

UNFPA Implementation of the Essential Services Package for Women and Girls Subject to Violence: A consultation report

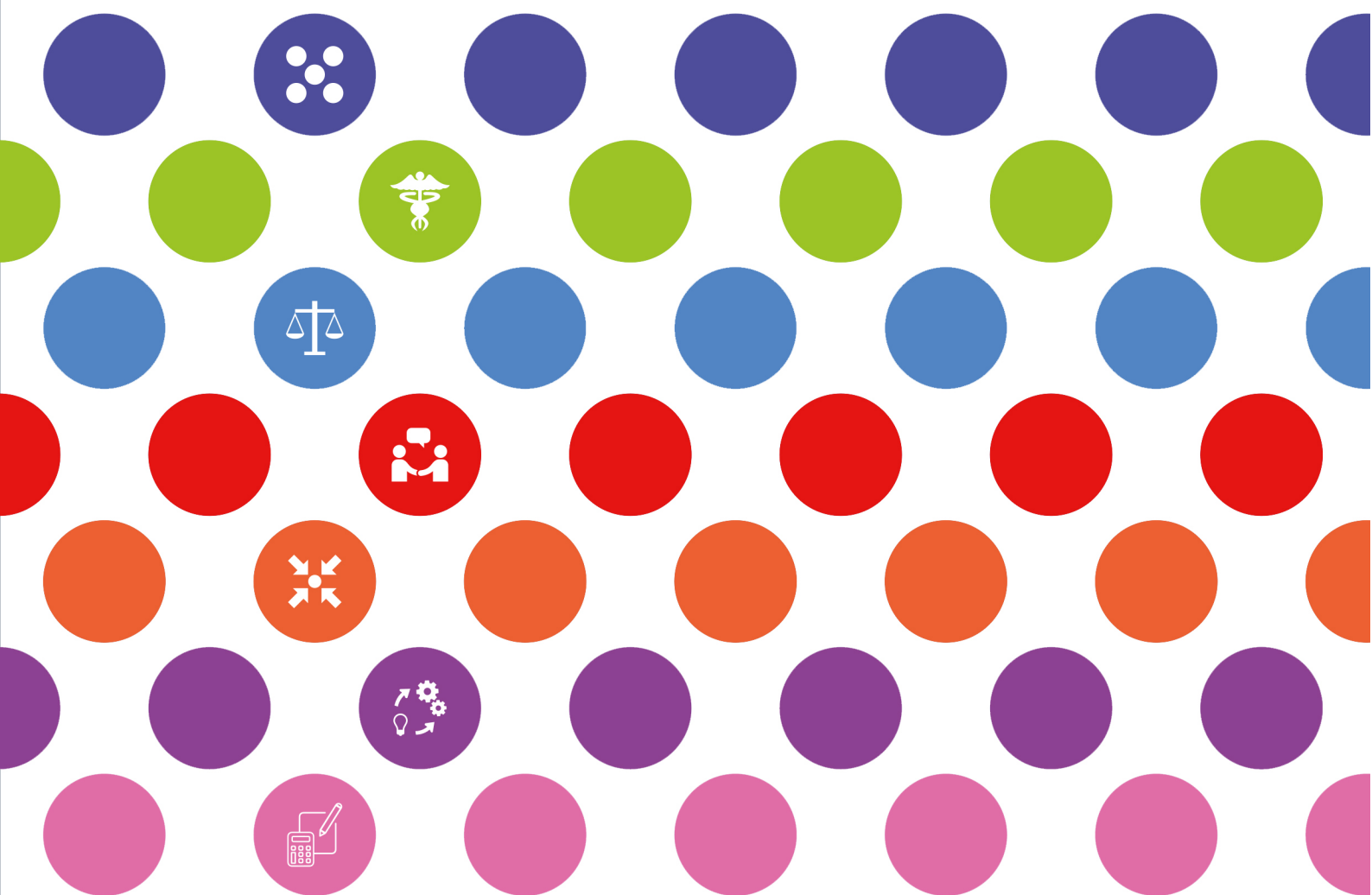


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Introduction to the Essential Services Package

Gender-based violence (GBV) is one of the most prevalent human rights violations in the world and a public health issue of pandemic proportions. The number of women and girls impacted by GBV is staggering: almost 1 in 3 women worldwide have experienced physical or sexual abuse by an intimate partner or sexual violence by someone other than their partner in their lifetime.¹ Yet less than 40 per cent of those who experience GBV seek help of any sort or report the abuse.²

Survivors of GBV need access to quality services that meet their needs for protection and safety in a confidential, comprehensive, and survivor-centred manner. The essential services required to meet a survivor's needs are multisectoral and span the health, social services, justice and policing sectors. States are responsible for providing and coordinating these services in order to prevent and respond to violence against women and girls and to address its structural causes.

