



NEEDS ASSESSMENT OF FORCED DISPLACED WOMEN FROM ARTSAKH (NAGORNO KARABACKH) RESIDING IN SHELTERS

INTRODUCTION

Following the forced displacement of Artsakh Armenians in September 2023, approximately 100,000 citizens were relocated in Armenia. 52% of all displaced were women and girls, and 31% were children. With a majority of families lacking permanent housing, many sought refuge in temporary shelters within regional communities. From October 2 to 6, the "Women's Resource Center" NGO visited five shelters in Armavir, Ararat and Kotayk marzes of RA and held discussions with 25 women. In addition, individual interviews were conducted with 15 women living in the same shelters, as well as interviews with representatives of NGOs operating in marzes and currently implementing support programs. Additionally, representatives from NGOs engaged in ongoing support programs within these regions were consulted. The primary objective of this assessment was to identify the specific needs of women residing in public shelters and strategize future actions. The surveyed women (total 40) spanned an age range of 25 to 80 years old, among whom 32 were married, 3 were widowed, and 5 were divorced. Most had previously lived in urban communities

in Artsakh. Notably, the families of 10 women experienced displacement twice: first during the 2020 war, relocating from their original residence to Stepanakert, and subsequently in 2023, from Stepanakert to Armenia.

THE PROCESS OF FORCED DISPLACEMENT AND THE STEPANAKERT-GORIS ROAD

Many women reported that they began to experience displacement after September 25, only upon realizing that continuing to reside in Artsakh would expose them to the threat of genocide by Azerbaijan. Many women expressed that the situation was highly uncertain in the initial days, and numerous lacked telephonic communication with the adult men from their families who were actively engaged in the self-defense battles against Azerbaijan. During this period, the entire responsibility for the family and the decision-making process fell upon the women. Single women faced additional challenges during the displacement process, particularly due to the absence of access to a car and/or driving skills.

¹ For more details see: <https://armenia.un.org/sites/default/files/2023-10/Humanitarian%20Response%20in%20Armenia%20AR.pdf>

My husband, who serves as a soldier, and I haven't been able to contact him by phone since the 19th of September. On the 20th of September, our village was entered by Azerbaijani forces, and as a result, I, along with my five children, had to flee the village on foot. It's worth mentioning that we had three cars at our house, but unfortunately, I don't know how to drive, and my children are still quite young.

On the 20th, we walked for about five hours to reach Stepanakert. We arrived in Stepanakert at night, and with no other options, we had to spend the night on a bench until morning. At dawn, we walked to the airport, where, according to the news, we would be advised to go to Goris. We spent two days at the airport until my husband managed to contact us and informed us of his location. Afterward, we reached Goris, making our way there over the course of another two days with our five children.

A 38-year-old woman displaced from Vaghuhas village in the Martakert region

As a single mother, my two children and I were among the last families to leave Stepanakert by bus. During that time, I came to realize the challenges of being a woman because I neither possessed a car nor knew how to drive, making it difficult to evacuate my children from the impending threat. Those days were incredibly tough as various rumors circulated. Some mentioned the possibility of evacuation, while others suggested that we might not be allowed to leave, with the Turks potentially seeking to integrate us. These uncertainties instilled deep fears in me, fears that I still struggle to overcome to this day.

A 47-year-old woman displaced from Stepanakert.

PRIMARY NEEDS

During the forced displacement, Artsakh families were compelled to leave with only the most essential items, with some unable to gather even these basic necessities due to the rapid evacuation process. Consequently, many departed their homes wearing only the clothes they had on at that moment. In a bid to assess the primary needs of these displaced women and their families, respondents were asked to articulate and prioritize their primary needs. The outcomes of this assessment align predictably with Maslow's hierarchy of needs, predominantly highlighting the physiological and safety needs of the displaced women. The table below (see Table 1) outlines the prioritized needs of these displaced women, revealing that:

- A majority of respondents (67%) identified the pressing need for adequate housing as their foremost concern, closely followed by the necessity for employment and economic stability (20%).

