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9. WINGS in Kyrgyzstan: An Intervention for Gender-Based Violence Prevention

Introduction

When we began piloting the Women Initiating New Goals of Safety (WINGS) intervention in 2013, designed for tackling gender-based and intimate partner violence among women who use drugs (and later expanded to include women engaged in sex trading), in Kyrgyzstan, there were only two community-based non-government organisations (NGOs) involved in the project. We are the Global Research Institute (GLORI Foundation), the Kyrgyz-based not-for-profit NGO who, at that time, worked in collaboration with the above-mentioned community-based NGOs Asteria and Podruga, with investigative and adaptation guidance from Dr Louisa Gilbert, Dr Timothy Hunt, and Dr Tina Jiwatram-Negron of the Columbia University Social Intervention Group and financial support from Open Society Foundations and Soros Foundation Kyrgyzstan. As of 2024, there are 14 NGOs utilising this intervention as a part of their daily practice and proudly referring to themselves as WINGed NGOs.

WINGS is an evidence-based screening, brief intervention, and referral to treatment (SBIRT) model consisting of one to two individual sessions focusing on raising awareness of and screening for different types of intimate partner violence (IPV) and other gender-based violence (GBV), safety planning, enhancing the motivation and social support to address violence, goal setting to reduce violence, and linkage to GBV and medical services. This chapter presents a case study from the GLORI Foundation's successful ten-year experience of designing, implementing, and disseminating the WINGS intervention in collaboration with the network of NGOs

and renowned researchers. It focuses on explaining the factors that drive the successful implementation of the intervention. It looks deeper into the benefits of collaboration between NGOs and government agencies within a joint “No Violence Coalition” (NOVIC) and the critical role of community leaders and champions in both NGO and government sectors in promoting an accessible and welcoming service framework for the extremely vulnerable group of women who use drugs and those engaged in sex trading.

Throughout the chapter we explore the role of the WINGS intervention in preventing violence and reducing the harms associated with substance misuse, including comorbid conditions, traumas, stigma, and discrimination. The authors have made every effort to cite data and text sources.

Background

Gender-based violence remains a serious public health and social threat in the Kyrgyz Republic, contributing to a host of negative physical and mental health consequences for women and their children (UN Women 2013; Kudryavtseva 2023). As highlighted in the reports of Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), despite recent gender-sensitive legislation and measures in Kyrgyzstan aimed at overcoming GBV, there remains a high level of tolerance towards and acceptance of violence against women, particularly against women who use drugs and are engaged in sex work (CEDAW 2015). There is a critical need for structural and community-level interventions to redress GBV among these key affected populations of women.

During the Covid-19 pandemic and in the post-pandemic period, Kyrgyzstan, like many other countries, has faced an increase in cases of IPV and a challenge in providing services to victims of GBV and IPV (UN Women 2020). Representatives of the courts, local communities, the prosecutor's office, the Ministry of Internal Affairs, probation authorities, healthcare, social security and migration, the penal service, and crisis centres are actively involved in solving this problem.

The Kyrgyz Republic defines itself as a democracy and aims to develop its policies on the basis of democratic values, the respect

for and the protection of human rights, and gender equality. The Kyrgyz Republic has ratified more than 30 international conventions on human rights. Among them are UN conventions directly relating to women rights, such as the above-mentioned Convention on the Elimination of All Forms of Discrimination against Women. The Kyrgyz Republic has also acceded to the Optional Protocol to the CEDAW, which provides the possibility of submitting individual complaints of the violation of women's rights, including in the international legal system.

In recent years, the Kyrgyz Republic has made significant efforts to eliminate violence against women and girls, paying particular attention to IPV or what is frequently referred to as "domestic violence". Today, the main law in this area is the Law of the Kyrgyz Republic "On protection from domestic violence" (Ministry of Justice 2017). In accordance with the procedure for providing assistance to survivors of domestic violence, legal, social, medical, and psychological assistance is provided by the government and assigned stakeholders. Survivors of domestic violence seek help from territorial authorities (such as internal affairs and social development authorities), local authorities, health authorities, and crisis centres that provide assistance to women.

