

# **An Assessment of Improving Access to Health Services and Social Services by the Joint Program on Essential Services Package for Women and Girls Subject to Violence in Vietnam**

(A Case-Study in Ben Tre Province of Vietnam)

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**Abstract:** In Viet Nam, approximately 63% of ever married women faced at least one forms of physical, sexual and emotional violence in their life and 31.6% experienced current domestic violence (in last 12 months) by their husbands. Abide by the international commitments; the Government of Viet Nam has taken great efforts in combating gender-based violence. Despite the strong political commitment, there are still many shortcomings and limitations in the current implementation and coordination mechanism for Gender Based Violence prevention and combat. The roll-out of the globally developed essential services guidelines package (ESP) in 2017 by United nations agencies in Viet Nam, presented an opportunity to build further awareness, common understanding and political will among government stakeholders and service providers to improve quality and expand services with new tools and capacities to meet the standards of the ESP principles for women and girls subject to violence. The ESP pilot activities have been implemented in Ben Tre province that aims to provide greater access to a set of good quality essential multi-sectoral services for all gender-based violence survivors. These essential services based on global guidelines are provided through the health, social services, police and justice sectors. This paper presents the finding of the end-line assessment of the two-year pilot project (2018-2019) implemented in Ben Tre province to measure achievements of improving access to health services and social services only to identify gaps and limitations that have to further

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improve to meet ESP standards. Findings of the assessment clearly show that the awareness on the available services and its use in the community has increased and the ESP program has started showing its impact on improving awareness, use and quality of services. In comparison to the baseline, the availability and access of health and essential social services at end-line showed a clear proportional improvement across all the components<sup>1</sup>.

**Keywords:** Essential services package (ESP); Gender Based Violence, Domestic Violence, Women and girls.

## 1. Introduction

In Viet Nam, approximately 63% of ever married women faced at least one forms of physical, sexual and emotional violence in their life and 31.6% experienced current domestic violence (in last 12 months) by their husbands (Ministry of Labour, Invalids and Social Affairs et al., 2020). Abide by the international commitments; the Government of Viet Nam has taken great efforts in combating gender-based violence. Despite the strong political commitment, there are still many shortcomings and limitations in the current implementation and coordination mechanism for Gender Based Violence (GBV) prevention and combat. The roll-out of the globally developed essential services guidelines package (ESP) in 2017 by UN agencies (UN Women, United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) in Viet Nam, presented an opportunity to build further awareness, common understanding and political will among government stakeholders and service providers to improve quality and expand services with new tools and capacities to meet the standards of the ESP principles for women and girls subject to violence. The ESP pilot activities have been implemented in Ben Tre province in coordination with the government agencies - Ministry of Labour - Invalids and Social Affairs (MOLISA), Ministry of Health (MOH), Ministry of Public Security (MPS), Ministry of Justice (MOJ), etc. who are responsible to design national guidelines and standard operating procedures to ensure the evidence-based policy making.

The Joint Program on Essential Services Package (ESP) for Women and Girls Subject to Violence in Viet Nam (the “Program”) is a partnership among UN

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Women, UNFPA, WHO, and UNODC. The program aims to provide greater access to a set of good quality essential multi-sectoral services for all gender-based violence (GBV) survivors. These essential services based on global guidelines are provided through the health, social services, police and justice sectors. The ESP provides vital components of a coordinated multi-sectoral response for women and girls subject to violence and provides guidelines for the coordination of essential Services and the governance of coordination processes and mechanisms. This paper presents the finding of the end-line assessment of the two-year pilot project (2018-2019) implemented in Ben Tre province to measure achievements of improving access to health services and social services only to identify gaps and limitations that have to further improve to meet ESP standards.

## **2. Objectives, Method and Key Definitions and Terms**

### ***2.1. Objectives***

The objectives of the assessment are to measure achievements of improving access to health services and social services to identify gaps and limitations that have to further improve to meet ESP standards.