Many women have expressed the importance they place on employment, yet they encounter challenges in securing suitable jobs. Additionally, they have raised concerns about the disparity in wages for similar jobs between Artsakh

and Armenia. Several women have highlighted instances where teachers or nurses in Artsakh receive higher compensation than their counterparts in Armenia.

In their efforts to contribute to the family income, women have sought employment in the service sector. However, they have encountered difficulties in finding jobs that align with their family responsibilities. It is crucial to note that male family members engaged in military service in Artsakh have been reluctant to undertake similar roles in Armenia. This reluctance stems from the substantial salary gap, with reports indicating that they receive 2-3 times more pay for identical military duties in Artsakh.

Faced with this situation, women have taken the initiative to seek employment to alleviate the financial strain on their families until the male head of the household determines the most viable course of action.

Importantly, in post-war scenarios, the increase in gender-based violence is a pressing concern. The current circumstances may act as a catalyst for a rise in such violence.

■ Secondary priorities encompassed the fulfillment of basic needs such as food, hygiene, and clothing, cited by 33% of respondents.

■ Health-related issues emerged as a third-tier concern, mentioned by 27% of

respondents. Among the health problems, chronic problems were mostly mentioned, such as diabetes, high blood pressure.

Additional needs were reported less frequently (refer to Table 1).

Need	Priority				
	I	II	III	IV	V
Housing	67%		7%		7%
Job/economic stability	20%	27%	13%	7%	
Education			7%		
Social integration			7%	7%	7%
Health problems		20%	27%	7%	
Mechanisms for obtaining support		7%	7%	27%	13%
Psychological support				7%	
Legal support				7%	7%
Access to social and other services			7%		7%
Basic needs: food, hygiene, clothing	13%	33%	20%	7%	7%

Table 1. Primary Needs of Displaced Women

On September 24, when the first families began evacuating Artsakh, I could only gather a few articles of clothing and essential documents. I had to leave behind a two-story house in Stepanakert, furnished with appliances and furniture. Presently, I find myself living in a mere 10 square meters.

A 42-year-old woman
displaced from Stepanakert.

The prioritization of displaced women's needs coincided with the observations outlined by representatives from the NGOs. Specifically, these representatives highlighted housing concerns as the primary need, while underlining the secondary necessity for psychological and legal counseling. Furthermore, the essentials of food, hygiene items, and clothing were underscored as immediate requirements. However, the NGO representatives noted that while displaced families receive guidance and counseling, there remains a heightened requirement, particularly among elderly women and those from rural communities, for more consistent support regarding accessing social support programs.

Health issues emerged as another primary concern, evident from responses regarding existing health problems. The majority of respondents acknowledged facing either chronic health conditions (such as diabetes, fluctuations

in blood pressure, or rheumatism) or psychological health challenges resulting from the displacement (such as neurosis, depression, insomnia, etc.). Notably, the vast majority reported being informed about and 35 registering in medical facilities within their deployment communities. Even those not formally registered sought medical assistance for their health concerns post-displacement, availing themselves of free consultations and, when necessary, treatment or referrals to specialists.

Among the necessary specialists mentioned by respondents, therapists and dentists were cited most frequently, while gynecologists, psychologists, neurologists, and surgeons were mentioned less frequently. It's crucial to note that displaced women are receiving primary medical care, and more extensive professional consultations and referrals are arranged as per individual needs and circumstances.

We were on the road for approximately 70 hours, traveling from Stepanakert to Goris. Accompanied by my two small children, they cried throughout the journey, and I vividly remember their voices saying, "Mom, we're hungry, mom, we're thirsty." Since then, I've been experiencing intense headaches, menstrual disorder and persistent sleep disturbances. Despite these health challenges, I hesitate to seek medical attention...

A 31-year-old woman
displaced from Stepanakert.

