MINISTRY OF LABOUR-INVALIDS AND
SOCIAL AFFAIRS (MOLISA)

THE JOINT PROGRAM ON ESSENTIAL SERVICES PACKAGE (ESP)
FOR WOMEN AND GIRLS SUBJECT TO VIOLENCE IN VIET NAM

BASELINE ASSESSMENT REPORT 2018

Photo: UN Viet Nam/ Aidan Dockery

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

The Joint Program on Essential Services package for women and girls subject to violence in Viet Nam: Baseline Assessment Report 2018

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ACRONYMS

DOJ	Department of Justice
DOLISA	Department of Labour, Invalids and Social Affairs
DV	Domestic Violence
DVL	Law on Domestic Violence Prevention and Control
DOVIPNET	Domestic Violence Prevention Network
ESP	Essential Services Package
FGD	Focus Group Discussion
GBV	Gender-based violence
IDI	In-depth Interview
ILSSA	Institute of Labour Science and Social Affairs
ILO	International Labour Organization
INGOs	International Non-Governmental Organizations
MOJ	Ministry of Justice
MOH	Ministry of Health
MOCST	Ministry of Culture, Sports and Tourism
MOLISA	Ministry of Labour, Invalids and Social Affairs
MPS	Ministry of Public Security
NGOs	Non-Governmental Organizations
NTP	National Target Programme
PPC	Provincial People's Committee
SoP	Standard Operating Procedures
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
ToR	Terms of Reference
WHO	World Health Organization
VWU	Vietnam Women's Union
VAWG	Violence Against Women and Girls

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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[1].

(2) Violence against women is any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of women's liberty, whether occurring in public or in private life.[2] GBV can occur anywhere, including: (i) in the family (such as battering, marital rape, sexual abuse of female children in the household, dowry-related violence, female genital mutilation and other traditional practices harmful to women); ii) in the general community (such as rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking and forced prostitution, etc.)[3]

(3) 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.[4]

(4) Sexual harassment in the workplace is defined as any behaviour of a sexual nature that affects the dignity of women and men, which is considered as unwanted, unacceptable, inappropriate and offensive to the recipient, and that creates an intimidating, hostile, unstable or offensive work environment. The worst forms of sexual harassment are acts of sexual assault or rape as regulated under the legislation on handling administrative violations and criminal legislation. [5]

(5) Rape is the use of violence or threat to use violence or taking advantage of the victim's defenselessness or other tricks to engage in sexual intercourse or other sexual activities that are against victims' will.[6]

(6) Sexual abuse is the use of tricks to make his care-dependent or a person in extreme need to reluctantly engage in sexual intercourse or other sexual activities.[7]

(7) Human trafficking is the use of violence, threatens to use violence, deceit and other tricks to: transfer or receive human people for the transfer of money, property, or other financial interests; transfer or receive human people for sexual exploitation, coercive labor, taking body parts, or for other inhuman purposes; recruit, transport, harbor other people to conduct the above-mentioned acts.[8]

(8) Sexual exploitation is the coercion of others to sell sex, act as the subject for pornography production, perform sex or be a sex slave.[9]

(9) Coercive labor is the use of force, threats to use force or any other tricks to force a person to work against their will.[10]

(10) School violence is any activity that can create a disturbance in an educational system. It

1 *Source: General Recommendation No. 19 (1992) Violence against women made by the Committee on the*

2 *Declaration of the Elimination of Violence against Women, Article 1, available at http://www.un.org/documents/ga/res/48/a48r104.htm.*

3 *Source: http://www.un.org/documents/ga/res/48/a48r104.htm*

4 *Article 1.2, Law on Domestic Violence Prevention and Control (2007), at http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&mode=detail&document_id=51256*

5 *Source: Vietnam General Confederation of Labour, Ministry of Labour, Invalids and Social Affairs and Viet Nam Chamber of Commerce and Industry (2015). Code of Conduct on Sexual Harassment in the Workplace*

6 *Article 141.1, Criminal Code (2015)*

7 *Article 143.1, Criminal Code (2015)*

8 *Article 150.1, Criminal Code (2015)*

9 *Article 2.1, Law on Human Trafficking prevention and combat (2011) at http://moj.gov.vn/vbpq/lists/vn%20bn%20php%20lut/view_detail.aspx?itemid=26901*

10 *Article 2.3, Law on Human Trafficking prevention and combat (2011) at http://moj.gov.vn/vbpq/lists/vn%20bn%20php%20lut/view_detail.aspx?itemid=26901*

is as a physical or verbal altercation on the way to school, on the way home from school, or at a school-sponsored event that can cause physical or psychological harm to another individual, school, or community.[11]

(11) 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.[12]

(12) Coordination is a process that is governed by laws and policies. It involves a collaborative effort by multi-disciplinary teams and personnel and institutions from all relevant sectors to implement laws, policies, protocols and agreements and communication and collaboration to prevent and respond to violence against women and girls (VAWG).[13]

(13) Governance of coordination has two major components. The first component is the creation of laws and policies required to implement and support the coordination of Essential Services to eliminate or respond to VAWG. The second component is the process of holding stakeholders accountable for carrying out their obligations in their coordinated response to VAWG and ongoing oversight, monitoring and evaluation of their coordinated response. Governance is carried out at both the national and local levels.[14]

11 *Source: https://study.com/academy/lesson/school-violence-definition-history-causes-effects.html*

12 *UN Women et al. (2017) Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines, at http://www.un.org.vn/images/Goi_dich_vu_thiet_yeu*

13 *ibid*

14 *ibid*

Photo: UN Viet Nam/ Aidan Dockery

EXECUTIVE SUMMARY

Gender-based violence is one of the most widespread human rights violations in the world, several studies conducted by UN and WHO estimate the prevalence with about 58% of ever-married women have reported one of the three forms of violence viz physical, emotional or sexual. In Vietnam, despite the paucity of research and studies on GBV, the data from government sources reflects that the situation is no different here. Due to prevailing biased social and cultural norms, many victims of domestic violence don't perceive GBV as a crime. It is generally assumed that women are responsible for maintaining peace and harmony within the family, and men are hot-tempered with less emotional control. Drinking, adultery and jealousy among men are quite usual and contribute to violence against women. Although specific measure to deal with GBV is guaranteed under the Vietnamese law, attitudes perpetuating inequality and violence continue to remain in communities, and in institutions entrusted with overseeing and implementing the law. This baseline study aimed to conduct a situational analysis in the context of GBV services through identifying existing services and enabling factors including legal frameworks, policies, resources, finance, workforce capacity, governance, accountability, monitoring and evaluation mechanisms to support the pilot of the Essential Services Package (ESP) for women and girls subject to violence.

Key Findings: The essential services listed in the "Essential Services Package for women and girls subject to violence - Core Elements and Quality Guidelines" of The Global UN Joint Programme on Essential Services Package (health, justice and policing, social services, coordination and governance of coordination) for women and girls subject to violence (UN Women, UNFPA, WHO, UNDP and UNODC) became the basis of this baseline assessment. As per the baseline assessment findings, Domestic Violence (DV) is seen to be the most common and most reported form of GBV in Vietnam. More than 80 % of the survey respondents experienced some form of violence in their life (mostly psychological torture resulted in prolonged psychological problems). In most of the cases (87%) the perpetrators of DV were intimate partners or other known persons.

Vietnam has signed numerous international instruments aiming to eliminate violence against women and incorporated many of these international obligations into the domestic legal system. The National Strategy on Gender-based Violence (2011-2020) becomes the basis of formulating different national programs on GBV such as - the National Action Plan on Domestic Violence Prevention and Control (2017-2021); The program on Human Trafficking Prevention and Combat for the period 2016-2020; The Program on Prostitution Prevention and Control for the period 2016-2020; The Program on Child Protection (2016-2020).

The legal framework has specific regulations and responsibilities for health, social services, police and justice sectors to support and protect GBV victims for their life safety, dignity, honour, health and assets of victims, verify the identity of the abuser, assess and investigate abuse acts, protect from threats or harm, etc. Free and discounted costs for a health check-up for sex workers, human trafficking victims and sexual abuse cases are included in relevant laws and policies. The public security sector is responsible for providing temporary shelter, essential personal items (clothes, food) and travel expenses for victims of violence, especially victims of human trafficking. The justice sector (court, policing and legal aid establishments) is assigned to prevent and ban initial contact, assess/investigate before, during and after the trial. The legal aid centers of the government have the mandate of providing legal aid and to support the victims to feel confident and secure during the trial at the court. The funding for implementing the GBV programs is made available through central and state budgets of the national targeted programmes, from international and national NGOs and private donors.

MoH has set-up medical examination and treatment establishments to implement healthcare services, statistics reporting and counselling services and issued circular to appoint social workers at hospitals for providing psycho-social support to GBV victims. About 80 % of the hospitals nationwide have

established a department for social work and have a team in place. In addition, social labor and child protection officer have been allocated to all communes and wards of the 63 provinces and cities. Moreover, officers from Women's Association at the communal, hamlet level and other mass organizations also play important role in supporting the victims subject to violence. The 24/7 hotline (111) is established to support cases of child sexual abuse, children at risk of violence, exploitation, abandonment, etc. Some provinces (for example, Ben Tre and Quang Ninh) have hotline facility for DV victims, as well. Judicial and policing support services (police, legal aid officers, public prosecutors, lawyers, judges, etc.) are also available in all the provinces/cities including Ben Tre. However, in general, more than 60 % of people don't know about the availability of services and less than 10 % of the people utilized part of the services available to them.

Key gap areas: The law implementation remains weak and is not consistent among different types and levels of violence. The current policies, regulations and procedures are generic in nature and don't clarify the processes to cater to the specific needs of GBV victims. The services lack a clear process of reception, screening, support and protection of victims. The facilities also have a shortage of staff, equipment's and amenities to provide quality services to GBV victims. Most of the service providers in all the sectors are unaware about the handling of the GBV related issues in a professional way. They are either new or not oriented on GBV programmatic processes, management and referral services. The Standard Operating Procedures (SoPs) are also not available to guide on dealing with GBV cases in a friendly, confidential and sensitive way.

Utilization of the services is affected by the poor economic conditions of the GBV survivors and lack of financial aid and free/subsidized services. Victims hesitate in disclosing acts of GBV due to lack of awareness, fear of negative response and insensitive behavior from service providers. There is no mandate for proper and timely collection and submission of medical and forensic evidence to the court. This creates a lot of discomfort and difficulties, especially for the victims of rape, sexual abuse and sexual attack cases. The support and protection are somewhat evident for serious violent crimes such as rape, human trafficking, sexual abuse, etc. but have a minimal intervention for other violence. Also, the penalties for perpetrators of GBV are too weak to deter crimes. Also, specific regulations are not available on ensuring the safety of violence victims after the trial process finishes since there is a high possibility that those who caused violence possibly take revenge on the victims. Similarly, there are no regulations to ensure the safety of service providers, who are also at times vulnerable to threats and assaults from perpetrators.

Coordination and governance of coordination remain very weak due to poor inter and intra sectorial coordination among relevant ministries and agencies at the provincial and city level despite several regulations and instructions. Further, there is no mechanism established for monitoring and evaluation of the effectiveness and reach of the program at national and local levels, including coordination mechanisms for providing essential services for victims of violence.

The budgetary provisions for services are limited and insufficient to meet the demand of establishment of specialized centers and training of service providers. There are shortages of temporary shelter houses at both central and community level, non-availability of private counselling rooms at the hospitals for violence victims Also, due to limited funding essential demands and urgent needs of victims are also compromised.

Recommendations

- UN Women and other agencies should strengthen their advocacy efforts to intensify community awareness on existing GBV laws and policies. Evidence generation/ research and documentation of good practices across provinces need to be prioritized and used for evidence-based advocacy to improve funding and to fix major gaps in service delivery. Ensuring participation of GBV victims in programming could help in developing realistic and need-based approaches for addressing GBV.

- Conduct a mapping exercise of essential services and resources and facilitate multi-stakeholder consultations to identify and scale up good practices. Develop specific regulations on interagency cooperation and a joint action plan to streamline the collective efforts for coordinating and implementing ESP.

- Develop a comprehensive guideline including SoPs with clear instructions, capacity building plan, M&E framework and reporting formats for multisectoral action for the ESP programme implementation. Task forces may be set up at all levels to review and ensure that the programmes are being implemented as per the ESP guidelines.

- Addendums related to specific provisions and regulations for addressing specific needs of victims of workplace sexual harassment, school bullying, labour exploitation, forced marriage, forced pregnancy and birth, safety and protection of victims, etc. may be incorporated in the existing legal frameworks and policies.

- To enhance the knowledge and skills of service providers (social, medical, legal and police), facilitate their capacity building/ training according to the ESP implementation guidelines with a focus on gender-sensitivity (to appropriately address men, women and transgender; vulnerable boys and girls and other GBV victims) and need-based approach.

- Design a targeted awareness generation campaign including mass and mid-media to sensitize community about different forms of violence and the helplines available (ensure the 24*7 functionality), their rights, legal and financial aid available for them. Involvement of community-level workers and male role models for the door to door interpersonal communication could also be a very effective strategy.

- Community-level gender resources centers can be set up involving NGOs to offer basic counselling and information services to victims and act as a link between the appropriate facility and the victim to ensure speedy redressal of the issue. To make the environment of the facility conducive the establishments and units should follow certain specific norms of providing privacy, safety, comfort to the victim.

- Develop and promote an information sharing mechanism (could be an IT-enabled platform with dashboard) among agencies providing GBV services in order to improve the quality and effectiveness of services for GBV victims and to avoid overlapping and wastage of resources. Also, synchronization of activities will help to cut short the number of repeat interviews with victims and to ensure the safety of GBV victims.

BACKGROUND: SITUATION OF GENDER BASED VIOLENCE IN VIET NAM

Gender-based violence (GBV) is one of the most widespread human rights abuses in the world. The numbers of women and girls affected by this problem are staggering. According to the World Health Organization (WHO) data from 2013[15], one in every three women has been beaten, coerced into sex or abused in some other way – most often by someone she knows. One in five women is sexually abused as a child[16]. Although, Gender-based violence (GBV) is under-reported and under-researched in Vietnam (Gardsbane et al. 2010), following studies and data from government departments reflects its prevalence and magnitude in Vietnam.

According to the study on **domestic violence** against women conducted by the General Statistics Office and UN in 2010, 58% of ever-married women reported having experienced at least one out of three types of violence (physical, emotional, sexual) in their lifetime; 32% of ever-married women reported having experienced physical violence; 10% reported having experienced sexual violence and more than 50% reported having experienced emotional abuse throughout their lifetime. Also, more than half of the women who had experienced physical violence reported that their children had witnessed the violence perpetrated to them at least once. One in every four women with children under the age of 15 reported that their children had experienced physical violence by their husbands (GSO & UN, 2010). The report also points out that 87% of domestic violence victims did not seek any help from public services; only 43% reported the incident to the police; 61% of the reported cases were referred to mediation/reconciliation; only 12% of cases reported to the police resulted in criminal charges; and only 1% of reported cases led to convictions.

As per the statistics from the Ministry of Public Security between 2007 and 2014, there were 3,046 cases of **human trafficking** and 6,628 victims. In 2016, dedicated units verified, rescued and received more than 1,500 cases (in which 600 cases were identified as victims of trafficking). In the first 6 months of 2017, nearly 1,000 cases were rescued and received (including 331 victims of trafficking). The Ministry of Public Security estimates that 85% of the identified cases involved in transnational trafficking and most of the victims are women and girls[17].

In 2016 and the first 6 months of 2017, 1,880 **child abuse**[18] cases were heard by provincial and district people's courts nationwide with the involvement of 1,976 defendants. For Oriental culture, this is a sensitive issue, so the victims are often unresponsive, especially when the perpetrators are their relatives, which leads to the fact that girls have become more and more vulnerable to serious physical and emotional injuries.

Sex workers are among the most vulnerable groups who suffer from a variety of violence. In Vietnam, the estimated numbers of sex workers reported by Department of Social Evils Prevention (MoLISA), by 2017 were 15,000, whereas International Labour Organisation (ILO) indicated that the number would be around 101,272. Such a big difference in the number of sex workers reported by MoLISA and ILO indicates the gaps in recording and managing sex workers in Vietnam. ILO (2016) reported that violence was reported in all workplace settings and by almost all sex workers. Employers of sex workers are indicated to be one of the most likely perpetrators of violence in the workplace.

Government commitment to gender equality and the elimination of GBV is evident in its policies and efforts to promote subsequent policy implementation, coordination and budgeting, decrees,

15 *http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/*

16 *http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/*

17 *Trinh (2015), Kammel Tucker & Ward Lehman (201), CEOP (2011)*

18 *Crimes of child abuse, child rapes, child sexual abuse, obscenity to children.*

circulars and supplementary national plans[19] [20]. Despite these efforts, there are many shortcomings and limitations in the current coordination mechanism for violence prevention and control and several gaps in the implementation of the services[21]. The participation and contribution of all the relevant sectors (culture, police, justice, health, education) in violence prevention and control are weak and unclear. In fact, police at the grassroots level only interfere with violence prevention and control when there are severe cases of violence which are criminal in nature. Majority of the service providers including social workers and the medical professionals are not trained in gender equality, issues of gender-based violence, legal knowledge, counselling, assessment and working skills with victims and perpetrators of domestic violence. Intervention activities so far, have only focused on domestic violence, human trafficking, and sex work without putting much premium on other types of violence such as sexual harassment in the workplace, school related violence, school bullying, child abuses, etc. The referral services for victims and sensitization of men in violence prevention and control activities are still very weak. Several issues like Poor infrastructure, lack of effective action plans and coordination mechanisms, lack of M&E systems, absence of clear guidelines and protocols to manage GBV cases and enhanced vulnerability of the victims due to the prevailing social norms, lack of confidentiality and adequate protection with minimal legal and financial aid render the GBV programs ineffective and underutilized by victims.

The services and activities to prevent, support and protect victims of violence (mainly women and girls) are extremely essential. Intervention and support models for victims of violence in Viet Nam are currently very small-scale, fragmented, and are being implemented by different stakeholders (the State, local and international NGOs, community-based organizations) without a coordination mechanism in place. While the government is committed, and efforts were in place since early 2010, the interventions are scattered in different time periods and by different agencies, including UN and civil society organisations.

This baseline study gauged the existing situation in terms of policies, legislation, programs, interventions taken to address GBV and the on-ground implementation status, challenges encountered and bottlenecks in effective service delivery. Recommendations to address these challenges and overcome the bottlenecks have been made to inform the formulation of a comprehensive services package services and an implementation strategy for its delivery.

This baseline assessment has collected and analyzed information from relevant stakeholders including the policymakers, officials, service providers of various departments and the intended beneficiaries viz women and girls to understand the provisions made for GBV victims, its utilization and quality respectively. The study by exploring and bringing fore the gaps in delivery will help in improving the services and approaches to ESP with better and more coordinated model responding to the actual needs of the target population, including worst-off and most vulnerable groups.

19 *General Statistics Office Viet Nam "Keeping silent is dying": Results from the National Study on Domestic Violence Against Women in Viet Nam. Ha Noi: 2010.*

20 *Ministry of Labor, Invalids and Social Affairs (MOLISA), UN-GOV Joint Programme on Gender Equality 2009- 2011: Detailed Project Outline of ODA Programme. Ha Noi; March 2009.*

21 *MoCST & UNFPA (2013) - Evaluation Report on Minimum Intervention Packet on domestic violence prevention and response in Viet Nam*

Photo: UN Viet Nam/ Aidan Dockery

INTRODUCTION TO ESP AND EXPECTED RESULTS

The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence is a partnership between UN Women, UNFPA, WHO, UNDP and UNODC. The program aims to provide greater access to a set of good quality essential multi-sectoral services for all victims of gender-based violence. These essential services that are based on global guidelines are to be provided through the health, social services, police and justice sectors. The ESP provides vital components of a coordinated multisectoral 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. UN Women in coordination with government and other UN agencies will lead the demonstration pilot of the Essential Services Package (ESP) in one selected province of Vietnam.

Essential services share a range of common characteristics and activities and are applicable regardless of any specific 'sector' responding to victims of GBV. Figure 1 shows the key features and guiding principles of service delivery across all essential services and actions.

Three expected outcomes for the ESP Programme are:

Outcome 1: National Guidelines and/or protocols are updated, adapted or developed in line with or from the global guidelines and tools for the provision of essential VAWG services.

Outcome 2: VAWG services are provided in line with the quality standards and tools developed for essential services in selected sites in pilot/self-starter countries.

Outcome 3: Use of VAWG essential services are promoted and/or supported in line with the quality standards and tools by women and girls increased substantially in pilot/self-starter countries.

Figure 1: Key characteristics of service delivery across all essential services and action

The purpose of the ESP pilot in one selected province is to demonstrate how multisectoral services conforming to the global guidelines can be implemented in the Vietnamese social, political and administrative context. The pilot will be implemented with the involvement of central government and agencies that are expected to play a critical role in designing national guidelines and SOPs to ensure the evidence-based policy making.

In terms of partnerships, the Ministry of Labour Invalids and Social Affairs (MOLISA)[22], will be the nodal Ministry for implementing and coordinating the ESP pilot. Other key national partners for reviewing, adapting and implementing the different sectoral ESP guidelines include, but are not limited to, the Ministry of Health (MOH), Ministry of Culture, Sport and Tourism (MOCST), Ministry of Public Security (MPS), and Ministry of Justice (MOJ). Additional stakeholders include existing NGO partners of UN Women, UNFPA, UNODC and WHO working on Gender related issues and GBV. At the provincial level, partnerships will be established with the Provincial People's Committees of the selected province and key provincial departments such as DOLISA, DOH, DOJ and others.

Theory of Change for ESP to respond and end gender-based violence

22 *MOLISA is the lead coordinating agency to implement the NTP-GBV and the state managing agent for gender equality and prevention and control of GBV*

Inputs (resources)

- Technical and financial support (UN agencies - UN Women, UNFPA, UNOOC, WHO, etc.)
- Human resources, facilities and equipment (MoLISA, MOH, MoCST, NGOs, etc.)

Activities

- Sensitization and capecity buliding of service providers responsible to provide services to GBV victims
- Delwery of ESP related to health, justice, police and social services to GBV victims
- Coordination and governance of coordination of the ESP services

Outputs

- Amended and revised legal framework to support ESP
- Improved capacity, skills and overall performance of health, social, justice and police sectors
- Implementation of ESP multisectoral action pian and improved coordination
- increased number of cases of violence reported to the relevant authorities.
- increased knowledge and utilization of GBV services

Outcome

- Programmes are implemented as per the ESP guidelines with improved accountability
- Improved performance of health, justice, police and social services
- Improved access to ESP services for women and gil victims of GBV
- Improved health and safety of GBV victims

Women and girls are free from all form of GBV improved gender equity

OBJECTIVES OF THE ASSESSMENT

This baseline study aims to establish knowledge on the existing situations, factors that provide for an enabling environment and identify gaps in current services. It further helps to identify needs, the existing capacity to meet those needs, unmet needs, and to establish goals and objectives for meeting the unmet needs.

Specific objectives of the study are:

The specific objectives of the baseline assessment are to:

- Identify **enabling factors**
  - Identify what **legal frameworks** are in place and identify the gaps and law reforms necessary to ensure a comprehensive legal framework for the effective delivery of quality essential services.
  - Identify existing **policies and practices** on violence against women in each sector, their linkage with national policy, existing essential services and their accompanying procedures and protocols.
  - Identify what **resources and finances** are in place and the minimum requirements for the functioning of those services.
  - Identify the current **workforce capacity to deliver ESP**, and existing capacity building approach.
  - Identify **governance, oversight and accountability** mechanisms currently in place.
  - Identify the current **monitoring and evaluation mechanisms for** service delivery across sectors.
- **Map existing essential services** in terms of availability, acces¬sibility, responsiveness, adaptability, appropriateness and quality with corresponding gaps. Key questions will include:
  - What services exist?
  - Which entities are providing the services (government, NGOs, others)?
  - Locations where services are concentrated and where there are gaps?
  - How are services being financed and what costs are borne by victims/survivors?
- **In addition, the baseline study focuses on:**
  - What services are provided in different types of establishments?
  - How do these establishments ensure safety and confidentiality for survivors of violence?
  - How is service quality and feedback of service users measured?
  - Who are utilizing the services and if not, what are the reasons for inaccessibility?

APPROACH, METHODOLOGY AND DATA SOURCES

The baseline study consisted of a review and analysis of primary as well as secondary data. For analysis of the primary data both quantitative and qualitative approaches were used. Figure 1 illustrates the sources of data and data collection approaches for the baseline study.