Also, in order to implement the Law of the Kyrgyz Republic "On the protection from family violence" and the resolution of the Kyrgyz Republic "On the procedure for the implementation of protection from family violence" dated 1st August 2019, was developed and approved by a joint order of the Ministry of Labour, Social Security and Migration of the Kyrgyz Republic and the State Agency for Civil Service and Local Self-Government under the Cabinet of Ministers of the Kyrgyz Republic's "Guidelines for local authorities on protection from family violence in the Kyrgyz Republic" (Ministry of Justice 2019). However, in 2013 when the GLORI Foundation collaborated with the community-based NGOs Asteria and Podruga to launch WINGS, there were no sustainable and evidence-based mechanisms in place for changing behavioural stereotypes and promoting zero tolerance for violence norms among government agencies, local communities, and social networks of survivors.

Globally, about 35 % of women suffer from physical, sexual and psychological violence by a sexual partner or another person (Garcia-Moreno et al. 2013). Women who use drugs and women who

engage in sex trading remain the most vulnerable to violence (Rychkova 2013; 2017). Violence against these groups is systemic and perpetrated by individuals and some government agencies' staff, including police, whose primary mission is intended to be the protection of their rights and providing them with services regardless of their background, behavioural specifics, and other factors (Global Research Institute 2017).

High levels of stigmatisation against sex workers and people who use drugs results in illegal actions being taken against them, including unauthorised detention and physical and sexual violence (CEDAW 2015; Pinkham et al., 2008). These issues have been raised repeatedly at the national and international levels, including in national and alternative reports on the execution of CEDAW and human rights. Insufficient action or the inaction of society, law enforcement agencies, and the courts have been observed in cases of domestic violence (Human Rights Watch 2015). Women who use drugs, female sex workers, and lesbian, bi-sexual, and transgender (LBT) women are groups that do not share the same protections and opportunities or tools for the realisation of their rights as all other citizens.

There were cases when state structures, in particular law enforcement authorities, medical institutions, and individual groups of citizens acted based on religious and/or "traditional values". In fact, women who use drugs, female sex workers, and LBT women get discriminated against because they were women and because they represent the highly stigmatised group exposed to censure (CEDAW 2015). For women who inject drugs, gender discrimination is associated with the stigma linked to injecting drug use. The combination of these factors could push women to practise behaviours that increase their risk of HIV infection. There is also a greater likelihood that women who use drugs turn to providing sexual services in exchange for shelter, food, and care, which then increases their risk for violence by intimate partners. These women also may encounter resistance trying to insist that their sexual partners use condoms, which increases their risk of HIV and other sexually transmitted infections (STI) acquisition (Pinkham et al. 2008).

High levels of stigma and discrimination are expressed through violence both by the state (structural violence) and by individual citizens. According to the 2012 national survey, 68 % of sex workers

reported that they had experienced violence from law enforcement staff (Global Research Institute 2017). In 2014, the Kyrgyz parliament issued a statement regarding the need for the criminalisation of sex workers. Almost 50 % of women who use drugs experienced violence from police and 80 % experienced violence from intimate partners during the twelve months between 2013–2014 (Global Research Institute 2017). In general, public intolerance for the aforementioned groups and tolerance for violence perpetrators encourage further violence. The inability to obtain justice causes serious restrictions for people who consider HIV prevention and developing safe behaviours to be a priority, aimed at increasing security and/or improving access to medical services associated with venereal and sexual/reproductive health (CEDAW 2015).