ON-GOING SUPPORT PROJECTS

Non-governmental organizations operating within regional communities have initiated diverse support programs since the first days of displacement. These programs encompass securing temporary accommodations, providing essential necessities like food, hygiene items, and clothing, alongside offering psychological, legal, and social counseling and assistance. Presently, these NGOs rely on funding from state institutions, both international and local donors, and individual benefactors. Typically, these organizations secure 50% to 80% of their funding from international and local donor organizations and funds.

With the potential continuation and augmentation of the funding, there are plans to initiate more extensive, longer-term programs in the future. These programs include professional education or requalification initiatives, creation of job opportunities through social enterprises, provision of sustained psychological, legal, and social support, and initiatives aimed at integrating displaced women into the labor market of RA. Additionally, special health programs are envisioned, with a particular focus on therapeutic and reproductive health endeavors. The successful execution of these programs hinges on increased financial and human resources and holds promise in significantly enhancing the living conditions of displaced women, fostering their integration into society.

From a state response perspective, it is crucial to highlight that in certain communities, individual cases are addressed with the assistance of social workers from the United Social Services. However, there are also instances where

displaced individuals were not informed about state assistance programs and their procedures. Additionally, in some shelters, there appears to be a lack of awareness regarding the process for applying to state support programs. This underscores the inefficiency of communication between shelter residents and the Unified Social Services.

FUTURE PLANS

When asked about their plans in RA, only 15 of the interviewed women affirmed having a clear idea, while the rest mentioned they are still contemplating, and 4 expressed having no direction yet. Among respondents, the most frequently mentioned professions were teaching (8 women) and medical work (6 women), roles they had held in Artsakh. Rural women highlighted involvement in agriculture and cattle breeding. Others mentioned livelihoods in trading, needlework, pastry-making, or cleaning premises. A significant majority (35 out of 40) expressed readiness to resume their previous professions or types of work in RA, indicating a willingness to engage in work activities at the earliest opportunity.

Regarding permanent residence plans, almost 90% of respondents mentioned a lack of clarity or ideas despite receiving guidance and counseling on the matter. Some received options that didn't meet basic conditions, and available rented houses were either empty or unsuitable for habitation.

In families with minor children, all the children were enrolled in community schools. However, many faced difficulties inclusion and making friends in their new environment, experiencing psychological stress, depression, and fears.

ACTS OF VIOLENCE DURING FORCED DISPLACEMENT

Most of those interviewed shared awareness of reported cases of violence against Artsakh residents by Azerbaijanis during the displacement. They recounted distressing accounts of alleged atrocities, including women being brutally attacked, children being abducted from the streets, men being assaulted, and horrifying acts such as beheadings, mutilations, and other egregious violence. Two individuals even described firsthand experiences, witnessing disturbing incidents where neighbor children were tragically harmed or killed using firearms. They also highlighted that during the deportation process, some Azerbaijanis displayed symbols of “Grey Wolves” and expressed hostility by cursing at everyone.

SUMMARIZED ISSUES AND PROPOSED SOLUTIONS

- **Communication Gap:**
Many women lacked information about financial support, citizenship, status, and social guarantees provided by the state.
- **Continued Support and Transition from Humanitarian Response to Integration:**
Despite the state's proclaimed significance of Unified Social Service workers in managing cases of displaced persons,

numerous individuals had no contact with, or information about, the Unified Social Service.

- **Implementation of Integration Programs:**
Two months after the forced displacement of Artsakh citizens, the state has not developed or implemented special integration programs in the fields of employment, healthcare, and housing.

Drawing from the information received, we propose the following recommendations to state institutions:

- In the current circumstances, the state must enhance the effectiveness of information dissemination concerning existing programs, financial support mechanisms, and other pertinent processes.
- Collaborative efforts between social services should be initiated to assess the needs of displaced families, focusing on formulating individual support plans within communities.
- Housing security programs need to be developed and implemented. There should be a concerted effort in crafting and executing community employment programs.
- Addressing health needs through specialized programs and interventions should be prioritized.