Approach

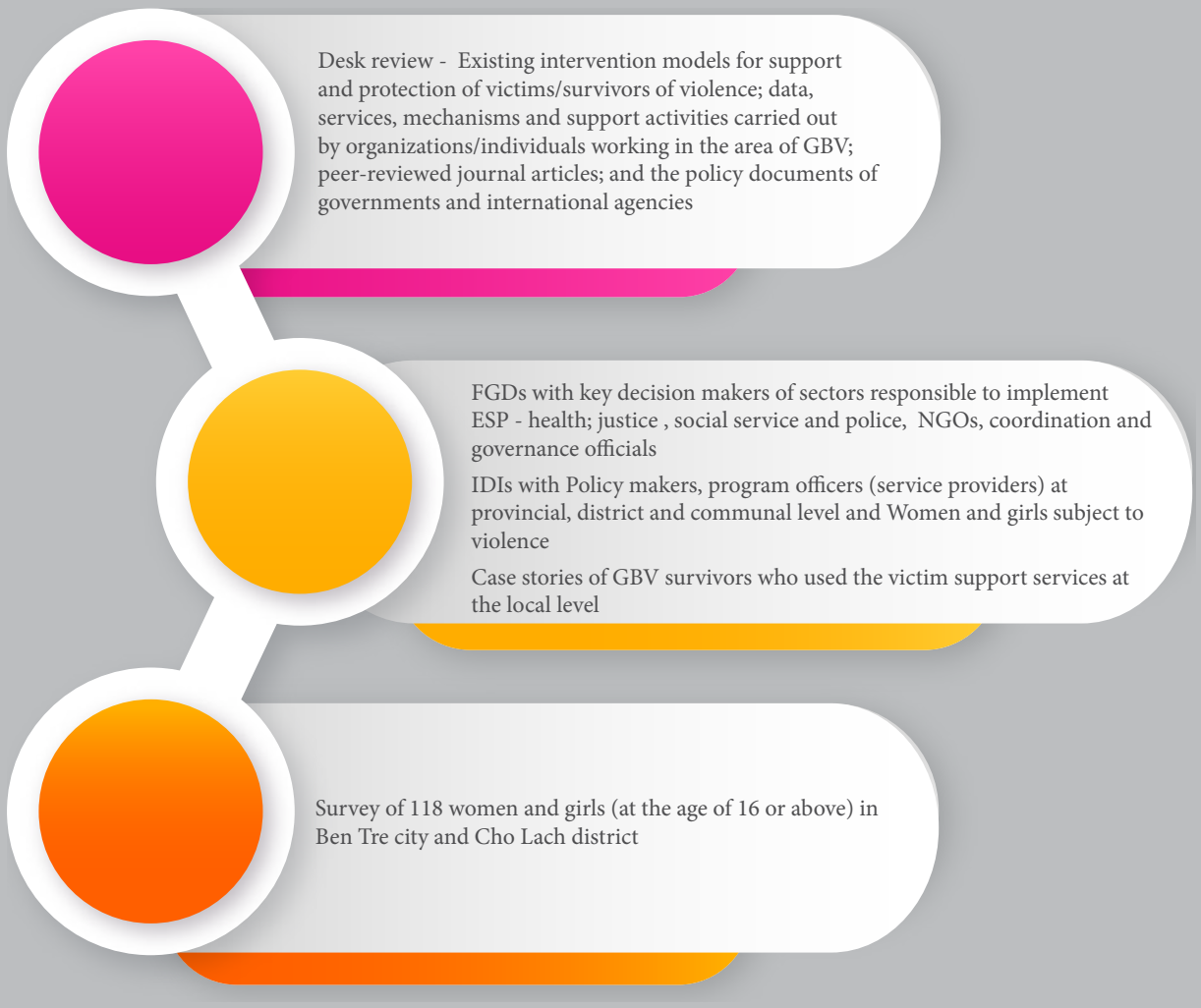
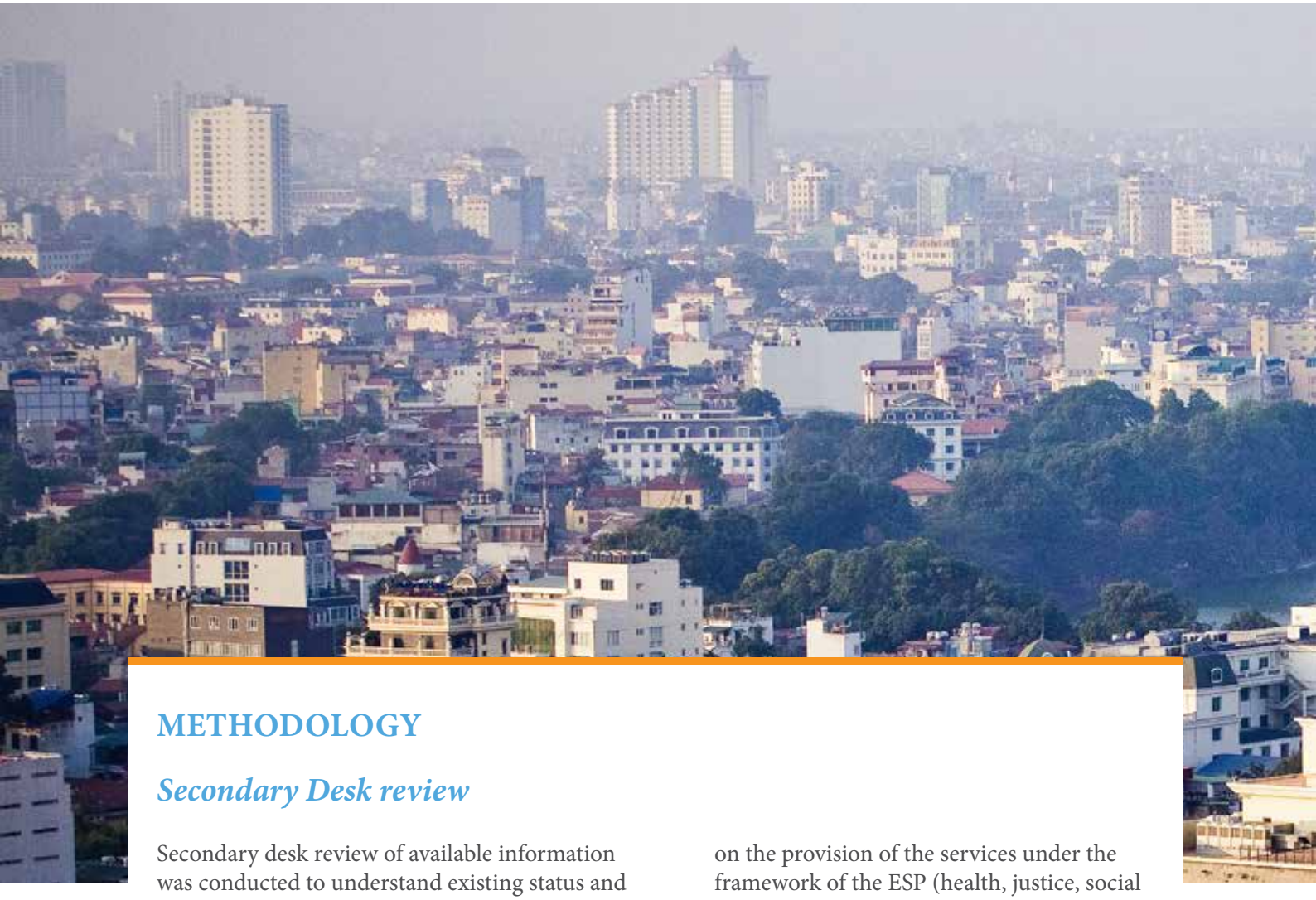


Figure 2: Sources of Data and Data Collection Approaches



METHODOLOGY

Secondary Desk review

Secondary desk review of available information was conducted to understand existing status and to set the background to initiate the baseline study. The team, in order to understand the intervention models to support and protect survivors of violence reviewed the following documents:

- Policies, programs and plans pertaining to violence against women and girls, the regulations on support for women and girl survivors of violence;
- Existing research on gender issues and GBV, the provision of supportive services for women and girl survivors of violence;
- Research and literature on Causes and consequences of violence against women and girls in Vietnam
- Literature available on activities and models of prevention and response to GBV that are being implemented, especially the models on the provision of the services under the framework of the ESP (health, justice, social services, coordination and governance);
- Information available on models utilizing inter-sectoral collaboration among various stakeholders (labour, health, justice, law enforcement, women's unions) in supporting survivors of violence.

Primary data collection

a. Qualitative assessment methods

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

Photo: UN Viet Nam/ Aidan Dockery

Focus Group Discussions (FGD) - Five FGDs were conducted with the key policy and decision makers and service providers at the province, district and commune level to assess the availability, responsiveness and effectiveness of the existing local service support systems and compare the existing essential services with ESP criteria.

In-depth Interviews (IDIs) – A total of 12 in-depth interviews were conducted with the key officials at the Ministerial and provincial level.

Case-study - Two case studies were collected to understand communities' perception of availability of services provided at different types of facilities, their accessibility, safety and security, quality and overall experience of the services provided.

b. Quantitative assessment methods

To measure the community awareness about existing services and needs of additional services, structured interviews with girls and women were conducted using questionnaire at Ben Tre - Ben Tre City (population of 232,000 people) and Cho Lach district (population of 135,000 people).

Following formula was used to calculate the sample size of 118:

n= (t×t) × p(1-p)/(m×m)

Where,

n = required sample size

t= confidence level -92

p= prevalence of GBV (58%)[23]

m= margin of error or precision level (8 %)

In Ben Tre province and in Vietnam in general, domestic violence and gender-based violence cases which are disclosed or detected are mainly serious physical violence or sexual assault cases. It was quite difficult to apply the purposive sampling method for the survey part. Therefore, the study group randomly selected women and girls from the household lists of 2 identified commune/wards of Cho Lach district and Ben Tre province for the study.

23 *According to the study on domestic violence against women conducted by the General Statistics Office and UN in 2010*

c. Sample size

Table 1: Sample size for the baseline study

Method	Sample size		Total
	Quantity (FGD/ interviews)	Number of interviewees	Number of respondents
I. FGDs	5	42	**42**
At the central level			
FGD with partners of ESP	1	10	10
At the local level			
FGD with Health Sector	1	8	8
FGD with Justice and Police	1		8
FGD with agencies, NGOs providing social services for victims of violence	1	8	8
FGD with the staff and officials engaging in coordination and coordination governance	1	8	8
II. IDIs	12	12	**12**
National level: UNWOMEN, UNODC, WHO, Ministry of Public Security, Ministry of Health and MOLISA	6	6	6
Provincial, district and commune level: Leaders of People's Committees and DoLISA	2	2	2
Commune-level - Leaders of People's Committees and DoLISAs - Leader/coordinator of the Rapid Response Task Force - The representative of existing units/facilities providing services to GBV victims.	4	4	4
III. Case-study	4		**2**
Survivor of violence who has used the existing local support services.	2	2	2
Survivor of violence who has never used such local support services.	2	2	2
II. Quantitative assessment			**118**
Households with women and girls 16 years or older	**118**		118
Total	**139**		**176**

DATA SOURCE

Research tools

Following were the tools (Annexure -3) developed for qualitative and quantitative data collection for the baseline assessment

- Questionnaire for interviewing women and girls;
- Guidelines for FGD and IDI with leaders at the central and UN agencies;
- Guidelines for FGD and IDI with leaders of the health sector at provincial, district and commune
- Guidelines for FGD and IDI with leaders of the People's Committee, the sector of labor, invalids and social affairs and culture, sports and tourism at provincial, district and communal levels;
- Guidelines for FGD and IDI with representatives of service providers at communal level;
- Guidelines for in-depth interviews with women and girls who experienced GBV and have used essential support services and
- Guidelines for IDI with women and girls who experienced GBV and have not used essential support services.

The tools were presented at the central-level consultative workshop having participants from key partners (UN Women, UNFPA, WHO, UNDP, MOLISA, MOH, MOJ, and MPS) and staff from these sectors at provincial level, such as Ben Tre province, Ho Chi Minh city, Ha Nam, Quang Ninh, Thanh Hoa, and Ninh Binh; representatives of central-level ministries/sectors/agencies (Viet Nam's Women Union and MOCST); non-governmental organizations in the area of gender-based violence prevention and control. Relevant feedback and inputs from all these stakeholders were incorporated to finalize the tools.

Data analysis and quality control

Quantitative data: Recorded IDIs and FGDs were processed with the support of Nvivo software, 11th version, in order to synthesize comments of assessment for each specific essential service package (health, policing and justice, social services, coordination and governance of coordination), suggestions and recommendations.

Qualitative data: Results collected through the questionnaires were fed into EpiData software and processed with SPSS software, version 20.0 for analysis of descriptive and inferential statistics. Descriptive statistics tools were used to calculate mean, standard deviation, frequency with the % ratio and Inferential statistics tools were used to calculate the Alpha Cronbach value to estimate the reliability of study tools; especially to estimate the reliability of variables for assessment of essential services for victims of violence.

Ethical Considerations

Permission to conduct the interviews and focus group discussions with the service providers and community respondents (women and girls) were obtained from all the line ministries and local authorities (Ben Tre province). Verbal informed consent was sought from all respondents after the enumerators and interviewers provided them with clear information about the aims and objectives of the baseline survey and assured privacy, confidentiality and safety while participating in interviews and focus group discussions. The benefits of participating in the research were also communicated to all respondents before their consent was sought. Respondents were informed of their right to withdraw at any time from the study in case they chose to do so. Interviews were held in public and safe places to ensure the comfort and confidentiality of the respondents, especially victims of GBV.

KEY FINDINGS

GBV experience of women and girls

Violence against women and girls is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." (United Nations 1995: 73; UNIFEM 1998). Article 2 of the Declaration identifies the three areas in which physical, sexual and psychological violence commonly occur: (1) the family, (2) the general community, and (3) violence perpetrated or condoned by the State (United Nations 1996). Domestic violence occurs throughout Vietnam, in all regions including urban and rural areas. Most reported violence in Vietnam is Domestic Violence (DV), which includes beating, sexual abuse of children, marital rape, verbal abuse, economic abuse, deprivation of financial, social, and emotional resources, etc.

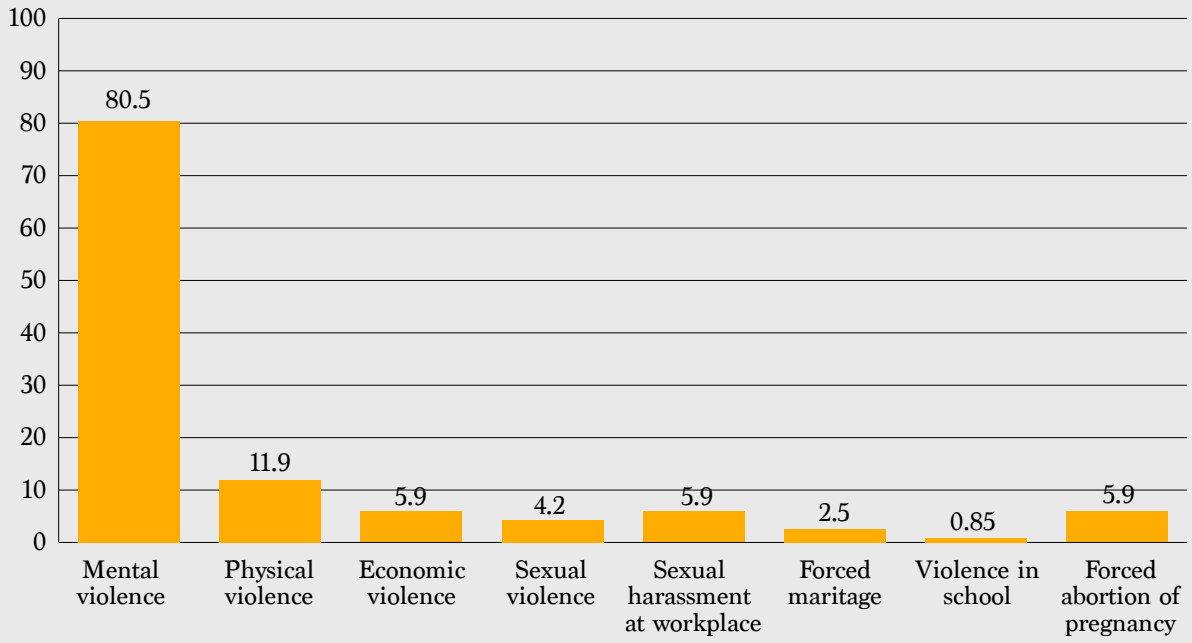


Figure 3: Types of violence faced by victims % (N = 118, multiple responses allowed)

80.5 % (N=118) of the survey respondents[24] experienced psychological torture, 11.9 % of the respondents experienced physical violence, 5.9 % of respondents (each) experienced economic deprivation, sexual harassment (at the workplace, public places), and coercive abortion/ coercive pregnancy (Figure 3).

Some respondents considered one or two slaps as mental violence rather than physical (the humiliation and heart-broken feelings were bigger for them than physical pain). Most of the perpetrators were known persons, in 87.2 % of the cases it was the intimate partner, whereas for 23.6 % of cases it was a family member. (Figure 4).

"The most common form of violence is psychological violence such as yelling, cursing, humiliating, mostly because husband needs money for gambling, alcohol addiction, drug abuse or they want to buy expensive items for himself eg: new mobile phone, etc. There are many cases of sexual abuse, rape and sexual violence. The marital rape cases, sexual abuse of children within the family often remain unreported. The data that was reported is much less than the real number of incidents. - FGD with leaders of justice and police sector.

24 *Refer Annexure 1 for the respondent's socio-demographic characteristics*

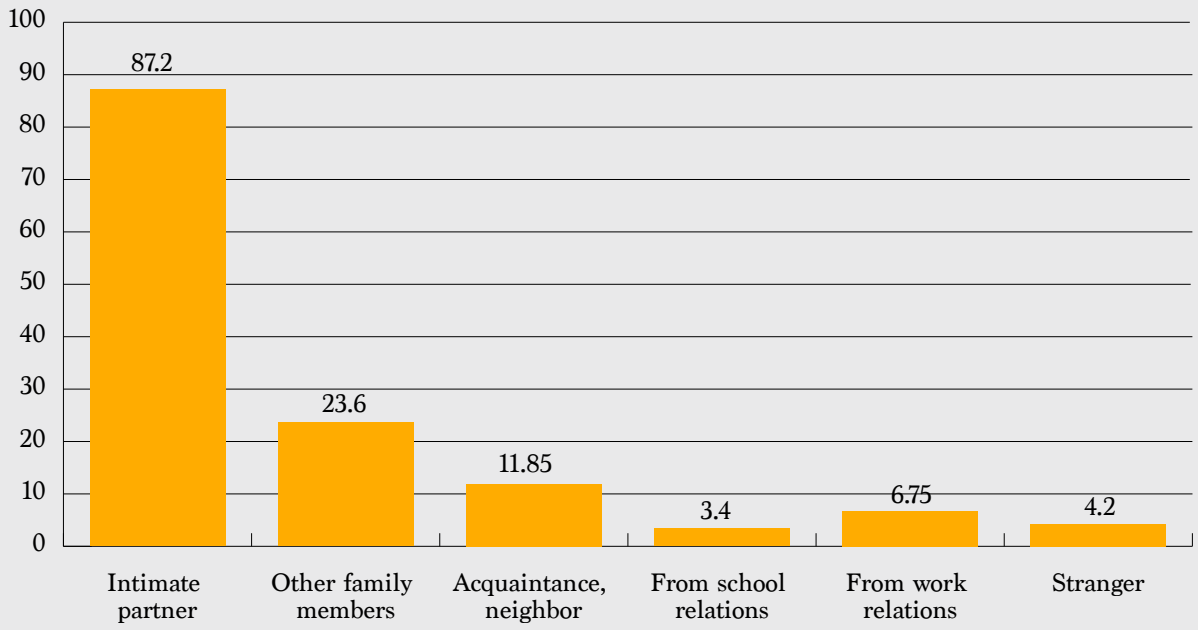


Figure 4: perpetrators of violence % (N=118 multiple responses allowed)

The most common injuries experienced by the respondents were abrasions, contusions, body aches, dizziness, deafening, head or face injury. Other reported issues were difficult/painful sexual intercourse and sexually transmitted infections, etc.

"My husband's brother is well-built with strong biceps, he has beaten me so badly that I got bruises all over my face. My face remained swollen for the whole week, I felt dizzy and weak all the time. I had to go to Cho Lach hospital for the treatment. Whenever I recall the incident, I feel so scared. I am always worried that he would kill me". - IDI with the victim of DV, 70 years old woman.

Obviously, gender-based violence not only causes physical pain but also severe emotional pain with prolonged psychological problems, which are not easily cured. Around 95.8 % respondents reported psychological sufferings and mental trauma post violence. Other common symptoms experienced by around 40-60 % of the respondents were fear, panic, anger, insomnia.

Table 2: Health provisions for GBV victims in the legal framework of Vietnam

DV victims who are women and girls	Law on Domestic Violence Prevention and Control (2007) Decree 08/2009/ND-CP dated 4th Feb. 2009 regulating details and guidelines for the implementation of provisions of the Law on Domestic Violence Prevention and Control. MOH - Circular No. 24/2017/TT-BYT dated 17th May 2017 regulating the Process to receive, provide health care and collect statistical data and report on patients who are DV victims at examination and treatment establishments
Human trafficking victims who are women and girls	Law on Human Trafficking Prevention and Combat (2011) Decree No. 09/2013/ND-CP dated 11th Jan. 2013 by the Prime Minister on the regulations for implementing some provisions of the Law on Human Trafficking Prevention and Combat
Victims who are sex workers	The Ordinance on Prostitution Prevention and Control (2003) Decree No. 178/2004/ND-CP by the Government regulating details for the implementation of provisions of the Ordinance on Prostitution Prevention and Control
Children who are subject to sexual abuse	Law on Children (2016) Decree No. 56/2017/ND-CP dated 9th May 2017 regulating details of some provisions of the Law on Children Circular No. 23/2010/TT-BLDTBXH on regulations for the process of intervening, support children who are subject to violence and sexual abuse.

HEALTH SERVICES FOR GBV VICTIMS

a. The legal framework for GBV prevention and combat

Health care providers are likely to be the first professional contact for women who have been subjected to intimate partner violence or sexual violence[25]. Women and girls often seek health services for their injuries, even if they do not disclose abuse or violence. Nonetheless, they identify health care providers as the most trusted professionals with the disclosure of abuse. The health sector plays an important role in screening, identification and initial health care and during the process of supporting victims subject to violence. The current legal framework of Vietnam has specific regulations on healthcare support for victims of violence, particularly for women and girls.

Following are the documents where health care services related regulations are available for victims of violence. The health provisions have been clearly regulated in these Vietnamese legal frameworks (for details please refer Annexure 2.1)

Upon the promulgation of the Law on Domestic Violence Prevention and Control, the MOH issued Circular - 16/2009/TT-BYT in 2009 to provide guidance for the healthcare and treatment establishments on the reception, health care, statistical collection and report of patients who are DV victims. In 2017, MOH issued another Circular - 24/2017/TT-BYT of similar content but with few adjustments regarding the process of receiving, providing health care and support, and referring victims.

Other GBV victims such as sex workers, victims of human trafficking, girls subject to sexual abuse are targeted in the relevant laws and policies such as Law on Human Trafficking Prevention and Combat, Law on Children, Ordinance on Prostitution Prevention and Control for the health care support and have some policies on free and discounted costs for health checkup and treatment.

Currently, MOH's Circular 24 is an important legal basis and guidelines for the process of receiving, screening, supporting, and referring patients who are DV victims. This is also a legal basis for the health sector to implement actions to prevent, care and protect DV victims.

Existing gaps in the legislation in the Health sector

- The current regulations are generic and lack a clear process of reception, screening, support, care and protection (except those for DV victims) at medical examination and treatment establishments. Violence victims who are subject to human trafficking, sexual abuse, labour exploited and sex workers are provided health services but in sporadic facilities providing social services or victim assistance in some local areas. These regulations particularly do not specify the role or subsidies by the health sector in screening, examination, initial care for them.

- There is no specific health insurance policy available for the GBV victims. If victims have the health insurance card, they are treated same as other people. Besides, the current health insurance does not cover abortion costs for victim's subject to sexual abuse and sexual violence. Those who do not have the health insurance card have to pay for the services. The government encourages medical establishments to give the discount for services if the victim is poor (within the financial capability of the establishments) but do not have any specific subsidy policies.

- The regulations on health care and support are mainly specific for people who are DV victims but not very clear for other victims (such as those subject to human trafficking, children subject to violence, sexual abuse, sex workers and those who are sexually harassed at their workplace or labor-exploited).

- Doctors, nurses, social workers are also vulnerable to threats, assaults and violence committed by perpetrators during the process of initial support, treatment, examination for

25 *WHO. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva, WHO; 2013 at page 1.*

victims, Still there are no regulations available to ensure their safety.

b. Policies regulating medical support

The Government of Vietnam has taken positive actions to support and protect GBV victims through the issuance and enforcement of support policies such as regulations and deployment of medical support. The National Strategy on Gender-based Violence for the period 2011-2020 which was released by the Prime Minister outlines objective 4 and 6 to ensure gender equality while accessing healthcare services and gradually eliminating gender-based violence. Based on the national strategy on GBV, the MOH has prepared its 2016-2020, action plan on GBV to establish 1005 medical examination and treatment establishments. These establishments provide healthcare and counselling services to patients who are DV victims and report statistical data and activities on GBV. The guidelines for these centers have already been developed and disseminated by MOH.

In accordance to the National Strategy on Gender-based Violence, the Prime Minister has approved the scheme "Prevention against and response to Gender-based Violence for the period 2016-2020 and the vision towards 2030" and the Implementation Plan on the scheme "Strengthening the leadership of the Party in gender equality and women advancement in the new situation". This scheme envisages that "100% GBV victims are detected, supported and timely intervened by providing care, counselling and support services at the medical establishments".

The National Action Program on Domestic Violence Prevention and Control until 2020 has the provision to provide support services regarding DV prevention, legal counseling, health care, and protection for victims. The Program on Human Trafficking Prevention and Combat for the period 2016-2020 outline timely and safe receiving, verifying, rescuing, protecting and supporting victims to ensure their rights and benefits, and provision of medical and healthcare as per laws and regulations to 100% of victims in need. The Prostitution Prevention and Control program for the period 2016-2020 supports victims who are sex workers subject to gender-based violence and illustrates that provinces/cities should develop intervention models and activities for prevention and reduction of gender-based violence and provision of social services to sex workers. The Program on Child Protection (2016-2020) provides for the protection and support for children subject to violence and sexual abuse and gives attention to help and recovery care through public and private professional service delivery systems.

