Kyrgyzstan GBV Sub Cluster

Report on

Capacity Assessment of GBV Service Providers

Osh and Jalalabad Oblasts

June 2011

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1. ACKNOWLEDGEMENT

As one of the priorities to be addressed by the GBV sub cluster joint action plan (JAP) in January – June 2011, the capacity assessment of GBV service providers from psycho-social, health, security and legal sectors was carried out, in February-March 2011, by the help of the GBV sub cluster members. The capacity assessment was conducted for psychosocial sector by STLI, health sector by MSF and legal, law enforcement sectors by PF Kovcheg in Osh, while the Association of Women Leaders Jalalabad carried out the assessment for all sectors in Jalalabad. The analysis and development of the capacity assessment report has been supported by UNFPA. We appreciate the commitment, efforts and hard work of MSF, PF Kovcheg, STLI, Association of Women Leaders Jalalabad and UNFPA for conducting the capacity assessment of GBV service providers in southern Kyrgyzstan.

2. INTRODUCTION

An estimated 3,200 people have been directly or indirectly exposed to some type of GBV, during the 2010 June events, 400 of which were direct GBV survivors. An estimated 50,000 women and girls had been especially vulnerable to GBV, as they became IDPs losing their homes and belongings. Although GBV actors and service providers have been providing services to the identified GBV survivors, most of the GBV cases have failed to receive services due to mistrust on service providers, lack of capacity of GBV service providers, weak referral pathways and coordination, lack of free medical services etc.

The GBV sub cluster was established right after the June events in 2010, in Bishkek level, under Protection Cluster and OCHA coordination, by the UNFPA, UNICEF and UN Women being co leads. The GBV sub cluster involved the UN agencies, International INGOs and local NGOs with the mandate of prevention and response to GBV. GBV sub cluster mobilized the resources and efforts from the onset of the emergency in Southern Kyrgyzstan to prevent GBV and address the needs of the GBV survivors.

Throughout its experience in prevention of and response to GBV, during the emergency, the sub cluster identified the low capacity of GBV service providers as one of the gaps in southern Kyrgyzstan. Hence, the GBV sub cluster conducted the capacity assessment of the GBV service providers in Osh and Jalalabad to identify and document the realities regarding the level of the capacity of service providers in psycho-social, health, security and legal sectors, and tailor capacity building interventions based on the assessment findings.

1.1 OBJECTIVE

The main purpose of the capacity assessment of the GBV service providers was to assess the level of the knowledge, attitude, skills and practice of the service providers in psycho-social, health, security, and legal sectors, in regard with responding to the needs of GBV survivors. The GBV Network will then develop strategies, methods, materials and programs to strengthen the capacity of the GBV service providers to effectively address the needs of the GBV survivors.

1.2 METHODOLOGY

GBV sub cluster coordinator developed capacity assessment tools specific to each of psycho-social, health, security and legal sectors and finalized them by the support of GBV partners. The assessment tools consisted of structured individual interview questionnaires. The capacity assessment of service providers from four mentioned sectors was carried out, in February-

March 2010, by the help of the GBV sub cluster members, in Osh and Jalalabad. Due to the lack of funding, time and human resources, the GBV sub cluster could not conduct a wide ranging capacity assessment. Therefore, it aimed to interview few (6-12 people from each sector) randomly selected members from each sector and get a snapshot of the existing capacity of the GBV service providers.

The interviewees were chosen based on their willingness to participate in the assessment, agreement being included in the GBV referral card (a leaflet distributed to communities saying where they can get help for GBV) or because word of mouth suggested that women might go to those institutions. The GBV sub cluster members met each of the interviewees and conducted one on one interviews, filling out the questionnaire. The interviews conducted in Uzbek, Kyrgyz, Russian and English, so that translation was also involved. All the filled questionnaires were sent to the GBV sub cluster coordinator, who analyzed the assessment findings and developed the capacity assessment report. The original filled interview questionnaires are available with GBV Network co lead PF Kovcheg in Osh.

1.3 OVERVIEW OF THE MULTI-SECTORAL MODEL

The GBV sub cluster established referral pathways for the GBV survivors in the first days of emergency in southern Kyrgyztan by mapping the GBV service providers in psycho-social, health, security and legal sectors and based on multi-sectoral model for prevention of and response to GBV. The underlying principle of the multi-sectoral model recognizes the rights and needs of survivors, in terms of access to respectful and supportive services, guarantees of confidentiality and safety, and the ability to determine a course of action for addressing the GBV incident. Key characteristics of the multi-sectoral model include the full engagement of the community, interdisciplinary and inter-organizational cooperation, and collaboration and coordination among health, psychosocial, legal, and security sectors. GBV sub cluster has also developed GBV referral card with the contact information of the GBV service providers in all mentioned four sectors and distributed to the affected communities and the GBV partners.

1.4 ACRONYMS

GBV – gender based violence
SOPs – standard operating procedures
STIs – sexually transmitted diseases
STLI – Science, Technology, Linguistic Institute
PHC – Primary Health Care
WCC – women crisis centre
NGO – non governmental organizations
INGO – international non governmental organizations
UN – United Nations

2. SUMMARY OF FINDINGS

The following findings have been identified during the analysis of the capacity assessment of the GBV service providers from psycho-social, health, security and legal sectors in Osh and Jalalabad.