The specific objectives of the paper were to assess improving of existing policies and practices/activities and essential service delivery with the questions: Were the essential services easily available and accessible by survivors of violence? Whether the services provided to the survivors of violence were responsive, adaptable, appropriate and maintained required quality. Key questions included:

- Which services were improved in accordance with the ESP principles?
- Which services need to be improved and the limitations need to be addressed?
- What services are provided at different types of facilities and what are the add-ons?
- The level of quality of services and users' experience?

### ***2.2. Method***

The assessment using mixed method technique (both qualitative and quantitative surveys) similar to the base-line study to gather essential information for the end-line assessment to understand what changes (outputs and outcomes) the pilot project was able to make.

In addition, relevant documents were also being reviewed to collect information on the situation of gender-based violence in Ben Tre city and in Viet Nam.

*Qualitative method:* Focus Group Discussions (FGDs) with key decision makers of sectors responsible to implement ESP - health; social service and governance officials.

In-depth Interviews (IDIs) with policy makers, service providers at province, district and commune and women & girls subject to violence.

For qualitative assessment, purposive sampling was used to ensure the participation and views of all major key stakeholders involved in the GBV programming with 79 participants of total. An interview guide for each category was developed in a participatory approach. Questions were kept open-ended and multiple choices were allowed so that the attitudes, opinions, and perceptions of the participants on the GBV and related activities could be captured comprehensively.

*Quantitative method:* Based on base-line survey of the Project, the sample size of 180 women and girls (aged 16 or older) in Project area was calculated for quantitative assessment.

In order to assess the ESP achievements by comparing to base-line assessment results, a control group was surveyed in An Nhon commune, Thanh Phu district, Ben Tre province, which is the area without ESP implementation. The sample size of the control group included 60 persons.

Based on the list of women and girls aged 16 or older in each commune, two samples were withdrawn out for both the experimental group and the control group. In total 174 valid questionnaires were received for the project site in Ben Tre City and Cho Lach district, that included women and girls aged 16 to 71 years old (Mean=46.8; SD=14.8). As for the non-project site-Thanh Phu district, total of 56 valid questionnaires were received.

### ***2.3. Key Definitions and Terms***

(1) Gender-based Violence (GBV) is one form of discrimination targeted at a woman. It involves any act of causing physical, psychological and sexual harms, including threats of such acts, coercion or deprivation of liberty under any forms (United Nations-Committee on the Elimination of Discrimination against Women, 1992).

(2) Domestic Violence (DV) is defined as purposeful acts of certain family members that cause or are likely to cause physical, psychological or economic injuries to other family members (National Assembly of the Socialist Republic of Vietnam, 2007).

(3) Essential Services encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence (UN Women et al., 2017).

(4) Health services sector refers to (i) all activities whose primary purpose is to promote, restore and/or maintain health; (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve (World Health Organization, 2011).

As per the health essential service module of the “essential services package for women and girls subject to violence - core elements and quality guidance”, the following essential health services were considered (UN Women et al., 2017):

- identification of survivors of intimate partner violence
- first line support (care, responses to emotional/psychological needs, safety...)
- care of injuries and urgent medical treatment
- sexual assault examination and care
- mental health assessment and care
- mental health treatment (for example, depression, anxiety, stress disorder...)
- documentation for medico-legal and disability examination
- documentation for referral support

(5) The social services sector provides a range of support services to improve the general well-being and empowerment to a specific population in society. They may be general in nature or provide more targeted responses to a specific issue; for example, responding to women and girls experiencing violence. Social services for women and girls who have experienced violence includes services provided by, or funded by government (and therefore known as public services) or provided by other civil society and community actors, including non-governmental organizations and faith-based organizations.

On the basis of ESP guidance notes on essential social services, following services were considered (UN Women et al., 2017):

- Gender-based violence related information (introduction of available services for women and girls)
- Violence-related counseling (provision of counseling services that are free, appropriate, assessible through a range of methods including in-person, via telephone or email,...)
- Help lines (hotlines are in place to support victims and connected to other social services...)
- Safe accommodation (safe and secure emergency accommodation/shelter...)
- Material and financial aid (immediate, urgent essential support for victims of violence: food, urgent travels, basic items or cash transfer...)
- Creation, recovery, replacement of identity documents (provide support and assistance to create, recover or replace identity documents free of charge...)
- Legal and rights information, advice and representation, including in plural legal systems (timely provision of information, advice and representation on related issues such as divorce procedure, asset protection, child custody, legal advice...)
- Psycho-social support and counseling (Individual and group counseling... improving the health and mental outlook)
- Women centered support (skilled assistance from intensively trained staff, ensuring respects for women and girls)
- Children support for any child affected by violence (age appropriate, child sensitive and child-friendly)
- Community information, education and community outreach
- Assistance towards economic independence, recovery and autonomy for the GBV survivors.

