers reach to both urban and rural audiences, particularly during morning and evening peak listening hours. Local cable television advertising and program sponsorship reaches urban households with higher media access. Outdoor advertising including billboards and wall paintings at strategic locations such as bus stands, markets, and hospital entrances provides continuous visibility. Newspaper advertising in local Urdu-language publications reaches educated urban populations.

COMMUNITY ENGAGEMENT CHANNELS

Community-level activities enable deeper engagement and norm discussion. Community dialogues organized through Union Councils bring together diverse community members for facilitated discussions on family wellbeing and violence prevention. Street theater and interactive drama performances in markets, schools, and community spaces present scenarios that prompt audience reflection and

discussion. Religious gatherings, with cooperation from supportive religious leaders, incorporate messages on Islamic teachings regarding family treatment and justice. School-based programming for adolescents through life skills education integrates GBV prevention content into existing curricula.

DIGITAL CHANNELS

Digital platforms enable targeted reach and peer-to-peer sharing. Facebook advertising targets specific demographics based on age, gender, location, and interests, with 57.3 million users in Pakistan representing 24.8 percent of the population (NapoleonCat 2024). WhatsApp group messaging through women's networks and community groups enables discrete information sharing. YouTube video content provides searchable resources for those actively seeking information. SMS campaigns in partnership with telecom providers deliver service information directly to mobile users.

Table 2.6 Campaign Channel Matrix

Channel	Target Audience	Message Type	Reach
FM Radio	Rural and urban general population	Awareness, norm-setting	High
Community Events	Local community members	Deep engagement, dialogue	Medium
Facebook/YouTube	Youth, urban populations	Shareable content, video	Medium-High
WhatsApp/SMS	Women with phone access	Service information, discrete	Medium
Health Facilities	Women, families seeking care	Print materials, posters	High (targeted)

2.6.4 Community Leader Engagement Strategy

Community leaders serve as norm arbiters whose public positions significantly influence community attitudes. Effective leader engagement requires systematic identification, relationship building, and activation.

LEADER MAPPING AND PRIORITIZATION

- Religious leaders: Imams of major mosques, particularly Friday prayer leaders with large congregations; scholars affiliated with mainstream seminaries supportive of women's rights
- Local government officials: Union Council Chairpersons, Nazims, and elected councilors with community influence
- Traditional leaders: Biradari heads and respected elders whose opinions carry weight in family decisions
- Professional leaders: School principals, healthcare facility heads, and bar association members

ENGAGEMENT APPROACH

Leader engagement should follow a phased approach beginning with individual relationship building through respected intermediaries, followed by small group orientation sessions that present evidence on GBV impacts and the Islamic and legal framework for protection. Training workshops should equip willing leaders with talking points and response protocols. Public commitment ceremonies where leaders sign pledges or deliver public statements create accountability and visibility. Ongoing engagement maintains relationships and provides continued support for leader activities.

2.6.5 Monitoring and Evaluation Framework

Campaign effectiveness should be assessed through a combination of process, output, and outcome indicators, with baseline measurement preceding campaign launch and endline measurement following campaign completion.

PROCESS INDICATORS

- Number of media spots aired/published by channel
- Number of community events conducted and participation rates
- Number of community leaders engaged and publicly committed
- Digital content reach and engagement metrics

OUTCOME INDICATORS

- Knowledge of GBV services among target population (survey)
- Attitudes toward GBV and help-seeking (survey)
- Service utilization rates at Women Protection Centers and helplines
- Reported instances of community member intervention to facilitate service access

2.7 Integration and Coordination Mechanisms

2.7.1 Stakeholder Coordination

Effective community engagement requires coordination among multiple stakeholders operating at district level. The Punjab Women Protection Authority serves as the lead coordinating body with mandate over protection system operations. Key coordination partners include the District Women Protection Committee established under the Act; the Health Department, particularly the Lady Health Worker program and Basic Health Units; the Education Department for school-based programming; the Police Department, especially women's desks and investigation officers; local government officials at Union Council and Tehsil levels; and civil society organizations with relevant expertise and community presence.