Stigma and discrimination, as well as self-stigmatisation, hamper access to HIV services because individuals fear the disclosure of their status and being excluded from society. Therefore, representatives of key populations, as well as people living with HIV/AIDS (PLWHA), are deprived of the support from their social network and demonstrate low commitment to treatment and prevention programmes (Saki et al. 2015). All these factors have contributed to the spread of HIV infection in the Kyrgyz Republic. They have also encouraged in-country community leaders and heads of women-servicing and HIV-servicing NGOs to start exploring solutions, and WINGS was one of them.

The Developmental Trajectory of WINGS: Past and Present

WINGS of Hope (2013)

The project name “WINGS of Hope” was proposed by participants of the program. Early on, in 2013, a focus group was held in the south of Kyrgyzstan with sex workers from a Karasu sauna, and this is where the idea for the name emerged. The English acronym “WINGS”, echoing the word “wings”, stands for Women Initiating New Goals for Safety. “WINGS of Hope” is translated in Russian as “*Krylya nadejdy*”, and this Russian equivalent was retained because, among other things, our team was also dealing with finding a name

that would not make any reference to gender-based violence. This was important in terms of the safety and well-being of project participants and staff members.

The key components of the WINGS model include: a short psycho-educational phase in which women learn about the different types of gender-based violence and their impact; a screening process to identify whether the participant is at risk of or is experiencing gender-based violence; an intervention aimed at motivating the participant and improving their emotional state, as well as developing their safety plan; and referral to appropriate service-providers, alongside setting goals for the immediate future and providing them with the opportunity for HIV testing, with gender-specific counselling. This approach is called SBIRT, which stands for screening, brief intervention, and referral to treatment (Gilbert et al. 2016). All components are equally important and require great attention. They are also presented in a specific sequence to maximise support and results. The first component focuses on education, through which a participant, during the individual sessions with our facilitators, is introduced to definitions and receives an overview of violence and its types, how they are different from each other, and how they may impact health and well-being, including that of children. This key element is followed by screening participants. This unique screening helps to identify different types and patterns of IPV and GBV that women who use drugs in Kyrgyzstan are likely to experience. While raising women's awareness of violence and how it may lead them to use drugs to cope with physical and emotional pain, facilitators engage them in a discussion of the terms, concepts, and vocabulary that they agree to use throughout the intervention sessions. This approach has been proven to have an impact on achieving positive results.

While piloting the intervention session, we found it looks like a ladder. Every rung of the ladder is unique and has its own place and purpose. For example, the goals set by one woman will not work for another. One participant decides that the solution to the problem would be to attend a self-defence course, another turns more to religion, while others start looking for affordable drug treatment courses and job opportunities in order to have a sustainable income. For many, the priority is to restore relationships with family members and friends that had lost in the course of everyday problems

or during incarceration. We also found that none of the participants indicated that they wish “to leave things as they are”. All participants expressed a desire for change in their life with respect to their relationship and/or other areas of their life.

The same applies to the safety plan. It is not just another step in the process; this is one of the cornerstones on which everything rests. Preparation and thorough plan development help to ensure that a participant knows where and whom to call in case of danger, where to hide in case of violence, and how to behave and what to do to prevent violence or minimise its impact on herself and her loved ones. Safety planning is essential— more than 70 % of women who participated in the project had children, increasing the potential impact of the violence. In addition, most of the women (89 %) reported experiencing some form of economic abuse (Jiwatram-Negrón et al. 2018), exacerbating their economic vulnerability as well.

The next critical step in the WINGS model is to provide women with a unique scope of services that may increase their safety and their personal and social stability and connections. Considering their history of abuse, women who have experienced IPV or GBV have specific and more complex needs, especially those with histories of sex work. Findings suggest that GBV risks shift over time with active engagement in sex work (Jiwatram-Negrón et al. 2023), emphasising the importance not only of safety planning, but also of getting women connected to care in a timely fashion.

