

## COMMUNITY-BASED GENDER BASED VIOLENCE (GBV) PREVENTION INITIATIVE FOR DISPLACED CHECHENS AND OTHER WAR-AFFECTED POPULATION

### PROGRAM CONTEXT

For over a decade the Northern Caucasus republics of Chechnya and Ingushetia have been torn apart by war, displacement and economic collapse. More than 600,000 Chechens were displaced due to the conflicts that initiated with the fall of the Soviet Union in 1991, about half of whom settled in Ingushetia. Gender-based inequality and gender-based violence (GBV) existed before the conflict, but have been exacerbated and reinforced by the resulting breakdown of social norms and responsibilities. Data regarding the current nature and extent of GBV in the Russian Federation as a whole, and the North Caucasus in particular, are very limited.

International Medical Corps (IMC) has been operating in the North Caucasus (Chechnya and Ingushetia) since 2000. Key program areas include integrated primary health and community mobilization and income generation programs. In September 2007, IMC initiated a comprehensive, community-based GBV prevention and response initiative in the North Caucasus region, with funding from the United States Bureau for Population and Refugee Migration (BPRM).

### PROGRAM SUMMARY

**Goal: To raise awareness about GBV, reduce the incidence, and monitor the health condition of GBV survivors among displaced Chechens and vulnerable host populations in Ingushetia and Chechnya.**

**Objective 1:** To identify GBV survivors and provide immediate medical care, referrals, psychosocial counseling, and linkages to other services.

**Objective 2:** To create awareness about GBV throughout program areas.

**Objective 3:** To mobilize and improve the capacity of local health, community and educational services through GBV prevention training for local health workers, government representatives, and teachers.

**Target population:** 113,430 living in 33 spontaneous settlements in Ingushetia and 12 villages in Chechnya (25,063 in Ingushetia and 88,376 in Chechnya).

### PROGRAM HIGHLIGHTS

#### A. Baseline KAP Survey

IMC conducted a baseline survey in December 2007 to assess community member knowledge and attitudes regarding GBV. The study was carried out in 11 spontaneous settlements and one large village in Ingushetia (Troitskaya) and 12 villages in the Chechen Republic. Respondents were surveyed at purposively selected community points (schools, health clinics, spontaneous settlements) in an attempt to reach not only the general population, but select population subgroups, namely: youth aged 15-18, health care workers, teachers, and patients attending health clinics.

- A total of 900 questionnaires were distributed in the study area and 883 respondents were included in the analysis
- More than a third of survey respondents did not believe that men and women are equal, and more than half held the opinion that men are more important in decision-making for family affairs.
- About 14% of overall respondents (21% of male respondents and 10% of female respondents) supported the practice of “forced fiancée abduction”<sup>1</sup>.
- Nearly one in five respondents believed that a man has the right to beat a female family member. Only 28% of respondents indicated that a man should never beat a woman. Male respondents were nearly three times as likely as female respondents to assert that men have the right to perpetrate violence against female family members (29% versus 11%, respectively) and to believe that women who had been beaten deserved it (33% versus 13%).
- About half of respondents (51%) reported that people blame GBV survivors for what happened to them and nearly three-quarters (73%) felt that perpetrators usually go unpunished for such crimes
- Relatives were preferred as a point of referral for GBV survivors, followed closely by psychologists and lawyers.
- Gender emerged as a key factor in determining attitudes towards GBV, with male respondents significantly more likely to report gender-biased beliefs and to support acts of violence against women, as defined by the Inter-Agency Standing Committee, even after adjustment for other variables such as age and education level.

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<sup>1</sup> In the Caucasus, fiancée abduction can be broadly classified as consensual or forced. Forced fiancée abduction occurs when a man abducts a woman to be his wife without any prior contact with the woman or her family or their consent.

