

Establishing a referral mechanism to prevent and respond to domestic violence at the local level, Kyrgyzstan

Since 2010, UNFPA has been partnering with NGOs, the government of Kyrgyzstan to set up a system of multi-sectoral cooperation for the prevention of and response to GBV at the municipal level. At the outset, the following steps were undertaken:

- A Coordinating Council was set up by the mayors' office in capital city Bishkek; it approved local level work plans for the prevention of and response to domestic violence.
- Models for inter-agency cooperation were developed and tested in specified pilot districts/sub-districts in Bishkek. The pilot was coordinated by the municipal administration in the respective pilot district/sub-district.
- Sector-specific action plans and departmental instructions for health care and the municipality administration (including police, health, education and local self-governance including social services) on how to work with survivors of domestic violence were adopted.
- All involved professionals were trained on understanding GBV, relevant local and international laws, and how to effectively respond to GBV. Training of health care providers targeted both, doctors and nurses.
- Standard forms for reporting and tracking domestic violence for use by health care institutions and municipal administration were adopted.
- Quarterly coordination meetings of all sectors involved have been organized and facilitated by the deputy mayor and UNFPA. These meetings served to register identified cases of women and children survivors of domestic violence; further, service providers discussed and agreed on further support measures.
- A number of public awareness raising activities were held. For example, health facilities organized information stands to inform patients and health care professionals on available services for survivors and contact information of organizations providing support. Education departments organized a series of activities in schools among students and children, those who have experienced domestic violence were provided with psychosocial support.
- Local self-governance bodies worked on identification and prevention of domestic violence in their respective communities.

In 2012, this **model cooperation framework** developed at the capital city level was then translated into action at the sub-national level, through a pilot in the cities of Osh and Jalal-Abad:

- Participating organizations formalized their cooperation based on a Memorandum of Understanding (MoU) which also includes implementation of GBV Standard Operating Procedures at the national level. The MoU was initiated under the IASC GBV sub-cluster during the interethnic conflict that occurred in June 2010, in order to set up a national network to respond to and prevent GBV in the aftermath of the conflict. The MoU was signed by the Ministries for Labour, Employment and Migration; Social Protection; Internal Affairs; Justice; and Health, as well as UNICEF, UNFPA and UN Women.
- In both cities, the mayor's offices set up Multi-sectoral Coordinating Councils; they approved local level work plans for the prevention of and response to domestic violence. Members include the deputy mayors, representatives of women crisis centres, women's NGOs, NGOs

providing legal support, health departments, local self-governance bodies, and municipal law enforcement bodies.

- Municipal workers and service providers underwent training on the implementation of the MoU and the SOPs, based on the 2003 Law on Social and Legal Protection against Domestic Violence.

These efforts have resulted in identification and referrals of survivors of GBV, as follows:

- In 2012, 500 cases of domestic violence were registered at the Emergency Medical Care Center (Osh), which included 329 women and 171 men.
- 117 complaints of instances of physical domestic violence were registered in 2012 at the trauma unit of the City Hospital (Osh) and received medical support.
- From August 2012 to March 2013, three women survivors of domestic violence sought help at the emergency room of Family Medical Center №1 (Osh). Two of them were referred to the Police Department of Osh.

While some progress has been made, more work still needs to be done to ensure that GBV survivors have access to comprehensive support. It is necessary to continue strengthening the capacity of local providers of health, psychosocial, legal and protection services, with a view to setting up a sustained and well-functioning referral pathway. For the health sector, emphasis should be put on sensitizing doctors to address GBV as a public health issue, rather than a family/private matter, in order to improve the identification of survivors. Further, improvements in the infrastructure of health facilities are urgently needed. Currently, many health facilities lack separate rooms for psychosocial consultations provided to patients who experienced GBV. This prevents doctors from asking confidential questions, and survivors from disclosing GBV due to shame and fear. Furthermore, sector-specific instructions on the response to GBV should be institutionalized through capacity building of ministerial workers on gender equality and GBV.

Lessons learned:

- Political will on the part of central-level authorities that ensure accountability of local governments are important prerequisites to ensure that laws, policies and action plans documents are actually implemented and that appropriate financial and human resources are in place at the local level.
- Political and financial support from the municipal administration not only helped to secure funds needed for the implementation of action plans but also serve to create a sense of ownership among those responsible for implementation.
- Coordinating bodies need to meet regularly, in order to ensure ongoing implementation and monitoring of action plans and to enable them to address emerging issues in a timely manner. Ensuring broad-based membership of governmental, non-governmental and international organizations in coordination structures is desirable.

The added value of setting up a multi-sectoral cooperation mechanism and getting to know each other's counter parts in the partner organizations is illustrated in the following statement from a district police inspector in Osh: "After we started working together, I realized that we are all doing the same job. Not only us, but others also work on resolving domestic violence. Now that we know each other, it's easier. You can't just send someone off to another agency without that."