Women who benefitted from WINGS reported a significant decrease in violence of all types, including gender-based violence, intimate partner violence, severe and less severe forms of physical and sexual violence, verbal abuse, and psychological abuse, compared with data collected at the baseline assessment (Gilbert et al. 2017). Participants demonstrated awareness of the risks of violence, significant reductions in substance use, improved skills in creating a safe environment for the provision of sexual services, and higher rates of referral to organisations that assist victims of gender-based violence (Gilbert et al., 2017). These findings suggest that after participating in the project, women's quality of life improves significantly and their confidence in NGO providers is strengthened.

The WINGS of Hope or *Krylya nadejdy* project, piloted by the Global Research Institute in 2013 with Osh-based NGO Podruga and the Asteria NGO in Bishkek, with generous support from the Soros

Foundation-Kyrgyzstan and the Open Society Foundations, was the beginning of what is now a well-sustained, manualised intervention used by government agencies and NGOs in Kyrgyzstan and beyond. By 2016, the network of WINGed NGOs had expanded and included the NGOs Positive Dialogue, Plus Center, Sotsium, and Chance. Altogether, 213 women who use drugs and/or engage in sex trading/work were supported through the project and network of NGOs between 2013 and 2016, and this work has only continued since then.

The renowned researchers from the Columbia University Social Intervention Group—Drs Gilbert, Hunt, and Jiwatram-Negron—were involved in the adaptation of the intervention based on SBIRT principles. They dedicated a lot of time, effort, and expertise to designing and conducting multiple trainings, supervision, and set-up work and maintaining the unique monitoring and evaluation framework.

WINGS SUNFLOWER (2019)

In 2019, the GLORI Foundation analysed the most recent UN CEDAW recommendations, and collaboratively—alongside six non-government crisis centers and the Association of Crisis Centers of the Kyrgyz Republic—decided to apply the project funded by the United Nations Development Program (UNDP) aimed at the integration of the intervention model on the prevention of gender-based violence in crisis center activities in the Kyrgyz Republic. These six crisis centers were Ak Jurok (in the town of Osh), Ayalzat and Meerman (in the town of Karakol), Tendesh (in the town of Naryn), and Sezim and Chance (in the town of Bishkek). The project team collaborated with its partners in South Korea, who helped with adapting and applying specific components of the SUNFLOWER framework in Kyrgyzstan.

South Korea has a one-stop service model for GBV survivors, known as the Sunflower Center (United Nations Development Program 2019). Sunflower Centers are housed in hospitals and provide integrated support, including medical, counselling, legal, and police-investigation services. As of November 2018, there were 38 Sunflower Centers across the country. The Centers apply the one-stop service approach and are administered by the Ministry of Gen-

der Equality and Family, in collaboration with local governments, hospitals, and the police. Sunflower Centers are fully funded by the government in Korea. The Sunflower Centers also provide targeted support for underage victims and persons with disabilities.

The six non-government crisis centers in Kyrgyzstan were trained to work implementing the unique, client-oriented methodological framework that builds on both the WINGS SBIRT model and the SUNFLOWER framework. The key achievement was our attempt to provide multi-disciplinary services to GBV and IPV survivors in a single location. In the first year, the project provided services to more than 100 women vulnerable to violence (United Nations Development Program 2020). During the project, the non-government Crisis Centers successfully partnered with the Ministry of Internal Affairs and the Ministry of Labour and Social Development and focused their efforts on capacity development for preventing and identifying cases of violence, promoting gender equality, ensuring stronger and more effective measures to provide services to beneficiaries, protecting their rights, and preventing secondary victimisation. The GLORI Foundation and the Association of Crisis Centers of the Kyrgyz Republic worked together on disseminating the WINGS SUNFLOWER findings and experience, both in Kyrgyzstan and internationally (Columbia U 2020).