2.7.2 Referral Pathway Integration

All community engagement activities should connect to clear referral pathways that facilitate survivor access to services. The primary referral destination is the Women Protection Center or, where not yet established, the District Women Protection Officer. Secondary referral points include health facilities for medical needs, police stations for criminal complaints, legal aid organizations for legal assistance, and shelter homes for emergency accommodation. Community Ambassadors, LHWs, and other community-based workers should be equipped with standardized referral forms and contact information, with feedback mechanisms to confirm service receipt.

2.7.3 Quality Assurance

Quality assurance mechanisms should ensure that community engagement activities adhere to ethical standards and do not inadvertently cause harm. All materials should undergo review for cultural appropriateness and accuracy before deployment. All personnel conducting community activities should receive training on ethical engagement and do-no-harm principles. Regular supervision should monitor

ambassador and volunteer activities for quality and safety. Feedback channels should enable community members to report concerns about program activities. Incident reporting protocols should ensure rapid response to any adverse events.

Pillar III

Culturally Responsive Approaches

3.1 Executive Summary

3.2 District Context and Situational Analysis

3.3 Strategic Framework for Rural Communities

3.4 Strategic Framework for Urban Informal Settlements

3.5 Strategic Framework for Minority Communities

3.6 Monitoring, Evaluation, and Learning Framework

3.7 Sustainability and Institutionalization

PILLAR III

Culturally Responsive Approaches

3.1 Executive Summary

This strategic framework presents a culturally responsive approach to preventing and responding to gender-based violence (GBV) among diverse underserved populations in Gujranwala District, Punjab, Pakistan. The document addresses the unique needs and challenges faced by women in rural communities, urban informal settlements, and religious minority communities within the district.

According to the Pakistan Demographic and Health Survey 2017-2018, approximately 34 percent of ever-married women aged 15 to 49 in Pakistan have experienced spousal physical, sexual, or emotional violence (National Institute of Population Studies and ICF 2019). Punjab Province recorded the highest number of GBV cases in 2024, with 26,753 registered cases including 4,641 rape cases, 20,720 kidnapping and abduction cases, and 225 honor killing cases (Sustainable Social Development Organization 2024). The conviction rate for these crimes remains alarmingly low at under 2 percent, underscoring the urgent need for strengthened prevention and response mechanisms.

Gujranwala District, with a population exceeding 5.9 million according to the 2023 Census conducted by the Pakistan Bureau of Statistics, represents a significant urban and industrial center while also encompassing substantial rural populations with distinct service delivery challenges. This strategic framework outlines context-specific approaches for three key population groups: rural communities, urban informal settlements and low-income areas, and minority and marginalized communities.

3.2 District Context and Situational Analysis

3.2.1 Demographic Profile of Gujranwala District

Gujranwala District occupies a strategic position within Punjab Province as the fifth most populous city in Pakistan and the third largest industrial center after Karachi and Faisalabad. The district contributes approximately 5 percent to Pakistan's national GDP through its diverse manufacturing base, which includes electrical appliances, machinery, foundries, and agricultural implements (Pakistan Bureau of Statistics 2023). The city and surrounding district form part of the "Golden Triangle" alongside Sialkot and Gujrat, characterized by export-oriented industrial activity and relative economic prosperity.

Table 3.1 Gujranwala District Demographic Indicators (2023)

Indicator	Value
District Population (2023 Census)	Approximately 5.9 million
City Proper Population	2,511,118
Sex Ratio (females per 1,000 males)	946

Indicator	Value
Literacy Rate	79.39%
Primary Language (Punjabi speakers)	91.61%
Average Annual Population Growth Rate	Approximately 3%

Source: Pakistan Bureau of Statistics, Census 2023; Pakistan Bureau of Statistics 2023.

3.2.2 Gender-Based Violence Prevalence and Patterns

The prevalence of gender-based violence in Pakistan remains a significant public health and human rights concern. According to analysis of PDHS 2017-2018 data, the national prevalence of ever experiencing intimate partner violence among married women was 33.48 percent, encompassing emotional, physical, and sexual violence (Khalid and Choudhry 2024). The UNFPA estimates that 32 percent of women in Pakistan have experienced some form of violence, with half of these women never seeking help or disclosing their experiences (UNFPA Pakistan 2024).