### **3. Results**

#### ***3.1. In the Health Services***

*Improving existing policies and practices/activities*

MOH has integrated ESP on health care into the Circular 24 (Ministry of Health, 2017) regulating the procedure for receiving victims, providing health care

services, assist them in documenting and reporting. During the pilot project screening and support services were provided to all women and girls subject to any forms of violence, which enabled the health clinics to document and report more cases of GBV. Then, a comprehensive toolkit to operationalize and facilitate the implementation of the Circular No.24 was developed. The toolkit was built on the global materials on how to care for GBV victims. The toolkit is for building capacity for frontline health workers across all levels of the health system.

In order to test the appropriateness of the toolkit as well as to build capacity for health workers, a training course on the toolkit was held for 160 health workers and those from another sector. The professional health staff, after their participation in the training course will be a pioneer contingent in promoting the implementation of the Circular No. 24 in health facilities across countries.

In Ben Tre province, the training participants included the health departments/divisions, provincial general hospital, district health centers, population centers as well as directors of health stations in communes and wards where the project was implemented. The training helped health officers to improve their awareness and knowledge, working modalities and handling situations while responding and taking care of patients subjected to GBV.

#### *Improving essential service delivery*

The ESP aims to provide the support services to the GBV survivors in line with the global quality standards and tools developed for essential services. The assessment tried to find out the parameters that have been taken care of and the ESP services implemented in the Ben Tre province during the pilot interventions and corroborated the findings with the perception, access and user-friendliness of the services provided to the GBV Survivors.

Availability and accessibility shall be measured on the basis of people's awareness, understanding and their assessment on essential services for women and girls subject to violence by their answer was one of 4 choices for every health services: 1) "Don't know"; 2) "Don't have"; 3) "Available but have not accessed" or 4) "Have known and have accessed/used". Accordingly, if more respondents ticked the answer of "Available but have not accessed" or "Have known and have accessed/used" for a service, the service is considered as one with higher availability and accessibility. According to the study group, the answer of "Available but have not accessed" is understood as a respondent having heard about the service or its name but having no understanding or having never

accessed the service; while the answer of “Have known and have accessed/used” means that the respondent does not only hear about the service or its name but also have some basic understanding or information about the service or have accessed, used the service. Therefore, the percentage of people choosing these two answers is considered as a fundamental criterion to assess the availability and accessibility change between the two time points: baseline and end-line.

#### *Availability and access of health services*

The end-line assessment results demonstrated that "care of injuries and urgent medical treatment" is the most known and used service (70.4%); followed by the “First line support (care, responses to emotional/psychological needs, safety, ensuring that survivors are respected, private, safe, less worried) (54.4%); and “Identification of survivors of intimate partner violence” (52.2%). Whereas, in the non-ESP implementing area of Ben Tre province only 10.7 % of respondents have known or used any kind of health services.

There have been significant improvements in the availability and access of health services at end-line compared to baseline. A decrease in the number of respondents who “do not know” across all the categories of health services has been noted. It is also worth noting that the number of respondents who have “heard and accessed” the services have increased remarkably across all the categories.

These findings clearly illustrate that the awareness on the available services and its use in the community has increased and the ESP program has started showing its impact on improving awareness, use and quality of services (Table 1).

#### *Barriers and challenges*

- Though MoH has promoted the integration of ESP health module into the implementation of the Circular No. 24 in Ben Tre, it has not been legalized in Circular No. 24, which is essential for better implementation and duplication of ESP across the country in the future.
- Many of the health care workers at the province, district and commune were not being trained on working with GBV survivors, primarily, due to resources and time constraints. Only 1-2 staff received training from each unit. There was no funding and plans available for training of the other staff or refresher trainings. As of now, the number of health workers who have received training are very few and seems insignificant compare to the workforce available in the province (FGD with key decision makers of sectors responsible to implement ESP - health service and governance officials).