- GBV is an issue in both provinces, almost all types of GBV – sexual assault including rape, physical violence, psychological abuse, economic abuse, domestic violence, socio- cultural violence including early and forced marriage, bride kidnapping exist and can be come across
- Although most of the service providers have been involved in caring for survivors training and discussed the guiding principles for working with the GBV survivors, the assessment results show that the service providers from all sectors did not have enough knowledge on the guiding principles for working with the survivors. Most of the GBV service providers have not received training on gender/GBV and they expressed willingness to attend such trainings
- There is lack of awareness among the service providers and population on human/women's rights, gender equality, GBV, causes and consequences of GBV. Hence there is strong cultural barriers for women and girls to report the GBV cases, take the case to court to restore their dignity and rights, as the GBV survivors are blamed for experiencing the violence including rape
- The health facilities do not have the needed sullies and skills to assist the GBV survivors particularly the survivors of rape. There is no one stop health services for rape cases, therefore, going from door to door for the test results and other health services undermine confidentiality and discouraging the GBV survivors to seek medical services. The rape survivors do not report the case within 72 hours, as they want to hide it and due to lack of knowledge on the importance of seeking medical aid within 72 hours after rape happens.
- No transport or escort is arranged for the GBV survivors to reach the needed services, to ensure the safety and security of the survivors or witnesses, due to the lack of resources and funding
- Although the GBV referral pathway has been established by the GBV sub cluster, there is lack of practicing it, which is explained by weak referral mechanism, follow up and coordination among service providers
- Although GBV sub cluster developed Incident/referral report form to document the case and distributed to the GBV partners, the service providers from all sectors do not use any GBV incident report form to document the case the receive
- There are no enough projects providing vocational skills trainings, occupational activities or agencies implementing small business or other empowerment project for women and girls experiencing GBV
- There is no support to run the existing safe shelters for GBV survivors, hence the safe shelters run by WCC in Osh and Jalalabad have been closed, while there is great need for safe shelters
- Women and girls do not know their rights, hence they drop the cases they charge, hence the service providers from security and legal sector can not provide the quality and needed services for GBV survivors
- Although there are laws in Kyrgyzstan protection and regulating the rights of women and girls, protecting them from domestic violence, limiting the early and forced marriage, these laws and legislations are not implemented and people not always abide with them in reality

3. ASSESSMENT ANALYSIS

The translation of all the filled questionnaires were submitted to the GBV sub cluster coordinator who then entered the data into the computer and analyzed the assessment findings for all the sectors (psycho-social, health, security and legal) who participated in the capacity

assessment process. The GBV sub cluster coordinator then developed the capacity assessment report based on the analysis and findings of the assessment. The detailed data on the findings from the capacity assessment of GBV service providers from four sectors are described in the following four sections.

3.1 PSYCHO-SOCIAL SECTOR

The psychosocial sector should be able to provide supportive and ongoing psychological assistance, in which social workers and community services workers have access to professional supervision and support; confidentially collect, document, and analyze client care data, and adjust programming accordingly; offer safe haven for GBV survivors who choose to leave an unsafe environment; provide hotlines—in settings where phones exist—to facilitate support and referral; offer income generation and training programs that allow women and girls sustained economic viability; conduct broad-based community education on the prevention of GBV and on the availability of services; and provide early childhood and adolescent education about safe touch, gender, and healthy relationships.

The structured interviews have been conducted with 11 respondents from women crisis centres (WCC), local NGOs, and international NGOs in Osh and Jalalabad, who had been working in the psycho-social sector and providing services for the GBV survivors. The questions were directed to find out the knowledge, attitude, practice and skills of the service providers from psycho social sector in relation with addressing the needs of the GBV survivors.

Types of GBV in the area

According to GBV service providers in psycho-social sector, who participated in the assessment, the main types of GBV they have been reported and heard, in Osh and Jalalabad, were sexual violence including rape, physical violence, psychological abuse, economic abuse, domestic violence including intimate partner violence, kidnapping, early and forced marriage.

Working with GBV survivors

It is very important that the GBV service providers follow globally accepted guiding principles for working with the GBV survivors, which are confidentiality, respect, security and non discrimination. While asking the service providers what are the guiding principles they follow while working with the GBV survivors only 9% named all the correct guiding principles. 27% did not know the answer and 64% gave wrong answers. Although most of the service providers have been involved in caring for survivors training and discussed the guiding principles for working with the GBV survivors, the assessment results show that the service providers did not have enough knowledge on the guiding principles for working with the survivors. Hence there is need for training for the service providers on caring for survivors and follow up activities to ensure the reinforcement and application of the knowledge and skills they learn.

Almost all the respondents confirmed that they received reports on GBV cases, most of the cases were reported to WCC and the most widely requested services by the GBV survivors were psycho-social and medical help. The service providers who received the GBV cases stated providing them with psychological support, counseling, and awareness raising on GBV. They also provided clothes, food, hygiene kits to the survivors. The psycho-social service providers also assisted the survivors in getting the information about the existing services, but the GBV survivors usually refused to report the case to police or take the case to court. All the respondents stated that women and girls, who experience GBV, do not always report the case or

seek services due to local mentality, ignorance of their rights, family honor, stigma and discrimination.

The respondents stated that they observe the confidentiality and anonymity of the GBV survivor who they work with. They use coding system to ensure non identifying information, they keep the collected data in locked cabinets and they do not share the information about the survivor unless she/he agrees to it. This finding provides a good sign of confidentiality being followed by the service providers in the psycho-social sector while working with the survivors.

The GBV service providers made the GBV survivors aware of the existing psycho-social services through information campaigns, TV running lines, radio, newspaper, IEC materials including GBV referral cards. The GBV survivors access the services through hotlines, telephone referrals, being referred by local bodies, oblast administration, law enforcement/police, Osh mayor's department, NGOs, leaders of women's clubs, PHCs or by self reporting. Only 9% of the respondents stated that the survivors are provided with the transport, supported by IOM in Osh, to access the services, 91% said that no transport is arranged for the GBV survivors to reach the needed services, due to the lack of resources and funding.

Referral pathways - While asking the respondents about the existing referral system and the processes/procedures of referring the survivors for further support, they said that there are institutions under psycho-social, health, security and legal sectors where they refer the GBV cases, but there is no systemic approach to referral of GBV cases and there is no coordination and follow up among the service providers. Most of the referrals are made via telephone and are not being documented. They suggested strengthening the coordination among the GBV service providers and ensure the follow up on the referred GBV cases. However, most of them talked about GBV referral card, admitting that it was helpful for them in referring the GBV cases for further assistance. The interviewees named the following institutions, in Osh and Jalalabad that they work closely and refer the cases: local and international NGOs, WCC, Osh Oblast Maternity House, Osh Oblast Venereal Dispensary Clinic, Osh City clinic, Interior Affairs/protection, Department of Social Protection, and UN agencies.

