

Providing hospital-based accommodation for survivors of GBV in Tajikistan

In June 2012, the Ministry of Health of Tajikistan, in partnership with UNFPA established “victim-support rooms” to survive as temporary shelter for women survivors of GBV. To date, such rooms were established in eight hospitals and maternity houses in the cities of Dushanbe, Rasht, Vahdat Kurgan–Tube, Kulyab, Khujand and Kairakkum. This step was necessary, given the lack of a sufficient number of shelters in the country. While some NGO-run shelters exist, they lack funds to necessarily guarantee continuous provision of services.

In each health facility, one “victim support room” was established, providing women and girls survivors of GBV above the age of 14 and their children with temporary accommodation. Survivors are referred to the rooms by medical professionals, law enforcement or NGOs. Admission to the victim support room happens on a voluntary basis with their informed consent. Survivors may stay for a period of up to five days, while there is some flexibility in regards to the duration. The rooms are equipped with basic furniture including child beds, a cooking facility, tableware, bed sheets, towels, hygiene and sanitary items and diapers for babies. During their stay, they have access to basic medical and psychological care, counseling sessions that can be arranged in the evenings, as well as information on other services available in their city or district. The operation of the victim support rooms is guided by standardized policies, which foresee e.g. the provision of health services free of charge or at affordable prices, informing survivors of and referring them to other service providers, and the application of certain protocols and guidelines, covering issues such as identification, emergency contraception and STI prevention/treatment. Security of the rooms is ensured through providing all doctors and nurses with mobile phones so that they can call the local police station in case of an emergency.

The added value of creating such a hospital-based service is that it takes into account the local cultural context: Women who do not spend the night at home (for example, in a shelter) might face rejection by their families or neighbours, whereas an overnight stay at a hospital will not raise any suspicious questions. Furthermore, doctors are well positioned to observe potential future problems faced by the survivor back home through follow-up appointments.

As of May 2014, about 50 women have received temporary accommodation in the victim support rooms. This type of service is innovative in Tajikistan and its awareness still needs to be raised among women and girls.

This effort is part of a broader initiative to strengthen the existing referral mechanism for survivors of GBV in Tajikistan. This includes joint training undertaken by UNFPA of health care staff working at the victim support rooms and police officers in the cities where the rooms are established. Following the trainings, participants became multipliers by in turn training their peer professionals. It is planned that the Ministry of Health will be rolling out the “victim support rooms” in other districts.