**Table 1. Comparison of availability and access of health services for survivors subject to gender-based violence between baseline and end-line (unit: %)**

|  | Do not know  |             | Heard but not accessed |             | Have known and accessed |             |
|--|--------------|-------------|------------------------|-------------|-------------------------|-------------|
|  | Base-line S. | End-line S. | Base-line S.           | End-line S. | Base-line S.            | End-line S. |
| 1. Identification of survivors of intimate partner violence                          | 23.7         | 17.8        | 39.8                   | 28.5        | 9.3                     | 25.9        |
| 2. First line support (care, responses to emotional/ psychological needs, safety...) | 24.6         | 11.9        | 45.8                   | 22.5        | 5.9                     | 29.7        |
| 3. Care of injuries and urgent medical treatment                                     | 14.4         | 9.3         | 52.5                   | 31.9        | 11.9                    | 38.5        |
| 4. Sexual assault examination and care   | 48.8         | 26.3        | 28.8                   | 17.1        | 1.7                     | 15.4        |
| 5. Mental health assessment and care   | 35.6         | 17.9        | 33.9                   | 17.0        | 2.5                     | 20.8        |
| 6. Mental health treatment (for example, depression, anxiety, stress disorder...)    | 33.9         | 19.5        | 31.4                   | 13.9        | 5.1                     | 22.9        |
| 7. Documentation for medico-legal and disability examination                         | 41.5         | 27.8        | 26.3                   | 22.8        | 3.4                     | 10.2        |
| 8. Documentation for referral support  | 44.1         | 31.4        | 25.4                   | 21.2        | 0                       | 5.5         |

- The non-availability of following documents and provisions were also identified in the end-line study, which are yet to be addressed by the MoH to streamline the implementation of ESP
- No specific health insurance policy for the GBV survivors
- No specific regulations on health care and support for GBV survivors
- No regulations on protection health staff (doctors, nurses, social workers) from GBV perpetrators
- Non-availability of any official guidelines for medical staff to work with GBV survivors.

*“The health sector only focuses on treatment, not on screening. MoH has provided training on how to identify survivors of violence, but it was only for medical staff and not for other departments. The guidelines were also not disseminated extensively and widely to the grassroots. In general, the health sector lacks connection with other departments. For survivors, it is necessary to have a psychologist and a private care room but this has not yet established”.* (FGD with representatives of health service providers in Ben Tre Province).

### ***3.2. In the Essential Social Services***

#### *Improving existing policies and practices/activities*

During the pilot interventions, MOLISA has established minimum standards<sup>2</sup> for safe shelters<sup>3</sup> and standards for Hotline as well as tool-kits on minimum standards of the procedure for providing support services to GBV survivors, in which regulations and essential social norms of social services have been integrated. These minimum standards developed with a reference to the ESP standards will be applied across all provinces of Viet Nam for the National Strategies and National Programs on Gender Equality and/or GBV Prevention and Response developed and implemented between 2020 and 2030. These standards are in accordance with the social services regulated in the module of health sector of the ESP and met the requirements for safe accommodation, material and financial aid, psycho-sociological support, etc.

Three standard operating procedures (SOPs) on multi-sectoral and inter-organizational prevention and response to GBV; minimum standards on shelters for GBV survivors in Vietnamese context; and minimum standards for hotline providing services to GBV survivors were developed in line with the ESP standards and translated in Vietnamese. These tool-kits were finalized in consultation with the related departments - social work centers, legal aid centers, social protection centers to implement the social services in Viet Nam for GBV survivors.