About the process and procedures for referring the GBV survivors for further assistance none of the service providers provided information about the clear referral procedures. Although they mentioned about interviewing the survivor, filling out the referral card, they did not mentioned about the documenting the case and getting informed consent from the survivor before referring her/him for further assistance. In general they did not clearly state all the steps that have been mentioned in the referral pathway established by the GBV sub cluster. It gives the impression that although the GBV referral pathway has been established by the GBV sub cluster, there is lack of practicing it, which is explained by weak referral mechanism and coordination among service providers.

Security, empowerment, and human rights

The service providers in psycho – social sector mentioned that there are safe shelters in Osh and Jalalabad run by the WCCs, for the GBV survivors who can use if they need to leave the abusive environment for their safety and security. However, currently both shelters in Osh and Jalalabad are closed as there are no enough funding and support for shelters to effectively provide services for GBV survivors. In order to provide security for the GBV survivors the social workers in escort the survivors while moving around in the city, also there is a staff on duty for

24 hours in the safe shelters. The service providers follow the confidentiality and do not share the information of the survivor to ensure the safety. The respondents stated that one of the ways of guaranteeing the safety of the survivors is providing them with the transport to access the services, which is currently a gap in GBV referral mechanism due to lack of support.

The GBV survivors may stay in the safe shelters for a month, then the survivors do not know where to live, and how to support themselves. One of the concerns stated by the respondents was the self sufficiency of the GBV survivors after they leave the safe shelter. While asking the service providers whether they are aware of any agency that is providing vocational skills trainings, occupational activities or implementing small business or other empowerment project for women and girls experiencing GBV, they named very few of them and some of the survivors said that they do not know any. The respondents stated that the women empowerment projects are important and needed for the GBV survivors.

The respondents told that the age for marriage for males and females according to Kyrgyz law is 18 years old. However, the girls suffer from early and forced marriage arranged by the families when they are under 18 years old. While asking the question whether women exercise their rights to property ownership 18% of the respondents reported that the women exercise their property rights, but 82% of the respondents stated that women do not enjoy their property rights in Kyrgyzstan due to the ignorance of their rights or cultural gender beliefs.

Training/workshops

According to the capacity assessment findings most of the GBV service providers, in the psycho-social sector, received trainings on gender before the June 2010 crisis. They received few training on GBV, caring for survivors and psychosocial support, only after the June 2010 events, during the emergency. All of the interviewed service providers stated that they are willing to attend the trainings on GBV, caring for survivors, psycho-social support for GBV survivors and women's/human's rights. They mentioned that these training are important for them to improve their knowledge and skills in providing quality psycho-social support to GBV survivors

Attitude about gender/GBV

Although most of the service providers disagreed that GBV is a private issue, GBV originates in the poverty and women and girls provoke the perpetrators of GBV by their behavior, most of them agreed with the statements women would deny if they asked whether they have experience GBV and would be offended. Majority of the respondents also agreed that alcohol and drug abuse cause GBV. Also some of the service providers agreed that women and girls provoke their perpetrator by their behavior and sexual conduct. These findings help us to realize that there is strong cultural belief on gender stereotypes, GBV survivors do not speak up about the cases due to the stigma, family honor and discrimination and there is lack of knowledge on the causes of GBV. Based on the findings below it is recommended that there is need for education and awareness raising on GBV causes and consequences and gender issues. Please see the table below for the summary.

#	Statements	Agree	Disagree	Don't know
1	Women who are victims of violence tend to use health services more often	45%	55%	0%
2	Gender-based violence is a private issue	18%	64%	18%
3	Some women provoke their perpetrators' aggression	37%	54%	9%

	because of their inappropriate behavior			
4	Some adolescents provoke sexual abuse because of their inappropriate sexual conduct	36%	45%	19%
5	Alcohol and drugs cause gender-based violence	72%	18%	10%
6	Gender-based violence originates in poverty	36%	64%	0%
7	Most women will deny abuse if asked directly	82%	9%	9%
8	Most women will feel offended if asked direct questions about violence	82%	18%	0%

3.2 HEALTH SECTOR

The health sector should be able to actively screen clients for GBV in a way that is respectful and supportive; ensure same-sex interviewers for survivors; respond to the immediate health and psychological needs of the survivor and, wherever possible, provide those services free of cost. Health care providers should also be prepared to collect evidence when authorized by the survivor and provide testimony in cases where a survivor chooses to pursue legal action.

The structured interviews were conducted with 15 respondents including doctors, gynecologist and head of institutions from Osh Oblast AIDS Centre, Family Medicine Centre n^{o} 2, Oblast Polyclinic/Centre for Family Medicine), Osh City Maternity House, Osh Oblast Maternity House, Tuleken Polyclinic, Asedan Private Medical Clinic (shelter PF Dia refer to this clinic), Oblast Centre for Medical and Social Assistance to Families, Marriage and Family Centre, Clinic #2 and #6, Suzak region hospital, in Osh and Jalalabad. The questions were directed to find out the knowledge, attitude, practice and skills of the service providers in health sector in relation with addressing the needs of the GBV survivors.

Types of GBV

According to the respondents from health sector the most common GBV cases they have either been reported or heard in the area are domestic violence, sexual assault including rape, physical violence, psychological assault, economic abuse, bride kidnapping, early and forced marriage.

Services for GBV survivors

According to the service providers in health sector the health services for the patients are free, but they are charged in the private health facilities, but the private health facilities also provided medical aid to the victims of June 2010 events free of charge during the emergency. All the health facilities reported that they have enough qualified staff to provide health services for the clients.

While asking how many GBV consultation do they provide per month, 9 of 15 health facilities responded that they have never been reported GBV cases, 6 stated that they provide 2-4 GBV consultation per month, only the Marriage and Family centre in Osh reported that they provide 200 GBV consultation per month. 4 women have officially been registered as raped in June 2010 events, in Osh Oblast Maternity House. Most have seen victims of domestic and psychological abuse but not sexual abuse (and sexual abuse that *was* seen was old). No-one knew how to manage rape. There is need to further identify the reason of GBV survivors not addressing other health facilities and work towards building confidence in GBV survivors on the relevant health facilities. But it is also needed reinforce work on GBV with Marriage and Family

centers and Maternity Houses, as entry points for GBV survivors who seek health services. It is also recommended to carry out education and awareness raising, among the population, on the importance of seeking medical care within 72 hours after rape case occurs.