Rural WINGS (2023)

In 2023, the non-government Chance Crisis Center, together with the NGO Protecting the Dignity of Vulnerable Populations, applied to the British Emergency Aid to Russia and the Republics (BEARR) Trust for a grant for the dissemination of the WINGS intervention methodology to the rural provinces of Chui Region in Kyrgyzstan and were awarded the grant. This project, supported by the BEARR Trust Small Grants Scheme, was carried out collaboratively with the GLORI Foundation, engaged to manage the monitoring and evaluation (M&E) scope.

It was a great opportunity to adapt and bring this evidence-based GBV-prevention methodology to vulnerable communities living in rural areas with extremely limited access to the resources more or less available to city residents. In these territories, there are neither



Figure 1 Team of Rural WINGS at Belovodskoe Village, 2023

crisis centers nor enough trained psychologists; however, there is a wide network of municipal social protection agencies whose employees could use their skills and resources to help women in violent situations.

The project covered the Moskovsky district in Chu Region, the population of which is more than 100,000. In the current conditions, when state social security services are in need of external support, the issue of providing effective assistance to women and girls affected by gender-based and family violence is acute. Niyazbek Egemkulovich Kozuev, the Head of the Moskovsky district, supported the implementers' efforts and gave all the support the project needed. His team ensured the attendance of government and municipal employees from agencies and social services directly engaged in assisting persons seeking help in cases of violence, provided convenient premises, and created the necessary conditions for the effective conduct of the training and supervision meetings (Chance Crisis Center 2024).



Figure 2 (from left to right) Asel Akmatova, Danil Nikitin, Niyazbek Kozuev and Ryskan Moldakunova, 2023

WINGS and Harm Reduction

Recent research has documented strong associations between experiencing GBV and drug overdose among women with drug addiction (Gilbert et al. 2022). Fear of discrimination and further violence often inhibits women from calling the police or seeking emergency care during violent or overdose incidents, which serves to reinforce their risks of exposure to both violence and overdose. To tackle these issues in Kyrgyzstan, we integrated overdose (OD) prevention training into the WINGS model. While arranging the linkage to care, the facilitators trained in the WINGS methodology make sure to consider referrals to available narcological services, as well as to supply the project beneficiaries with available medication.

The OD prevention training includes an overview of the causes of overdose, how to recognise the symptoms of OD, and ways to respond when naloxone is and is not available. This training course is optional and should be applied with WINGS participants who may be at risk of an overdose or have someone in their social network

who may be at risk. The OD module was developed by Dr Timothy Hunt at the Columbia University Social Intervention Group and builds on guidelines and materials designed by the NGO Attika Harm Reduction team, led by Sergei Bessonov, whose efforts we very much appreciated.

Due to a lack of standardised surveillance data from medical records and death certificates, it is difficult to estimate the number of overdose patients and the number of fatal overdoses in Kyrgyzstan, but it is a matter of fact that overdose is the leading cause of death among people who inject drugs in Kyrgyzstan and many other countries. 46 % of the project participants reported having experienced an overdose at least once, and 6 % had experienced an overdose within the past three months. About 32 % of the project participants stated that they were able access naloxone through NGOs. The respondents interviewed as part of the M&E effort (n=213) also cumulatively knew approximately 465 people who had experienced an overdose in the past three months. According to their estimates, out of these 465 people, at least 208 persons (44.7 %) had died from their overdose.

One of the biggest challenges with the treatment of overdose patients in Kyrgyzstan is the lack of appropriate medical facilities and qualified toxicologists. Often, people are embarrassed or fearful about seeking help as well. Therefore, it was important to design a training focusing at developing the skills necessary to minimise the overdose risk and to know what to do if a friend, partner, or family member is experiencing an overdose. As a part of the OD training, the beneficiaries were introduced to medications that can help in the immediate response to an overdose while getting emergency help.

Since exposure to violence increases the likelihood of and triggers drug misuse and OD, the WINGS SBIRT model, with integrated OD prevention training component, is efficient in managing OD episodes and GBV among women who use drugs (WWUD). These integrated approaches have translational potential with scope of adoption, adaptation, and scaling-up.