Punjab Province demonstrates particularly concerning patterns of GBV. Data from the Sustainable Social Development Organization reveals that Punjab recorded 26,753 registered GBV cases in 2024, representing the highest provincial burden in the country (SSDO 2024). The breakdown of cases includes 4,641 rape cases with a conviction rate of merely 0.4 percent, 20,720 kidnapping and abduction cases with only 16 convictions, 1,167 domestic violence cases with 3 convictions, and 225 honor killing cases with only 2 convictions.

Table 3.2 Gender-Based Violence Indicators for Pakistan and Punjab

Indicator	Value
Women experiencing IPV (PDHS 2017-18)	33.48%
Women experiencing physical violence (PDHS 2017-18)	28%
Women experiencing sexual violence (PDHS 2017-18)	6%
Punjab GBV Cases Registered (2024)	26,753
Punjab Rape Cases (2024)	4,641
Punjab Conviction Rate for Rape	0.4%

Source: National Institute of Population Studies and ICF 2019; SSDO 2024.

3.2.3 Legal and Policy Framework

Punjab Province maintains a progressive legislative framework for addressing violence against women. The Punjab Protection of Women Against Violence Act 2016 provides comprehensive protection against domestic, sexual, psychological, and economic abuse, stalking, and cyber crimes (Punjab Commission on the Status of Women 2024). The Act establishes mechanisms for protection orders, residence orders, and monetary relief for survivors, while mandating the establishment of Violence Against Women Centers to provide integrated services.

The Federal Shariat Court upheld the constitutionality and Islamic compatibility of this legislation in November 2022, dismissing petitions that challenged its provisions and directing the provincial government to ensure implementation across all districts (Library of Congress 2023). The Court specifically commended the work of the Violence Against Women Center in Multan, which serves as the pilot facility for the province.

Additional relevant legislation includes the Punjab Women Protection Authority Act 2017, which establishes institutional mechanisms for coordinating protection services, and the Child Marriage Restraint Act 1929 (as amended), which sets the minimum marriage age at 16 for females and 18 for males. Pakistan ranks sixth globally in the absolute number of child brides, with 18 percent of women aged 20 to 24 married before age 18 according to UNICEF (UN Women Pakistan 2020).

3.3 Strategic Framework for Rural Communities

3.3.1 Rural Context Assessment

COMMUNITY STRUCTURES AND GOVERNANCE PATTERNS

Rural communities in Gujranwala District maintain traditional governance structures that significantly influence women's access to justice and support services. While the district is predominantly urban with a strong industrial base, surrounding rural areas continue to operate under localized systems of authority. Traditional dispute resolution mechanisms, including informal councils and extended family networks, frequently serve as the first point of contact for addressing interpersonal conflicts, including cases of domestic violence.

The patriarchal organization of rural households positions male family members as primary decision-makers regarding women's mobility, economic participation, and access to external services. Research indicates that women in such environments face elevated risks of violence, particularly when husbands exhibit low educational attainment or engage in unskilled employment (National Institute of Population Studies and ICF 2019). The intergenerational transmission of attitudes accepting of violence remains pronounced, with PDHS data showing that 43 percent of respondents in the 2017-2018 survey believed wife beating was justifiable under certain circumstances.

SOCIAL SERVICES INFRASTRUCTURE AND ACCESS BARRIERS

The public health service delivery infrastructure in rural Punjab relies substantially on the Lady Health Worker Programme, which deploys over 42,000 Lady Health Workers across the province with 73 percent coverage in rural areas compared to 30 percent in urban settings (Punjab Health and Population Department 2024). Each Lady Health Worker serves approximately 1,000 people, conducting household visits to monitor vital signs, provide health education, and facilitate referrals to health services.

This existing infrastructure presents opportunities for GBV prevention and response integration, as Lady Health Workers already maintain trusted relationships with women in their catchment areas. The WHO reports that over 110,000 Lady Health Workers operate nationally, covering approximately 60 to 65 percent of the target population (WHO EMRO 2024). Their scope of work encompasses 22 different tasks including promotion of contraceptive use, antenatal care, treatment of common illnesses, and health education, providing multiple touchpoints for GBV awareness and referral.

TRANSPORTATION AND MOBILITY CHALLENGES

Women in rural areas face significant mobility constraints that impede access to formal services. Transportation infrastructure remains limited in outlying villages, with women's independent travel often requiring permission from male family members. Agricultural cycles further restrict women's availability, as their labor contributions to household farming activities intensify during planting and harvest seasons. These patterns necessitate service delivery models that accommodate women's existing schedules and mobility limitations rather than requiring travel to centralized facilities.