None of the interviewed health facilities have supplies and ability to do test for HIV/AIDS. According to assessment analysis, nowhere provided "one-stop" care: in most cases, the HIV test, pregnancy test, gynaecologist examination, contraceptives, antibiotics for STI, vaccines and psychological care all happen in a different location. HIV test can only be done in AIDS Centre (but some institutions take blood on-site and send sample to AIDS Centre). All the interviewed health facilities stated that they treat all types of STIs but HIV/AIDS, syphilis and gonorrhea due to lack of drugs to treat STIs. It is recommended to lobby with authorities to make "one-stop" services a reality.

However, no-one was willing to give treatment without *proving* a rape or an STI – they said they would take swabs and treat according to laboratory result. In fact this is not correct – it only delays treatment, allowing infection to establish and subjects the woman to unnecessary ordeal – the point of antibiotics is *prophylaxis* – to *prevent* infection. If a woman presents soon after a rape, the swab will probably be negative anyway, swabs have to be taken, transported and analyzed correctly, are a waste of resources. Some also said they would ask questions about the man to find out if he was the sort of person who was likely to have an infection (the "sort of person" who rapes a woman is a high risk for having STIs! Again, subjecting the woman to unnecessary ordeal). None of the respondents knew what HIV PEP (post-exposure prophylaxis) was, not even the HIV doctor. Most thought it was psychological care after a positive HIV test. None of the health providers interviewed knew how to manage the rape.

According to assessment findings, there are effectively no *medical* services for victims of sexual violence in Osh and Jalalabad (victims with injuries due to physical violence can presumably be treated as any other case of trauma). Psychological help is offered by some who are not trained or qualified in psychology or counselling. The lack of medical services is due partly to lack of knowledge among doctors, partly to lack of organisation (of tests, drugs and services), perpetuated by the fact that women do not present themselves for help.

Medical supplies

While asking questions about the availability of medical supplies, in the health facilities, 20% of the total respondents said that they have supplies to be used when addressing the needs of a rape survivor (rape kits etc..), while 80% of the respondents stated that they don't have supplies to support the rape survivors. 60% of the health providers reported that they have pregnancy tests and emergency contraceptives, but 40% said that they do not have those supplies. 47% of the total respondents reported that their health facilities have steady supply of drugs, while 53% stated that "they do not have steady supply of drugs. Based on the above mentioned findings there is need for advocacy and arrangement for supplying and/or donating medicines and sexual violence kits to the health facilities in Osh and Jalalabad, which provide medical aid to GBV survivors.

Training/workshop

Some of the interviewed respondents stated that they have received training on caring for survivors organized by UN agencies, during emergency, most of them said that they have not received the training on clinical management of rape. Although UNFPA and MSF have jointly

conducted 2 day training for 40 health professionals from Osh and Jalalabad, there is a great need to provide training to medical staff on the management of GBV, especially sexual violence.

Protocol/documentation/referral

Only 7% of the total respondents interviewed that they use the written protocol for management of rape or other types of violence against women developed by MoH, by support of UNFPA, 80% stated that they do not have or use any written protocol and 13% was uncertain. 80% of the interviewees said that they do not have and use and forms to document the GBV cases, while 20% reported that they document the GBV cases in the book for general patients, although they don't have specific form. 86% of the total respondents did not know who signs the documents/forms filled on GBV cases, and 14% stated that the health provider who sees the GBV survivor should sign the documents. 82% of the interviewees reported that the GV survivors may get a medical certificate from the forensic department if they want to officially report the case to authorities, while 18% said that police can provide a medical certificate. After analyzing these findings, it is recommended to closely work with GBV service providers in health sector, to ensure they use the national protocol recently developed by MoH for management of rape cases and they have a standard form for documenting the GBV cases.

80% of the total respondents said that they refer the GBV cases to other service providers such as police, forensic department, legal experts, psycho-social sector if the survivors agree. However, 13% reported not having GBV cases and 7% did not answer to the question. All respondents admitted that there is no follow up and coordination among the service providers. While asking about the guiding principles they follow when working with the GBV survivors, 14% mentioned only about confidentiality, 86% did not know what are the guiding principles for working with GBV survivors. There is need for strengthening the coordination among the service providers and training the health service providers on caring for survivor.

Attitude about gender/GBV

Most of the respondents could not provide the definition of GBV when asked, although they tried to explain in different ways. All of the health service providers believed that most women do not come forward for help, saying "it is not in our mentality", "they are too ashamed" and that the consequences of someone finding out are too great to take the chance. Some of the respondents believe that many girls *claim* to have been raped but are making it up to get free medical services. They also mentioned that no one would marry the girl if they know that she has been raped. The health providers stated that husbands do not come to be treated for STI if their wives are treated for STIs.

Most of the respondents disagree that women who are victims of violence tend to use the health services often. Majority of health providers believe that GBV is a private issue. About 67% of the interviewees think that women and girls provoke their perpetrator by their inappropriate behavior. All of the respondents stated that alcohol and drug abuse cause the GBV, while some of them believe that GBV originates in the poverty. 86% of the health service providers said that most women would deny abuse if they asked directly and 93% of them stated that most women would feel offended if asked direct question about violence. Please refer the table below for summary. Based on the mentioned findings it is recommended to carry out training and awareness raising events, for health service providers and population on gender/GBV, causes and consequences of GBV, human/women's rights.

#	Statements	Agree	Disagree	Don't know
1	Women who are victims of violence tend to use health services more often	33%	60%	7%
2	Gender-based violence is a private issue	40%	60%	0%
3	Some women provoke their perpetrators' aggression because of their inappropriate behavior	60%	27%	13%
4	Some adolescents provoke sexual abuse because of their inappropriate sexual conduct	67%	13%	20%
5	Alcohol and drugs cause gender-based violence	100%	0%	0%
6	Gender-based violence originates in poverty	47%	53%	0%
7	Most women will deny abuse if asked directly	86%	7%	7%
8	Most women will feel offended if asked direct questions about violence	93%	0%	7%

3.3 SECURITY SECTOR

The security sector should have systems in place that reinforce a zero tolerance policy for all police, military, and peacekeeping staff who contribute to or commit acts of GBV, and that policy should be actively enforced by those in command. The security sector should be prepared to intervene in cases of GBV in a way that acknowledges the severity of GBV and does not further victimize the survivor by: designating private meeting rooms within police stations; providing same-sex police officers to work with survivors (where possible).