The training workshops based on the revised tool kits were organised in Quang Ninh in 2019 for the social workers including participants from Women's Union, officers from Social Protection Centres, Department of Labour-Invalids and Social Affairs (DOLISA), etc. The training not only improved their knowledge on multi-sector and inter-agency prevention in response to gender-based violence in general, but it also provided participants with guidance and concrete knowledge on ensuring quality for essential social services to support survivors of violence such as minimum requirements for shelter and hotlines for survivors of violence;

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<sup>2</sup> The minimum standards include: (i) process of providing social services for GBV survivors; (ii) minimum standard of shelters to support GBV survivors; (iii) guidance on how to operate a GBV hotline.

<sup>3</sup> Safe shelters are mostly run by NGOs and prestigious people in the community. To register their facilities as safe space they need a clean room with lock, a blanket, a bed, a mosquito net, some basic medicine for first aids. These establishments and their operations are regulated as per the Law on Domestic Violence Prevention and Control (2007) by the Government of Viet Nam.

standards of facilities/ human resources/ location for shelter; requirement of equipment and staff skills for hotline implementation. The participants shared that it was the first time they received a training for supporting GBV survivors and the toolkits would be very helpful to them in their day-to-day work.

Some members representing participating agencies providing essential social services for women and girls in Ben Tre province also attended the training in Quang Ninh province such as: officers from Women's Union, social workers, officers from Social Protection Centers, DOLISA... Concurrently the training also equipped participants with necessary skills related to victim support in Viet Nam's context.

#### *Availability and access of social services*

The end-line survey results show that social services are most sought after services among women and girls who are survivors of violence. Out of all the essential services, gender-based violence related information (for example, introduction of available services such as hotlines, reliable addresses, support facilities...) was used by 67.2% of women/girls. While, in the non-ESP survey (Thanh Phu) district, only 25 % respondents have known or used the social services.

In comparison to the baseline, the availability and access of essential social services at end-line showed a clear proportional improvement across all the components. The services with strongest level of improvement/increase are - psychosocial support and counselling (individual and group counselling, improving the health and mental outlook), which increased from 31.4% to 50.9%; the service of material and financial support increased from 14.4% to 39.9%; the service of creation, recovery, replacement of identity documents increased from 18.6% to 39%; and community information, education and community outreach services increased from 40.7% to 53.4% (Table 2).

*“A few years ago, I heard that some women subject to domestic violence had to go to the local authority for intervention - for examples, a drunk husband chased wife; step-father raped stepchild; grandfather raped the niece who is the child of his daughter-in-law with her ex-husband... But recently there has been no serious violent incident in the area. There was only one incident of mental violence, but it was already resolved. My family used to have a lot of stress in the past, but now we understand that domestic violence is a violation of the law, so everyone is conscious of keeping peace, my family is very happy now and does not have any fight”. (IDI with a woman of Phu Khuong ward, Ben Tre city, Ben Tre province).*

**Table 2. Comparison of the availability and access of essential social services for survivors subject to gender-based violence between baseline and end-line (unit: %)**

|  | Do not know  |             | Heard but not accessed |             | Have known and accessed |             |
|--|--------------|-------------|------------------------|-------------|-------------------------|-------------|
|  | Base-line S. | End-line S. | Base-line S.           | End-line S. | Base-line S.            | End-line S. |
| 1. Information related to violence                                     | 11           | 9.3         | 41.5                   | 24.5        | 25.4                    | 42.7        |
| 2. Violence-related counseling   | 25.4         | 11.9        | 39                     | 18.6        | 10.2                    | 39.8        |
| 3. Hotline   | 29.7         | 19.7        | 43.2                   | 25.2        | 12.7                    | 30.9        |
| 4. Safe shelters   | 27.1         | 16.9        | 46.6                   | 16.6        | 8.5                     | 39          |
| 5. Material and financial support                                      | 70.3         | 32.7        | 14.4                   | 13.6        | 0                       | 26.3        |
| 6. Renew, restore, substitute personal identity paper                  | 67.8         | 30.5        | 18.6                   | 11.9        | 0                       | 27.1        |
| 7. information, counseling and legal representation                    | 52.5         | 28          | 33.9                   | 11.9        | 0.8                     | 28.8        |
| 8. Provide support and psychosocial counseling                         | 53.4         | 20.3        | 28                     | 13.6        | 3.4                     | 37.3        |
| 9. Women-centered support  | 46.6         | 32.2        | 31.4                   | 14.6        | 7.6                     | 24.9        |
| 10. Services for children affected by violence                         | 50.8         | 28.8        | 30.5                   | 11.9        | 0                       | 31.4        |
| 11. Information, education and promotion of community participation    | 44.1         | 16.9        | 32.2                   | 16.1        | 8.5                     | 37.3        |
| 12. Support to achieve independence, restoration and economic autonomy | 51.7         | 31.4        | 25.4                   | 10.2        | 3.4                     | 21.2        |