3.3.2 Service Delivery Adaptation Strategies

MOBILE OUTREACH SERVICE MODELS

Effective service delivery in rural contexts requires mobile outreach approaches that bring support directly to remote communities. The strategic framework recommends establishing scheduled mobile service units that rotate through designated village clusters on predictable schedules, enabling women to plan attendance without requiring extended absences from household responsibilities. These mobile units should integrate multiple services including psychosocial support, legal information, safety planning assistance, and referral coordination.

Partnership with existing community health infrastructure provides a foundation for sustainable outreach. Coordination with Lady Health Workers enables advance notification of mobile service visits, confidential referral pathways, and ongoing follow-up with survivors between visits. The Lady Health Worker Strategic Plan 2022-2028 identifies potential for task-shifting to community health workers, a model that could be extended to include basic GBV response competencies (Government of Pakistan 2022).

SATELLITE SERVICE POINTS AND SCHEDULING CONSIDERATIONS

Establishing satellite service points at accessible community locations such as Basic Health Units, schools, and women's community centers reduces the travel burden on rural women seeking support. These points should operate during hours that accommodate women's daily routines, potentially including early morning or late afternoon sessions that align with gaps in agricultural or household work demands.

Service scheduling must account for seasonal variations in women's availability. Reduced service intensity during peak agricultural periods may be offset by enhanced outreach during slower seasons. Religious and cultural calendars should inform scheduling to avoid conflicts with community events and observances that affect women's mobility.

3.3.3 Community-Based Prevention Strategies

ENGAGEMENT WITH TRADITIONAL GOVERNANCE STRUCTURES

Meaningful engagement with traditional governance structures requires careful navigation of existing power dynamics while advocating for women's rights and safety. Rather than bypassing informal dispute resolution mechanisms, the framework recommends a graduated engagement approach that builds relationships with respected community figures while introducing human rights standards and legal frameworks.

Training programs for traditional leaders should address legal consequences of violence against women, the health and economic impacts of GBV on families and communities, and alternative dispute resolution approaches that protect survivor safety. Religious leaders represent particularly influential stakeholders, given the Federal Shariat Court's affirmation that protection of women from violence aligns with Islamic principles (Library of Congress 2023).

MALE ENGAGEMENT PROGRAMMING

Transforming attitudes that normalize violence requires systematic engagement with men and boys. Programming should target existing male networks including farmers' cooperatives, religious study groups, and village development committees. Evidence indicates that male attitudes toward wife beating correlate with educational attainment, exposure to media, and household wealth, suggesting that educational interventions addressing knowledge gaps and promoting alternative masculinities may shift acceptability norms (PDHS 2017-2018).

Programming content should emphasize the health consequences of violence for women and children, economic costs to households and communities, legal penalties under the Punjab Protection of Women Against Violence Act 2016, and positive relationship models based on mutual respect. Engaging male champions who publicly commit to non-violence and gender equality can accelerate normative change within peer networks.

3.3.4 Economic Empowerment Integration

Economic dependence constitutes a significant barrier to women's ability to leave violent situations or access services. The Benazir Income Support Programme provides a foundation for financial inclusion, with approximately 9 million registered beneficiary families receiving quarterly cash transfers of Rs 9,000 directly to female household members (BISP 2023). Integration of GBV prevention messaging and service information into BISP disbursement points and beneficiary communications offers a mechanism for reaching economically vulnerable women.

Skills training and livelihood support for GBV survivors should connect to existing vocational programs while addressing the specific needs of women rebuilding their lives after violence. Access to credit and savings groups provides both economic resources and social support networks. Land and property rights awareness programming addresses structural inequality that limits women's economic autonomy and bargaining power within households.

3.3.5 Safety and Confidentiality Protocols

Safety planning in rural contexts must account for women's limited mobility options and the close-knit nature of communities where maintaining confidentiality proves challenging. The framework recommends developing individualized safety plans that identify trusted contacts, safe locations within the community, and emergency communication strategies that do not require access to personal mobile devices.