The structured interviews were conducted with 11 respondents from department of Internal Affairs, Inquiry Department, Department supporting state charges and participation in Court, Department on juvenile issues, and WCCs in Osh and Jalalabad oblasts. The questions were directed to find out the knowledge, attitude, practice and skills of the service providers in security sector in relation with addressing the needs of the GBV survivors.

Types of GBV reported

According to most of the respondents from security sector most of the GBV cases they have been reported, in Osh and Jalalabad, were domestic violence, physical violence, and psychological assault. None of the respondents stated about sexual violence or other harmful traditional practices such as early/forced marriage and bride kidnapping. Some of the interviewees said that they don't know about GBV cases in the area.

Working with GBV cases

While asked what were the guiding principles they follow when dealing with GBV survivors. None of the respondents could name them. The service providers in the security sector stated that in most of the cases although women report domestic violence, only 2 of 10 cases may reach to court. Even if the cases are taken to court they reconcile at the end. As the women drop the charges, the investigation is, therefore, dropped. So not all the cases had expected end due to the decision of the survivors and the perpetrators do not get punished accordingly. According to the interviewees the survivors may fail the process any time if they decide to build peace with the perpetrators, as the violence is repeated again. According to the respondents this is one of the major challenges they face to address the GBV cases as it is needed. It is

recommended to raise the awareness of the GV survivors on causes and consequences of GBV and their human rights.

Referral/coordination

The service providers in the security sector receive referrals of GBV cases from medical personnel, health facilities, ambulance, police officer on duty, family members, NGOs in the area, and most of the cases survivors approach themselves. However, the started investigation or process ends when the survivor drops the charge. The respondents in Osh mentioned the name of PF "Podruga", WCCs and Association of Women Leaders Jalalabad in Jalalabad while asking which agencies they know who are working on the issue of GBV in their area. This knowledge shows that the service providers in the security sector do not know or work/coordinate with most of the institutions working on GBV issues in their area. There is need to educate the service providers from security sector on referral pathway established by the GBV sub cluster, distribute the copies of the GBV SOPs to strengthen the coordination and follow up among all sectors.

Safe shelters

The respondents mentioned that there are safe shelters in Osh and Jalalabad run by the WCCs, for the GBV survivors who can use if they need to leave the abusive environment for their safety and security. In order to provide security for the GBV survivors the social workers in escort the survivors while moving around in the city, also there is a staff on duty for 24 hours in the safe shelters. The service providers follow the confidentiality and do not share the information of the survivor to ensure the safety. However, currently both shelters in Osh and Jalalabad are closed as there are no enough funding and support for shelters to effectively provide services for GBV survivors. There is need to make efforts to ensure the sustainability of the safe shelters for GBV survivors in Osh and Jalalabad.

Documentation/procedures

The purpose of one of the questions was to find out what kind of medical documentation is required to make a police report, according to the respondents. Although, we knew that it was not necessary to have a medical document to make a report, we wanted to find out what their perceptions were about this. 82% of the total respondents said that there was no need for standard form to make a police report, 82% stated that forensic evidence is needed, followed by 64% stating medical exam findings and signature of authorization doctor are needed to make a police report, while some of the respondent believed that it depended on the case. Please see the table below for the summary.

Medical documentation required to make a police report?

#	Documents	Yes	No	Depends on case
1	Standard Form	18%	82%	0%
2	Medical Exam Findings	64%	36%	0%
3	Forensic Evidence	82%	18%	0%
4	Signature of Authorization of Doctor	64%	36%	0%
5	Additional Signatures or Authorizations	0%	55%	45%
6	Other Documentation	0%	91%	9%

The respondents described the process of detaining GBV suspects as the following way - after survivor comes with the charge, investigatory group is going to arrest the suspect, and he/she is detained for 48 hours until receiving charges/claim for crime. Investigatory operative group goes to the scene of crime, the case is registered in an information log-book of the account of crimes. While asked whose role is it to write the charges being made and for forwarding the case for prosecution (i.e., police, prosecutor), 45% of the respondents said it is the inspector's role, while 55% told that it is police's role. According to the 27% of respondents, there was no need to protect the survivors and witnesses during the arrest and detention of the suspects, 9% stated that they do not provide this kind of services, while 64% mentioned that they take measures according to the Law.

Training/workshop

54% of total interviewees reported receiving training, on gender/GBV, in 2009 by OSCE and association of Women Leaders Jalalabad, while 46% stated that they never received gender/GBV training. Most of the security service providers interviewed expressed willingness to receiving trainings, while some of them believed that they need training, but they do not have time for that.

Attitude about gender/GBV

73% of the total respondents stated that some women provoke their perpetrators' aggression because of their inappropriate behavior and 82% believed that some adolescents provoke sexual abuse because of their inappropriate sexual conduct. 91% of the interviewees reported that alcohol and drugs cause GBV, and 91% of service providers interviewed stated that most women will deny abuse if asked directly. Please see the below table for the summary.

#	Statements	Agree	Disagree	Don't know
1	Women who are victims of violence tend to use health services more often	36%	64%	0%
2	Gender-based violence is a private issue	9%	64%	27%
3	Some women provoke their perpetrators' aggression because of their inappropriate behavior	73%	18%	9%
4	Some adolescents provoke sexual abuse because of their inappropriate sexual conduct	82%	18%	0%
5	Alcohol and drugs cause gender-based violence	91%	0%	9%
6	Gender-based violence originates in poverty	36%	64%	0%
7	Most women will deny abuse if asked directly	91%	9%	0%
8	Most women will feel offended if asked direct questions about violence	46%	36%	18%

The findings from this assessment confirm that there is string cultural belief on gender/GBV stereotypes and the survivor of sexual violence tend to be blamed for the violence they experience. Hence it is obvious that this kind of attitude in the family, community and the society, making obstacles for women and girls to come forward and talk about the violence occurring to them. There is need to train the police and awareness raising for the population on gender/GBV and human rights.