MOH is the prime agency for the implementation of the above policies, programs and projects to provide medical support and care services to the GBV victims. The strategies have been integrated into the implementation of the National Targeted Programs through the establishment of social work centers for the provision of medical support and counselling services (related to mental and physical health) at hospitals for GBV and DV victims. The staff who are working in these centers are social workers who are recruited by hospitals and paid by the Government.

Existing gaps in the implementation of policies and programs

- Lesser involvement of local stakeholders in problem identification and solving resulted in lower reach and access of GBV services for target groups, especially in the hard-to-reach areas.
- Lack of effective M&E and robust data management systems to monitor the reach of GBV programs. No assessments were carried out to understand the access, utilization and effectiveness of the implementation of medical support for victims of specific violence.

c. Resources and financing for medical support services

Human resources, facilities and equipment:
The Prime Minister signed the Scheme on the Development of social works (2010-2020) on 26th November 2015. Based on this scheme, MOH has issued a Circular 43/2015/TT-BYT to implement social work at hospitals through social workers. These social workers provide counselling on health, psychology, legal issues and benefits of health insurance cards for general patients and especially for GBV victims.

However, most of the social workers are new, especially at district and communal level and they are not much aware of the GBV issues. Other health care staff including doctors and nurses are also not being oriented and trained on GBV programmatic processes, management and referral services. Many of them do not consider such responsibilities as theirs and deal with victims in a manner of "a bad compromise is better than a good lawsuit"[26].

Further, SOPs for the examination of sexual assault, physical and mental injuries are not available. Medical facilities at the communal level do not have enough medical equipment, capacities and facilities to conduct the injury screening and face difficulties in referring victims to tertiary care services due to inadequate referral mechanisms[27]. According to MOH, at the end of 2017, more than 80% of hospital nationwide have established the department for social work or a team responsible for social work; however, these departments and teams are new, and they are still working to equip their facilities and equipment for operations.

Most of the general hospitals at central, provincial and district levels do not have any separate examination room for GBV victims, they have to share the space with other patients. However, in Ben Tre province some of the hospitals and health clinics have kept separate areas and wards for the victims subjected to violence but the facilities and equipment are limited and not able to meet the real demand.

Financial resources: Financial resources for the medical support service delivery for GBV victims come from two main sources: (i) state budget (national targeted programmes, projects of the state, ministries, sectors and provinces); (ii) funding from international and national NGOs and organizations. However, as per the baseline assessment finding, current financial resources for the health sector to implement GBV services are limited and insufficient to meet the demand of specialized support centers and training of the health care service providers (doctors, nurses and social workers) to conduct screening, detection and counseling.

d. Cooperation between health and other sectors in GBV prevention and control

As per the regulations of the DV prevention and control and Circular No. 24/TT/BYT, it is necessary for the health sector to closely cooperate with other sectors in the prevention and control of DV and GBV, especially with the social protection establishments for the provision of support, screening and referrals of victims to essential services. Similar regulations on the cooperation mechanism are also mentioned in other laws such as the Law on Human Trafficking, Law on Children, and the Ordinance on Prostitution Prevention and Control. However, the cooperation and coordination mechanisms are not yet established to support, protect and refer victims to the required facilities as needed. *"Currently, there has not yet a mechanism for cooperation between sectors to support the victims of violence."* Also *"The list of support establishments is not available to refer victims when needed."* FGD with partners of ESP (UN Women, UNFPA, UNODC, WHO, MPS, MoLISA, MoH, MoJ, MoCST).

In Ben Tre province, many activities and initiatives for the prevention and control of domestic violence have taken place in the past 10 years. The province has received support from international and national organizations such as UN Women, UNFPA, UNODC, etc. to implement intervention models for prevention and control of DV. However, there also, the coordination and cooperation among different sectors to support and protect DV victims are still very weak. The gaps identified in establishing coordination between health and other sectors are:

- victims do not want to share or disclose their violence related information, make it very difficult for service providers to understand the real situation of victims and provide them appropriate referral services;
- the examination for sexual assault, physical and mental injuries is difficult due to the limited capacity of hospitals and inadequate referral process at the communal level, the referral slips are not available.

26 *Baseline assessments for ESP – FGD with health sector, Bến Tre, 18 - 22/9/2018*

27 *ibid*

- sometimes victims refused to visit the tertiary health care facilities due to issues related to distance or money.

e. Awareness, Availability, Access, Utilization, and Quality of existing health services

The essential services listed in the manual on "Essential Services Package for women and girls subject to violence - Core Elements and Quality Guidelines" on health services of **The Global UN Joint Programme on Essential Services Package for women and girls subject to violence** (UN Women, UNFPA, WHO, UNDP and UNODC) became the basis of this baseline assessment. The ESP for health includes the following services:

- Identification of survivors of intimate partner violence
- First line support
- Care of injuries and urgent medical treatment
- Sexual assault examination and care
- Mental health assessment and care
- Documentation (medico-legal)

Awareness, Availability and utilization: In general, the awareness about the availability of the health services for victims, subject to violence was low among women and girls. About 48.8% of the respondents were unaware of the sexual assault examination services, 44.1% of respondents were unaware of the documentation and referral support services, about 41.5% of women and girls had no knowledge about the medico-legal documentation and injury examination services and about 35.6% of women indicated no awareness about the existing mental/ psychological health assessment services for victims.

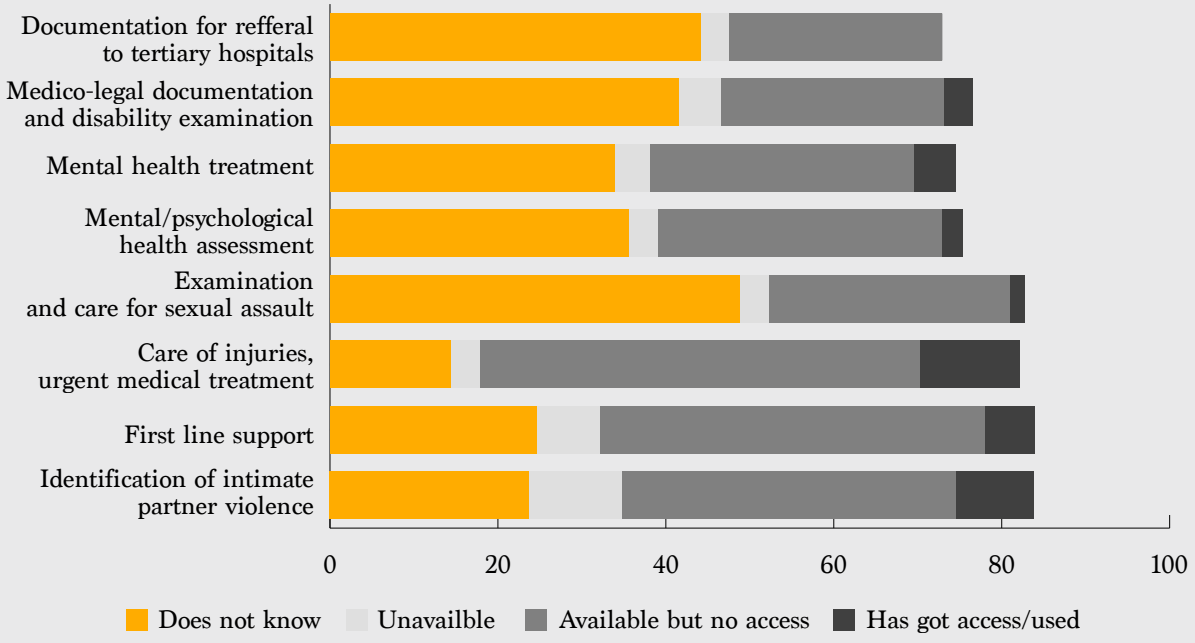


Figure 5: Availability, access and utilization of the health services for victims, subject to GBV (%)

Encouragingly, some proportion of women and girls were aware of the general health services available in local areas. 52.5 % of respondents were aware of the injury care and urgent medical treatment services and about 45.8 % respondents stated availability of first line help (care for emotional, physical, safety and support needs of victims). About 39.8 % of respondents know about the identification services of survivors of intimate partner violence. However, the respondents had not personally accessed these services.

GBV related health services are being provided through state agencies at the communal/ district level medical stations, the district medical center, the disability examination center and the Nguyen Dinh Chieu General Hospital of the province: *"Apart from state medical agencies, there are no other organizations or agencies providing actual support services for victims"*- FGD with health sector.

The utilization of GBV services by the women and girls interviewed was limited. The most accessible/utilized service was care of injuries and urgent medical treatment, which was utilized by only 11.9% of the respondents. The next most accessible/utilized service was the identification of survivors of intimate partner violence at 9.3%. None of the respondents has ever used documentation and referral services.

Quality of current health services: To assess the quality of health services for victims of GBV, a scale of 0 – 5 was used (0 = poor/not pleased; 1= weak/a little bit pleased; 2= average/reasonable; 3= relatively good/relatively pleased; 4= very good/very pleased). Respondents who have used the health services earlier provided the average score to the quality of health services between 3 to 4 (Figure 6).

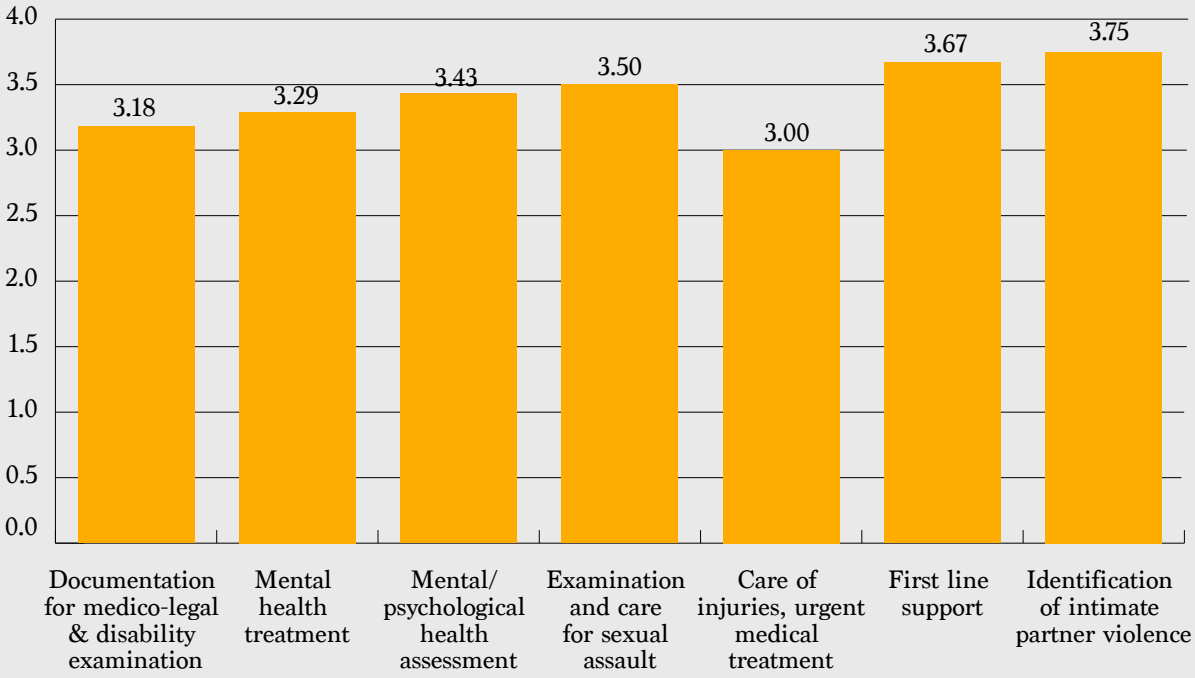


Figure 6: Quality of the health services for victims, subject to GBV (average scores)

The service providers of the medical establishments acknowledged the challenges in maintaining the quality of services due to lack of trained specialists. The staff of communal/ district level medical stations and district medical center lack knowledge of mental health and psychological counselling skills and therefore they refer the patients to the provincial general hospital or to the social work department. However, at these establishments also the staff is not trained in professional counselling skills, resulting in poor quality of services.

"The social work carried out at the level of the Women's Association and the communal/ward medical stations is very important because only at that level, it is possible to acquire enough information and encourage victims of violence to go to the provincial hospital for a health check and examination. At Nguyen Dinh Chieu provincial general hospital, it is necessary to have a specialized section with trained psychologists, so the issues like physical violence, sexual abuse, rape could be addressed professionally. Currently, at the provincial hospital, this job is entrusted to the department for social work. They do whatever they can since it is their responsibility, but they are not trained in mental and psychological health issues to help victims."- FGD with the health sector.

Barriers to accessing health care services: Even though it has been widely acknowledged that the health sector is required to play a key role in the effective response to GBV, several barriers prevent women and girls, survivors of GBV from utilizing and receiving appropriate health care. Such barriers exist at both levels – the patient who experienced GBV and the health care provider.

Barriers faced by the GBV survivors:

- The number of cases detected as victims subject to violence at medical establishments is very few compared to the real number. Many survivors and their families concerned about the family honour and afraid of possible stigma and social exclusion. The shame and guilt they feel, prevent them to admit the incidence of violence during the medical examination. *"There was a case of minor child sexual abuse - when I examined, I knew that it was a clear case of sexual abuse but the mother persistently insisted that it was not; another case when I noticed burn marks on a woman's body, which didn't seem normal but the woman did not want to discuss it"* – FGD with health care providers. The denial on part of the victims makes it difficult for health service providers to provide care and referral services.

- The threats that victims faced by perpetrators usually prevents women to talk about violence and seek care due to low self-confidence and fear of repercussions.

- The poor economic conditions inhibit GBV survivors from accessing health care in absence of a financial aid mechanism or subsidized/ free services.

- Lack of awareness about the availability of health care services and procedures, fear of the negative response from service providers such as blame, lack of privacy in the facility and insensitive behaviour of doctors and nursing staff is a major deterrent to seeking services for GBV victims.

Some of these barriers operate at the levels of partner relationships, families and the wider community and therefore require interventions beyond the health care system. Nevertheless, health service providers need to be aware of them, in order to be able to provide effective care and referrals to relevant service providers.

Provider barriers to an effective health care response to GBV

- Identification of GBV victims is poor at the medical establishments due to insufficient knowledge about causes, consequences, SoPs and guidance. The identification is primarily due to self-disclosure. *"At my hospital, there are cases of violence. Patients themselves disclosed their status, doctors surely do not ask. The issue here is that for GBV cases, it is necessary to protect medical evidence for victims. The procedures are very long, we process the medical certification only if the police ask for it".* – IDI with the representative from Cho Lach district medical center.

- Inadequate psychological and clinical skills of health care providers to do complete mental/ psychological health assessment (depression,

anxiety, stress, etc.). Also, timely collection and protection of medical evidence at all the levels - communal, district and provincial are challenging.

- Non-availability of standard procedures, policies, protocols, documentation forms at the health facilities to deal with the survivors following standards of good clinical care. Also, information and list of available support services and appropriate professional contacts among the service providers, which could serve as a basis for referral are lacking.

- Existing misconceptions about GBV and perception of intimate partner violence as a private matter or blaming the survivor for the violence. The staff also uncertain about the confidentiality issues and reporting obligations. *"When the doctor asked me about these injuries, I said that they were caused by my husband. Then the doctor asked, what I did that provoked him to beat me. I was so ashamed to look around, everyone there was laughing. It was not me who did anything wrong, I felt humiliated, so I did not answer the question".* IDI with 33 years old woman subject to GBV, Ben Tre city.

JUSTICE AND POLICING SERVICES FOR GBV VICTIMS

a. The legal framework on GBV prevention and control for justice and policing sectors

Vietnam is a signatory to numerous international instruments which aim to eliminate violence against women. The Government has incorporated many of these international obligations into the domestic legal system. The current legal framework regulating the responsibilities of police and justice sector for providing services aimed at legal aid and victim protection is relatively well-defined. The major role of policing sector is to protect the life safety, dignity, honour, health and assets of victims, to help verify the identity of the abuser; to assess and investigate abuse acts, threats or harm for victims of violence. Following are the documents and regulations available on justice and policing support for victims, subject to violence. (for details please refer Annexure 2.2).

DV victims who are women and girls	Law on Domestic Violence Prevention and Control (2007)
Human trafficking victims who are women and girls	Law on Human Trafficking Prevention and Combat (2011) Law on Legal Aid (2017) Decree No. 09/2013/ND-CP dated 11th Jan. 2013 by the Prime Minister on the regulations for implementing provisions of the Law on Human Trafficking Prevention and Combat
Victims who are sex workers	The Ordinance on Prostitution Prevention and Control (2003) Government's Decree178/2004/ND-CP stipulating in detail a number of articles in the Ordinance on Prostitution Prevention and Combat
Children who are subject to sexual abuse	Law on Children (2016) Decree No. 56/2017/ND-CP dated 9th May 2017 regulating in detail a number of articles on the Law on Children Circular 23/2010/TT-BLĐTBXH stipulating the process for intervening in and supporting children suffering from violence or sexual abuse

Table 3: Police and justice service provisions for GBV victims in the legal framework of Vietnam

The public security sector is responsible for supporting the investigation, handling and provision of services to support the victims of violence. However, the victims of human trafficking and sexual abuse are directly supported while the role of the public security sector seems less obvious in supporting victims of domestic violence, school violence, sexual harassment in the workplace, and forced marriage. The public security sector is also responsible to provide some sort of initial support services such as temporary shelter, essential personal items (clothes, food) and travel expenses for victims of violence, especially victims of human trafficking. The justice sector (court, policing and legal aid establishments) is assigned to prevent and ban initial contact, assess/investigate before, during and after the trial. The legal aid centers of the Government have the mandate of providing legal aid and to support the victims to feel confident and secure during the trial at the court.

Existing gaps in the legislation

Though the regulations are well defined, its implementation remains weak and the participation of justice and policing sectors is not consistent among different types and levels of violence. The current justice procedure is the same for all and is not very gender-sensitive, they do not consider gender specific demands of women, girls, men, boys and transgenders. Specific regulations on special support for victims of violence have not been defined.

- The penalties for perpetrators of GBV are too weak to deter crimes (e.g. penalties for suicide coercing crime is still mild and formalistic) and there are no specific regulations for those who cause other types of violence (e.g., forced childbirth, sex selection before birth, sexual harassment in the workplace, school bullying, etc.)
- The support and protection are more evident for serious violence such as rape, human trafficking, sexual abuse, etc. but have a minimal intervention for other violence such as domestic violence, sexual harassment in the work place, school bullying, sex selection before birth, labor exploitation and forced childbirth etc.
- There are no specific regulations available on ensuring the safety of violence victims after the trial process finishes since there is a high possibility that those who caused violence possibly take revenge on the victims.
- The Law on Legal Aid only specifies free-of-charge legal aid for victims of domestic violence and victims of human trafficking and does not cover other victims of GBV.

b. Policies on supporting justice and policing services

Policies related to the provision of justice and policing services (victim protection, legal aid, investigation, assessment, assistance and support) have been integrated with the Government's programs related to gender equality, domestic violence, human trafficking, prostitution, sexual abuse and exploitation. The National Strategy on Gender Equality in 2011 – 2020 is the prime strategic document to provide legal aid for GBV victims at domestic violence victim-assisting establishments. Plan for Domestic Violence Prevention and Response in 2016 – 2020 and Vision to 2030 defines responsibilities of the Ministry of Public Security for directing public security agencies at all levels to coordinate with related agencies and organizations in detecting early, intervening in and addressing GBV and protecting victims.

The National Action Program for Domestic Violence Prevention and Control until 2030 regulates the Ministry of Public Security to take the lead and coordinate with other related agencies in providing guidance for the procedures to detect, prevent, investigate and deal with violations of legislation on domestic violence prevention and control; establish emergency intervention mechanisms to timely prevent and deal with domestic violence cases; cooperate with and create good conditions for the state management agencies related to family issues to conduct statistical work on domestic violence prevention and control.

The Program for Human Trafficking Prevention and Combat in 2016 – 2020 stipulates that the

Ministry of Public Security shall lead sub-projects in detecting, supporting and protecting victims of human trafficking, coordinating with other agencies in preventing, assessing/investigating and protecting victims. The Ministry of Justice shall work with the Ministry of Public Security, other relevant ministries and agencies to enforce civil judgement related to human trafficking prevention and combat and provide legal aid for victims.

The Project of Legal Aid Innovation prescribes that victims of domestic violence and human trafficking are eligible to receive free-of-charge legal aid. The legal aid agencies of the Government and their branches in provinces/cities to provide legal aid are also specified in the project.

Existing gaps in the implementation of policies and programs

According to the baseline findings, the support from the existing justice and policing systems is not fully effective. Some victims cannot access legal aid and policing services as they do not believe in the quality of the services or do not have enough information about such services.

- The policies, programs, and projects on judicial and policing support for GBV victims are targeted to specific violence cases. The public security sector actively supports and protects victims of human trafficking, domestic violence, child sexual abuse and violence. However, there are no specific regulations on legal aid, protection and support for victims of sexual harassment in the workplace, school bullying, sex selection before birth, labor exploitation, forced childbirth, etc.
- No specific policies and programs have been introduced to support victims' participation in the investigation and trial of the cases for different types of victims of violence, other than victims of human trafficking and sexual abuse.

c. Resources and financing for judicial and policing support services

Human resources, facilities and equipment: Human resources for judicial and policing support services (police, legal aid officers, public prosecutors, lawyers, judges, etc.) are available in all the provinces/cities including Ben Tre. However, they have limited knowledge about gender equality, domestic violence prevention and control, victims' rights to support and protection. The training conducted on these topics and gender-sensitive trial and investigation have been fragmented and superficial, thus being ineffective and rendering police personnel gender insensitive while investigating and supporting victims of violence thereby discouraging victims from seeking support from the police in non-emergency cases of DV, sexual harassment and violence at schools.

Temporary shelters, legal aid centers for victims of violence are limited in both number and quality of services. Ben Tre province has a legal aid center that provides adequate violence prevention and victim support services but legal aid centers and temporary shelters in other provinces are providing poor quality, nonprofessional and ineffective services.

Financial resources: The funding for justice and policing services comes from state budget, international and domestic NGOs and is allocated directly to the annual budget of individual ministries and agencies. Additional funds are also mobilized from communities. The available funds are primarily used to support essential demands, travel and other urgent needs of victims of human trafficking. However, generally, the norms for supporting essential demands, travel and initial support for victims of human trafficking remain limited. A lot of victims still have difficulties in reintegrating into the community, especially human trafficking victims who come back from abroad.

d. Cooperation between justice, policing and other sectors in preventing and combating GBV

The coordination between different sectors remains poor resulting in weak, irregular and ineffective referral services. The quick response teams managed by the police are responsible for initial contact and reconciliation. However, there

is no mechanism to ensure the safety of victims thereafter, which may result in repeated violence for the victims.

The referral of victims from other services (health care service, psychological counselling service) to legal counselling service has not been regular and effective. The legal aid centers are providing counselling service to all the people, including service for victims of violence. The connection between the Legal aid centers, victim-assisting establishments, temporary shelters, community-based trusted addresses and social protection centers have not been established. Therefore, legal aid is limited to supporting the victims of domestic violence.

e. Awareness, Availability, Access, Utilization, and Quality of existing justice and policing services

Awareness, Availability, Access, Utilization, and Quality: According to ESP guidelines, essential services and actions in justice and policing for victims of violence comprise 11 services:

- Prevention - raise awareness and enhance prevention
- Initial contact to report, support and protect violence cases
- Assessment/investigation of violence cases
- Pre-trial processes - initiating prosecution, deciding correct charge, and approving quickly the charge for prosecution
- Trial processes - ensuring a safe and friendly courtroom environment; protecting the privacy, integrity and dignity of victims.
- Perpetrator accountability and reparations ensuring that justice outcomes commensurate with the gravity of the crime
- Post-trial processes - prevent re-offending and focus on victims' safety
- Safety and protection - access to immediate, urgent and long-term protection measures
- Assistance and support services - health, legal and social services
- Communication and information about justice services, promoting dignity and respect
- Coordination amongst justice sector agencies

The baseline assessment showed that 90.7 % of the respondents knew about prevention services, 43.2% respondents confirmed its availability in their area and 22,9 % utilized these services whereas, 76.3 % respondents knew about the initial contact services, 34.7 % confirmed its availability in their area, but only 11.9 % of respondents have utilized it. Yet, there is poor awareness and no utilization of 5 of the above 11 services. 57.6% of respondent did not know about the pre-trial processes, 59.4 % did not know about the trial processes, 57.6 % has no knowledge of perpetrator accountability and reparations, 61 % of respondent did not know about the post-trial processes and 58.6 % had no knowledge of safety and protection services.