WINGS and the No Violence Coalition

The No Violence Coalition (NOVIC) was created in 2013 as a community-advisory working group (CAWG) that included all partner organisations involved in implementing the WINGS of Hope project. The mission of the coalition was to collaboratively manage the adaptation of the WINGS intervention and analysis of community-specific, structural, political, and organisational factors that had to be considered while exploring applicable solutions to the issue of GBV. The CAWG also focused on designing and managing collaborative advocacy activities. This informal coalition united agencies and individuals involved in anti-GBV movements and campaigns and committed to collaboratively develop solutions for protecting WWUD and women engaged in sex trading from GBV, especially the type associated with violence practiced by the law enforcement officers.

The network approach to redressing GBV, which was a key outcome of the WINGS of Hope project, is primarily important when implementers are tasked with creating an environment focused on the beneficiaries' safety and well-being. Beneficiaries are different in terms of their service needs and expectations, and a network of NGOs would manage this issue more easily than a stand-alone agency working independently. After the coalition was created, it increased the project's capacity because female participants had the chance to keep benefitting from the project services through a partner NGO in another town or region. The staff at all partner NGOs were properly trained in providing high-quality services.

Coalition networking is important also from the point of view of the organisations involved. There is a risk that a stand-alone agency would miss the resources required to provide the whole spectrum of services specific to a particular woman and her case, so referral to a partner NGO would seem to be a feasible temporary solution. Also, it is easier for the networked NGOs to survive administrative and political pressure as they provide each other with important political, moral, financial, and professional support. The NOVIC CAWG has 35 members, including the leadership and front-line staff of the WINGed community-based NGOs, mass media representatives and journalists, academics, officers from the Ombudsman office, the Ministry of Internal Affairs, the Ministry of Labor and Social

Development, and the Ministry of Health, and international donors. NOVIC utilises a properly equipped online communication platform, and its members collaboratively write grants and implement collaborative advocacy campaigns that result in the scaling-up of the WINGS model.

WINGS Network Development

The number of agencies trained in the WINGS methodology in Kyrgyzstan increased from two in 2013 to as many as 14 in 2022. The methodology is integrated into their daily services.

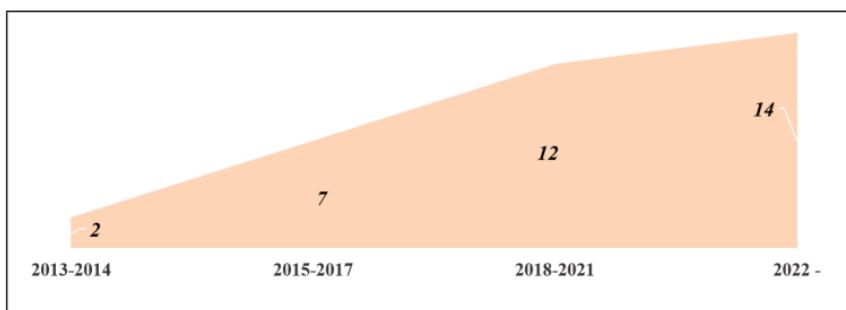


Figure 3 Number of agencies trained in WINGS methodology, by year

Of the 14 WINGed agencies, four are advocacy and policy-making agencies with sufficient research capacity and ten are frontline agencies that provide immediate services to survivors of violence or those at risk of violence. Of the 14 agencies, six are members of the Kyrgyz Crisis Centers Association. Most of the agencies are community-based grassroots NGOs, and three of them manage shelters. The estimated number of women who have benefitted from WINGS-specific services through these agencies is more than 1,000.

Each of the 14 agencies is equipped to be a WINGS Resource Center (WRC), meaning that they have access to the WINGS-specific intervention methodology and “train-of-trainers” (ToT) resources and databases. There are seven WRCs in the Kyrgyz capital of Bishkek and Chu region, four in the second largest town of Osh, two in the town of Karakol, and one in the town of Naryn.