### *Barriers and challenges*

- Specific guides (for instance, brochure or handbook) for reliable addresses (safe shelters) and legal, social counselling staffs to work with different types of GBV survivors are not available. Currently, grass-root level mediation groups, rapid intervention and DV prevention and control task force are working without being trained on ESP and gender-responsive mediation skills, which prevented them in applying ESP principles while addressing different types of GBV, especially human trafficking survivors, sexual harassment and child abuse cases.

- Recruitment of qualified social-workers to provide support to the GBV survivors in health settings is still a big concern, as this concept of social work is new for Ben Tre province and not many qualified social workers are available.
- Currently, trustworthy addresses are being run by prestigious people in communities (villages, hamlets) and often have no standard. Most of these people have provided the support and counselling services to GBV survivors. There are some safe shelters available at national level such as the Peace House run by Women's Union in Ha Noi; however, these safe shelters are not easily reached by women across the country. The health, policing and justice sectors are also engaged in providing counselling services, but most of the time it's being provided by unskilled policemen and nurses (or doctors) who have not been trained in to address GBV survivors.

*“The safe shelters at the local level is at the hamlet. The Rapid Response Task Force of the facility include officials from Police Department, Women's Union, and justice sector - they might also volunteer their home for the community to make it a reliable address. However, these facilities are still very poor. If violence occurs at night and a woman or girl want a shelter, who is going to stay with the woman at night? It is a very difficult situation. We all fear that the offender will come to pick a quarrel or assault the host of the reliable address, or say "who the hell are you to keep my wife here?" There is no standard, no funding for accommodation and living is available. It would be better if survivors are supported financially”.* (FGD with essential social service providers).

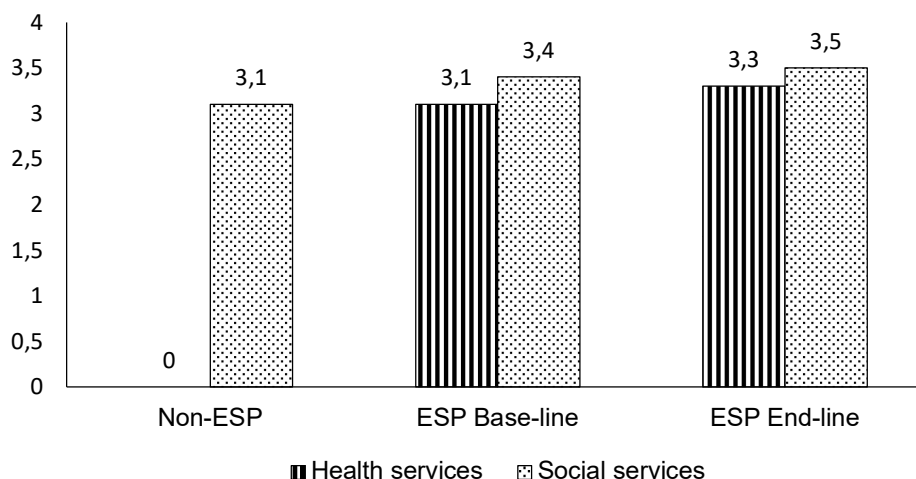
### **3.3. Quality of Health and Social Services**

The quality of Health and Social services was measured on a 4-point Likert scale, where, the highest score of 4 shows a very good service quality and is considered to be very satisfied by women and girls. In order to have a basis to consider the change in quality of essential services during ESP implementation, the results of end-line were compared with the baseline and non-ESP areas. The women and girls were largely unaware about the health services in the non-ESP area (Thanh Phu district) so the quality parameter was not assessed there.