3.4. LEGAL SECTOR

The legal sector should work to review and revise laws that reinforce GBV and gender discrimination; provide free or low-cost legal counseling and representation to survivors; conduct ongoing training to members of the judiciary to apply GBV laws and carry out judicial proceedings privately, respectfully, and safely; institute provisions for monitoring court processes and collecting and analyzing data on cases; and conduct broad-based community education on the existence and content of anti-GBV laws.

The structured interviews were conducted with 10 respondents, including the lawyers and solicitors from WCCs and other local legal NGOs, and Osh city Court Judge. The questions were directed to find out the knowledge, attitude, practice and skills of the service providers in legal sector in relation with addressing the needs of the GBV survivors.

Types of GBV

According to the respondents the most common GBV cases they have either been reported or heard in the area are domestic violence, sexual assault including rape, physical violence, psychological assault, economic abuse, bride kidnapping, early and forced marriage.

Working with GBV survivors

None of the respondents from the legal sector was able to name the four guiding principles for working with the GBV survivors, however, they mentioned that they follow the confidentiality.

40% of the legal service providers interviewed stated that there are some challenges while dealing with the GBV cases, so that the women do not know their rights, hence they do not seek for the legal assistance to restore their human rights and have the perpetrator be punished for the violence they commit. They also have challenges at times in finding the proof for the violence committed or the suspect disappears. However, 40% believed that there is no problem with dealing with GBV cases and 20% was not sure about that.

Reporting/referral

The service providers from the legal sector stated that normally the survivors themselves, family members, any witness approach them for assistance or legal aid for the GBV survivors. However, they receive report from police, medical institutions and women crisis centres as well.

While asking about the types of VAW/GBV fall under the mandatory reporting laws, the interviewees stated that almost all types of violence, including sexual, physical, psychological, early and forced marriage cases should be reported. The respondents believed that GBV is the violation of human rights and needs to be reported. However, when asked if there is any penalties or punishment for non reporting the GBV cases, most of the service providers interviewed was sure about that and some of them stated that there is no any penalty for non reporting. Some service providers from legal sector believed that there are special circumstances for which reporting is not mandatory. Such as, observing the confidentiality according to survivor's will, if survivor does not agree to share the information, when the survivor drops the charges and reconcile with the perpetrator. However, few of the respondent said that all GBV cases should be reported as it is violation of human rights, and some of the interviewees were not sure about the answer.

10% of the respondents were not aware about the special provisions for minors if they are victims, witnesses or accused, 10% stated that there were no any special provisions for them, and 80% said that there are special regulations for minors in the Crime Code of Kyrgyz Republic.

Process/procedures

According to 50% of total respondents, it is the prosecutor's role to write the charges being made and forwarding the case for the prosecution and pressing the charges in criminal proceedings, 20% said it is the responsibility of both inspector and prosecutor, while 30% believed that it is the role of inspector.

The service providers from the legal sector reported that the prosecution of the cases last from one to two months according to the article #252 in the Criminal Code of Kyrgyz Republic. When asked what would be the reason if the prosecution process was delayed, some of the respondents said that delaying would depend on the complexity of the case, heaviness of the crime, health of the suspect or victim, or the suspect might disappear. However, some of the respondent believed that another reason of the delay in prosecution of the case might be corruption.

Almost all the respondents stated that the corroboration of witness required in the prosecution of GBV crimes, however 10% thought that it is not needed. While asking the respondents whether the court proceedings can occur in a camera (in private) for GBV cases (i.e., the presiding judge clears the courtroom or hears the testimony in chambers), and who decides about that, 90% stated that it can, and the judge can make decision about that.

Safety and security

The service providers from legal sector stated that according to the Crime Code of Kyrgyz Republic the care and protection should be provided to the witnesses or survivors e.g. providing transport and escort and they though that it is the responsibility of the prosecutor to ensure the safety and security of the witnesses and survivors. However, some of the interviewees said that there is no possibility in their institution to provide transport for survivors or witnesses, and there are no NGOs supporting this situation.

Training/workshops

While asking what kinds of qualifications and training in GBV do the judge/magistrate, clerks, and other staff have in their institution, 80% of the respondents said that they either don't know or don't remember if the staff received training on GBV. Only 20% said that they received training on domestic violence and GBV in 2009. 100% of the respondents mentioned that they are willing to participate training on gender/GBV and human rights, if there were such trainings offered. This finding gives us the idea that the service providers from legal sector need training on gender and GBV.

Other legal issues

While asking about the legal stipulations regarding the age and conditions of marital consent for males and for females, the respondents said that according to the Constitution and Family Code of Kyrgyz Republic, the legal age for men and women to get married is 18. According to the mentioned laws, the men and women should consent to the marriage and these laws limit the early and forced marriages.

The respondents stated that the Constitution, Family Code, and Civil Code of Kyrgyz Republic regulates property ownership and inheritance rights of the women and girls, however, these laws are not always followed in the real life and women need to fight and claim their property ownership and inheritance rights. According to the respondents, unfortunately, women and girls do not know their rights and are not strong enough to claim their rights.

Attitude about gender/GBV

According to 100% of the GBV service providers from legal sector who were interviewed, alcohol and drugs cause GBV, while 70% believed GBV occurs in the poverty. 90% of the respondents agreed that most women will deny abuse if asked directly, and 80% respondents stated that most women will feel offended if asked direct questions about violence. Most of the interviewees disagreed with the statements "Some women provoke their perpetrators' aggression because of their inappropriate behavior" and "Some adolescents provoke sexual abuse because of their inappropriate sexual conduct". Please see the below table for more details.

#	Statements	Agree	Disagree	Don't know
1	Women who are victims of violence tend to use health services more often	40%	60%	0%
2	Gender-based violence is a private issue	0%	100%	0%
3	Some women provoke their perpetrators' aggression because of their inappropriate behavior	40%	60%	0%
4	Some adolescents provoke sexual abuse because of their inappropriate sexual conduct	30%	70%	0%
5	Alcohol and drugs cause gender-based violence	100%	0%	0%
6	Gender-based violence originates in poverty	70%	30%	0%
7	Most women will deny abuse if asked directly	90%	10%	0%
8	Most women will feel offended if asked direct questions about violence	80%	20%	0%

According to the GBV service providers from the legal sector, the community blames women who experience the GBV and who takes the case to legal sector. These kinds of social attitude make the women to drop the case or not to report the case at all. The respondents suggested to carry out GBV awareness raising activities with the communities.