Table 1. Data snapshot on the work of UNFPA within the ESP Joint Global Programme

Of all 120 UNFPA offices who work to end GBV in 153 countries and territories in 2020	
92%	use the ESP to guide provision of essential services to survivors of GBV
92%	invested in health system strengthening
88%	worked to strengthen social services
69%	engaged in strengthening judicial services
64%	worked with the police and military to strengthen security services
97%	were involved in multisectoral engagement and coordination

Source: UNFPA (2021)³

¹ WHO (2021). Global, regional and national estimates for intimate partner violence against women and global and regional estimates for non-partner sexual violence against women. Available at:

<https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>

² United Nations (2015). The World's Women 2015: Trends and Statistics. New York: United Nations, Department of Economic and Social Affairs, Statistics Division. Sales No. E.15.XVII.8.

³ UNFPA (2021). Getting to Zero: Mapping UNFPA Leadership on Ending Gender-based Violence. Available at: <https://www.unfpa.org/publications/getting-to-zero>

The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence was developed to “support countries as they work to design, implement and review services for all women and girls who are victims and survivors of violence in a broad range of settings and situations”.⁴ UNFPA and UN Women launched the joint programme in 2013, soon joined by the World Health Organisation (WHO), United Nations Development Programme (UNDP) and United Nations Office on Drugs and Crime (UNODC). The joint programme provides guidance and support to countries in filling the gap between expectations for GBV services that are set out in international agreements and the national institutional capacity that exists in practice.

The Joint Programme has been implemented thus far in two phases. In Phase I (2013-2015) the Essential Services Package for Women and Girls Subject to Violence (ESP) was developed through a global consultative process with experts in the fields of health, law enforcement and justice, and social services. The resource was published in 2015, and during Phase II (2016-2019) it was pilot-tested in 10 countries.⁵ Over 80 other countries began implementation as “self-starter” countries with UNFPA technical support but using their own funding and resources. Implementing countries worked to develop joint coordination structures, propose improvements to national laws and policies affecting violence against women and girls (VAWG), and create national action plans.

The ESP is recognized as the global standard of normative guidance for supporting national systems to respond to GBV and presents a roadmap for comprehensive GBV services by the health, social services, police and justice sectors. The package includes:

- 1 Three sector-specific modules (Health, Justice and Policing, and Social Services) that outline the standards and characteristics of services for survivors of GBV, particularly focusing on survivors of intimate partner violence in development contexts.⁶
- 2 One module on coordination of essential services and governance of coordination, with recommendations to local and national governments to ensure that services, processes and mechanisms to respond to GBV are coordinated and accountable to survivors.⁷
- 3 One module on the process of implementation (2017) to support States in the systematic roll-out of the ESP.⁸
- 4 A costing tool (2021) to support national planning and budgeting processes for VAWG response.⁹

⁴ UN Women, UNFPA, WHO, UNDP & UNODC (2015). Essential Services Package for Women and Girls Subject to Violence. Available at: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

⁵ Cambodia, Egypt, Guatemala, Kiribati, Mozambique, Pakistan, Peru, Solomon Islands, Tunisia and Viet Nam.

⁶ UN Women, UNFPA, WHO, UNDP & UNODC (2015) Essential Services Package for Women and Girls Subject to Violence, Modules 1-4. Available at: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

⁷ UN Women, UNFPA, WHO, UNDP & UNODC (2015) Essential Services Package for Women and Girls Subject to Violence, Module 5. Available at: <https://www.unfpa.org/resources/essential-services-package-women-and-girls-subject-violence-module-5>