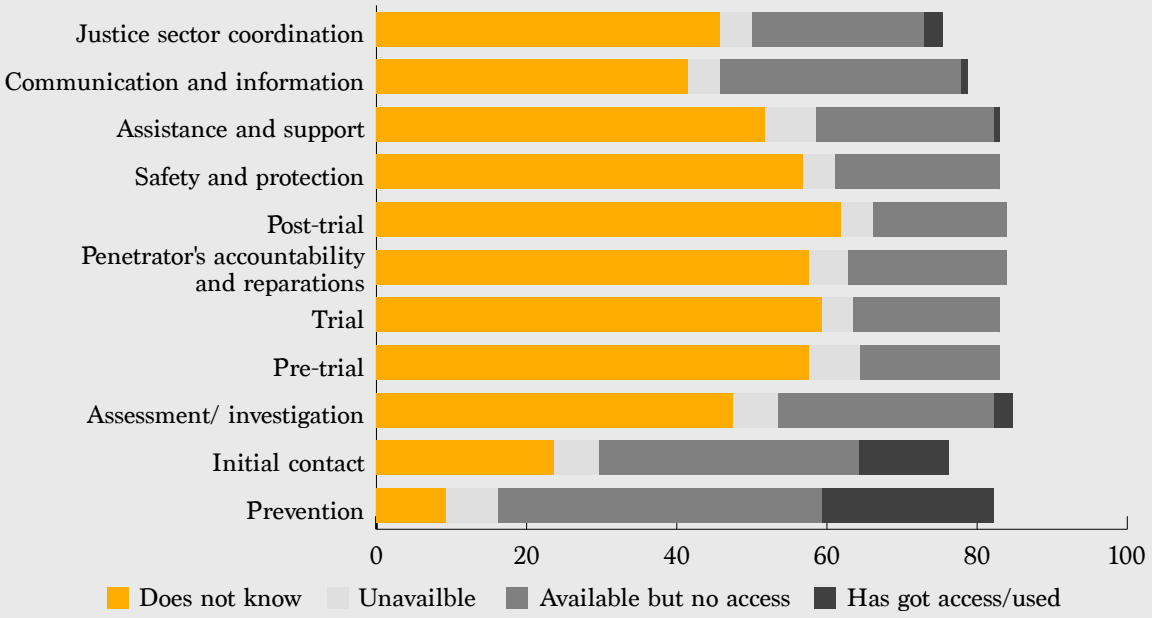


Figure 7: Availability, access and utilization of justice and policing services for GBV victims (%)

The Provincial Social Work Centre, DOLISA, Ben Tre has organized a range of activities including training courses to raise awareness of gender equality and GBV prevention and combat in 6 communes (Thanh Phong, Thanh Hai, Giao Thanh, Binh Thanh, An Thuan and Thanh Phu town) of Thanh Phu district. Four hundred thirty reporters from commune and village bureaus, mass organizations and members of steering committees were trained to deal with issues related to GBV. Respondents shared that several organisations including local authorities, police, commune-level women union, heads of hamlets, residential groups, domestic violence prevention and control clubs, clubs for the elderly, etc. are providing GBV prevention services in their area. About 22.9% of the study respondents have participated in those activities.

In Ben Tre, the representatives of commune-level women union, police and justice officers informed that with the widespread prevention activities and institution of 30 quick response teams in the province, it has become easy for GBV victims to report and denounce violence cases and seek support.

Quality of justice and policing services: Only a small number of respondents who utilized the services (6 out of 11 services as listed above) have responded about the quality of justice and policing services. Services related to information and communication were rated the best at an average score of 4.0. However, as the number of actual users is less, this should be kept into consideration while making conclusions about the quality of services.

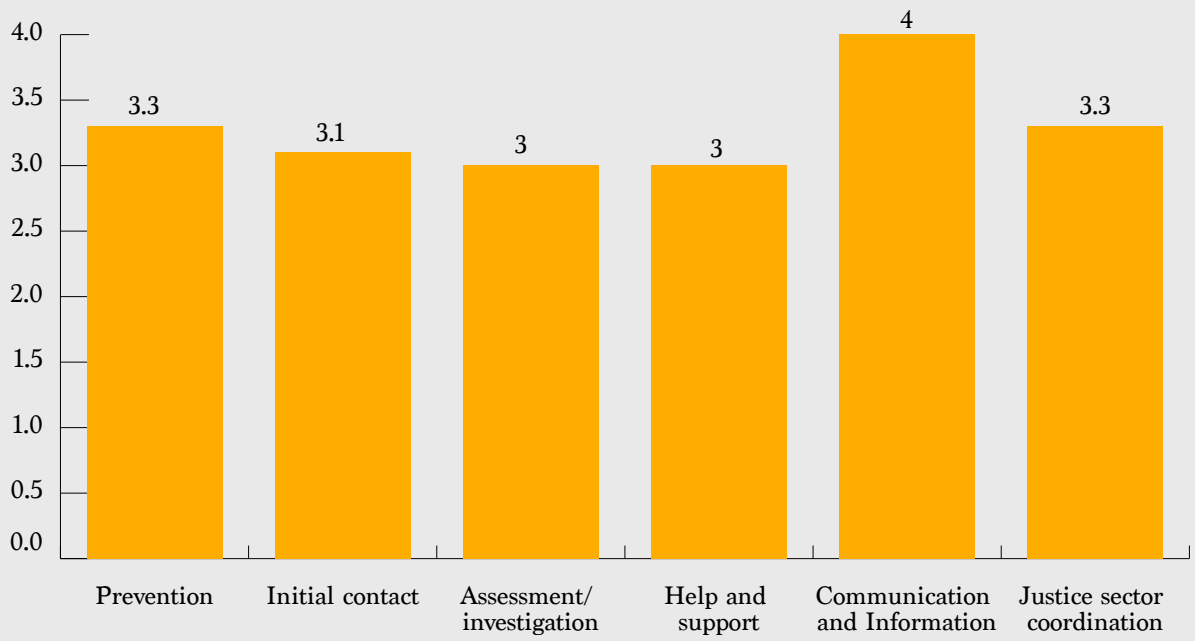


Figure 8: Quality of justice and policing services for GBV victims (average score)

Barriers to access justice and policing services:

Societal and cultural barriers

- Due to prevailing biased social and cultural norms, many victims of domestic violence don't perceive GBV as a crime. The crimes of domestic violence and violence against women are not treated with the same professionalism or vigour as other crimes and are frequently considered to be the lower priority by criminal justice agencies.
- Many women who have experienced violence feel pressure from their family or community to resolve the matter within the community and not by the criminal justice system demonstrating "good behaviors" and keeping their family "happy". Also, many of the GBV victims fear retaliation by the perpetrator if they report the crime.
- Many women are not aware of the judicial services available to them, even if they know they are ignorant of the processes and do not know how to submit a complaint. Poverty, work-load at home and travel distance are other barriers to seek services.
- Most of the GBV victims are women and girls and they prefer seeking services from female service providers. Lesser female staff in police services is also one of the major barriers. Women/girls do not feel comfortable talking about their personal and intimate issues with the male service providers including police.

Institutional barriers in justice and policing system

- The criminal justice system is obligated to prevent and protect women from violence as well as pursue criminal charges against perpetrators of violence. However, many of the provisions of these laws are not properly implemented due to insufficient governmental guidance and gender stereotypes within the criminal justice

system, which contributes to the attitude that violence against women is normal.

- The current judicial system is structured to address incidents of violence at several different levels and provide survivors with numerous mechanisms for redressal. In general, incidents of DV are considered less serious and referred to grassroots reconciliation teams to mediate and arrive at a mutually agreed-upon resolution between the survivor and the perpetrator. The mediation work has been misguided sometimes, leading to unsatisfactory handling of GBV cases. *"With the target to reach 80%-90% of the cases each year, the reconciliation teams try their level best to reach the target. However, in most of the cases, reconciliation does not help to stop the violence".* - FGD with local authorities, justice and police.

- The investigation, evidence collection and charge decision, especially for raping, sexual abuse and sexual attack cases is difficult. Since the guidelines are not available, the investigators do not know how to collect evidence in accordance with the regulations on trial procedures. The investigation processes and evidence collection processes are repeated several times creates a lot of discomfort and difficulties, especially for the victims of rape and sexual abuse. *"The biggest suffering for victims is the investigation and trial process, they are questioned again and again which worsen their suffering. Investigation agencies cannot work with perpetrators but only with victims. Perpetrators are asked to come to the commune authorities, but they do not obey, and at last the victims have to go to the authorities."* - FGD with local authorities, justice and police.

- In many cases, women (victims) themselves end up paying fine for their husbands if they are the perpetrators. This discourages the women from reporting their cases. *"The perpetrators should be forced to strong penalty measure and not just the fine. It's mostly the women who come to the commune authorities for all the proceeding and finally pay the fine also. Therefore, they prefer to suffer the violence than to report it. The system is failing to address their needs and not able to provide an effective pathway to pursue justice in many cases".* - FGD with local authorities, justice and police.

- While partnering with men and boys is a critical aspect, there is no specific strategy or educational program to involve work with men and GBV perpetrators. *"We invite men and women equally to any training and communication programs, while we want more men to come and participate, most of the time their participation is limited to only 5 % of the total participants in the meeting halls".* - FGD with local authorities, justice and police.

SOCIAL SERVICES FOR GBV VICTIMS

a. The legal framework for GBV prevention and combat for social service delivery

Among support services packages for violence victims, the social services are most attended and stated in normative legal documents related to GBV victims. Following are the documents addressing regulations of the legislation on social services support for victims subject to violence. (for details please refer Annexure 2.3)

DV victims who are women and girls	Law on Domestic Violence Prevention and Control (2007) Decree 08/2009/ND-CP dated 4th February 2009 regulating details and guidelines for the implementation of some provisions of the Law on Domestic Violence Prevention and Control.
Human trafficking victims who are women and girls	Law on Human Trafficking Prevention and Combat (2011) Decree No. 09/2013/ND-CP dated 11th January 2013 by the Prime Minister on the regulations for implementing some provisions of the Law on Human Trafficking Prevention and Combat
Victims who are sex workers	The Ordinance on Prostitution Prevention and Control (2003) Decree No. 178/2004/ND-CP by the Government regulating details for the implementation of some provisions of the Ordinance on Prostitution Prevention and Control
Children who are subject to sexual abuse	Law on Children (2016) Decree No. 56/2017/ND-CP dated 9th May 2017 regulating details of some provisions of the Law on Children Circular 43/2015/TT-BYT by Ministry of Health regulating on the tasks and forms of organizing social work conducted by hospitals.

Table 4: Social service provisions for GBV victims in the legal framework of Vietnam

According to the above legal frameworks, the social services, victims are entitled to, includes:

- Psychological, behavior, health and legal counseling;
- Urgent support for basic necessities (food, drinks, clothes, blanket and other stuff)
- Provision of temporary shelters (shelter house, reliable addresses in the community)
- Learning and vocational training support
- Initial difficulty benefits, capital lending for poor victims for small business, search for jobs, temporary surrogate care for children, support services for the reintegration of victims subject to human trafficking or sexual abuse into communities.
- Hotline (psychological support, counseling)
- Rapid intervention and DV prevention and control task force
- Creation, recovery, replacement of identity documents (for victims subject to human trafficking)
- Grass-root level mediation groups
- Clubs for victims of violence.

The services mentioned above reflects that the legal framework in Vietnam has the clear and specific regulations on different forms of social work provided to the victims of violence, and is appropriate to the minimum essential social services package.

b. Policies on the provision of social services

Policies on the provision of social services for GBV victims are regulated specifically under national targeted programmes, schemes and projects of ministries, sectors and concerned provinces. The National Strategy on Gender-based Violence for the period 2011-2020 has provisions for services under its objective 6 for support, counselling and reintegration into the community for victims subject to DV and human trafficking. The scheme on Prevention against and Response to Gender-based Violence for the period 2016-2020 and vision to 2030 specifically outlines support for GBV victims, such as safety protection, urgent temporary shelters, first-line support at reliable addresses - community

shelter houses; provision of minimum care services for victims and counselling for abusers at the establishments of GBV response services; care support, counselling for victims at medical establishments; use of hotline and interagency cooperation mechanism to handle GBV to connect services, support, victim/survivor protection and intervention and handling of abusers.

National Action Programme on Domestic Violence Prevention and Control until 2030 outlines the provision of social support services for DV victims, including (i) mailbox, phone line to receive information on domestic violence, reliable community addresses; (ii) legal aid and counselling services for DV victims; (iii) temporary shelters for DV victims for a period not more than one day at the request of victims; (iv) scale up effective models on DV prevention and control at the community; (v) develop new models of services to support DV victims; (vi) promote the vocational training and job introduction for DV victims.

The Programme on Human Trafficking Prevention and Combat for the period 2016-2020 suggest to (i) study and develop the referral mechanism for human trafficking victim/survivors; form support network for victims and follow a standard process to support victims to reintegrate into the community as per their needs and characteristics (ii) provide support to victims at establishments of social protection, survivor support as well as at the community as per the law. The Programme on Prostitution Prevention and Control for the period 2016-2020, outlines the goal that "by 2020, 20 provinces and cities will develop different models of social services provision for sex workers, including support services for harm reduction and reproductive health care; develop and pilot support mechanism and social services package for sex workers in the community; develop integrated activities for women in vocational training center for rural labor, employment programs, support for capital lending, poverty reduction programs, etc. to provide them with opportunities for appropriate job selection.

The Programme on Child Protection for the period 2016-2020, outlines the objective that "90% children under special situations are provided with support and care to recover, reintegrate into the community and have the opportunities for development" and "development of a professional system for child protection services". The Action Programme on School Violence Prevention and Combat at the establishment for nursery, primary and regular education for the period 2017-2021 by MOET as per the Decision No. 5886/QD-BGDDT dated 28th December 2017 outlines the objective that "100% education establishments publicly disclose the plan and channel to receive information on school violence; to implement measures for intervention and timely support when there is a student subject to school violence".

Different ministries - MOLISA, MOSCT, MOJ, MPS, MOET, mass organizations (Vietnam's Women Union, Youth Union, Farmers' Union, Veterans' Union, Vietnam's Fatherland Front), international and national NGOs jointly implement these programs in order to support GBV victims.

c. Resources and financing for the implementation of social services

Human resources, facilities and equipment:
Human Resources providing social services for violence victims include social workers, staff from the sector of labor, invalids and social affairs, staff from mass organizations such as Women's Associations, Farmers' Union, Youth Union and community and village officers and respected people in the community (villages, hamlets, communes). Currently, social workers are being appointed at the hospitals (district, provincial and at central levels) to support patients including GBV victims. The social protection establishments also have the provision of social workers to provide psychological and counselling support to those who need these services. In addition, social labor and child protection officers have been allocated to all the communes and wards of the 63 provinces and cities. Moreover, officers from the Women's Association at the communal, hamlet level and other mass organizations also play important role in supporting the GBV victims.

Since the appointment of the social workers is currently happening, most of them are new and inexperienced. They need professional

experience, knowledge and specialized training on the issues related to GBV, counselling and support services for the victims. The social workers and child protection officers at the communes/wards are overburdened with too many responsibilities and not able to spend sufficient time to support or counsel victims. However, the staff of NGOs, officers from mass organizations and community officers actively participate in providing social services to GBV victims, especially those subject to DV.

The facilities and equipment (shelters, first-aid, blankets, counselling rooms, safe space, etc.) for the GBV victims are limited and in short supply, especially there is a shortage of temporary shelter house at both central and community level; and private counselling rooms at the hospitals for violence victims (especially those who are sexually abused) are not available. The 24/7 hotline (111) is established to support cases of child sexual abuse, children at risk of violence, exploitation, abandonment, etc. The call center works closely with the communal workers to develop and implement a support and intervention plan for each child. Some provinces/cities (for example, Ben Tre and Quang Ninh) have established similar hotlines for DV victims, as well.

Financial resources: Main source of funding for the social services is state budget. Local ministries and sectors support the add-on cost to help and support establishment for victims at central general hospitals, social protection establishments, temporary community shelters, education and vocational training establishments and legal aid centers. UN, International and national NGOs, also contribute to some of the funding needs. However, the funds are not sufficient and only partly able to meet the practical demands of some of the GBV victims.

d. Cooperation between social and other sectors in the provision of social services

Department of Labor, Invalids and Social Affairs with support from other sectors such as health, police, justice, etc. is responsible to provide social services. MOLISA is responsible for the management and supervision of the social services provided by the ministry - temporary shelters, social protection establishments, initial difficulty benefits, capital lending, surrogate care, hotlines, etc. MOH is responsible for the management and supervision of health and psychological counselling carried out by social workers at hospitals; Ministry of Public Security (MPS) is responsible for the management and supervision of urgent support services for basic necessities, temporary shelters, rapid intervention task force for domestic violence prevention and control; Ministry of Justice (MOJ) is responsible for the creation, recovery and replacement of identity documents and legal counseling and the communal/ward people's committee is responsible for the management and supervision over grass-root level mediation groups, clubs for violence victims and some other community activities.

However, due to the lack of a clear mechanism for cooperation in the supervision and assessment of the social services, these activities are not conducted and reported regularly. Local provinces, ministries and sector report violence cases, which are known to them, but these cases account only for a small part of the actual cases of violence. Although currently, the health sector is entrusted with statistical data collection and reporting on violence, it focusses on victims of domestic violence only. The public security sector reports cases related to human trafficking, sexual abuse, violence with signs of crimes or allegations of crimes. Other cases of sexual harassment, school violence, forced marriage, sex-selection at birth, labor exploitation are only partially reported.

e. Awareness, Availability, Access, Utilization and quality of existing social services

Based on the ESP manual for essential services package, following services are considered as criteria for assessment of availability and accessibility of current social services for GBV victims:

- Information on available services related to violence
- Free appropriate and easily accessible counselling services
- Helpline/hotline to support violence victims

- Safe accommodations -availability of temporary, urgent and confidential shelters
- Material and financial aid – urgent support
- Creation, recover and replacement of identity documents
- Legal and rights information, advice and representation, including in plural legal systems
- Psycho-social support and counselling
- Women-centered support
- Child-appropriate, sensitive and friendly services for children
- Information, education and community outreach
- Assistance towards economic independence, recovery and autonomy

The survey results showed that information on GBV was most known and accessed service with about 41.5% of respondents, reported having knowledge about the services i.e. availability of hotlines, reliable addresses, help establishments etc. and about 25.4% reported utilizing the phone services (hotline and support line). As a matter of fact, there are many state agencies such as Social Work Centre of DOLISA; Public service sector; Fatherland Front, Justice sector, Population officers; Women's Association etc. that are providing information and services for GBV victims. These agencies provide essential services such as hotlines, temporary shelter addresses, psychological counselling in person or via phone and legal advice etc. The Women's Association has established and managed more than 500 reliable addresses in the community and for the GBV victims.

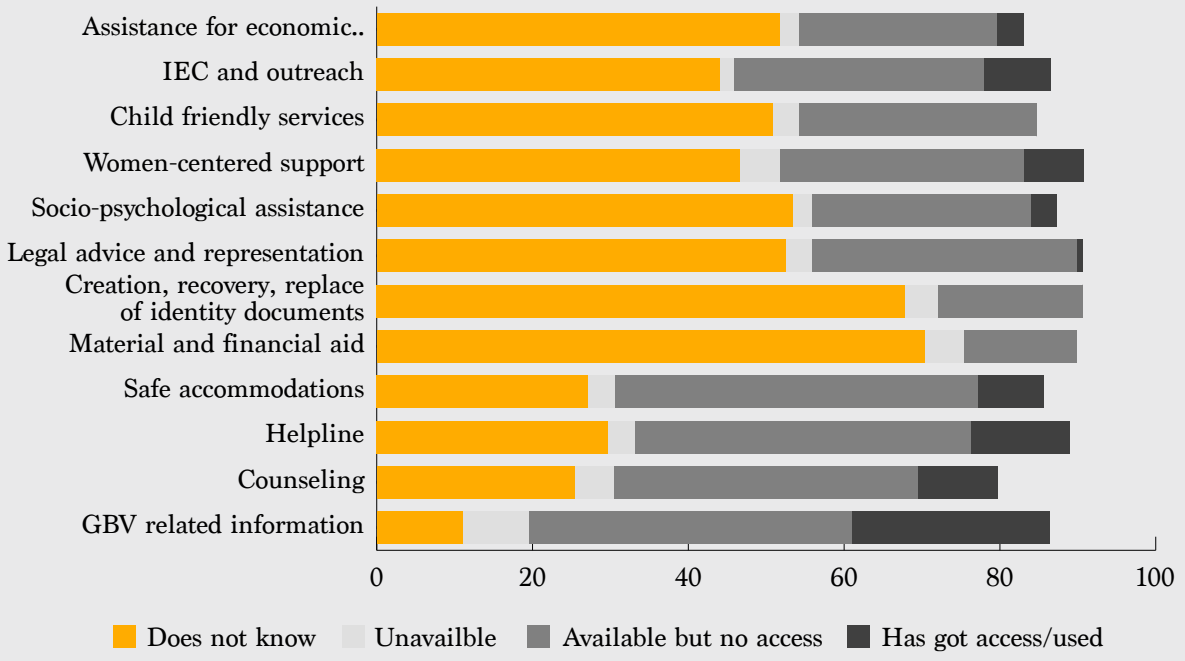


Figure 9: Availability, access and utilization of social services for victims, subject to GBV (%)

However, many respondents were not aware of the availability of some of the essential services for GBV victims, as they have not known anyone who has accessed these services. Material and financial aid services were not known to 80 % of the respondents and more than 70 % of respondents did not know about the availability of services related to creation, recovery and replacement of identity documents.

The quality of social services was rated by those who ever accessed/used the social services on a scale of 1 – 5 (1 lowest and 5 highest). The respondents rated the quality of services between 3 to 3.5 of average scores. While GBV information service was rated highest (3.5) legal and rights representation and support for economic independence and autonomy were rated low (3).

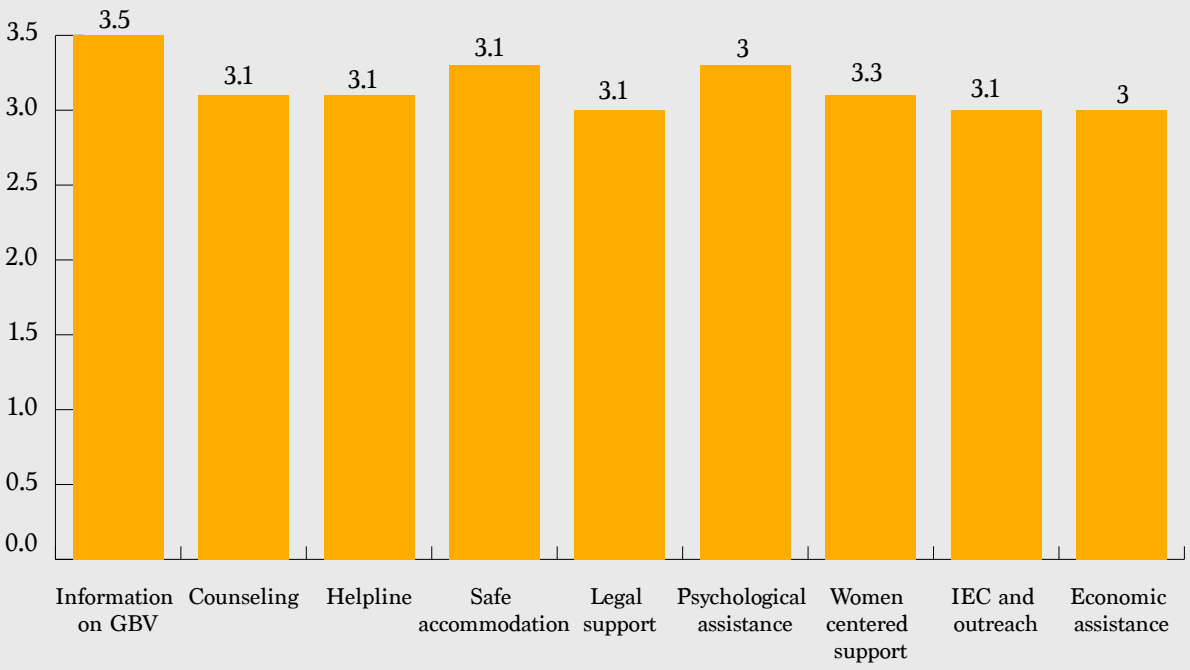


Figure 10: Quality of social services available for GBV victims (average scores)

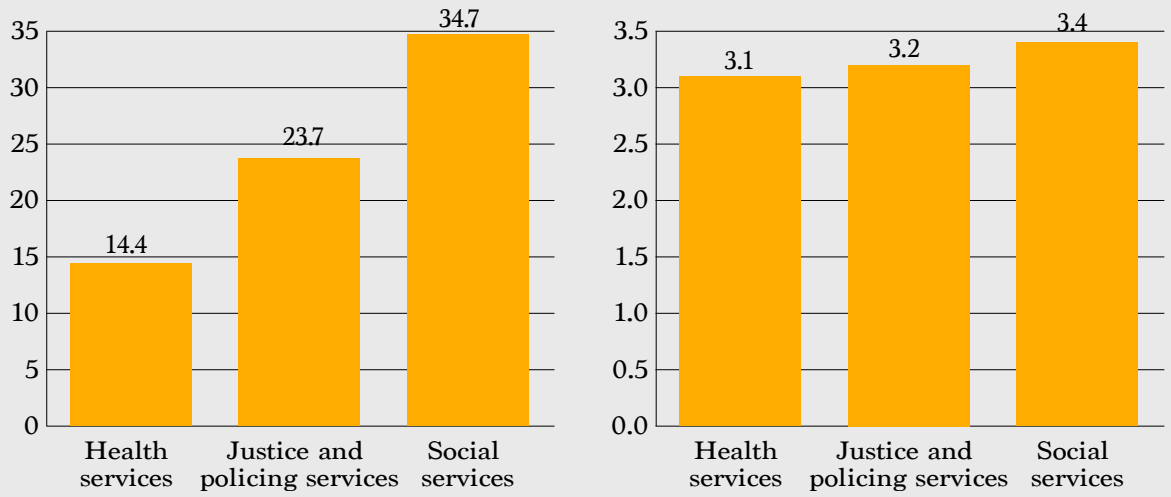
Barriers to accessing social services

- The quality of some of the social services is not up to the mark. For example, the shelter/ reliable addresses for the GBV victims are quite high in numbers but they often lack basic amenities such as medical supplies in case of injuries, utensils, bedding, etc. Many of these places are not even safe to stay. Most often the owners of these reliable places are male (for example, residential street population group chiefs, medical staff, retirees) and they are not comfortable to keep victims for the overnight stay.
- Most of the social workers are not adequately trained and equipped to deal with psychological and sensitive issues, crises management, rape and other forms of sexual violence, which leave underlying problems unaddressed. *"Even at a professional establishment like Social Work Service Provision Center of DOLISA, there are no professionals available to deal with*

psychological consultation in a professional way" - FGD with social service providers.