4. RECOMMENDATIONS

- Conduct ongoing GBV assessment to identify the trend of GBV issues in Osh and Jalalabad so that they are addressed accordingly and in a timely manner
- Involve the service providers from all four sectors in Caring for Survivor trainings and ensure the reinforcement and application of knowledge and skills they acquire through regular monitoring and follow ups
- Educate the GBV service providers and conduct awareness among the population on human/women's rights, gender equality, GBV, causes and consequences of GBV to mitigate the cultural barriers for women and girls to report the GBV cases and address the wrong assumptions on gender and GBV
- Strengthen the capacity of health facilities to provide quality health services to the GBV survivors particularly the survivors of rape. Advocate for "one stop" health services for rape

cases, to ensure the confidentiality and encourage the GBV survivors to seek for medical help. Raise the awareness of the population of the importance of reporting the rape case and seek medical care within 72 hours.

- Advocate for and provide support for GBV service providers to arrange transport or escort for the GBV survivors to reach the needed services, to ensure the safety and security of the survivors or witnesses
- Distribute the copies of established GBV SOPs for Osh and Jalalabad to the GBV service providers and ensure that all the service providers abide with the GBV SOPs. Abiding with the SOPs may help strengthening the GBV referral pathway, established by the GBV sub cluster, follow up and coordination among service providers
- Ensure the review and revision of the existing GBV Incident report form adapt it to the specific sectors if needed and educate the GBV service providers from all sectors on how to use it to document the GBV cases they receive.
- Advocate for projects providing vocational skills trainings, occupational activities and small business to empower the women and girls experiencing GBV
- Advocate for the sustainability of safe shelters for GBV survivors, hence the safe shelters run by WCC in Osh and Jalalabad
- Raise the awareness of women and girls, men and boys on human/women's rights and relevant national and international laws and legislations
- Advocate for the implementation of national and international laws and legislations on domestic violence, gender and GBV

ANNEX 1. CAPACITY ASSESSMENT QUESTIONNAIRE – PSYCHO-SOCIAL SECTOR

Name of informant:
Type of Psychosocial Sector:
Town, Oblast:
Date:

	Report their answers in this column:
1. What types of cases related to VAW/GBV have you seen or heard in this area?	
2. What are the guiding principles you follow while dealing with the GBV survivors?	
3. Have you received any reports related to VAW/GBV cases? If yes, what action have you taken? If no why do you think VAW/GBV incidents are not reported in your area?	
4. What services are you providing for the survivor who is approaching to you?	
5. Is there an existing referral system that GBV survivors might be referred to for further support? If yes, what sectors are involved?	
6. What is the process/procedure of referring the survivors for further support?	
7. How is the confidentiality of the case ensured?	

8. How is the security of the survivor and service provider ensured?	
9. How do survivors access you and your services? Is there any institution that helps the survivor in terms of transport?	
10. How are survivors made aware of you and your services? Or, what methods do you use to let the survivors know about you and your services?	
11. Are there any organizations that provide empowerment activities? For example: income generating activities, literacy programs, vocational training, or civil-society building?	
12. Are there safe houses in your area? How can women and girls access these services?	
13. What is the age for marriage for males and females according to Kyrgyz law?	
14. Do women exercise their rights to property ownership?	
15. Have you received GBV training? If yes where and who led the training? If not, would you like to receive this training?	

16. Have you received training on Psychosocial support? If yes, where, who led the training? If not would you like to receive this training?	

Knowledge/Attitude – Do services providers agree or disagree with the following statements:	**Agree**	**Disagree**	**Do no know**
Women who are victims of violence tend to use health services more often.			
Gender-based violence is a private issue.			
Some women provoke their perpetrators' aggression because of their inappropriate behavior.			
Some adolescents provoke sexual abuse because of their inappropriate sexual conduct.			
Alcohol and drugs cause gender-based violence.			
Gender-based violence originates in poverty.			
Most women will deny abuse if asked directly.			
Most women will feel offended if asked direct questions about violence.			

Assessment compiled by: _____

ANNEX 2. CAPACITY ASSESSMENT QUESTIONNAIRE - HEALTH SECTOR

Name of informant:
Health Facility Name:
Town, District and Oblast:
Date:

Services	**Yes**	**No**	**Please describe**
1. Are the services that your clinic offers free or do people have to pay small money for the services?			
2. Number of qualified staff (how many doctors (any specifically trained in GBV, children etc), nurses, healthcare assistants) and how many are female?			

3. How many GBV consultations do you provide per month?			
4. Can you do HIV testing, training? Do you have HIV test kits?			
5. How do you manage STIs in this facility? Which drugs do you have here to prescribe? (get exact list of drugs)			
6. Have you heard of post-exposure prophylaxis (PEP)? If yes, can you tell me what it is used for, and whether it is available in your clinic? (Get exact list of drugs)			
7. Is Hepatitis B vaccine available at your clinic? If not is there any where in the area where someone can receive this vaccine?			
8. Is tetanus vaccine available at your clinic? If not is there any where in the area where someone can receive this vaccine?			
9. Have you received training related to violence against women (e.g. the medical management of rape)? If yes, where and who led the training? If not, would you like to receive this training?			
10. Have you received training on clinical management of GBV cases involving adults and child survivors? If yes, where and who led the training? If not, would you like to receive this training?			
11. Have you received training on mental health and psychosocial support training? If yes, where and who led the training? If no, would you like to receive this training?			

12. Have you received training on GBV? If yes where and who led the training? If not would you like to receive this training?			
13. Do you screen patients for sexual violence or other forms of violence against women? Find out specifically what they screen for (rape, domestic violence etc)			
14. What written protocol does your clinic use for the management of rape or other types of violence against women?			
15. Do you have any supplies that are to be used when addressing the needs of a rape survivor? (rape kits etc..)			
16. Does your clinic have pregnancy tests and emergency contraceptives?			
17. Does your clinic have a steady supply of drugs? If not, ask what some of the challenges are that they face in accessing the drugs that they need to perform their job?			
18. Do you have any forms that you use to document cases of violence against women?			