The base-line values show an improvement in the quality of services being implemented in the Ben Tre province. Though, many NGOs, United Nation and partner agencies were implementing GBV activities in Ben Tre, for instance, a

project titled “Prevention of domestic violence, addressing imbalanced sex ratio at birth (SRB), and care for the elderly” funded by UNFPA, Task Force on ending violence against women funded by UNODC since the last few years. These projects created establishment to implement ESP. In addition, the commitment of local authorities on GBV also contributes to the successful implementation of ESP in Ben Tre province. However, in the non-ESP district the quality parameters were recorded around 3, which were almost similar or slightly lower to the base-line values of non-project site in Ben Tre province (Chart 1).

**Chart 1. Comparison of essential services quality between baseline, end-line and non-ESP implementation areas**



#### 4. Recommendations

##### *Recommendations for central level and UN agencies to consider*

It is needed to integrate the ESP modules into the goals, objectives and activities of the National Strategies and National Target Programs in the Health, Police and Justice and Social Sectors for the coming years and also the financial resources have to be allocated, so that the ESP modules can be implemented. In addition, regular updates need to be shared and improved among the national agencies and local authorities.

All the ministries and sectors should plan and conduct trainings including the dissemination of the training materials for the staff involved in the GBV related work. In addition, recruitment of specific and dedicated staff for GBV work will be very helpful for managing and implementing the ESP program.

In addition, in order to monitor and evaluate ESP effectively, it is essential to deploy a software that enables online documentation for interventions carried out, number of services provided, and number of supported survivors and perpetrators that all relevant stakeholders can access. The coordinating agency (MOLISA) can be responsible for developing and managing this software. The shared database on GBV interventions and survivors will save lot of time and help to facilitate the smooth governance and coordination among partners.

The application of ESP in Viet Nam is a big change, it requires enough resources- human resource, financial resource and time. Expecting breakthrough results in a very short time of implementation (2 years) is not advisable. It is necessary that the project continues to receive support from UN agencies as well as attention, responsiveness and commitment from government agencies and local authorities so that the efforts put in to implement ESP in Viet Nam can be sustained and expected results could be achieved in a longer run to provide essential services packages for women and girls subject to violence in Viet Nam. The expansion of ESP implementation in other provinces of Viet Nam should be considered.

*For Health Services:*

- The Circular No. 24 needed to be reviewed and amended in line with ESP principles so that it should cover all GBV survivors, in addition to the domestic violence survivors.
- Availability of extensive, systematic training and guidelines including SOPs for health workers on different contents, working modalities, reception and treatment of GBV survivors (Circular 24) at the province, district, and commune level so that they have sufficient knowledge, skills and reference material to work with GBV survivors.
- Ensure allocation of resources to provide professional services to meet ESP standards when dealing with GBV survivors on psychological counselling, assessment, mental health treatment, availability of private rooms, etc. at province and district levels.

*For Essential social services:*

- Guidelines should be developed for grassroots mediation groups and rapid intervention and GBV prevention and control task forces in line with the ESP standards.

- Improve the quality of some essential social services to make them more practical, such as temporary shelter/reliable address services in community, ensuring safety and provision of minimum material support for survivors.
- Develop a plan to recruit, train and foster staff who are specialized in providing essential social services for GBV survivors, such as on-duty/information receiving services available 24/7, provision of telephone support services, psychological counselling, crisis intervention, etc. because there is a lack of staff trained for in-depth knowledge in the process of providing essential social services to gender-based violence victims such as on-duty/reception services 24/7; provision of telephone support services, psychological counselling, crisis intervention. Training, refresher courses and recruitment organized over the past two years could not address this limitation.
- Establish a professional hotline to respond to gender-based violence at facilities so that survivors not only report incidents, but also seek other necessary advice and guidance. Because the fact that lack of a professional hotline to respond to gender-based violence at grassroots level, the response of the “Rapid Response Task Forces” to incidents of violence is not rapid enough: At the grassroots level, hotlines are often phone numbers managed by police officers to receive all kinds of information about local security and order, they are not dedicated numbers for reporting, counselling, and emergency assistance for victims subject to violence, so the professionalism is not high.

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