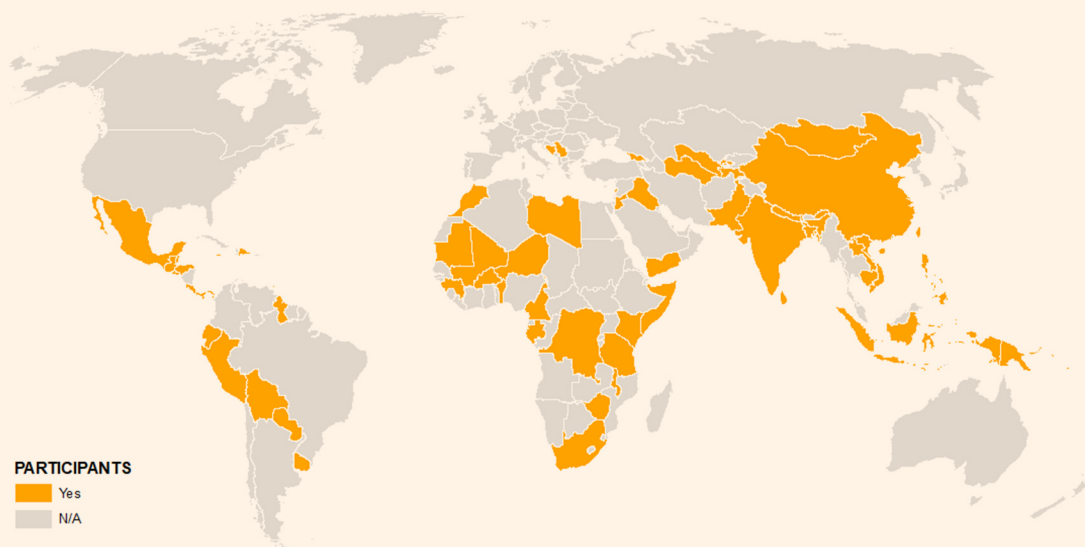
⁸ UN Women, UNFPA, WHO, UNDP & UNODC (2017) Essential Services Package for Women and Girls Subject to Violence, Module 6. Available at: <https://www.unfpa.org/resources/essential-services-package-women-and-girls-subject-violence-module-6>

⁹ UN Women, UNFPA, WHO, UNDP & UNODC (2017) Essential Services Package for Women and Girls Subject to Violence, Module 7. Available at: <https://www.unfpa.org/resources/essential-services-package-women-and-girls-subject-violence-module-7>

Consultation with UNFPA Country Offices implementing the ESP

In September 2021, UNFPA's Gender and Human Rights Branch initiated a series of global internal consultations in which 120 staff members participated, representing 62 country offices across all six operational regions.

Six consultations were offered in English, French and Spanish. Consultations were joined by 16 countries from Asia and the Pacific, 7 countries from West and Central Africa, 8 countries from the Arab States, 17 countries from Latin America and the Caribbean, 6 countries from Eastern Europe and Central Asia and 8 countries from East and Southern Africa.



Disclaimer : The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

These consultations took stock of progress in implementing the ESP as part of a participatory process for planning Phase III. The objectives of the consultation were to collect ESP successes and lessons learned; understand more about how countries monitor implementation of the ESP; collect experiences of GBV service provision and coordination within the context of the COVID-19 pandemic; and gather a list of the key needs those countries identify as priorities for support during Phase III.

How the ESP is guiding service adaptation and good practices

Sharing Good Practices for Learning and Scale Up

Where the ESP is being implemented, UNFPA is leading promising initiatives and activities that have the potential to be adapted to other contexts and scaled up to more countries and regions. South-South learning and cooperation across UNFPA offices is being promoted through the global consultation report and UNFPA knowledge management platforms.

A few of the initiatives with notable scale-up potential include:

- 1** In the Philippines, UNFPA supported the Department of Health and a network of hospital-based Woman & Child Protection Units in developing a five-year costed implementation plan.
- 2** In the Eastern Europe and Central Asia Region, UNFPA collaborated with Women Enabled International (WEI) and the East European Institute for Reproductive Health (EEIRH) to produce a package of materials that integrates a multisectoral response to GBV for persons with disabilities into the ESP. This adaptation of the ESP is a much-requested and important advance in mainstreaming disability inclusion into GBV response that warrants cross-regional dissemination and sharing. In another adaptation, the UNFPA Regional Office for Asia and the Pacific developed an assessment tool to evaluate how people with disabilities are being included in GBV programmes and ESP implementation.¹⁰
- 3** In Peru, the first Emergency Women's Centre (Centro Emergencia Mujer) was established within a health centre, where multisectoral services are coordinated through a joint action protocol. Survivors can access GBV case management, shelter, and services from police, family courts, and child protection. A mobile team of professionals is deployed to assist high-risk survivors who cannot reach the centre.

¹⁰ This tool will be piloted at country level in 2022.

The ESP guided adaptation during the COVID-19 pandemic

The global disruptions experienced as a result of the COVID-19 pandemic exacerbated violence against women and girls and created immense challenges. Overwhelmed health and justice systems, movement restrictions, supply chain delays, and human resource shortages created obstacles to service provision and access for survivors. Nevertheless, UNFPA Country Offices found unexpected opportunities during the pandemic for GBV response, prevention and coordination, particularly where the ESP was already being used.