- Currently, there is a lack of coordination mechanism between different sectors and agencies providing similar services. The government agencies are overloaded with the administrative responsibilities and hierarchical systems. *"I went to the provincial agency to report my incident. The staff asked me to go and report my case at the ward. I do not want people in my surrounding to know about the problems in my family. My husband knows everybody in my locality, that's the reason, I wanted to report my case at the province to the Provincial Women's Association".* – IDI with the women survivor of GBV, aged 33 years.

COMPARISION AMONG THE HEALTH, JUSTICS AND POLICING AND SOCIAL SERVICES



A comparative analysis on accessibility and quality parameters was done for all the three main sectors responsible to provide ESP to the GBV victims. On an average, the social services were most accessible to people as 34.7 % of respondents reported utilizing these services. Social services were also rated the best among the three services on quality parameter. On the contrary, the health services were rated least accessed and of poorest quality among the three essential services.

COORDINATION AND GOVERNANCE OF COORDINATION SERVICES FOR GBV VICTIMS

a. The legal framework for essential coordination and governance of coordination services

The current legal and policy framework prescribes the coordination among relevant ministries, agencies and provinces/cities in supporting victims of violence. Following are the major legislation on coordination and governance in GBV prevention and combat (for details please refer Annexure 2.4)

DV victims who are women and girls	Law on Domestic Violence Prevention and Control (2007) Decree 08/2009/ND-CP dated 4th February 2009 regulating details and guidelines for the implementation of provisions of the Law on Domestic Violence Prevention and Control. Directive No. 16/2008/CT-TTg issued on 30th May 2008 by the Prime Minister on organizing the implementation of the Law on Domestic Violence Prevention and Control
Human trafficking victims who are women and girls	Law on Human Trafficking Prevention and Combat (2011) Decree 09/2013/ND-CP dated 11 January 2013 stipulated articles of the Law on Human Trafficking Prevention and Combat
Victims who are sex workers	The Ordinance on Prostitution Prevention and Control (2003) Decree 178/2004/ND-CP stipulated articles in the Ordinance on Prostitution Prevention and Combat
Children who are subject to sexual abuse	Law on Children (2016) Circular 23/2010/TT-BLDTBXH stipulating the process for intervening in and supporting children suffering from violence or sexual abuse

Table 5: Coordination and governance of coordination provisions for GBV victims in the legal framework of Vietnam

The responsibilities for coordination and governance of coordination mechanism is with the respective ministries (MCST, MOLISA, MOPS, MOET, etc.) and agencies. The national coordination mechanism and guidelines for domestic violence prevention and control in Vietnam were developed and applied under the framework of the project VNM8P05 "Development of a national response to domestic violence" financed by UNFPA and implemented by MCST between 2002 and 2012 in Hai Duong and Ben Tre. This coordination mechanism was developed based on the review of models and coordination mechanisms of governmental and non-governmental agencies and organizations in the field of domestic violence prevention and control in Vietnam (Figure 11).

The national coordination mechanism for domestic violence prevention and control in Vietnam requires the participation of related ministries and agencies from central to the local level and led by Deputy Prime Minister who is the Head of the Steering Committee. The Vice Minister of Culture, Sports and Tourism is the Vice Head of the Steering Committee (standing). The members of the committee are leaders from MOIC, MOET, MOJ, MOH, MOLISA, MOPS, MOF, Supreme People's Court, Supreme People's Procuracy, Central Committee of Vietnam Fatherland Front, Central Committee of Vietnam Women's Union, Central Committee of Vietnam Farmer's Union, Standing Secretariat of Central Committee of Ho Chi Minh Communist Youth Union and Veterans Association of Vietnam. At provincial, district and commune levels, the coordination mechanism is formulated with the participation of the bureaus and agencies like the coordination mechanism at the central level.

In 2010, Provincial People's Committee (PPC), Ben Tre issued a decision promulgating the inter-sectoral coordination mechanism for domestic violence prevention and control. The Steering Committee, led by PPC consisted of 17 members who were leaders of related bureaus, agencies and mass organizations and was assisted by 3 dedicated officers. Following the PPC provincial-level coordination mechanism, districts and communes also issued decisions and working regulations on the coordination mechanisms with different bureaus, agencies and mass organizations.

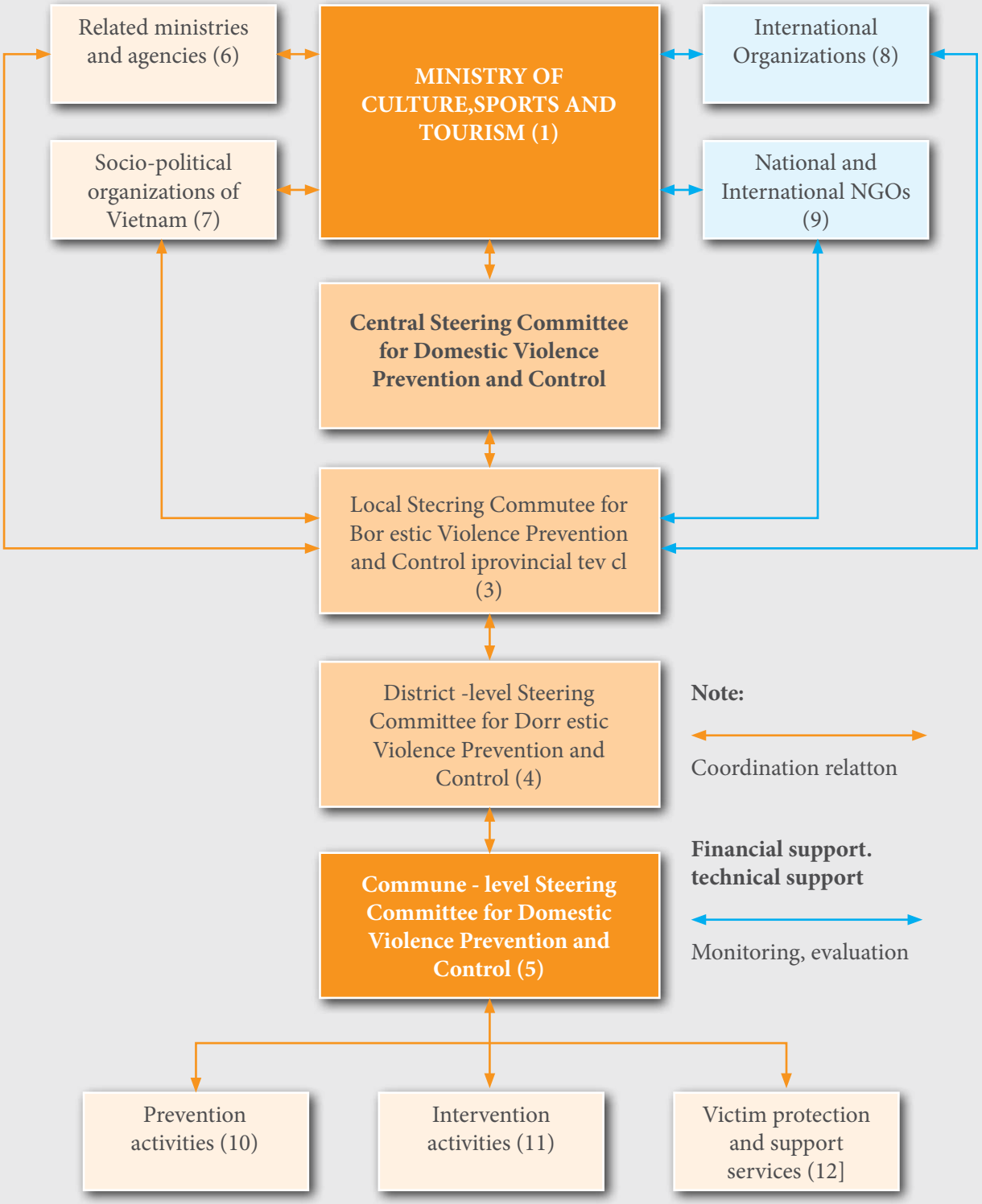


Figure 11: National coordination mechanism for DV prevention and control in Vietnam

The budget for the GBV support services for victims of violence is annually allocated based on the specific plans of each sector. However, no specific budget for coordination and governance of coordination of essential service has been arranged and the implementation remains weak due to poor inter and intra sectorial coordination among relevant ministries and agencies at provincial and city level. Further, there is no monitoring and evaluation system available for the national and local coordination mechanisms for providing essential services for victims of violence.

b. Status of essential coordination and governance of coordination mechanism

Essential coordination mechanism for women and girls subject to violence as per the Global UN Joint Programme on ESP illustrates the coordination and governance of coordination at national and local levels.

At the national level:

- Direction for policies and legislation: formulation of laws and policies; availability of policy and legal frameworks for coordination of essential services at national and local level.
- Appropriation and allocation of resources to ensure coordination and coordination governance
- Setting standards for local level coordinated response, accountability and systems for the recording and reporting of data.
- An inclusive approach towards coordinated responses: mechanisms for participation.
- Capacity development of policymakers and decision-makers - multi-disciplinary and cross-sectoral training.
- Efficient monitoring and evaluation system.

At the local level

- Establishment of local-level coordination and governance of coordination mechanisms
- Implementation of coordination and governance of coordination: ensured availability of an action plan at the local level; agreement and participation of agencies in coordination mechanisms; case management and case review process; SOPs for coordination mechanisms; enhance public awareness on VAWG; M&E

The above detailed guidelines for core elements are considered the basis for the assessment of coordination and governance of coordination. The key findings from the survey are as follows:

Ben Tre province has established 30 grassroots level **Rapid Response Task Forces** with the support from (MPS) and UNODC. Each task force has communal/ward policeman, justice officer, and member of women's association. The rapid response task force is responsible to strengthen the cooperation among sectors in three key areas: 1) prevention (communication, awareness raising of people about GBV); 2) detection, receipt and initial response and referrals; 3) monitoring of domestic violence cases and prevent them from recurring. The coordinated efforts undertaken by these rapid response task forces has strengthened community relations, confidence and easy access of information for dealing with GBV cases

Currently, at the local level, DoLISA and DoCST are responsible for the implementation of national management over gender equality and GBV prevention and control on behalf of the Provincial People's Committees (PPC). PPC coordinate with the local sectors - public security, health, justice, people's court, people's procuracy, Women's Union, Youth Union, Vietnam Association of the Elderly. The annual action plans are being developed by DoLISA with specific targets for implementation and monitoring of coordination activities and at the local level. Concerned departments submit their periodic reports (annual, quarterly and monthly) and attend meetings chaired by PPC on the GBV prevention and control. Best practices are also being shared regularly in these meetings.

For raising community awareness, Ben Tre province has undertaken many activities, campaigns and knowledge dissemination programs with the participation from DOLISA, Public Sector, Women's Association and Youth Union etc.

Barriers for coordination and coordination governance of essential services

- Despite having several regulations and directives the coordination among various agencies doesn't exist. This results in overlaps, ineffective management and implementation of services and wastage of resources. Discrepancies are evident in the data reported. The most reliable data on the GBV cases are from the Public Service sector since victims undergo trial there.

- Unified regulation and operational guidelines are not available for the members and agencies to participate in the coordination mechanism. *"Sexual abuse in schools is a serious problem but has not been monitored. Schools are not considered a place where gender-based violence can happen. If there is a strong cooperation mechanism it would have been addressed". -* FGD with leaders of social services.

Photo: UN Viet Nam/ Aidan Dockery

CASE STORIES

Case story 1 - Sexual Abuse and Physical Violence

Mrs. Kim (name changed) was a 69-year-old widow, lived in very poor conditions. Her husband died 3 years ago. One evening, almost a year ago, her brother in law came to her place. He was drunk and forced her to have sex with him. After much struggle, she managed to escape and went to her daughter's place who stayed nearby. She told her daughter about the incident. Both Mrs. Kim and her daughter felt humiliated and very angry about the incident. They yelled at him when they saw him standing next door. The man rushed into Mrs. Kim, hit her badly and left her unconscious with a swollen face and bleeding head. Her daughter took her to Cho Lach district medical center. Due to heavy bleeding, she was referred to the Nguyen Dinh Chieu General Hospital at the province, where she stayed for 6 days. The treatment cost her around 3 million dong, which she had borrowed from others. The abuser initially agreed to pay the cost for medicines, but later refused and started talking with people that Mrs. Kim is accusing him and created the whole story to get the money out of him.

Mrs. Kim and her daughter reported this incident to the commune police. The police asked Mrs. Kim to go to the communal people's committee, she visited them around 6 times and went to the district offices twice. Every time they asked the same questions - how it happened and why it happened? Finally, the case got reported but the police said to Mrs. Kim, *"we will catch him if he beats you next time. He resisted a lot, we can't do much. If we ask him forcefully to go to the trial, your niece and nephews might hate you, so just let it go".* Since the commune police couldn't do much, the case was brought to the higher level at Cho Lach district. Mrs. Kim went there twice with her son. The police again asked the same things and finally said *"please go home, I will call the person for deterrence and if there is anything, he would have to be responsible for it".* Mrs. Kim had not heard anything from the police after that.

Meanwhile, the abuser and his family continued to threaten Mrs. Kim and said that they can give money (bribe) to people, nothing can happen to him. At many stages, police, relatives and community asked Mrs. Kim to drop it, reconcile it, *"it is not good for family, we can suffer a little bit loss for the sake of the family, etc".* Once, the hamlet chief tried to bring the case to mediation at the cultural house, but the abuser and his family yelled at everyone including the mediation team and denied about his act. Everybody left, and nothing could be done. Finally, at the court, the CPC issued a fine for "causing public disturbance and causing injury to other persons" of 2.5 million dong to Mrs. Kim's brother in law, but at the same time, Mrs. Kim's daughter was also fined for 750,000 dong since she initially yelled at the abuser.

Mrs. Kim was disowned by her relatives after the incident and was not allowed to participate in the family gatherings. Her brother in law and his family continued to be a threat to her and try all means to make her life miserable.

Conclusion:

- Investigation and evidence production in DV cases is the victims' responsibility and not of the prosecuting agencies. There is no effective way to work with the perpetrators as they are not accountable to report to the prosecuting agencies adding.
- Collecting enough satisfactory evidence, especially for sexual abuse cases is often difficult and the abuser always denies it. Hence, most of the times, these cases are handled for other types of violence.
- The unresponsiveness of the police in registering the case and the prolonged procedures for investigation are a big deterrent and undermine the confidence of GBV victims in seeking help.
- There are no existing operational support structures at the hospitals and financial aid to support the medical treatment of GBV victims.
- The solution provided by the mediation team is not always appropriate in every case and often influenced by societal norms and gender stereotypes.

- There is no safety protection plan for GBV victims. They continue to suffer physical and/ or other forms of violence for a longer period.

Case story 2 - Physical and Mental Violence

Ms. Linh (name changed) was 34 years old, married and had two children. She studied nursing at the vocational school but remained at home to help her husband sell building/ construction materials. Her husband was good with people but was a control freak at home. He often got drunk and came home very late at night. Every time when he got drunk, he was abusive, hit her, belittled her and made her feel that she was worth nothing. Linh was always scared of being beaten at late night. He had even beaten her in front of the children for trivial things.

One day he battered Linh so badly that it caused her many physical injuries. She tried to call 113 for help, but no one picked the phone, so she called the ward police. Ward police asked her to report the incident to the People's Committee in the morning. Linh didn't know how to approach them, she didn't have their contact details and was not aware of the process. A friend of Linh came to rescue and helped her to go to the Provincial Women's Union to get help and psychological consultation. The staff from Women's Union came to her house for couple counseling. After the Women's Union staff left, Linh's husband yelled at her and blamed her for making him lose his respect in the community.

The provincial Women's Union informed the ward about this case and asked Linh to go to the ward if anything happens again. The ward people spoke about the case in a meeting of their residential area. Linh's husband was criticized in that meeting and he felt embarrassed. When he came back to the home, he spoke about it with Linh arrogantly and blamed her for disrespecting him in public. He stopped beating her but started a cold war and stopped talking to her. He made a new girlfriend and publicly disclosed her as his wife. Linh was left devastated and depressed, she was so unsure about her future.

Conclusion

- In the cities, women can access support services for GBV victims but information about these services has not been widely disseminated. The hotlines if in place are either not fully functional or are not available at times. This weakens the confidence of the victims in utilizing these services in place.

- Clear and specific regulations on norms and process of GBV victim support for concerned parties are not available. How the support is provided to the victims, largely depends on the individual understanding of the service provider and this can result in unwanted consequences for victims.

- The confidentiality of the incident was not maintained, as a result, the victim suffered a lot of mental trauma and negative consequences post violence incidents. Currently, none of the GBV interventions are effectively able to cater to the post violence needs of the victims of violence.

Both case-stories are real life examples of the GBV victims and reiterate the gaps as identified in the baseline assessment.

CONCLUSION AND RECOMMENDATIONS

Based on the baseline findings of the study the following, conclusions and recommendations are made:

Conclusion

In Vietnam, though unequal gender relations are the root cause of violence, certain economic, social, and cultural factors may exacerbate the threat and reality of VAW. GBV is a multifaceted and complex issue in Vietnam. Despite the prevalence of all forms of violence, most of the GBV legal frameworks, policies, programs and interventions are focused on Domestic Violence, Human trafficking, Child sexual abuse and Child harassment. Interventions to address work place sexual harassment, school bullying, labor exploitation, forced marriage, forced pregnancy and birth, etc. are inadequate. In Vietnam, a standard definition of gender-based violence (GBV) is still not defined.

The Law on Gender Equality and the Law on Domestic Violence Prevention and Control was approved in 2007 and became effective in 2008. The issues of gender equality, GBV and DV prevention and control have received much attention since then and focus on awareness generation, development of service models and implementation of interventions have improved. There is still a need of a comprehensive intervention package outlining the roles and responsibilities of various departments, agencies and actors such as NGOs with an effective coordination mechanism to reduce the bottlenecks in implementation of the prevention, screening, support and protection services for GBV victims.

There are no SoPs available in health that specifies the process to receive, support, provide care and protect (except for DV victims) GBV victims. GBV victims suffer from both physical and mental trauma that largely affect the quality of their lives and capacity to cope and recover; therefore, apart from the support needed for medical treatment (physical injuries), they also need support for mental health assessment & treatment. The capacity of the existing workforce to handle the GBV cases with sensitivity and professionalism is lacking. There is also no effective provision of financial aid for victims to meet the medical expenses or for rehabilitation to stabilize their lives. The government encourages medical establishments to give the discount for services if the victim is poor (within the financial capability of the establishments) but not have any subsidy policies.

The new law on legal aids includes free legal aid for DV and human trafficking violence victims, but others are not covered. The coordination mechanism and governance of coordination is very ad hoc. Development of a uniform professional legal aid system which could operate and integrate different sectors from central to local level seems challenging due to the lack of cooperation and existing hierarchies among ministries, different sectors and provinces.

The gender based social norms are a major factor that affects the way the complaints are addressed and tackled by the police, social works department and the health services department. The victim blaming and judgmental attitude prevalent in all the sectors is seriously detrimental to the implementation of the provisions for GBV victims. The process and procedures of justice and policing lacks sensitivity and are not able to meet the gender-specific needs of victims whether it is men/boys or women/girls.

All the programs being implemented focus their interventions on victims, the engagement with men/ perpetrators is minimal. In absence of any strategy to sensitize the perpetrator and men, the interventions are largely focusing only on providing care and support after the incident and not adequately focusing on prevention. There are no regulations to ensure the safety of victims, doctors, nurses, social workers who are prone to threats, assaults and violence by abusers. Further, post redressal of the complaint, there is no follow up mechanism to ensure that the victim is not being tormented, threatened, and abused by the perpetrator again to seek revenge.

There are no specific ways to address confidentiality, privacy and delay issues to address the complaints. In absence of any clear guidelines and formats to take information,

The GBV victims are subject to repeated interrogation along with the burden to prove the incident and gather evidence. There is no mandate for proper collection and submission of medical and forensic evidence to the court and its timely testing which is largely dependent on investigators capabilities. This creates a lot of discomfort and difficulties for the victims of rape, sexual abuse and sexual attack cases.

The law enforcement is still weak; especially the engagement of justice and policing sectors in GBV prevention and control is not consistent for all forms and levels of violence. The penalties and sanctions for abusers are very lenient and not deterrent enough. There are no mechanisms to ensure that the perpetrator responds and cooperates in investigation procedures.

Major resources for the provision of essential support services for victims of violence are mainly provided by the government through national programmes on GBV, health care, human trafficking prevention and combat, domestic violence and child protection and care. However, these resources are not enough. Limited funding, shortage of physical resources, less and unskilled/untrained human resources and poor quality of services are unable to meet the quality standard of care and services and resulted in ineffective support for violence victims.

Less than one third of the GBV victims access the services. Either they do not know about it or they fear of being disclosed, being judged about their situation and sufferings by others, there is a danger to their own health and lives and those of their children, etc. Some of the victims are not able to trust the service providers, due to the quality or confidentiality issues. The communication strategy including outreach services is weak and unable to address the real needs of the victims.

There is a lack of an effective M&E system and robust data management system to monitor the reach of GBV programs. No assessments have been carried out to understand the access, utilization and effectiveness of the implementation of medical support for victims of specific violence.

Ending GBV involves working at the grassroots level to change social norms and beliefs, especially related to gender stereotypes. The commitment and implementation of a comprehensive and integrated approach by all the sectors (governments, the international community, communities, non-governmental organizations and others) at all the levels are essential.

RECOMMENDATIONS

a. Recommendation to strengthen policies and actions at the central level

Advocacy: UN Women and other development agencies need to strengthen their advocacy efforts to intensify community awareness on existing laws and policies that address issues of GBV, reinforce the implementation of existing policies and government programs and promote access to ESP available for the victims of GBV to minimize the vulnerability to GBV. Ensuring participation of GBV victims in programming could help in developing realistic and need based approaches for addressing GBV.

Multisectoral Action and improved coordination: Conduct a mapping exercise of essential services for victims of violence and facilitate multi stakeholder consultations (involving the government departments of police, education, health, justice, social services, women and child welfare; the NGOs working for women empowerment and welfare; international organisations working towards gender equality and GBV prevention and control; and administrative officials of provinces) to identify and scale up promising practices for GBV victims. ESP partner agencies can support the development of specific regulations on interagency cooperation mechanism both vertical (within one sector) and horizontal (among different sectors). A joint action plan complying with laws and legislations, relevant to national strategies and standards on coordination and governance of coordination for the agencies responsible for implementing ESP, would be useful to streamline the collective efforts.

Guidelines for ESP programme implementation: There is an urgent need to develop a comprehensive guideline in

accordance with the criteria and norms of ESP programme implementation for prevention and control of GBV. These guidelines should include SoPs to be followed by all relevant departments with clear instructions, capacity building plan, M&E framework and reporting formats for multisectoral action. To strengthen implementation and coordination of efforts for GBV interventions, task forces may be set up at central, provincial and local levels with representatives from all relevant sectors as mentioned above, community groups and GBV victims. The task force should be made accountable to review and ensure that the programme is being implemented as per the ESP guidelines.

Strengthen legal frameworks: Addendums related to specific provisions and regulations for addressing specific needs of victims of work place sexual harassment, school bullying, labor exploitation, forced marriage, forced pregnancy and birth, etc. may be incorporated in the existing legal frameworks and policies. In addition to this, provisions for the protection of the victim during and after trial and timelines for action for addressing the complaints must be decided to ensure speedy trial of such cases.

Resources: Areas of implementation that require additional funding may be identified and a resource mapping exercise may be conducted amongst departments to list the financial, HR and space resources that can be mobilized for the GBV related interventions. The findings from the baseline can be utilized for advocacy for increased domestic and external funding support to fix major gaps in service delivery. Improved funding would help in enhancing the quality and quantity of physical resources, provision of financial aid to reduce the financial burden on victims, extensive community awareness activities, and development of more skillful and trained human resources.

Capacity building and training: To enhance the knowledge and skills of service providers (social, medical, legal and police), facilitate their capacity building/training according to the ESP implementation guidelines with focus on gender-sensitivity (to appropriately address men, women and transgender; vulnerable boys and girls and other GBV victims) and need based approach. Emphasis should be given to enhancing their skills to deal with sensitive information, speedy documentation, reporting and follow up of cases; and making them accessible to communities to reduce the risk of further exposure to GBV. Also, technical training on counseling, crisis management, mental health assessment, diagnosis/evidence collection at medical/social establishments, post violence support, etc. may be imparted to substantially improve workforce capacity and improve quality of services provided.