Confidentiality strategies should utilize neutral service locations that women can access without arousing suspicion, such as health facilities or markets. Service providers must exercise heightened awareness of potential for inadvertent disclosure in small communities. When relocation becomes necessary, coordination with urban shelter networks and support for transition to new communities requires sensitive management to prevent perpetrator tracking.

3.4 Strategic Framework for Urban Informal Settlements

3.4.1 Urban Poverty and GBV Context Analysis

INFORMAL SETTLEMENT MAPPING AND CHARACTERISTICS

Gujranwala's rapid industrialization has attracted substantial internal migration, resulting in the growth of informal settlements and low-income neighborhoods housing workers in manufacturing, services, and informal sector employment. These communities face compounding vulnerabilities including insecure housing tenure, inadequate basic services, crowded living conditions affecting privacy, and economic precarity that intensifies household stress. Urban population density in the city tehsil reaches 19,169 persons per square kilometer, creating intense spatial pressure particularly in lower-income areas (Pakistan Bureau of Statistics 2023).

Women in urban poor communities experience GBV patterns shaped by their specific circumstances. Crowded housing limits privacy for survivors seeking support and may expose them to multiple perpetrators within extended household arrangements. Economic pressures including unemployment, debt, and inadequate wages contribute to household tensions. Women engaged in domestic work, a significant employment sector for low-income urban women, face heightened vulnerability to exploitation and abuse within employer households with limited recourse to formal protections.

INTERNAL MIGRATION DYNAMICS

Migration from rural areas and from other provinces creates populations without established local support networks who may face discrimination and social isolation. Punjab Province recorded 40.7 percent urban population in the 2023 Census, representing significant growth from approximately 30 percent in the 1998 Census (Pakistan Bureau of Statistics 2023). Migrant women may lack awareness of available services, face language barriers if arriving from non-Punjabi speaking regions, and lack the community connections that provide informal protection in established neighborhoods.

3.4.2 Accessible Service Delivery Models

COMMUNITY-BASED SERVICE POINTS

Establishing service points within informal settlements eliminates transportation costs and time burdens that prevent women from accessing centralized facilities. Partnerships with community organizations already operating in these areas provide trusted entry points and local knowledge. Service points should be located in accessible but discrete locations that women can visit without attracting attention or suspicion from family members or community observers.

Flexible operating hours accommodate the irregular schedules of informal sector workers who may face unpredictable demands on their time. Evening and weekend availability ensures accessibility for women whose daytime hours are occupied with work or childcare responsibilities. Childcare arrangements during service access address a practical barrier that prevents many mothers from seeking support.

ADDRESSING HIDDEN COSTS

Free services carry hidden costs including transportation, documentation fees, loss of daily wages, and childcare that may be prohibitive for economically marginalized women. Service delivery models must proactively address these barriers through transportation subsidies or reimbursements, assistance with documentation requirements including obtaining CNICs (Computerized National Identity Cards) and marriage certificates, and compensation for lost income when extended service engagement is required.

3.4.3 Social Protection Integration

The Benazir Income Support Programme serves as Pakistan's primary social safety net, with a budget allocation of Rs 471 billion for fiscal year 2023-2024 covering 9.3 million families through the Benazir Kafaalat cash transfer program (BISP 2023). Integration of GBV services with BISP registration and disbursement systems enables identification of vulnerable women and provision of service information at existing touchpoints. The program's Benazir Taleemi Wazaif (educational scholarships) covering 9.2 million children provides additional entry points for family-level intervention.

Emergency financial assistance for GBV survivors should complement regular BISP benefits, providing resources for immediate needs including safe housing, medical care, and basic necessities during crisis periods. Housing support and shelter access require coordination with women's shelters (dar-ul-aman) while recognizing that shelter capacity remains limited and alternative housing arrangements may be necessary.

3.4.4 Community Mobilization Strategies

Urban informal settlements contain diverse populations that may lack the social cohesion of established neighborhoods but also offer opportunities for new forms of collective organization. Women's support groups in low-income areas provide mutual assistance, social connection, and platforms for awareness raising and collective action. These groups can serve as community-based first responders, providing immediate support and referral to formal services.

Youth engagement programming recognizes that young people in urban areas may hold more progressive attitudes regarding gender equality than older generations while also being at risk as perpetrators or victims of violence. Engagement with informal sector worker associations, including those representing domestic workers, construction laborers, and market vendors, provides access to working women who may not be reached through traditional community structures.