## B. Program Data on GBV

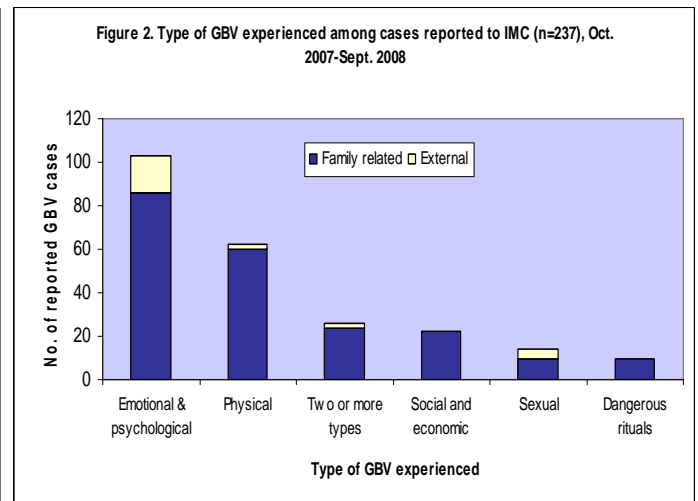
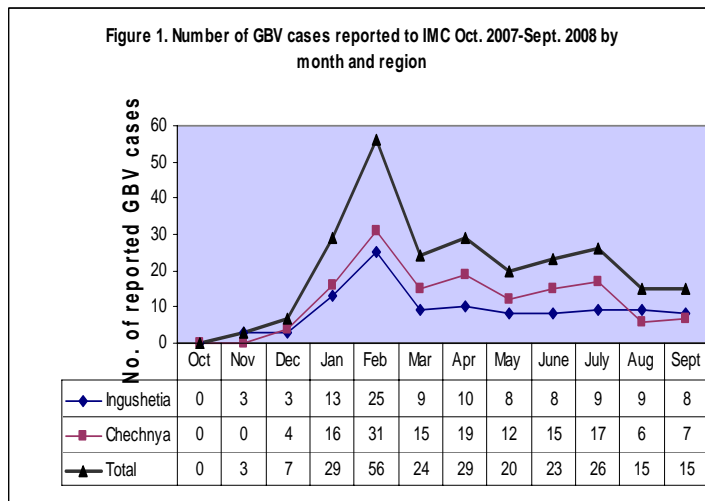
Core GBV program activities are implemented by two GBV prevention and treatment teams, consisting of a medical doctor and psychologist, assistant nurses, and community mobilization specialists trained according to UNHCR Guidelines.

- *Integrated and widespread training and sensitization:* All IMC staff sensitized, with additional focused training for IMC medical and psychosocial staff who rotate through specific program locations on a set schedule.
- *Capacity building of key community resource members including:* medical staff (109); school teachers (142); local administration employees (50); and Employees of Ministries of Interior – law enforcement (82).
- *Build and expand upon existing community-based networks to raise awareness of GBV and available services:* Training of 125 community health action group (CHAG) activists, who in turn delivered community sessions reaching 3,285 residents (22% male; 78% female). In addition, 1,179 high school students were sensitized to GBV.
- *Link with available resources:* After trainings were provided to IMC mobile medical teams, they were able to offer outreach to GBV cases and provide them with consultations. Medical care was provided to them, and they were referred to IMC psychosocial consultants for further care and follow-up.

**Increases in reporting of GBV cases:** In September 2007, when the IMC-GBV prevention program implementation started, data on GBV cases were sparse to non-existent<sup>2</sup>.

GBV case data in IMC program areas over one year period:

- 237 cases identified as GBV survivors.
- Of these, 100% received psychosocial support and were offered referral services; 135 accepted referral services for further treatment and care (Referrals made to IMC's medical teams, MOH health facilities, law enforcement agencies, other NGOs).
- Cases by type of violence (see Figure 2): Most cases (90%) are family violence related, mostly: emotional and psychological violence – 86 cases (41%); physical violence - 60 cases (28%); two or more kinds of violence – 24 cases (11%); socio-economic violence – 22 cases (10%); forced marriages (dangerous rituals) - 10 cases (5%); and sexual violence – 10 cases (5%).
- Cases by age and sex: Adults >18 (162 cases (68%); 157 female; 5 male); Children < 18 (75 cases (32%); 47 female, 28 male).



### For More Information on IMC's GBV Programs:

In addition to Russia, IMC is implementing 15 other GBV programs in the following countries: Burundi, Chad, Central African Republic, Democratic Republic of Congo, Liberia, Pakistan, Sudan (Darfur and South Sudan) and Uganda

IMC-Russia GBV Program	IMC GBV Programs Globally
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<sup>2</sup> During preliminary program coordination, UNHCR informed IMC that there were three GBV cases registered within the past four years of UNHCR operations in the North Caucasus.