Figure 4 Network of agencies in Kyrgyzstan trained in WINGS methodology

At each of the 14 (WRCs), staff members are trained to facilitate individual face-to-face and online sessions that include the following components:

- raising awareness of IPV and GBV,
- screening for different types of IPV and GBV,
- increasing individuals' motivation to address GBV,
- enhancing social support to address violence,
- safety planning,
- goal setting to reduce or prevent violence,
- identifying GBV-related service needs and referrals,
- increasing individuals' motivation to address HIV, voluntary gender-specific rapid HIV testing, and optional overdose prevention training.

The interventions are available in Kyrgyz and Russian. Depending on a woman's needs, the intervention components are adapted to women who use drugs, women who engage in sex work, women living with HIV/AIDS, and women who misuse potentially addictive medications and alcohol. Sessions are also supplemented by testing for HIV, HCV, and Covid-19, depending on the context and the support available.

In addition to the WINGS intervention methodology, the staff members in each of the 14 WINGS Resource Centers (WRC) are trained and can perform ToT activities in WINGS-spe-

cific bioethics, WINGS-specific monitoring and evaluation, and WINGS-specific case management.

An online resource centre is available in English, Russian, and Kyrgyz (GLORI 2017), which includes the following downloadable materials:

- the guide to the WINGS methodology in multiple languages,
- resources from national and international seminars and conferences,
- presentations,
- video and media materials,
- mass media publications and articles from academic journals.

International Collaboration

The WINGS intervention was originally designed and evaluated in the US by Dr Louisa Gilbert and her colleagues at the Columbia University Social Intervention Group with women who use drugs, and later successfully adapted and implemented in Kyrgyzstan, India, Georgia, and Ukraine. With methodological support from Kyrgyz NGOs, a similar project is now being piloted in Kazakhstan.

Colleagues at the Almaty-based Center of Scientific and Practical Initiatives use a computerised version of this intervention, which allows a woman to independently go through all the stages. Women can access the information with a smartphone or computer. In the computerised version, they have interactive avatars, but there is no physical engagement of a facilitator; everything is designed for independent work. The WINGS methodology has been translated into eight languages and is currently being widely used in six countries serving women from marginalised communities.

Future Directions

IPV and GBV are especially high among labour migrants/in families with labour migrants. It is therefore important to engage the border regions, where there are many labour migrants. It is important to engage the Talas, Jalal Abad, and Batken regions that share a border with Kazakhstan, Uzbekistan, and Tajikistan, regions that are

not currently covered by WINGS. At present, migrant-specific GBV interventions are not available. If developed and piloted in Kyrgyzstan, it would be beneficial to the communities impacted by issues specific to internal and external migrants in both sending and receiving countries.

Due to high IPV and GBV rates among young people and adolescents engaged in chem sex and other NPS issues, it is important to support the adaptation of the WINGS model to the needs of users of synthetic and novel psychoactive substances and stimulants (SNPSS), currently being carried out by community-based grassroots NGOs that are often underfunded.

We will continue to work with donors to try to identify available funding to continue the project or with the government to integrate these types of services into regular care. There are many competing needs, particularly in a resource-strained country such as Kyrgyzstan, but we strongly believe in the need for such a programme for a greatly underserviced population. We understand, however, that the interests and priorities of the donors are changeable and their support mostly depends on the state of the world economy and political situation, as well as many other factors.

Conclusion

This project has been and continues to be a critical endeavour as it not only expands society's knowledge and awareness of the problem of gender-based violence but also strengthens community capacity to support individuals who are experiencing violence or are at risk of violence. Furthermore, it represents a long-standing collaboration between civil society organisations, a leading research university, and an NGO that is working to bridge the gap between the two other groups (Daniel Wolfe 2018).

