

Domestic Violence Prevention and Response in Viet Nam

Lessons Learned from the Intervention Model in Phu Tho and Ben Tre provinces



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Contents

Foreword	03
Executive Summary	04
1. INTRODUCTION	06
1.1. International commitment to address gender-based violence.....	06
1.2. Gender-based violence, violence against women or domestic violence: which is it?	06
1.3. GBV/DV prevention and response	07
1.4. UNFPA-SDC project.....	08
1.5. Methodology and purpose of this paper	09
2. COMPREHENSIVE INTERVENTION MODEL	10
2.1. Advocacy and capacity building, targeted at leaders and professionals	12
2.2. Awareness raising, IEC and BCC activities, targeted at general population	15
2.3. Health sector response to survivors of GBV/DV	17
2.4. Community response to GBV/DV	20
2.5. Mainstreaming Strategy	26
3. CONCLUSION AND RECOMMENDATIONS	27
3.1. Advocacy and capacity-building, targeted at leaders and professionals	27
3.2. Awareness raising, IEC and BCC activities, targeted at general population	28
3.3. Health sector response to survivors of GBV/DV	28
3.4. Community response to GBV/DV	28
ANNEX A. References	30
A.1. Internal reports and working papers	30
A.2. Reference materials.....	31
ANNEX B. IEC materials developed for the UNFPA-SDC project	32
B.1. For professionals	32
B.2. For general population.....	32

Foreword

The United Nations in Viet Nam is strongly committed to preventing and addressing gender-based violence in partnership with the Government of Viet Nam, mass organizations, and civil society organizations. During its Seventh Country Programme of Assistance to Viet Nam (2006-2010), UNFPA collaborated with the Swiss Agency for Development and Cooperation (SDC) to support the Government to promote gender equality and to address gender-based violence through policy dialogue, advocacy, communication, technical assistance, health sector and community based interventions.

This review aims at drawing lessons learned from an assessment of the strengths, weaknesses, achievements, and challenges of the UNFPA-SDC supported interventions at the policy and programme levels in Phu Tho and Ben Tre provinces. UNFPA would like to introduce these lessons learned to policy makers, programme managers, and others who are concerned with putting in place a functioning prevention and response system to end gender-based violence in Viet Nam in the most appropriate and effective way. UNFPA and UN partners will further collaborate with the Government of Vietnam to apply these lessons on addressing gender-based violence in the new One Plan (2012-2016).

UNFPA would like to thank Ms. Sarah De Hovre and Dr. Vu Manh Loi, consultants, for their efforts in conducting this review and summarizing the lessons learned. We are grateful to the Project Management Boards in Phu Tho and Ben Tre provinces for their cooperation, facilitation and support. We also acknowledge contributions from the Department of Maternal and Child Health (Ministry of Health), Department of Family (Ministry of Culture, Sports and Tourism), General Office of Population and Family Planning, Viet Nam Women's Union, Youth Union, and Farmers' Union. Lastly, we would like to thank all the leaders, officers and community groups in Ben Tre and Phu Tho provinces for their participation in the review and for sharing their views on the pilot intervention model.



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Executive Summary

Gender-based violence (GBV) is a major public health and human rights issue. Worldwide, at least one in every three women has been beaten, coerced into sex or abused in her lifetime¹. In Viet Nam, similar numbers have been revealed in the 2010 National Survey on Domestic Violence against Women.

UNFPA Viet Nam began addressing violence against women in 2004, in collaboration with the Government of Viet Nam. These efforts were expanded in the Seventh Country Program 2006-2010, when UNFPA joined hands with the Swiss Agency for Development Cooperation (SDC) to pilot a comprehensive intervention model to prevent and respond to domestic violence in Phu Tho and Ben Tre provinces.

The purpose of this Lessons Learned Paper is to identify the strengths and weaknesses of the piloted intervention model, to analyze whether the model, or components of the model, can be replicated nationwide. These lessons learned provide a strategic direction on GBV/DV response in Viet Nam, including information that will help them in developing an intervention model that suits the needs of the Vietnamese society, culture and political and administrative structures.

The first section of the paper provides an introduction to GBV and DV worldwide and in Viet Nam, including definitions, available data, and legal and policy framework. The second section describes the piloted intervention model, with its four interventions: (1) Advocacy and capacity building, targeted at leaders and professionals; (2) Awareness raising and IEC, targeted at general population; (3) Health sector response to survivors of GBV/DV; (4) Community response to GBV/DV. This section also identifies lessons learned for each of these interventions. The final section makes recommendations on appropriate steps that are needed for the full implementation of the Law on Domestic Violence Prevention to ensure prevention of GBV/DV in Viet Nam and to ensure the availability of a full range of adequate services for survivors.

¹ Garcia-Moreno C., Jansen HAFM, Watts C, Ellsberg M, Heise L, WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses. World Health Organization, Geneva, 2005.

Abbreviations and acronyms

BCC	Behavioral Change Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DMCH	Department of Maternal and Child Health Care (in MOH)
DOCST	Department of Culture, Sports and Tourism
DV	Domestic Violence
DVP	Domestic Violence Prevention
DVPC	Domestic Violence Prevention and Control
FF	Fatherland Front
FP	Family Planning
GBV	Gender-based Violence
GE	Gender Equality
GOPFP	General Office for Population and Family Planning (in MOH)
HHD	Hanoi Health Department
HMIS	Health Management Information System (from MOH)
ICPD	International Conference on Population and Development
IEC	Information, Education, Communication
M&E	Monitoring and Evaluation
MOCST	Ministry of Culture, Sport, and Tourism
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOH	Ministry of Health
NCPFC	National Committee for Population, Family and Children
PD	Population and Development
PFPD	Population and Family Planning Department
PPC	Provincial Peoples Committee
RH	Reproductive Health
SDC	Swiss Agency for Development and Cooperation
SH	Sexual Health
SRH	Sexual and Reproductive Health
TOT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
VFU	Vietnam Farmers' Union
VYU	Vietnam Youth Union
VWU	Vietnam Women's Union

1. INTRODUCTION

1.1. International commitment to address gender-based violence

Gender-based violence (GBV) is a universal issue and possibly the most widespread and socially tolerated violation of human rights. It includes all forms of physical, psychological and economic violence. The essential feature of GBV is that it emanates from the unequal power relations between people based on the existing norms, social structures and roles that influence men's and women's lives. While GBV can affect both males and females, it is carried out predominantly against women and girls.

Globally, GBV has been recognized as a major public health priority with legal, social, cultural, economic and psychological dimensions, which needs the attention of all governments, in line with their commitments to achieving the Millennium Development Goals (MDGs) and to realizing the fundamental human rights set forth by international conventions.

Since the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women, the elimination of violence against women has become an important part of the United Nations (UN) efforts around the world. The United Nations Population Fund (UNFPA) in particular has taken a prominent role within the UN system in furthering gender equality (GE), empowering women and preventing GBV. UNFPA's action is guided by the rationale that the prevention of GBV is closely linked with the improvement of women's reproductive health, in particular, and their status in society, overall.

1.2. Gender-based violence, violence against women or domestic violence: which is it?

The UNFPA focus remains on tackling violence against women and girls, since it is they who are overwhelmingly affected. Women and adolescent girls are not only at higher risk for GBV, they also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and resources to avoid or escape abusive situations and to seek justice. They also suffer sexual and reproductive health (SRH) consequences, including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and sexually transmitted infections and HIV. UNFPA efforts focus

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