3.4.5 Addressing Intersecting Vulnerabilities

Women in urban informal settlements frequently experience multiple, overlapping forms of marginalization. Women with disabilities face compounded barriers to service access and may experience higher rates of violence with fewer options for escape or disclosure. Women from religious or ethnic minority communities may experience discrimination when seeking services from mainstream institutions.

Substance abuse and mental health conditions, while under-documented, affect urban populations and require integrated service responses that address both GBV and co-occurring health needs. Women in precarious housing situations, including those facing eviction or living in temporary arrangements, require specialized support that addresses their immediate shelter needs alongside protection from violence.

3.5 Strategic Framework for Minority Communities

3.5.1 Minority Community Mapping and Engagement

RELIGIOUS MINORITY COMMUNITIES IN GUJRANWALA

Gujranwala District has historical significance for Pakistan's Christian community, with Christians constituting a notable minority population in the Gujranwala, Sialkot, and Sheikhupura districts dating from mass conversions during the British colonial period (UK Home Office 2024). The district also contains Hindu and Sikh community members, though in smaller numbers. These communities face specific vulnerabilities that compound general GBV risks, including discrimination in accessing mainstream services, forced conversion concerns, and limited representation in governance structures.

Christians in Pakistan constitute under 2 percent of the total population, with the majority residing in Punjab Province. Community members can generally practice their faith and attend religious services, though they experience societal discrimination and hostile attitudes from some members of the majority population (UK Home Office 2024). Christian women face particular vulnerability at the intersection of gender and religious minority status.

FORCED CONVERSION AND FORCED MARRIAGE RISKS

UN human rights experts have expressed dismay at the continuing lack of protection for young women and girls from religious minority communities in Pakistan, noting that Christian and Hindu girls remain particularly vulnerable to forced religious conversion, abduction, trafficking, child marriage, domestic servitude, and sexual violence (OHCHR 2024). In 2022, at least 124 incidents of forced faith conversions involving girls and women from minority communities were reported, comprising 81 Hindu, 42 Christian, and one Sikh victim, with 33 percent of cases occurring in Punjab Province (Centre for Social Justice 2023).

Critically, 23 percent of forced conversion victims were below 14 years of age and 36 percent were between 14 and 18 years, indicating that child protection concerns significantly overlap with religious minority protection needs. Gujranwala has specifically been cited in cases involving forced conversion and marriage of minority women (U.S. Department of State 2022). The experts urged Pakistan to bring perpetrators to justice, enforce existing legal protections against child and forced marriage, and uphold international human rights obligations.

3.5.2 Trust-Building and Engagement Strategies

Historical marginalization and ongoing discrimination generate distrust of government services among minority communities. Effective engagement requires sustained relationship building with community leaders and organizations, demonstrating reliability and respect for community concerns over time. Service providers must acknowledge past failures to protect minority women and commit to measurable improvements in responsiveness and outcomes.

Engagement protocols should involve community representatives in service design and implementation, ensuring that approaches align with community values while upholding rights standards. Religious leaders from minority communities serve as trusted intermediaries who can facilitate access and provide community-level support for survivors. Churches and temples offer safe spaces for service delivery and community organizing.

3.5.3 Culturally Adapted Service Provision

STAFF TRAINING AND COMPETENCY

Service providers require specialized training on minority community contexts, histories, and sensitivities. Training content should address the specific legal frameworks governing minority marriages and family law, including the Christian Marriage Act of 1872 and the Christian Divorce Act of 1869, as well as the Hindu Marriage Acts in Sindh and Punjab. Understanding these distinct legal pathways is essential for providing accurate guidance to minority women navigating family law matters.

Staff training must also address unconscious bias and discrimination that minority women may encounter when seeking services. Active recruitment of service providers from minority communities ensures cultural competency and builds community trust. Where majority-community staff provide services to minority women, supervision should monitor for discriminatory practices.

LANGUAGE AND COMMUNICATION

While Punjabi is spoken by over 91 percent of Gujranwala District's population, minority communities may use distinct languages or dialects in community settings. Service provision in community languages, including Urdu, may enhance accessibility and comfort. Written materials and referral information should be available in multiple languages with appropriate literacy considerations.