Evidence Generation on Best Practices and Successful Models: There should be some budgetary allocation for evidence generation/ research and documentation of good practices across provinces such as improvement in case reporting after operationalization of medical establishment centers, improvement in quality of GBV services followed by training of health and police personnel, impact of community awareness generation on self-reporting and incidence of the GBV cases etc.

b. Recommendations to strengthen the implementation of essential services

Awareness Generation: Considering the low awareness about the existing services and its access, it is essential to design a targeted awareness generation campaign including mass and mid media to sensitize women about different forms of violence and the helplines, first point of contacts and action to be taken when subjected to violence, their rights and legal and financial aid available for them. Involvement of community level workers for the door to door interpersonal communication could also be a very effective strategy.

Involving Men and perpetrators: Men and community members should be involved and cautioned about what constitutes violence and that it is not normal and is a punishable offense. They should also be guided on help to be sought in case they experience violent outbursts from the health service centers with relevant psychological counselling services. Male role models could be identified and used for advocacy campaigns.

Ensuring operationalization of the Hotline and Helpline: Considering that a hotline is the most

Photo: UN Viet Nam/ Aidan Dockery

accessible way to get information when subject to violence, it is important to ensure the 24*7 functionality of these call centers with linkages to the support centers for referring the women and girls in distress in a timely manner.

Gender Resource Centers: Community level gender resources centers can be set up involving Non-governmental organisations to offer basic counselling and information services to victims. These centers can also act as a link between the appropriate facility and the victim to ensure speedy redressal of the issue. These gender resource centers could be used to provide life skills and self-defense training to women and girls to enhance their confidence and handling crisis situations.

Ensuring female friendly facilities at the medical establishments and social work units: To make the environment of the facility conducive, it should be ensured that all the establishments and units follow certain specific norms of providing privacy, safety, comfort to the victim. There should be certain norms such as the availability of female staff in these units.

Information sharing mechanism: Develop and promote an information sharing mechanism (could be an IT enabled platform with dashboard) among agencies providing GBV services in order to improve the quality and effectiveness of services for GBV victims and to avoid overlapping and wastage of resources. Also, synchronization of activities will help to cut short the number of repeat interviews with victims and to ensure the safety of GBV victims.

LIMITATIONS

Since GBV is a sensitive issue, people were hesitant and not comfortable to talk about their violence related experiences with external researchers. The bias in their responses could not be denied. For the study, 4 case studies of women and girls subject to violence need to be collected but the team could interview only 2 cases.

During the period of assessment (August to October – 2018) the ministries, government officials, and local agencies in Ben Tre were very busy due to other priorities and deadlines so the field visits were delayed with lots of reshuffle in the activities.

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ANNEXURES

Annexure 1: Socio-demographic characteristics of the sample for quantitative research

Characteristics	Description	Quantity	Ratio (%)
Population	Bến Tre city	59	50.0
	Cho Lach district	59	50.0
Age	Minor girls (under the age of 18)	6	5.1
	Labor force (aged 18-60)	91	77.1
	Senior (above 60 years of age)	21	17.8
Education level	Primary school	28	24.1
	Secondary school	42	36.2
	High school	46	39.7
Profession level	No training	51	43.2
	Vocational training without any certificate	14	11.9
	Short-term vocational training with certificate	9	7.6
	Basic level of vocational training	5	4.2
	Intermediate level	16	13.6
	College. University	10	8.5
	No answer	13	11.0
Marital status	Single	11	9.3
	Married	75	63.6
	Window	20	16.9
	Divorced/Separated	10	8.5
	Co-habitation without marriage	2	1.7
Profession/Career	Unemployed	2	1.7
	Housewives	39	33.1
	Self-employed	11	9.3
	Agriculture	23	19.5
	Handicraft	2	1.7
	Small business	13	11.0
	Business. Enterprises	2	1.7
	Pupils. students	3	2.5
	Cadre. officials	11	9.3
	Other	10	8.5
Household economic situation	Poor	5	4.3
	Near-poor	7	6.1
	Average	74	64.3
	Well-off, rich	28	24.3

Annexure 2 Regulations on ESP for victims, subject to violence

Annexure 2.1: Regulations on health services

Regulations	Documents
DV victims who are women and girls	
Article 5.1.c: DV victims are provided with medical, psychological counselling, legal advice services Article 23 Care of DV victims at examination and treatment establishments Article 24.1: DV victims are counselled on health care at examination and treatment establishments, etc. Article 26.2.a: Establishment supporting DV victims include examination and treatment establishments Article 27.2: Examination and treatment establishments, under their financial capacities and practical conditions, arrange shelters for DV victim/survivors for the period of no more than 1 day as requested by DV victims.	Law on Domestic Violence Prevention and Control (2007)
Article 13.1.a. Support for DV victims includes health care; medical care and other social services	Decree 08/2009/ND-CP dated 4th February 2009 regulating details and guidelines for the implementation of some provisions of the Law on Domestic Violence Prevention and Control.
The Circular regulates on: The reception, screening, and detection of DV victims, acts of domestic violence that show criminal signs Documentation of DV victims' information Health care and support for patients who are DV victims at examination and treatment establishments Counseling on essential services for patients who are DV victims Verification of the examination and treatment of patients who are DV victims Encouraging the examination and treatement establishments to support and reduce costs for patients who are DV victims and do not have medical insurance cards. Collection and report of statistical data on cases of patients who are DV victims	Circular No. 24/2017/TT-BYT dated 17th May 2017 regulating the Process to receive, provide health care and collect statistical data and report on patients who are DV victims at examination and treatment establishments
Human trafficking victims who are women and girls	
Article 32.1.b: providing medical support for victims of human trafficking Article 34. Medical support: During the time staying at social protection or social support establishments, if the patients need medical care to recover, they are subject to the consideration for support on examination and treatment costs. Article 40.1.b. The social protection establishments and support establishments for victims provide medical support that is appropriate for age, sex, expectation of victims and within their capacities.	Law on Human Trafficking Prevention and Combat (2011)

Regulations	Documents
Article 20: Medical support Support subjects are victims during their stay at the social protection establishments or support establishment for victims. Medical support includes examination fees and treatment costs. During the time staying at social protection or support establishments, victims are provided with health care to recover. If victims' conditions get worse and are referred to medical treatment establishments, all incurred costs for examination and treatment at the medical establishments will be at the expense of theirs or their families' For victim/suvivors who come from poor, near-poor households or from families benefiting from the Ordinance on preferential treatment to those who had signification contribution during the war, and those who are adolescents, they are subject to receiving subsidies for their examination and treatment costs at the rate that is equivalent to payments made by the social insurance for corresponding subjects. For victims who have no family members, they are subject to receiving subsidies for their examination and treatment costs at the rate that is equivalent to payments made by the medical insurance agency for subjects who come from poor households. If victims have social insurance cards that are still valid, their examination and treatment costs will be paid out by the medical insurance agency as per the law and regulations on medical insurance. If victims die during the stay at the social protection establishment and support establishments, after 24 (twenty four) hours, upon the availability of the conclusion made by an authority, their family members can not come in time or are not able to pay for the funeral costs, the establishments shall be responsible for such costs. Costs for forensic examination, funerals shall be as per the regulations for subjects of Social Protection Centers. As per the provisions of this Article 20.3 and 20.4 and the local current situation, the social protection establishments and support establishment for victims are to develop the cost estimates for annual subsidies and submit to the competent agency for approval	Decree No. 09/2013/ND-CP dated 11th January 2013 by the Prime Minister on the regulations for implementing some provisions of the Law on Human Trafficking Prevention and Combat
Victims who are sex workers	
Article 27. Responsibilities of MOH as defined under Article 34.1 of the Ordinance Article 3: Direct the health work force to organize quarterly health check for employees at business and service establishments who are vulnerable to prostitution; lead, cooperate with the Ministry of Finance to provide guidances on budget for quarterly health checks for the employees of these establishments Article 4: Guide, direct the treatement for sex workers at treatement establishments as per the laws and regulations; cooperate with MOLISA to regulate details for the list of jobs and workplace that are not allowed to hire labor under the age of 18	The Ordinance on Prostitution Prevention and Control (2003)

Regulations	Documents
Article 27. Responsibilities of MOH as defined under Article 34.1 of the Ordinance Article 3: Direct the health work force to organize quarterly health check for employees at business and service establishments who are vulnerable to prostitution; lead, cooperate with the Ministry of Finance to provide guidances on budget for quarterly health checks for the employees of these establishments Article 4: Guide, direct the treatement for sex workers at treatement establishments as per the laws and regulations; cooperate with MOLISA to regulate details for the list of jobs and workplace that are not allowed to hire labor under the age of 18	Decree No. 178/2004/ND-CP by the Government regulating details for the implementation of some provisions of the Ordinance on Prostitution Prevention and Control
Children who are subject to sexual abuse	
Article 50.2.a. Health care for children who are sexually abused,…	Law on Children (2016)
Article 18 Healthcare policies for children who are victims subject to violence The State shall pay for or provide subsidies for children who are in special difficulties (including children subject to sexual abuse) as per the legislation on medical insurance. The State shall pay for or provide subsidies for the check and treatment costs or health examination costs for children in special difficulties as per the legislation on examination and treatement. Article 19 Social support policies The State shall provide subsidies for living and accommodation cost as per the legislation on social support policies for children subject to sexual abuse and children with living difficulties who are being urgently protected as regulated under Article 31.1 of this Decree. Children with living difficulties shall benefit from other healthcare policies as per the legislation. Article 31.5 5. Responsibilities of examination and treatment establishments Examination and treatment for sexually abused children Guide the collection of evidence, storage of evidence showing harms that were caused to the children by sexual abuse for the examination purpose as per the guidelines by MOH. Store examination and treatment records as per the legislation.	Decree No. 56/2017/ND-CP dated 9th May 2017 regulating details of some provisions of the Law on Children
Regulate medical care and support for child victims subject to sexual violence and abuse	Circular No. 23/2010/TT-BLDTBXH on regulations for the process of intervening, support children who are subject to violence and sexual abuse.

Annexure 2.2: Regulations on justice and policing support services

Regulations	Documents
DV victims who are women and girls	
Chapter III. Protection of and support for DV victims Article 24. Counseling for DV victims (they are counseled on health care, family conduct, legal aids and psychological issues to handle domestic violence issues) Article 25. Urgent support for essential needs. Article 26. Assistance establishments for DV victims - Examination and treatment establishments - Social protection establishments; - Support establishments for DV victims - Counseling establishments on DV prevention and control; - Reliable addresses at the community (shelter community house)	Law on Domestic Violence Prevention and Control (2007)
Article 13. Assistance activities for DV victims Provision 1. Assistance activities for DV victims, including: Legal counseling, psychological counseling; Provision of shelter; Support essential needs (including food, drinks, clothes, blankets and other basic necessities	Decree 08/2009/ ND-CP dated 4th February 2009 regulating details and guidelines for the implementation of some provisions of the Law on Domestic Violence Prevention and Control.
Human trafficking victims who are women and girls	

Regulations	Documents
Article 25, Article 26. Regulate that human trafficking victims are supported with basic necessities, including temporary shelters, commuting expenses, food, drinks during the process of rescue, identification of victims. Article 30. Safe protection of victims and their family members Arrangement of shelters when victims and their family members are at health and lethality risks; Keeping confidentiality for the residence, workplace, schools of victims and their family members Measures to prevent abuse and threats to abuse their lives, health, honor, dignity and properties of victims and their family members as per the legislation Other protection measures as per the regulations set in the legislation on criminal procedure Article 31. Regulates the protection of information confidentiality for victims Article 32. Regulates forms of social support services for human trafficking victims. Article 33. Support for basic necessities (eating, clothes and other personal essential stuff appropriate for age, sex, health conditions of victims) and commuting expenses from and to the place of accomodation; Article 35. Psychological support is to be conducted at social protection establishment or support establishments for victims; Article 37. Support of learning, vocational training for victims who are adolescents from poor households, if they continue to study, they will be supported with education fee, expenses to buy cirriculums and learning equipments for the first school year or vocational training shall be supported for those who are adults. Article 38. Initial difficulty benefits, support for lendings to victims from poor households (they are supported with one-time initial difficulty benefits or are enabled to borrow money for business if they have any needs to operate their own business).	Law on Human Trafficking Prevention and Combat (2011)
Article 19 to Article 24. Regulate details on social services provided for human trafficking victims including: support of basic necessities and commuting expenses, psychological support, legal aids, learning support, support for vocational training, initial difficulty benefits and support for lendings	Decree No. 09/2013/ND-CP dated 11th January 2013 by the Prime Minister on the regulations for implementing some provisions of the Law on Human Trafficking Prevention and Combat
Victims who are sex workers	
Article 19 to Article 24. Regulate details on social services provided for human trafficking victims including: support of basic necessities and commuting expenses, psychological support, legal aids, learning support, support for vocational training, initial difficulty benefits and support for lendings	Decree No. 09/2013/ND-CP dated 11th January 2013 by the Prime Minister on the regulations for implementing some provisions of the Law on Human Trafficking Prevention and Combat
Victims who are sex workers	

Regulations	Documents
Article 14. Socio-economic solutions in prostitution prevention and control: organize treatement, eduction, training and job creation for sex workers to reintegrate into community. Article 20.1. Organize ethnics and lifestyle learning, education; vocational training, working and career orientation; treatment and health recovery, respect for honor, dignity, lives and properties of sex workers who are brought into the treatment establishments	The Ordinance on Prostitution Prevention and Control (2003)
Article 10. Socio-economic solutionis in the prostitution prevention and control as regulated under Article 14 of the Ordinance Organize treatement, eduction, vocational training, job creation for returned sex workers (who left the sex trade); difficulty benefits or enable them to borrow capital money, counsel, guidance on production, business methods so that they could have a stable income; Implement preferential policies on financial and tax issues for establishments offering treatment, vocational training, job creation for sex workers or business establishments with returned sex-workers working.	Decree No. 178/2004/ND-CP by the Government regulating details for the implementation of some provisions of the Ordinance on Prostitution Prevention and Control
Aricle 50.2. Child protection measures at the intervention level when they are sexually abused or assaulted inlude: ... Psychological therapies, physical and mental recovery; Arrangement of safe shelters, separation of children from threatening environment or subjects or from those who has violence and exploitation acts against them; Arrangement of temporary or permanent surrogate care for children targeted under Article 62.2 of this law; Reunion with family, school and community for children subject to violence, exploitation, abandoning; Provide counseling and knoweldge for parents, child carers, members of families with children in difficult situations, especially on responsibilities and skills to protect, provide care and education for integration for children of this target groups. Provide counseling and knoweldge parents, child carers and children in difficult situations about laws and legal aids Support measures for sexually abused children and their families as per the regulations under Artible 43.1, Article 44.1 and Article 49.2.d of this Law; Monitor and assess the safety of sexually abused children or those who are at risks of being sexually abused.	Law on Children (2016)
Article 21. Policies on support counseling, psychotherapies and other child protection services Children in special situation are provided with legal aids as per the regulations of the legislation on legal aids. Children in special situation are provided with support counseling, psychotherapy and other child protection services. Article 22 - Article 23: Regulate on the national child protection phone line (hotline to support children subject to violence and other groups of children).	Decree No. 56/2017/ND-CP dated 9th May 2017 regulating details of some provisions of the Law on Children
Article 2.1.c: Social workers at hospitals take responsibilities to provide urgent support to social work activities for patients who are victims subject to abuse, domestic violence, gender-based violence... in order to safely protect the patients; provide psychological and social support, legal counseling, general medico-legal examination, medico-legal examination for mental health and other appropriate services.	Circular 43/2015/TT-BYT by Ministry of Health regulating on the tasks and forms of organizing social work conducted by hospitals.

Annexure 2.3: Regulations on social services

Regulations	Documents
Women and girls as victims of domestic violence	
Article 29.1… provide financial support to some supporting and counselling establishments under the domestic violence prevention and control programs/plans; the finance and target beneficiaries are defined by the Government. Articles 33 - Article 41: prescribe responsibilities of ministries, agencies, the Central Committee of Vietnam Fatherland Front and its member organizations for domestic violence prevention and control. The Law regulates the comprehensive access to domestic violence response, including prevention, screening, detection, protection and support; provides for the leading and coordinating agencies in domestic violence prevention and control (MCST) – Article 35.2 and Article 36; and coordination between MCST and other ministries, ministerial level agencies as well as People's Committees at all levels in domestic violence prevention and control (Article 35.3 and 35.4); Vietnam Fatherland Front (Article 33), Vietnam Women's Union (Article 34), MOH (Article 37), MOLISA (Article 38), MOET (Article 39), MOIC (Article 40), MOPS, MOJ (court, procuracy) (Article 41).	Law on Domestic Violence Prevention and Control (2007)
Chapter 5 (Article 13 - Article 19): stipulates the conditions to set up domestic violence victim support establishments, criteria for the leaders, counselors and workers of such establishments, and financial support from the Government for these establishments.	Decree 08/2009/ND-CP issued on 4 Feb. 09 detailing and guiding the implementation of articles of DV law on Prevention and Control
Stipulates the leading and coordination responsibilities among MCST, other ministries, agencies, People's Committees of provinces/centrally managed cities, Vietnam Fatherland Front and its member organizations: MOIC, MOET, MOJ, MOH, MOLISA, MOPS, MOF, ministerial level agencies, Government¬ affiliated agencies, People's Committees of provinces/centrally managed cities, Vietnam Fatherland Front and Vietnam Women's Union.	Directive No. 16/2008/CT-TTg issued on 30th May 2008, by the PM on the implementation of the Law on DV Prevention and Control
Women and girls as victims of human trafficking	
Article 41 - Article 52: provide for responsibilities of the Government, ministries, agencies and provinces/cities for prostitution prevention and combat. Article 41.2: the MOPS shall assist the Government in performing the state management of human trafficking prevention and combat. Article 41.3: the MOD, MOLISA, MOH, MOFA, MOJ, MCST, MOET, MOIC and other ministries and ministerial-level agencies shall, within the ambit of their tasks and powers, coordinate with the MOPS in performing the state management of human trafficking prevention and combat, and perform the tasks and powers under Articles 43, 44, 45, 46, 47, 48, 49, 50 of this Law and related laws.	Law on Human Trafficking Prevention and Combat (2011)
Article 25: provides for responsibilities of MOLISA for developing legal documents specifying conditions for the foundation of victim support establishments and standards on victim support services; directing, guiding, disseminating and organizing the implementation of legal documents, regulations and policies on victim support work; examining, inspecting and settling complaints, denunciations and violations related to the grant, re-grant, modification, supplementation, extension and revocation of foundation licenses, the operation of victim support establishments, regimes and policies on victim support; providing training to improve the capacity of victim support officers. Article 26: MOF shall take the lead and coordinate with MOLISA in specifying expense items and levels for victim support work and levels of supports for victims Such ministries as MOPS, MOD, MOFA, MOH, MOET, MOJ and related ministries as well as agencies shall, within the scope of their functions, tasks and powers, coordinate with MOLISA in performing the state management of victim support work. Funds for victim support come from (i) the state budget (annually allocated for ministries, agencies and provinces/cities, including local self-arranged fund), (ii) sponsorship of domestic and foreign organizations and individuals; (iii) other lawful sources (Article 3)	Decree 09/2013/ND-CP dated 11 January 2013 stipulating in detail a number of articles of the Law on Human Trafficking Prevention and Combat
Prostitutes as victims/survivors	

Regulations	Documents
Article 31. MOLISA shall take the lead, together with the MOPS, and coordinate with other ministries, ministerial level agencies and Government affiliated agencies in assisting the Government to perform the consistent State management over the prostitution prevention and combat work. The ministries, the ministerial-level agencies and Government affiliated agencies shall, within the scope of their respective tasks and powers, organize the implementation of the prostitution prevention and combat work in coordination with the concerned agencies. The People's Committees shall, within the scope of their respective tasks and powers, perform the State management over the prostitution prevention and combat work in their respective localities. Article 37. Funding for the prostitution prevention and combat work The State shall arrange funding and adopt policies on using revenues collected from the handling of violations of the legislation on prostitution prevention and combat and mobilizing other resources for the prostitution prevention and combat work.	Ordinance on Prostitution Prevention and Combat (2003)
Article 25. Responsibilities of MOLISA, in Articles 31 and 32 of the Ordinance Take the lead and coordinate with other ministries, ministerial-level agencies and Government affiliated agencies in performing the consistent state management over the prostitution prevention and combat work. Manage in a consistent way establishment which provide medical treatment, vocational training and job creation for sex sellers. Train staff involved in prostitution prevention and combat; direct the system of social vice prevention and combat organizations at all levels in the prostitution prevention and combat under its respective management. Article 26: MOPS shall coordinate with MOLISA, other ministries and agencies in handling acts of violating the legislation on prostitution prevention and combat. Article 27. MOH shall coordinate with MOLISA, other concerned ministries and agencies in regular health check and treatment for sex sellers. Article 28. MCST shall coordinate with other concerned ministries and agencies in communication and education activities for prostitution prevention and combat.	Decree 178/2004/ND-CP stipulating in detail a number of articles in the Ordinance on Prostitution Prevention and Combat
Children subject to sexual abuse	
Article 82.1: MOLISA shall assume responsibility before the Government for the execution of the state management of children affairs; take the lead and coordinate with MOJ, MOET, MCST, MOPS, People's Committees at all levels, social and economic organizations in protecting, supporting and caring children as victims of violence. Article 94. Inter-sectoral coordination on children The PM shall establish an inter-sectoral coordination organization on children in order to assist the Government and PM with study, direction, cooperation, speeding up and regulation between ministries, ministerial¬ level agencies and Government affiliated agencies; coordinate the Government and related agencies of the National Assembly, Supreme People's Court, Supreme People's Procuracy, Vietnam Fatherland Front and its member organizations, social and socio--professional organizations; coordinate provinces in dealing with children issues and exercising children's rights in their authority areas. Chairpersons of People's Committees at all levels shall, depending on actual demands and conditions in their authority areas, establish inter-sectoral coordination organizations on children in order to assist the People's Committees and the Chairpersons of People's Committees at same level in cooperating, expediting and regulating the handling of issues related to children, and exercising children's rights in their authority areas.	Law on Children (2016)
Article 12. Responsibilities of DOLISA in provinces/ centrally managed cities Coordinate with concerned agencies in developing child protection services, aiming to step by step satisfy the needs for intervening and supporting children in emergency circumstances; form social work centres for children and develop counseling lines linking child protection services. Article 13. Responsibilities of district-level Labor, War Invalids and Social Affairs Bureaus Coordinate with concerned agencies in developing child support services; establish child counseling and support offices and coordinate with commune-level People's Committees in setting up community-based and school-based child counseling and support points in their localities.	Circular 23/2010/TT-BLDTBXH stipulating the process for intervening in and supporting children suffering from violence or sexual abuse

Annexure 2.4: Regulations on coordination and governance of coordination

Regulations	Documents
Women and girls as victims of domestic violence	
Article 29.1… provide financial support to some supporting and counselling establishments under the domestic violence prevention and control programs/plans; the finance and target beneficiaries are defined by the Government. Articles 33 - Article 41: prescribe responsibilities of ministries, agencies, the Central Committee of Vietnam Fatherland Front and its member organizations for domestic violence prevention and control. The Law regulates the comprehensive access to domestic violence response, including prevention, screening, detection, protection and support; provides for the leading and coordinating agencies in domestic violence prevention and control (MCST) – Article 35.2 and Article 36; and coordination between MCST and other ministries, ministerial level agencies as well as People's Committees at all levels in domestic violence prevention and control (Article 35.3 and 35.4); Vietnam Fatherland Front (Article 33), Vietnam Women's Union (Article 34), MOH (Article 37), MOLISA (Article 38), MOET (Article 39), MOIC (Article 40), MOPS, MOJ (court, procuracy) (Article 41).	Law on Domestic Violence Prevention and Control (2007)
Chapter 5 (Article 13 - Article 19): stipulates the conditions to set up domestic violence victim support establishments, criteria for the leaders, counselors and workers of such establishments, and financial support from the Government for these establishments.	Decree 08/2009/ND-CP issued on 4 Feb. 09 detailing and guiding the implementation of articles of DV law on Prevention and Control
Stipulates the leading and coordination responsibilities among MCST, other ministries, agencies, People's Committees of provinces/centrally managed cities, Vietnam Fatherland Front and its member organizations: MOIC, MOET, MOJ, MOH, MOLISA, MOPS, MOF, ministerial level agencies, Government¬ affiliated agencies, People's Committees of provinces/centrally managed cities, Vietnam Fatherland Front and Vietnam Women's Union.	Directive No. 16/2008/ CT-TTg issued on 30th May 2008, by the PM on the implementation of the Law on DV Prevention and Control
Women and girls as victims of human trafficking	
Article 41 - Article 52: provide for responsibilities of the Government, ministries, agencies and provinces/cities for prostitution prevention and combat. Article 41.2: the MOPS shall assist the Government in performing the state management of human trafficking prevention and combat. Article 41.3: the MOD, MOLISA, MOH, MOFA, MOJ, MCST, MOET, MOIC and other ministries and ministerial-level agencies shall, within the ambit of their tasks and powers, coordinate with the MOPS in performing the state management of human trafficking prevention and combat, and perform the tasks and powers under Articles 43, 44, 45, 46, 47, 48, 49, 50 of this Law and related laws.	Law on Human Trafficking Prevention and Combat (2011)