One of the women who participated in WINGS of Hope through the Osh-based Positive Dialogue NGO shared the following self-written verses:

Why came I into this world?
Who pulled me by my wrist?
Dark spirit reigns over all,
And people act like beasts ...

The WINGS model, in its different modalities and adapted to the needs of particular groups of beneficiaries, seeks to address these moments of hopelessness and harm through rigorous training and support and has translational potential with scope of adoption, adaptation, and scaling-up.

Acknowledgement

At different points, WINGS in Kyrgyzstan was funded by the International Harm Reduction Development Program at Open Society Foundations, the Public Health Program at the Soros Foundation Kyrgyzstan, the UNDP in the Kyrgyz Republic, the Alliance for Public Health, and the BEARR Trust. The GLORI Foundation would like to express its appreciation to these international agencies for providing financial support for this project.

We would like to offer special thanks to the international experts who shared their rich practical experience in the field of gender-based violence, drug use, harm reduction, and HIV, and provided technical assistance in building national capacity, training, and supervision while conducting the research components and analysing the collected data. Dr Louisa Gilbert, PhD, Professor of Social Work at Columbia University, Co-Director of the Social Intervention Group (SIG) and Global Health Research Center of Central Asia (GHRCCA), who developed the WINGS model, has provided valuable scientific, technical, and practical assistance at all stages of project implementation. Dr Timothy Hunt, PhD, Director of Training and Capacity Building for Columbia University School at SIG and GHRCCA, made major contributions to the intervention development, the capacity building of the project, and further supervision of its implementation. Dr Tina Jiwatram-Negron, PhD, the Assistant Professor of Social Work at Arizona State University, provided major contributions as regards intervention development, analysis of the data, and writing for scientific publications and offered significant support regarding the coordination of the research component of the project.

Mr Sergei Bessonov, the Project Coordinator at Attika NGO, collaborated with us on developing the overdose prevention materials

that we integrated as supplemental parts of the adapted intervention.

The implementation of the project would have been impossible without the participation of and partnerships with local NGOs: the public foundation Asteria, NGO Sotsium, crisis centre Chance, public foundation Podruga, public foundation Plus Center, NGO Positive Dialogue and Protection of the Dignity of Vulnerable Populations, community-based organisations and crisis centres Ak Jurok, Sezim, Ayalzat, Meerman, and Tendesh. Each of them helped with the implementation of the project, taking into consideration the local context and the issues of key affected populations of women in the Kyrgyz Republic. The partners' empathy towards and commitment to helping these women has been instrumental to the success of the project, and we very much appreciate their commitment to providing excellent services to women who need their help.

The project received significant help from Ms Tolkun Tyulekova, the former Head of the Crisis Centers Association; Dr Tatyana Galako, President for the Kyrgyz Psychiatry Association, Chair of the Department of Psychiatry, Psychotherapy and Narcology at Kyrgyz State Medical Academy; and Dr Aida Parpieva who runs the Institute for Personality and Mental Health. Many thanks to Gulsara Alieva, PhD, Natalia Shumskaya, PhD, Tatiana Tomina, and police officers Tolkun Ergeshov and Gairat Rahmanov, whose advice and personal involvement made it possible to integrate police trainings in the WINGS framework.

We would like to express appreciation to Ms Umutai Dauletova and Ms Bermet Ubaidillaeva at the UNDP in the Kyrgyz Republic, and Ms Maria Plotko at the Eurasian Harm Reduction Association (EHRA) for the phenomenal support and for providing the opportunity to run and disseminate the WINGS framework. We are very grateful to the high-ranked officers at the Ministry of Labor and Social Development of the Kyrgyz Republic and Ms Sonheong Jang of the UNDP Seoul Policy Center for their support and commitment to helping us.

We are grateful to all project beneficiaries for their responsiveness and valuable input in the monitoring and evaluation stages that helped us adjust the WINGS model and make it as safe and effective as possible. Without their commitment and desire to help, the results achieved would have been impossible.

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