3.5.4 Community-Based Support Systems

Strengthening community-based organizations addressing GBV within minority communities builds sustainable local capacity. Support for these organizations may include training on GBV response, funding for community-level programming, and technical assistance for organizational development. Peer support networks within minority communities provide culturally grounded assistance and reduce isolation for survivors.

Advocacy for inclusion of minority community representatives in district coordination mechanisms ensures that minority perspectives inform district-level planning and resource allocation. Coalition building with minority rights organizations amplifies advocacy for policy changes addressing minority-specific vulnerabilities.

3.5.5 Advocacy and Systemic Change

Documentation of discrimination in service access provides evidence for advocacy and accountability efforts. Systematic data collection on service utilization by minority communities, disaggregated by religious affiliation, enables identification of access gaps and monitoring of improvement over time. Advocacy for policy changes should address the absence of a functional National Commission for Minorities, which would provide institutional accountability for minority rights protection.

Media engagement on minority women's rights raises public awareness and counters stigmatizing narratives. Responsible media coverage of forced conversion and GBV cases affecting minority women can support advocacy efforts while avoiding sensationalism that may increase community vulnerability.

3.6 Monitoring, Evaluation, and Learning Framework

3.6.1 Indicator Framework

Effective monitoring requires a balanced indicator framework encompassing output, outcome, and impact measures. Output indicators track activities conducted, people reached, and services provided. Outcome indicators measure changes in knowledge, attitudes, behaviors, and service utilization. Impact indicators assess changes in GBV prevalence, reporting rates, conviction rates, and survivor wellbeing.

Table 3.3 Strategic Framework Indicator Matrix

Level	Indicator Category	Example Indicators
Output	Service delivery reach	Number of women accessing services; Number of community sessions conducted
Outcome	Knowledge and attitude change	Percent of community members rejecting violence; Service utilization rates
Impact	Violence prevalence change	GBV reporting rates; Case conviction rates; Repeat victimization rates

3.6.2 Data Collection and Management

Baseline assessment establishes starting points against which progress can be measured. Routine monitoring data collection protocols enable ongoing tracking of service delivery and reach. Periodic evaluation studies, including mid-term and end-line assessments, provide deeper analysis of outcome and impact measures. Data quality assurance procedures ensure reliability and validity of collected information.

Ethical standards for GBV data collection must be rigorously maintained, including informed consent, confidentiality protections, and protocols for responding to disclosures. UNFPA provides guidance on ethical and safe collection and use of GBV administrative data to inform programming and policy interventions (UNFPA Pakistan 2024).

3.6.3 Learning and Adaptation

Regular review meetings assess progress against targets, identify challenges, and enable course corrections. Documentation of lessons learned and best practices captures institutional knowledge for future programming. Mechanisms for adapting strategies based on evidence ensure responsiveness to changing contexts and emerging needs. Knowledge sharing across districts enables scaling of successful approaches and avoidance of repeated mistakes.

3.7 Sustainability and Institutionalization

3.7.1 Government Ownership and Leadership

Sustainable impact requires integration of GBV prevention and response into government systems and budgets. District Administration engagement and endorsement provides political backing and administrative authority. Integration into district development planning processes ensures that GBV programming receives systematic attention and resource allocation. Designation of responsible government officials creates accountability for progress.

The Punjab Women Protection Authority, established under the 2017 Act, provides the institutional framework for coordinating protection services at provincial level. Strengthening the Authority's district-level presence and operational capacity supports sustainable service delivery. Budget allocation from government sources reduces dependence on external funding and ensures continuity.

3.7.2 Capacity Building for Sustainability

Training of government staff across relevant agencies builds the human resource base for sustained implementation. Development of institutional protocols and guidelines standardizes approaches and enables consistent quality. Mentorship and technical assistance during transition periods supports staff as they assume new responsibilities. Knowledge management and documentation preserves institutional memory and facilitates staff transitions.

3.7.3 Community Ownership

Community committee formation empowers local stakeholders to take ownership of GBV prevention and response. Local resource mobilization reduces external dependence and demonstrates community commitment. Volunteer networks extend program reach while building community capacity. Community feedback and accountability mechanisms ensure programs remain responsive to local needs and preferences.

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About CSADS and the Researcher

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