19. Who is signing those forms after filling them in? And what do you do with those forms after you fill them in?			
20. Do you refer survivors of rape to anyone after they manage their health needs (police, justice etc…)			

	Report their answers in this column:
3. What do you understand by the words gender-based violence?	
4. Do you think most women with GBV come forward for help?	
3. What are the most common problems that women and girls seek treatment for?	
4. What are the guiding principles you follow while dealing with GBV survivors?	
5. If a person wishes to report a rape officially to the authorities, where in the area can they get a medical certificate?	
6. If it sounds like they actually provide services to address the medical management of rape, ask them to walk you through their procedures. What forms do they use etc… Where do they keep them etc…	

7. If they are willing to talk about addressing VAW/GBV or rape, ask them what challenges they face in assisting survivors?	
8. Remember to observe the setting: is the room where health assessments take place in private, clean, how is the lighting, can people see in the windows?	

Knowledge/Attitude – Do services providers agree or disagree with the following statements:	**Agree**	**Disagree**	**Do no know**
Women who are victims of violence tend to use health services more often.			
Gender-based violence is a private issue.			
Some women provoke their perpetrators' aggression because of their inappropriate behavior.			
Some adolescents provoke sexual abuse because of their inappropriate sexual conduct.			
Alcohol and drugs cause gender-based violence.			
Gender-based violence originates in poverty.			
Most women will deny abuse if asked directly.			
Most women will feel offended if asked direct questions about violence.			

Assessment compiled by: _____

ANNEX 3. CAPACITY ASSESSMENT QUESTIONNAIRE – SECURITY SECTOR

Name of informant:
Title and department:
Town, Oblast:
Date:

	Report their answers in this column:
1. What types of cases related to VAW/GBV have you seen here at this police post?	

2. What are the guiding principles you follow while dealing with GBV survivors?	
3. What happened to those cases?	
4. What challenges do police face in following up GBV cases? (such as a woman who drops the charges and the investigation is therefore dropped; Please give examples.	
5. From what individuals or organizations do police typically receive reports? (Victims/survivors? Family members? Health professionals? NGOs? Others?)	
6. What kind of medical documentation is required to make a police report? (We want to find out what their perceptions are about this—we know that it is not necessary to have a medical document to make a report, but want to know what they think)	
7. What is the process for detaining GBV suspects?	
8. Whose role is it to write the charges being made and for forwarding the case for prosecution (i.e., police, prosecutor)?	
9. Is anything done to protect the survivor and witnesses during the arrest and detention of suspects?	

10. Are there any organizations that you know of that are working on the issue of GBV in this area?	
11. Have you received GBV training? If yes, where, who led the training? If not would you like to receive this training?	

Medical Documentation Required To Make a Police Report

	Report their answers in this column:
1. Standard Form	
2. Medical Exam Findings	
3. Forensic Evidence	
4. Signature or Authorization of Doctor	
5. Additional Signatures or Authorizations	
6. Other Documentation	

Knowledge/Attitude – Do services providers agree or disagree with the following statements:	**Agree**	**Disagree**	**Do no know**
Women who are victims of violence tend to use health services more often.			
Gender-based violence is a private issue.			
Some women provoke their perpetrators' aggression because of their inappropriate behavior.			
Some adolescents provoke sexual abuse because of their inappropriate sexual conduct.			
Alcohol and drugs cause gender-based violence.			
Gender-based violence originates in poverty.			
Most women will deny abuse if asked directly.			

Most women will feel offended if asked direct questions about violence.			

Assessment compiled by: _____

ANNEX 4. CAPACITY ASSESSMENT QUESTIONNAIRE – LEGAL SECTOR

Name of informant:
Profession:
Town, Oblast:
Date:

	Report their answers in this column:
5. What types of cases related to gender-based violence or VAW have you seen here?	
6. What are the guiding principles you follow while dealing with GBV survivors?	
3. Who, if anyone, is required by law to report incidents of VAW/GBV to police authorities?	
4. What types of VAW/GBV fall under the mandatory reporting laws?	
5. What are the penalties for non-reporting?	
6. Are there special circumstances for which reporting is not mandatory?	
7. What, if any, special provisions are there for minors if they are: Victims? Witnesses? Accused?	
8. Who is responsible for pressing charges in criminal proceedings?	
9. How long does it take for the prosecution of cases in Kyrgyzstan? If it takes long, what are reasons for delays in the prosecution of cases in this area?	
10. What is/are the requisite standard(s) of proof? Is witness corroboration required in the prosecution of GBV crimes?	

11. What is the typical time frame for prosecution from date of charges filed to date of conviction?	
12. Can court proceedings occur *in camera* (in private) for GBV cases (i.e., the presiding judge clears the courtroom or hears the testimony in chambers)? Who decides?	
13. What is the capacity (vehicles, fuel, staff, etc.) or limitations in instituting procedures for witness transport, care, and protection? Does any institution or NGO work with you in terms of helping to transport witnesses or survivors?	
14. What kinds of qualifications, experience, and training in GBV do the judge/magistrate, clerks, and other staff have?	
15. What are the challenges they face in dealing with cases of VAW/?	
16. What are legal stipulations regarding the age and conditions of marital consent for males and for females?	
17. What are legal stipulations regarding women's property ownership rights?	
19. What are legal stipulations regarding inheritance rights of women, girls, and widows?	
20. Would your staff be willing to attend a GBV training if there is one offered?	

Knowledge/Attitude – Do services providers agree or disagree with the following statements:	**Agree**	**Disagree**	**Do no know**
Women who are victims of violence tend to use health services more often.			
Gender-based violence is a private issue.			

Some women provoke their perpetrators' aggression because of their inappropriate behavior.			
Some adolescents provoke sexual abuse because of their inappropriate sexual conduct.			
Alcohol and drugs cause gender-based violence.			
Gender-based violence originates in poverty.			
Most women will deny abuse if asked directly.			
Most women will feel offended if asked direct questions about violence.			

Assessment compiled by: _____