Regulations	Documents
Article 25: provides for responsibilities of MOLISA for developing legal documents specifying conditions for the foundation of victim support establishments and standards on victim support services; directing, guiding, disseminating and organizing the implementation of legal documents, regulations and policies on victim support work; examining, inspecting and settling complaints, denunciations and violations related to the grant, re-grant, modification, supplementation, extension and revocation of foundation licenses, the operation of victim support establishments, regimes and policies on victim support; providing training to improve the capacity of victim support officers. Article 26: MOF shall take the lead and coordinate with MOLISA in specifying expense items and levels for victim support work and levels of supports for victims Such ministries as MOPS, MOD, MOFA, MOH, MOET, MOJ and related ministries as well as agencies shall, within the scope of their functions, tasks and powers, coordinate with MOLISA in performing the state management of victim support work. Funds for victim support come from (i) the state budget (annually allocated for ministries, agencies and provinces/cities, including local self-arranged fund), (ii) sponsorship of domestic and foreign organizations and individuals; (iii) other lawful sources (Article 3)	Decree 09/2013/ND-CP dated 11 January 2013 stipulating in detail a number of articles of the Law on Human Trafficking Prevention and Combat
Prostitutes as victims/survivors	
Article 31. MOLISA shall take the lead, together with the MOPS, and coordinate with other ministries, ministerial level agencies and Government affiliated agencies in assisting the Government to perform the consistent State management over the prostitution prevention and combat work. The ministries, the ministerial-level agencies and Government affiliated agencies shall, within the scope of their respective tasks and powers, organize the implementation of the prostitution prevention and combat work in coordination with the concerned agencies. The People's Committees shall, within the scope of their respective tasks and powers, perform the State management over the prostitution prevention and combat work in their respective localities. Article 37. Funding for the prostitution prevention and combat work The State shall arrange funding and adopt policies on using revenues collected from the handling of violations of the legislation on prostitution prevention and combat and mobilizing other resources for the prostitution prevention and combat work.	Ordinance on Prostitution Prevention and Combat (2003)
Article 25. Responsibilities of MOLISA, in Articles 31 and 32 of the Ordinance Take the lead and coordinate with other ministries, ministerial-level agencies and Government affiliated agencies in performing the consistent state management over the prostitution prevention and combat work. Manage in a consistent way establishment which provide medical treatment, vocational training and job creation for sex sellers. Train staff involved in prostitution prevention and combat; direct the system of social vice prevention and combat organizations at all levels in the prostitution prevention and combat under its respective management. Article 26: MOPS shall coordinate with MOLISA, other ministries and agencies in handling acts of violating the legislation on prostitution prevention and combat. Article 27. MOH shall coordinate with MOLISA, other concerned ministries and agencies in regular health check and treatment for sex sellers. Article 28. MCST shall coordinate with other concerned ministries and agencies in communication and education activities for prostitution prevention and combat.	Decree 178/2004/ND-CP stipulating in detail a number of articles in the Ordinance on Prostitution Prevention and Combat

Regulations	Documents
Children subject to sexual abuse	
Article 82.1: MOLISA shall assume responsibility before the Government for the execution of the state management of children affairs; take the lead and coordinate with MOJ, MOET, MCST, MOPS, People's Committees at all levels, social and economic organizations in protecting, supporting and caring children as victims of violence. Article 94. Inter-sectoral coordination on children The PM shall establish an inter-sectoral coordination organization on children in order to assist the Government and PM with study, direction, cooperation, speeding up and regulation between ministries, ministerial¬ level agencies and Government affiliated agencies; coordinate the Government and related agencies of the National Assembly, Supreme People's Court, Supreme People's Procuracy, Vietnam Fatherland Front and its member organizations, social and socio--professional organizations; coordinate provinces in dealing with children issues and exercising children's rights in their authority areas. Chairpersons of People's Committees at all levels shall, depending on actual demands and conditions in their authority areas, establish inter-sectoral coordination organizations on children in order to assist the People's Committees and the Chairpersons of People's Committees at same level in cooperating, expediting and regulating the handling of issues related to children, and exercising children's rights in their authority areas.	Law on Children (2016)
Article 12. Responsibilities of DOLISA in provinces/ centrally managed cities Coordinate with concerned agencies in developing child protection services, aiming to step by step satisfy the needs for intervening and supporting children in emergency circumstances; form social work centres for children and develop counseling lines linking child protection services. Article 13. Responsibilities of district-level Labor, War Invalids and Social Affairs Bureaus Coordinate with concerned agencies in developing child support services; establish child counseling and support offices and coordinate with commune-level People's Committees in setting up community-based and school-based child counseling and support points in their localities.	Circular 23/2010/TT-BLDTBXH stipulating the process for intervening in and supporting children suffering from violence or sexual abuse

Annexure 3: Baseline assessment tools

FORM 1. SURVEY QUESTIONNAIRES FOR HOUSEHOLDS WITH WOMEN AND GIRLS

Form ID:

Ladies,

The global Program on **Essential Services Package (ESP)** is the cooperation between the UN and the Government of Viet Nam to provide a comprehensive/inclusive approach to a multi-sectoral and quality service package for all women and girls who have experienced gender-based violence. The Program identifies necessary services provided by the health, social affairs, policing and justice sectors as well as the methods/procedures or cooperation/coordination mechanism of existing services.

In support of the effective implementation of the ESP, the national consultant team undertook a baseline study in Ben Tre province, helping to find out the current situation and identify difficulties and obstacles in accessing the existing services, the needs, existing capabilities to meet those needs, the unmet needs, as well as develop goals and specific objectives for existing unmet needs.

Sincerely thank you for taking your time to answer the questions in the Questionnaire. Your names will not appear on any questionnaire of this survey. All your answers will be kept completely confidential without disclosure of your identity. Your participation is completely voluntary, but is important to ensure the success of the survey.

Thank you very much!

Name of commune/ward: .....

Enumerator's full name: ..... .date of surveying.....

A. INFORMATION ABOUT THE INTERVIEWEE

Question (Q) 1. When were you born (calendar year)? .....

Q2. What is your educational background? *(Circle ONE most appropriate number)*

0. Never go to school
1. Grade 1
2. Grade 2
3. Grade 3
4. Grade 4
5. Grade 5
6. Grade 6
7. Grade 7
8. Grade 8
9. Grade 9
10. Grade 10
11. Grade 11
12. Grade 12
99. Not remember/ Not answer

Q 3. What is your educational degree/major? *(Circle to highest degree)*

1. No education
2. Vocational education without certificate
3. Short-time vocational education with a certificate
4. Elementary vocational education
5. Intermediate vocational training (vocational, professional)
6. Collegiate vocational training (vocational, professional)
7. Bachelor's degree
8. Post-graduate degree

Q 4. What is your current marital status?

1. Single/bachelor
2. Married
3. Widow
4. Divorced
5. Separate
6. Cohabit, without marriage
7. Have a relationship with a men without cohabitation (e.g. dating...)
99. Not remember/not answer

Q 5: What is your current profession: *(Only choose 1 option)*

1. Jobless/unemployed
2. Housewife
3. Freelancer/being hired
4. In agriculture
5. In small industry and handicraft
6. Worker
7. Small household business
8. Business person, entrepreneur
9. Pupil/student
10. Civil servant, public employee
11. Service provider
12. Other (please specify).....…….....

Q 6. How is your household business ranked in the community?

1. Poor
2. Near poor
3. Average
4. Well-off
5. Affluent
99. No idea/ no answer

B. EXPERIENCES WITH DIFFERENT FORMS OF GENDER-BASED VIOLENCE (GBV)

Q 7: What forms of violence have you experienced and who perpetrated them? *(Mark X for the experienced forms of violence and their perpetrators)*

Forms, acts of violence	Perpetrators					
	Husband/ intimate partner	Other family members	Acquaintances, neighbors	School relation	Work relation	Stranger, no relation
1. Emotional violence (humiliated, cursed, jerked, anathematized, scorned, prohibited…)						
2. Physical violence (beaten, punched, bitten, attacked with objects)						
3. Economic violence (being appropriated with money, being forced to over-contribute ...)						
4. Forms of sexual violence (e.g. being sexually assaulted, being deliberately hurt in the vagina, being forced to watch pornography, forced sex...)						
5. Sexual harassment at work or at public places (hugging, deliberately touching, flirting, displaying the genitals)						
6. Sexual abuse (against children)						
7. Being raped (including being almost raped or being pregnant as a result of the rape)						
8. Forced to get married against your will/ without your consent						
9. Being forced/deceived to work as a sex worker						
10. Bullying/ school related violence						
11. Human trafficking						
12. Being forced to abort/forced to give birth to a son						
13. Others (please specify)						

Q 8. What injuries or harm have those forms/acts of violence caused to your bodies? Specifically how many times? *(Mark X on the indications and corresponding times that you experienced)*

Injuries, consequences	1 times	2-3 times	4-5 times	More than 5 times
0. No injury				
1. Stabs, cuts, bites				
2. Pinches, scratches, bruises				
3. Sprains, twisted bones, dislocation of joints				
4. Burnt				
5. Puncture, cut, deep incision, bleeding				
6.Torn/hurt ear, tinnitus; eye injury; pains on the head				
7. Bone fracture, broken bone				
8. Lower abdominal pain, trauma, vaginal bleeding due to violence				
9. Foetal derangement, miscarriage, or stillbirth				
10. Broken teeth, dental problems				
11. Injuries of organs				
12. Fainted				
13. Difficult to have sex, pains during intercourse				
14. fungus, vaginal infections				
15. STDs.				
16. Others (please specify)……				

Q 9. What are the psychological/emotional consequences of these violent forms/acts to you? To what extent *(Mark X on the indications and their corresponding frequency of occurrence)*

Extent of demonstration / psychological/mental issues	A little	Somewhat	Very much
1. In fear, panic stricken			
2. Angry, frustrated, irritated			
3. Worried, anxious			
4. Embarrassed			
5. Loss of confidence			
6. Obsessed (about the violence)			
7. frigidity			
8. Mood of tension, alertness, precaution			
9. Causing illnesses - nausea, loss of appetite, sleeping disorder, headache			
10. Insomnia/difficult to fall asleep			
11. Difficult to concentrate in activities			
12. Depressed			
13. Tired, bored with work			
14. Limitations in performing jobs			
15. Limited participation in social activities			
16. Change job or quit one's job.			
17. Feel difficulties in other relationships			
18. Others (please specify)……..			

C. AVAILABLE SERVICES AND EXTENT OF USING THE SERVICES

Q 10. When undergoing such violent acts or suffering from physical/emotional injuries/ consequences, did you speak up/report the incident or seek for any help?

1. Not disclosing/ not reporting **(continue with Q 11)**

2. Yes, I disclosed it, but I did not seek for any help **(continue with Q 11)**

3. Yes, I disclosed it/reported it and sought for help **(continue with Q 12)**

Q11. Why didn't you seek for any help? (Circle at most 5 options that correspond to you)

1. Those incidents/problems are not important, so I didn't need help
2. I wanted to deal with it by myself, as it is my private matter
3. I was embarrassed and hesitated
4. I did not want anyone to know about it/I was afraid it would affect dignity of myself and my family
5. I did not want the perpetrator to be arrested or punished
6. I was scared of being revenged or any further troubles
7. Because I was not aware of any supporting services or agencies
8. I saw that staff in competent authorities are not capable of/they were of no help
9. The ways of support provided by agencies, services are not good/inappropriate to us
10. Poor/unsecured confidentiality kept by agencies and services
11. Other reasons, (please specify).....…….....

99. Not remember/not answer

Q 12. Who did you report to? Who helped you?

Reported to (Circle appropriate options)	**Helper** (Mark X if any)
1. Close family relatives	
2. Neighbours	
3. Friends, close friends	
4. Colleagues	
5. Higher level leaders/teachers	
6. Staff/health facilities (health stations, hospitals...)	
7. Authorities (e.g.: village head, head of street clusters; People's Committee; Staff in charge of culture, justice, labour …)	
8. Public security officers (commune/ward level, area policemen, emergency response police (113)	
9. Staff/ units of Courts, People's Procuracies	
10. Associations (e.g. Women's Union, Fatherland Front, Reconciliation/Mediation Team …)	
11. Other victim supporting services as: hotline; shelter, reliable addresses at the community....	
12. NGOs providing services to victims of violence	
13. Others (please specify)…….....	
99. Not remember/not answer	

Below, we would like to ask for more details about agencies, services supporting victims of violence.

Q 13. Are you aware of or have you been sought for the support/used which of the following Health services? *(Mark 1 time of X onto the corresponding box; If you have ever accessed, used these services, please specify names of those Health facilities and put numbers demonstrating your satisfaction about quality of those services. (0 = very bad/not satisfactory 1= bad/a bit satisfactory; 2= average; 3= quite good/quite satisfactory; 4= very good/very satisfactory).*

Accessibility / Activities/services	No idea (0)	Not available (1)	Yes, but not accessed (2)	Have accessed	
				Which health facilities	Quality
1. Identify the patient experiencing violence perpetrated by husband/intimate partner					
2. Initial support (care, meeting emotional/ psychological needs, safety...)					
3. Taking care of injuries and emergency treatment					
4. Assessment of sexual assault and care					
5. Assessment of psychological/mental health					
6. Mental health treatment (e.g. depression, anxiety, stress disorder ...)					
7. Prepare forensic/assessment medical dossier and assessment of injuries					
8. Prepare medical records, refer to higher level					
9. Others (please specify).....					

Q 14. If the above health services are available but you have not been able to access or use them, so what are the reasons? *(Circle the best options for you)*

1. I don't find it necessary, I don't have the need of using these services
2. Those services are located too far away/difficult to travel there
3. I'm not capable of accessing those services (I can't manage my time, I don't have anybody to support or do the care work for me....)
4. I don't trust the service quality
5. I don't trust the level of confidentiality of those services
6. Prices of those services are too high and I can't afford them (the rough amount :.....……)
7. Others, (please specify).....…….....

Q 15. If you have accessed but not yet or less satisfied about these services (select the satisfaction level = 0; 1 or 2), what are the reasons? *(Circle the most appropriate options).*

1. The quality of facilities, equipment is poor, not modern
2. Services present too many troublesome/cumbersome procedures, not convenient
3. Health workers do not respect victims of violence
4. Health workers lack sensitivity, sympathy, and sharing needed for victims of violence
5. Health workers lack the knowledge and skills to work with victims of violence
6. Prices of the services are too high versus service quality (the rough amount :.....……)
7. Others, (please specify).....…….....

Q 16. Are you aware of or have you been engaged in or sought for support in justice and policing from local authorities? *(Mark an X in the box corresponding to your idea; If you have access to any services, please specify the implementation agency and number to show how satisfied you are with the quality of the activities. (0 = very poor / not satisfied; 1 = weak/satisfied a little; 2 = medium/moderate; 3 = pretty good/quite satisfied; 4 = very good/very satisfied)*

Accessibility / Activities/services	No idea (0)	Not available (1)	Yes, but not accessed (2)	Have accessed	
				Which health facilities	Quality
1. Programs, activities/clubs on prevention and response to violence against women and girls					
2. Initial contact (easy to report, denounce cases of violence and to be supported and protected for safety when cases occur...)					
3. Evaluate / investigate (cases of violence are prioritized for timely investigation, taking victims' statements in a sensitive manner, not judging, focusing on victims' needs					
4. Pre-trial process (Ensure that victims of violence are not responsible for prosecution, identify correct names of crime and approve prosecution....)					
5. Trial process (safe, friendly trial space; protection of the privacy, integrity and dignity of victims)					
6. Responsibilities and remedies/redresses by the perpetrators (conviction to be commensurate with severity of the crime, ensuring the remedy to the consequences and harm suffered by the person experiencing the violence...)					
7. Post-trail process (Have interventions deterring risks of recidivism, with focus on the victim's safety)					
8. Safety and security (ensure that victims have access to urgent, urgent and long-term safeguards, develop victim safety plans....)					
9. Help and support (ensure the provision of legal services, availability of victim support services and witnesses, have connections to health services and social services...)					
10. Information (information on justice services is simple, available/accessible, communication to enhance honor and respect for victims, exchange of information among justice authorities...)					
11. Close collaboration between justice agencies (integrated activities, information sharing/ close coordination in case management, safety and victim protection planning…)					
12. Others (please specify).....					

Q17: If these justice and policing activities/services are available but you haven't accessed/used them, why? *(Circle the appropriate options)*

1. I don't find it necessary, I don't have the need of using these services
2. Those services are located too far away/difficult to travel there
3. I'm not capable of accessing those services (I can't manage my time, I don't have anybody to support or do the care work for me....)
4. I don't trust the service quality
5. I don't trust the level of confidentiality of those services
6. Prices of those services are too high and I can't afford them (the rough amount :.....……)
7. Others, (please specify).....…….....

Q 18. If you have accessed but not yet or less satisfied about these Justice and Policing services (select the satisfaction level 0; 1 or 2), what are the reasons? *(Circle the most appropriate options).*

1. The manner of working and requirements of justice authorities do not fit my needs / expectations.
2. Too many troublesome/complicated procedures and order, not convenient
3. I must present/report/declare to too many relevant parties
4. Staff who do not respect victims of violence
5. Staff lack the sensitivity, sympathy, and sharing needed for victims of violence
6. Staff lack the knowledge and skills to work with victims of violence
7. Services do not guarantee safety for me and my family
8. Judicial and adjudicatory activities do not satisfactorily sanction/punish perpetrators of violence
9. Prices of the services are too high versus service quality (the rough amount :.....……)
10. Others, (please specify).....…….....

Q19. Are you aware of or have you been engaged in or sought for support from essential social services or not? *(Mark an X in the box corresponding to your choice; If you have accessed to or participated in any service please specify the service providers and number to show how satisfied you are with the quality of the activities. (0 = very poor / not satisfied; 1 = weak/satisfied a little; 2 = medium/ moderate; 3 = pretty good/quite satisfied; 4 = very good/very satisfied).*

Accessibility / Activities/services	No idea (0)	Not available (1)	Yes, but not accessed (2)	Have accessed	
				Which health facilities	
1. Information related to violence (introduction of the available services for women and girls)					
2. Violence-related counseling (providing free, appropriate, accessible counseling services: face-to-face meetings, via telephones, emails)					
3. Hotline (available hotline to support victims of violence that is connected to other social services)					
4. Safe shelters (emergency, safe and confidential)					
5. Material and financial support (emergency support for essential needs of victims of violence: food, emergency travel, basic supplies or cash)					
6. Renew, restore, substitute personal identity paper (free-of-charge support or give assistance to victims to obtain ID papers when necessary)					
7. Provide information, counseling and legal representation and rights, including in multi-channel legal systems (timely information on their rights and related issues such as divorce, protection of property, custody, legal advice)					
8. Provide support and psychosocial counseling (individual and group psychological counseling, helping improve mental health and well-being)					
9. Women-centered support (with the professional support of intensively trained staff, always ensuring respect for women and girls)					
10. Services for children affected by violence (providing appropriate, sensitive, child-friendly services: care, safeguard, study, psychological counseling)					
11. Provide information, education and promotion of community participation (propaganda, encouragement, mobilization of communities to participate in the prevention and control of violence, support for women and children)					
12. Support to achieve independence, restoration and economic autonomy (support for access to vocational training, job creation services for income generation)					
13. Others (please specify)					

Q 20. If these essential social services are available but you haven't accessed/used them, why? *(Circle the appropriate options)*

1. I don't find it necessary, I don't have the need of using these services
2. Those services are located too far away/difficult to travel there
3. I'm not capable of accessing those services (I can't manage my time, I don't have anybody to support or do the care work for me....)
4. I don't trust the service quality
5. I don't trust the level of confidentiality of those services
6. Prices of those services are too high and I can't afford them (the rough amount :.....……)
7. Others, (please specify).....…….....

Q 21. If you have accessed but not yet or less satisfied about these social services *(select the satisfaction level = 0; 1 or 2), what are the reasons? (Circle the most appropriate options).*

1. The way of providing services in general is not consistent, not sensitive or appropriate.
2. Procedures and order are troublesome/cumbersome, not convenient
3. I must present/report/declare to too many relevant parties
4. Level of support (material and spiritual) is little/limited, without meeting my needs
5. Staff who do not respect victims of violence
6. Staff lack the sensitivity, sympathy, and sharing needed for victims of violence
7. Staff lack the knowledge and skills to work with victims of violence
8. Services do not guarantee safety for me and my family
9. Prices of the services are too high versus service quality (the rough amount :.....……)
10. Others, (please specify).....…….....

Q 22. While using above services, how did you report/declare the case of violence? (*Circle the most accurate option only)*

1. Only report/declare the case once with one agency/one service provider
2. Report/declare the case once with one agency and provide additional information when working with other agencies/service providers.
3. Declare/report the case multiple times to all relevant parties / to service providers
4. Not remember/not answer

Q 23: How do you assess the linkages, collaboration among the above services (in all 3 sectors: health, policing-justice, and social services)? (Circle the most correct option)

1. There is information sharing, close and consistent linkages/collaboration among the services in all above sectors

2. There is information sharing, close internal linkages/collaboration among the services in each specific sector

(Please specify which field):.....

3. There are some among services but not close or synchronous (please specify the linkages/ collaboration between which services):.....

4. The service providing agencies are working independently without connecting/coordinating with other services.

5. No idea/no answer

D. RECOMMENDATIONS

Q 24. What do you recommend so as to improve the quality and inclusiveness of the support for women and girls subject to violence? What kinds of services do you want to have in addition?

For health services: .....

.....

For justice and policing services:.....

.....

For social services:.....

.....

Other proposals, recommendations:.....

.....

Thank you very much for your collaboration and information provision!

FORM 2. GUIDELINES FOR FOCUSED GROUP DISCUSSIONS (FGD) (AND IN-DEPTH INTERVIEWS) WITH LEADERS OF CENTRAL LEVEL LEADERS AND UN AGENCIES

I. Composition

1. Representatives from central-level leaders from various sectors and UN agencies engaged in the implementation of ESP (Labor, Invalids and Social Affairs, Health, Justice, Public Security, Ministry of Culture, Sports and Tourism (in charge of domestic violence prevention and control); some UN agencies (UN Women, UNFPA, WHO, UNDP and UNODC).

2. governmental and non-governmental organizations working and providing services on gender-based violence (GBV).

II. General information about FGD:

Time, venue; composition *(Full name, organisations/units, positions)*

III. Contents of discussion:

1. What is the goal of the ESP for the women and girls subject to violence in Viet Nam? What are the differences in the goal and ways of implementing ESP in Vietnam as compared with the joint program and what should be taken into account and attention to deal with?

2. What is the role of each central ministry and the UN organizations engaged in the ESP implementation? What is the level of coordination among the stakeholders engaged in the implementation of ESP? Has any formal mechanism for coordination been established among stakeholders? How have the UN agencies coordinated and supported the Government agencies of Viet Nam? What are the advantages/disadvantages of the coordination among stakeholders?

3. How has the commitment of each ministry at the central level and the UN organizations participating in ESP implementation been demonstrated? In an attempt to demonstrate that commitment, what policies, action plans have ministries at the central level and UN organizations developed - specifically in all four modules: ***Health; Justice and Policing; Essential social services; Coordination and governance of coordination?***

4. Please clarify how have the directions/guidelines and implementation to the local level given by each ministries with regard to ESP? Through which documents? Has there been any document/ policy amended/supplemented in relation to the implementation of ESP? During the process of guiding and implementation, what are the difficulties/advantages encountered by ministries/ sectors?

5. How will coordination, monitoring, supervision from the central to local/grassroots levels in the process of ESP implementation in each module ***(Health; Justice and Policing; Essential social services; Coordination and governance of coordination)*** be done? What are the advantages/ disadvantages?

6. In order to implement ESP successfully in Viet Nam, what are your proposals/recommendations/ suggestions to the Government, Ministries, sectors, localities and stakeholders?

Thank you very much for your collaboration!

FORM 3. GUIDELINES FOR FOCUSED GROUP DISCUSSIONS (FGD) (AND IN-DEPTH INTERVIEWS) WITH LEADERS OF THE HEALTH SECTOR (PROVINCIAL, DISTRICT AND COMMUNE LEVEL)

I. Composition:

Leadership representatives of Department of Health, Office of Health; Leadership representatives and doctors of provincial hospitals, district health centers and heads of commune health stations of 2 communes.

II. General information about FGD/talks: Time, venue; composition *(Full name, organisations/units, positions)*

III. Contents of discussion:

1. What is the current situation of violence against women and girls in the locality? Please tell us more about: forms of violence *(domestic violence, school-related violence, sexual harassment, sexual abuse/ rape, trafficking in women, fetal sex selection, etc.)*, level of spreading/popularity/the quantity of incidents; level of severity? Among them, what form of violence is the most serious/urgent?

2. What regulations have the Health sector developed in prevention/combating, responding to/ resolving the above issues? How is the enforcement of those regulations at present? What are the difficulties and shortcomings?

3. What are the health services currently available at the provincial, district and commune levels to support women and girls subject to violence? Please list the specific services *(e.g.: Identifying victims of violence perpetrated by husbands/partners; providing initial support; injury care and urgent medical treatment; assessment of sexual assault and care, mental health assessment and care, and preparing forensic medical records....)*; Which agencies/organisations are engaged in providing such services? What are the operational budget and operation of those support services? What are the capacity of the health service providers and quality of these services (strengths, weaknesses…)?

4. In the process of providing **health** services for women and girls suffering from violence as mentioned above, what are the **health** sector's difficulties, shortcomings, limitations/gaps that need to be improved? How to improve?

5. In addition to state health agencies, are there any other agencies providing **health** services related to support provision to women and girl victims? Please specify? What is the quality of those services (if any)?

6. How is the current internal linkages/coordination among health services at all levels (provincial, district, commune) and between health services and other services (related to policing-justice; essential social service? What are the weaknesses/setbacks to overcome/change? Specify how to change them.

7. How is the inspection and supervision in the sector carried out? How have different levels collaborated with local authorities and stakeholders? Has any formal mechanism for ***coordination and governance of coordination*** among stakeholders been established? Please specify.

8. What is the extent of access to health services for women and girls experiencing violence? What is the number/rate of women and girls experiencing violence accessible to/using health services?

9. In order to provide more comprehensive and better quality **health** services for women and girls experiencing violence at the locality, what suggestions/proposals do you have to the Government, line ministries, and stakeholders?

Thank you very much for your collaboration!

FORM 4. GUIDELINES FOR FOCUSED GROUP DISCUSSIONS (FGD) (AND IN-DEPTH INTERVIEWS) WITH LEADERS OF JUSTICE AND POLICING SECTOR AT PROVINCIAL, DISTRICT AND COMMUNE LEVELS

I. Composition:

Leadership representatives of Justice sector, People's Court, People's Procuracy and Public Security departments at provincial level, 1 district and 2 communes.

II. General information about FGD/talks:

Time, venue; composition *(Full name, organisations/units, positions)*

III. Contents of discussion:

1. What is the current situation of violence against women and girls in the locality? Please tell us more about: forms of violence *(domestic violence, school-related violence, sexual harassment, sexual abuse/ rape, trafficking in women, fetal sex selection, etc.)*, level of spreading/popularity/the quantity of incidents; level of severity? Among them, what form(s) of violence is/are the most serious/urgent?

2. What regulations have the Justice and Policing sectors developed in prevention/combating, responding to/resolving the above issues? How is the enforcement of those regulations at present? What are the difficulties and shortcomings? What needs to be added or changed?

3. What are the services on ***Justice and policing*** currently available at the provincial, district and commune levels to support women and girls subject to violence? Please list the specific services *(e.g.: Prevention; Initial contact; Assessment/Investigation; Pre-trial process; trial process; Liabilities of perpetrators and compensation; Post-trial process; Safety and protection; Help and support; Communications and information sharing; Coordination in the justice sector....);* Which agencies/ organisations are engaged in providing such services? What are the operational budget and operation of those support services? What is your assessment on the capacity of staff providing ***Justice-policing*** services and quality of these services (strengths, weaknesses…)? What are the difficulties, shortcomings, limitations/gaps that need to be improved? How to improve change them?

4. In addition to state health agencies, are there any other agencies providing ***Justice and Policing*** services related to support provision to women and girl victims? Please specify? What is the quality of those services (if any)?

5. What is the extent of access to ***Justice and Policing*** services for women and girls experiencing violence at the locality? What is the number/rate of women and girls experiencing violence accessible to/using those ***Justice and Policing*** services?

6. In the process of providing ***Justice and Policing*** services for women and girls suffering from violence as mentioned above, what are the difficulties/advantages faced the ***Justice – Policing sectors, Courts, People's Procuracy?*** How have the supervision and monitoring activities been conducted in each sector?

7. How is the current internal linkages/coordination among ***Justice and Policing*** services at various levels (provincial, district, commune) and between ***Justice and Policing*** services and other services (related to health; essential social service)? What are the weaknesses/setbacks to overcome/change? Specify how to change them?

8. In the process of providing services, how have various levels/sectors cooperated with local authorities and stakeholders? Has any formal mechanism for ***coordination and governance of coordination*** among stakeholders been established or is there any guiding document for implementation of a coordination program with some line departments, sectors for this work? Please specify.

9. In order to provide more comprehensive and better-quality ***Justice and Policing*** services for women and girls experiencing violence at the locality, what suggestions/proposals do you have to the Government, line ministries, and stakeholders?

Thank you very much for your collaboration!

FORM 5. GUIDELINES FOR FOCUSED GROUP DISCUSSIONS (FGD) (AND IN-DEPTH INTERVIEWS) WITH LEADERS OF PEOPLE'S COMMITTEE, LABOUR, INVALIDS AND SOCIAL AFFAIRS SECTOR, CULTURE, SPORTS AND TOURISM (CST) SECTOR AT PROVINCIAL, DISTRICT AND COMMUNE LEVELS

I. Composition:

Leadership representatives and staff working on governance and coordination of ESP from People's Committee, Labour-Invalids and Social Affairs and CTS sectors at provincial level and 1 district, 2 communes.

II. General information about FGD/talks:

Time, venue; composition *(Full name, organisations/units, positions)*

III. Discussion contents:

1. What is the current situation of violence against women and girls in the locality? Please tell us more about: forms of violence *(domestic violence, school-related violence, sexual harassment, sexual abuse/ rape, trafficking in women, fetal sex selection, etc.)*, level of spreading/popularity/the quantity of incidents; level of severity? Among them, what form(s) of violence is/are the most serious/urgent?

2. What are the roles of the People's Committee, the Labor, Invalids and Social Affairs (LISA) sector and the CST sector in preventing/controlling, responding to/solving these issues? In order to perform that role, what guidelines, policies, regulations, plans/programs of actions have been developed by the People's Committee and LISA sector, CST sector? How has the implementation of those regulations/policies been in practice? Are there any shortcomings, inconsistency/inefficiency that need changes? How to change them?

3. Please give your general assessment of the significant strengths, weaknesses/achievements and limitations of the provision of ESP to women and girls experiencing violence in four areas ***(Health, Justice and Policing, Essential Social Services, Coordination and Governance of Coordination)?***

4. How are the current internal information sharing, linkages/coordination among the services of each area as well as between ***services in 4 different areas*** (Health, Justice and Policing, Essential Social Services…) at various levels (provincial, district, commune)? What are the weaknesses/ setbacks to be overcome/changed? Specify how to change them.

5. During the process of implementing the advocates, policies, plans/programs of actions on gender-based violence prevention and response and provision of essential services for women and girls subject to violence as said, has any formal mechanism or any coordination program or some guiding documents from the higher level been developed regarding the implementation of a coordination program with some line departments, sectors for ***coordination and governance of coordination*** among stakeholders? If yes, how is the assessment on the current quality of

implementing the ***coordination and governance of coordination*** in the locality? What are the weaknesses/setbacks to be overcome/changed? Specify how to overcome or change them.

6. How are the coordination, monitoring and supervision from the central to local/grassroots levels and between sectors/stakeholders in the process of providing ESP to women and girls experiencing violence in all four areas ***(Health, Justice and Policing, Essential Social Services, Coordination and Governance of Coordination)*** being implemented? What are the advantages/disadvantages? What are the limitations/inadequacies need to be supplemented, changed? How to supplement or change them?

7. In order to implement the package of Essential Services for Women and Girls experiencing violence (ESP) in the locality, what are your suggestions / recommendations to the Government, Ministries departments, localities and related parties

8. In order to effectively implement ESP at locality, what suggestions/proposals do you have to the Government, line ministries, and stakeholders?

Thank you very much for your collaboration!

FORM 6. FGDs and IDIs with members of the Rapid Response Team, Reconciliation Committee, representatives of community-based reliable addresses, support services providers for GBV victims

I.General information about FGD/talks:

Time, venue; composition *(Full name, organisations/units, positions, specialised field in charge, working experience in the field of supporting women and girls experiencing violence....)*

II. Discussion contents:

1. What is the current situation of violence against women and girls in the locality? Please tell us more about: forms of violence *(domestic violence, school-related violence, sexual harassment, sexual abuse/ rape, trafficking in women, fetal sex selection, etc.)* What are the consequences of those cases?

2. What are the health services currently available at the provincial, district and commune levels to support women and girls subject to violence? Please list the specific services *(e.g.: Identifying victims of violence perpetrated by husbands/partners; providing initial support; injury care and urgent medical treatment; assessment of sexual assault and care, mental health assessment and care, and preparing forensic medical records....)*; Which agencies/organisations are engaged in providing such services? What are the operational budget and operation of those support services?

- What are the advantages/difficulties in the process of providing health services? How is the capacity of the staff providing health services and the quality of these services (strengths, weaknesses ...)? What are difficulties, shortcomings, limitations/gaps that need to be improved? How to improve?

- How is the accessibility of women and girls to these services (number of people accessible to them...)? Why haven't many victims been able to access these services?

3. What are the services on ***Justice and policing*** currently available in supporting women and girls subject to violence? Please list the specific services *(e.g.: Prevention; Initial contact; Assessment/ Investigation; Pre-trial process; trial process; Liabilitíe of perpetrators and compensation; Post-trial process; Safety and protection; Help and support; Communications and information sharing; Coordination in the justice sector....)*; Which agencies/organisations are engaged in providing such services? What are the operational budget and operation of these services?

- What are the advantages/difficulties in the process of ***Justice and policing*** services? Please assess the capacity of the staff providing J***ustice and policing*** services and the quality of these services (strengths, weaknesses ...)? What are difficulties, shortcomings, limitations/gaps that need to be improved? How to improve/change them?

- How is the accessibility of women and girls to these services (number of people accessible to them...)? Why haven't many victims been able to access these services?

4. What are ***essential social services*** available at the locality to support women and girls subject to violence? Please list specific services *(e.g.: crisis information, crisis counseling, helpline, safe shelters, material and financial support, renewing, restoring and replacing ID papers; providing information, counseling and legal representation and rights, including in multi-channel legal systems; provide psychosocial support and counseling; women-centered support; services for all children affected by violence; information, education and mobilisation of community participation; support for economic independence, restoration and ownership/self-reliance...;* Which agencies are engaged in providing services? How the operating costs and the operation of such support services?

- What are the advantages/difficulties in the process of providing ***essential social services?*** Please assess the capacity of the staff providing ***essential social services*** and the quality of these services (strengths, weaknesses ...)? What are difficulties, shortcomings, limitations/gaps that need to be improved or changed? How to improve/change them?

- How is the accessibility of women and girls to these services (number of people accessible to them...)? Why haven't many victims been able to access these services?

5. How are the current internal information sharing, linkages/coordination among the services of each area as well as between services in 4 different areas (Health, Justice and Policing, Essential Social Services…)? What are the weaknesses/setbacks to be overcome/changed? Specify how to change them.

6. In order to provide more comprehensive and better-quality support to women and girls experiencing violence at the locality, what suggestions/proposals do you have to the authorities, related departments/sectors, and stakeholders?

Thank you very much for your collaboration!

FORM 7. IDIs with GBV victims, who have accessed essential support services.

General information: *Time, venue of the interview; General information about the interviewee: (Full name, occupation/job, marital status, number of children, sexes of their children)*

1. Interview contents:

1. Which form(s) of violence has/have you experienced, who perpetrated it/them? Please list each form of violence *(domestic violence, school-related violence, sexual harassment, sexual abuse/rape, trafficking in women, fetal sex selection, being forced to give birth to a son, etc.)*?

- How have the cases/incidents left behind the consequences/affected you *(both physically and mentally, work and life activities in general)*?

- When you experience such cases of violence and the consequences of such cases, do you expect/ have the need for support/help?

2. Do you know what the **health** services currently are available at the locality to support women

and girls subject to violence? Please list the specific services *(e.g.: Identifying victims of violence perpetrated by husbands/partners; providing initial support; injury care and urgent medical treatment; assessment of sexual assault and care, mental health assessment and care, and preparing forensic medical records....)*; Which agencies/organisations are engaged in providing such services?

- What kind of **health** services have you accessed/used? What were the costs, service quality and your satisfaction level about those services? During the process of accessing/using those **health** services, what advantages/disadvantages did you experienced?

- Which **health** services have not you accessed/used? Why haven't? How do you want the health services to support women and girls experiencing violence to be changed/improved?

3. What are the services on **Justice and policing** currently available to support women and girls subject to violence? Please list the specific services *(e.g.: Prevention; Initial contact; Assessment/ Investigation; Pre-trial process; trial process; Liabilities of perpetrators and compensation; Post-trial process; Safety and protection; Help and support; Communications and information sharing; Coordination in the justice field....)*; Which agencies/organisations are engaged in providing such services?

- What kind of **Justice and policing** services have you accessed/used? What were the costs, service quality and your satisfaction level about those services? What advantages/disadvantages did you experienced during the process?

- Which **Justice and policing** services have not you accessed/used? Why haven't you accessed them? How do you want the **Justice and policing** services to support women and girls experiencing violence to be changed/improved?

4. Do you know what **essential social services** are available at the locality to support women and girls subject to violence? Please list specific services *(e.g.: information about violence; violence-related counseling; helpline; safe shelters; material and financial support; renewing, restoring and replacing ID papers; providing information, counseling and legal representation and rights, including in multi-channel legal systems; provide psychosocial support and counseling; women-centered support; services for all children affected by violence; information, education and mobilisation of community participation; support for economic independence, restoration and ownership/self-reliance...);* Which agencies/organisations are engaged in providing such services?

- What kind of **social services** have you accessed/used? What were the costs, service quality and your satisfaction level about those services? During the process of accessing/using those **social services**, what advantages/disadvantages did you experienced?

- Which s**ocial services** you **have not** accessed/used? Why haven't? How do you want the **social services** to support women and girls experiencing violence to be changed/improved?

5. How are the current internal information sharing, linkages/coordination among the services under each area as well as between services in 4 different areas (Health, Justice and Policing, Essential Social Services…) at various levels (provincial, district, commune)? Did you have to report multiple times for the same case to service providers? What are the weaknesses/setbacks to be overcome/ changed? Specify how to change them.

6. Are there many women and girls in your locality who must endure various forms of violence? Are they able to have access to/use the support services mentioned above? In your opinions, why are there still many victims who haven't been accessible to / able to use these services?

7. In order to provide more comprehensive and better-quality support to women and girls

experiencing violence at the locality, as well as to better meet their needs, what suggestions/ proposals do you have to the authorities, related departments/sectors, and stakeholders? What additional services do you desire to be available to give better support? (specify what services? Where? Who provides them? The ways of providing those services, etc.)?

Thank you very much for your collaboration!

FORM 8. IDI with GBV victims, who have not accessed essential support services.

General information about the interviews and interviewees/respondents: Time, venue of the interview; General information about the interviewee: (Full name, occupation/job, marital status, number of children, sexes of their children, ...)

II. Interview contents:

1. Which form(s) of violence has/have you experienced, who perpetrated it/them? Please list each form of violence (domestic violence, school-related violence, sexual harassment, sexual abuse/rape, trafficking in women, fetal sex selection, being forced in marriage, etc.)?

    - How have the cases/incidents left behind the consequences/affected you (both physically and mentally, work and life activities in general)?

    - When you have to suffer such cases of violence as well as their consequences, what kind of support/help do you expect/have the need for? If you are in need, why have not you sought for the support services for women and girls subject to violence?

2. Do you know what the health services currently are available at the locality to support women and girls subject to violence? Please list the specific services (e.g.: Identifying victims of violence perpetrated by husbands/partners; providing initial support; injury care and urgent medical treatment; assessment of sexual assault and care, mental health assessment and care, and preparing forensic medical records....); Which agencies/organisations are engaged in providing such services?

    - Why haven't you accessed and use those health services? In order to access/use those Health services, what difficulties/advantages have you had?

    - How do you want the health services supporting women and girls subject to violence to be changed/improved in order to better/more properly meet their needs?

3. What are the services on Justice and policing currently available at your locality to support women and girls subject to violence? Please list the specific services (e.g.: Prevention; Initial contact; Assessment/Investigation; Pre-trial process; trial process; Liabilities of perpetrators and compensation; Post-trial process; Safety and protection; Help and support; Communications and information sharing; Coordination in the justice field....); Who provided these services?

    - Why haven't you accessed and use those services? What difficulties/advantages have you had?

    - How do you want the Justice and policing services supporting women and girls subject to violence to be changed/improved in order to better/more properly meet their needs?

4. Do you know what Essential social services are available at the locality to support women and girls subject to violence? Please list specific services (e.g.: information about violence; violence-related counseling; helpline; safe shelters; material and financial support; renewing, restoring and replacing ID papers; providing information, counseling and legal representation and rights, including in

multi-channel legal systems; provide psychosocial support and counseling; women-centered support; services for all children affected by violence; information, education and mobilisation of community participation; support for economic independence, restoration and ownership/self-reliance...); Which agencies/organisations are engaged in providing such services?

- Why haven't you accessed and use those Essential social services? In order to access/use those Essential social services, what difficulties/advantages have you had?

- How do you want the Essential social services supporting women and girls subject to violence to be changed/improved in order to better/more properly meet their needs?

5. Are there many women and girls subject to forms of violence in your locality? Can they access/use the above support services? In your opinion, why haven't they been able to do so?

6. In order to provide more comprehensive and better-quality support to women and girls experiencing violence at the locality, as well as to better meet their needs, what suggestions/ proposals do you have to the authorities, related departments/sectors, and stakeholders? What additional services do you desire to be available to give better support? (Specify what services? Where? Who provides them? The ways of providing those services, etc.)?

Thank you very much for your collaboration!

Annexure 4: Terms of Reference

Baseline assessment of the Joint Programme on Essential Services for Women and Girls subject to Violence in Viet Nam

1. Background

The United Nations Joint Global Programme on Essential Services for Women and Girls Subjected to Violence is a partnership by UN Women, UNFPA, WHO and UNODC which aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. The programme identifies the essential services to be provided by the health, social services, police and justice sectors as well as guidelines for the coordination of Essential services and the governance of coordination processes and mechanisms.

The three outcomes of the programme are:

Outcome 1: National Guidelines and/or protocols are updated, adapted or developed in line with or from the global guidelines and tools for the provision of essential VAWG services.

Outcome 2: VAWG services are provided in line with the quality standards and tools developed for essential services in selected sites in pilot/self-starter countries

Outcome 3: Use of VAWG essential services are promoted and/or supported in line with the quality standards and tools by women and girls increased substantially in pilot/self-starter countries.

The main strategic approach of the programme is to focus on piloting the Essential Services Package in one selected province in order to demonstrate how the coordinated and inter-connected services meeting the standards of the global guidelines can be introduced in the Vietnamese social, political and administrative context, in order to service the practical needs of women and girls on the ground. The

provincial level pilot will be implemented with the involvement of central government and key central ministries and agencies that will play a critical role in designing national guidelines and SOPs later in the process to ensure the vertical linkage between the provincial level piloting and national level policy making.

In terms of partnerships, the Ministry of Labour Invalids and Social Affairs (MOLISA), as state managing agent for gender equality and prevention and control of GBV, and the lead agency coordinating implementation of NTP-GBV, will be the key government partner for the implementing of the coordination component of the ESP package. Other key national partners for reviewing, adapting and implementing the different sectoral ES guidelines include, but are not limited to, the Ministry of Health (MOH), Ministry of Culture, Sport and Tourism (MOCST), Ministry of Public Security (MPS), Ministry of Justice (MOJ), Additional stakeholders include NGOs in existing partnership with UN Women, UNFPA, UNODC and WHO. At the provincial level, partnerships will be established with the Provincial People's Committee of the selected province and key provincial departments such as DOLISA, DOH, DOJ and others will play a key role in the piloting.

At the initial stage of the Joint Programme implementation, the baseline assessment will be conducted in one selected province, Ben Tre (and another non-intervention province) to analyze the current standard of services and service delivery in health, justice, policing, social services sectors as well as on aspects of their coordination and the governance of coordination in order to identify the gaps and needs for interventions. Ben Tre was selected because the province demonstrates a high level of commitment to the prevention and response to violence against women. The ESP will take advantage of Ben Tre's existing victim support services including health, justice and social, as well as its service coordination. Indeed, there is already an ongoing project on ending violence against women supported by UN agencies. Therefore, all UN agencies involved and key stakeholders (MOLISA, MPS, MOJ and MOH) have agreed to select Ben Tre. The baseline survey will also examine a non-intervention province (to be decided by all involved agencies) to make a comparative review, which will serve to identify entry point for ESP implementation.

2. Objectives of the baseline assessment

The primary objective of the baseline assessment in both the intervention and non-intervention province is to establish knowledge on the existing situation and identify gaps in currently available services, as well as the factors that provide for an enabling environment. The assessment will help to identify needs, the existing capacity to meet those needs, the needs that are not being met, and establish goals and objectives for meeting the unmet needs.

The specific objectives of the baseline assessment are to:

- Assess current enabling factors:
    - o Identify what legal frameworks are in place and identify the gaps and law reforms necessary to ensure a comprehensive legal framework for the effective delivery of quality essential services.
    - o Identify existing policies and practices, whether there are specific policies on violence against women in each sector and if they are linked to national policy and action plans, and whether such policies are integrated into existing essential services. Identify any accompanying procedures and protocols.
    - o Identify what resources and financing are in place and the minimum requirements for the functioning of those services.
    - o Identify the current workforce capacity, and development and training approaches.

- Identify governance, oversight and accountability mechanisms currently in place.
- Identify the current ability to monitor and evaluate service delivery within and across sectors.

- Map existing essential services that are currently available in terms of availability, acces¬sibility, responsiveness, adaptability, appropriateness, analyze quality and identify gaps. Key questions will include:
  - Which services exist?
  - Which entities are providing the services (government, non-governmental organizations, others)?
  - Locations where services are concentrated and where there are gaps?
  - How are services being financed and what costs there are for victims /survivors?

  In particular, the assessment should focus on:
  - What services are provided at different types of facilities?
  - Whether the facilities provide safety and confidentiality?
  - The level of quality of the services and users' experience?
  - Who is accessing them, who is not, and if not why not?

3. Methodology and approach

The assessment team, once established, will be responsible for developing the work plan and assessment design, including methodology and tools used (for example, questionnaires) to assess and compare the existing essential services with ESP standards. The design should consider the following principles and necessary actions:

- Conduct a desk review of key documents, including relevant laws, policies and reports.
- Qualitative assessment methods (In-depth individual interviews, focus group discussions, observations and document review) and quantitative assessment methods (i.e. questionnaire interview) will be applied for this baseline assessment.
- A collaborative approach between service providers, non-governmental and development partners and other key stakeholders as appropriate (e.g. victims / survivors) is essential in the design, data collection and analysis phases.

Throughout the assessment, safety and ethical guidelines for conducting research on violence against women and girls should address issues such as:

- guaranteeing the safety of both respondents and interviewers;
- ensuring the privacy and confidentiality of the interview;
- providing specialist training on gender equality issues and violence against women to interviewers;
- providing a minimal level of information or referrals for respondents in situations of risk; and
- providing emotional and technical support for interviewers.

The assessment team will prepare the technical proposal, which will include detailed information about the methodology and approach. This will be reviewed by the international consultant for final approval.

4. Composition of the assessment team and requirements

The consultant team will consist of one national consultant (Team Leader) and an assistant team, and one international consultant (Technical Advisor) meeting the requirements as following:

1. National consultant (Team Leader)

Number of working days:

Based on the TOR the national Team Leader will propose the estimated working days and submit a financial proposal that includes relevant costs for them and a potential team.

Duties/responsibilities:

- Work with the international consultant(Technical Advisor) to contextualize the methodology, the analytical framework, organize the work division and the outline of the baseline assessment report;
- Identify relevant legislative documents to support international consultant to undertake desk review;
- Physically conduct field study in Ben Tre and the non-intervention province: set up study plan, meet local authorities and other relevant informants to gather information;
- The selected research institution might involve local people in the research team who will support with logistics and data collection;
- Data processing and analyzing;
- Together with international consultant, develop a full report with findings and recommendations;
- Play a key role in organizing the consultation and validation workshops in Ben Tre province.

Qualifications:

- Team Leader should have Masters Degree in Human Rights/ Political Science/ Gender Studies/, Public Health/, Development or other relevant disciplines; additional team members should have relevant expertise in term of data processing, legal knowledge, gender analysis and other disciplines
- At least 7 years of relevant experience in the field of state policies and public services concerning violence against women in Viet Nam;
- Prior experience in developing policy impact assessment reports of similar nature in Vietnam;
- Prior experience in working with central and provincial government officials as well as the UN;
- Knowledge of English;
- Sound analytical and writing skills.
- Have experience in coordination and management of the team work

2. International Consultant (Technical Advisor)

Number of working days:

Note: the international consultant will be home-based and will not be required to travel to Viet Nam.

Duties/responsibilities:

- Provide inputs and advice to the national consultant team on research tools methodology, analysis, and approach in conducting the baseline assessment of the Joint Programme on Essential Services for Women and Girls subject to Violence in Viet Nam;
- Provide comments and inputs for the draft of base line survey report;
- Provide support to draft the inception report in consultation with national consultants to clarify assessment methodology, analytical framework, work division and outline of the baseline assessment report.

Qualifications:

- Master's Degree in Human Rights/ Political Science/Gender Studies, Sociology/ Development or other relevant disciplines;
- At least 10 years of relevant experience in the field of violence against women and essential services;
- Teamwork skills to ensure synergy in the assessment team;
- Sound expertise on conducting mixed method research including surveys, integrating both quantitative and qualitative approaches;
- Fluency in written and spoken English;
- Prior experience supporting UN agencies for policy advocacy on international standards on gender equality and human rights will be an asset

5. Expected deliverables by the assessment team

- Detailed work plan;
- Baseline assessment tools;
- Assessment protocol and analytical framework;
- Draft baseline assessment report(s);
- Presentation Power Point slides on preliminary findings for consultations;
- Final baseline assessment report (not exceeding 60 pages and with an executive summary not exceeding 4 pages).

MINISTRY OF LABOUR-INVALIDS
AND SOCIAL AFFAIRS (MOLISA)

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