- Countries overwhelmingly found that the **strong coordination mechanisms** forged as part of ESP implementation increased collaboration across sectors and expedited efforts to work through non-governmental organizations (NGOs) and civil society organizations (CSOs) to reach diverse local populations. In Papua New Guinea, the national GBV Secretariat was engaged to co-chair the GBV Sub Cluster with UNFPA. Collaboration on response, advocacy, and communication campaigns resulted in tangible benefits to the community, including a Family Support Centre for specialised GBV health services, and strengthened the technical capacity and ownership of the national Secretariat.
- Intensive advocacy on the life-saving nature of GBV interventions, which proved necessary in many locations to maintain access for survivors, was advanced through the **institutional relationships** built as part of ESP coordination. Indonesia reported adoption and implementation at national and local levels of a range of protocols for survivor support including safety planning, legal consultation, and shelter.
- Countries including India, turned to the ESP as the standard for **rapid capacity building** as they moved to **remote/virtual service adaptations for case management and psychosocial support**.
- As GBV hotlines witnessed increases in calls during the pandemic, the ESP provided a foundation to **guide GBV hotline operations** in a number of countries, including Kyrgyzstan, Jamaica, Lao PDR, Vietnam and Guyana.

These lessons from COVID-19 are instructive for future emergencies. A forthcoming joint UNFPA-UN Women publication on ESP adaptations to COVID identifies promising practices and new partnerships, with the goal of ensuring that adaptive uses of the ESP in emergencies are documented and retained after the pandemic subsides.¹¹

¹¹ Publication scheduled for April 2022.

ESP within the Spotlight Initiative

The Spotlight Initiative is a global multi-year partnership between the United Nations and the European Union that aims at eliminating all forms of violence against women and girls. GBV interventions are planned across six mutually-reinforcing pillars, one of which focuses on making essential services that meet global standards available to all survivors of GBV. The foundational tool for interventions under this pillar is the ESP.¹²

Notable examples of the use of the ESP within the Spotlight Initiative:

- 1 Health:** In Tajikistan, frontline GBV health service providers have been supported with training on providing health and psychosocial services to survivors, national legislation and rights of survivors, and coordinating referrals with other service providers to meet comprehensive needs.
- 2 Policing:** The Malawi Police have included an ESP module on policing protocols and standards for survivors of GBV into their in-service curriculum.
- 3 Coordination:** UNFPA promoted the creation of a Community of Practice for Essential Services in Latin America and the Caribbean under the Spotlight Initiative. A course on the ESP was launched and some countries in the region have integrated it into various institutions as part of their formal curricula on GBV.
- 4 Social Services:** In Jamaica, implementation of the ESP had fostered the integration of interventions such as GBV helplines and shelters into the National Strategic Action Plan, so when the pandemic began, this framework was in place and support to the relevant ministries could be prioritised through the Spotlight Initiative.

¹² <https://www.spotlightinitiative.org/>

What will accelerate implementation of the ESP?

The ESP has proved to be a central tool for guiding safe, effective and comprehensive provision and coordination of services for survivors of GBV, including in extraordinary situations such as the COVID 19 pandemic. UNFPA country offices were asked to identify how ESP support can be expanded and strengthened under Phase III of the Joint Programme. Nine key areas for acceleration emerged from the global consultation, from which UNFPA has identified priority actions.

Key acceleration area	Recommended Action
<p>Costing for Essential Services</p> <p>Accurate costing is a pre-requisite for governments aiming to provide the minimum package of essential GBV services. The ESP Global Costing Tool was developed to address the challenges countries face in calculating the resources needed to raise the quality of multisectoral services to global standards, and UNFPA has used this tool to assist countries with development of costed implementation plans. There is growing interest and demand from national governments and stakeholders in expanding technical support and tools to help inform national planning and budgeting practices for coordination, health, police and justice services, and social services.</p>	<p>Mobilise resources and technical support for costing the ESP and build capacity to ensure competence in guiding this process at regional and country level.</p> <p>Support countries in leveraging their costing exercises as a mechanism to advocate for state investment in ESP, public policy to support financing of services, and costed national action plans.</p> <p>Ensure that costing for availability and accessibility for women and girls with disabilities is addressed as part of this process.</p>

ESP training and technical support

The ESP e-learning course has been widely used by practitioners, policy-makers and other stakeholders across all sectors that provide GBV essential services. Consultations indicate that the course be supplemented with in-depth ESP orientation and interactive webinars, and that mechanisms be established for more intensive technical support on ESP challenges.

Put in place a **formal technical support structure** for the ESP at global/regional levels, including knowledge platforms, communities of practice, and channels for direct mentoring and technical advice (virtual or onsite).

Global monitoring and evaluation

There is consensus on the need for a global M&E framework for the ESP that allows countries to tailor it to context. As Phase III begins, the development of this framework, including M&E tools, indicators and guidance on data collection and analysis, is a priority.

Develop and pilot a **monitoring and evaluation framework** for measurement of the quality and progress of ESP implementation worldwide. Design the framework at global level, with regional consultation and validation, and provide support for country-level contextualization. Establish a process for external evaluations of ESP implementation by country.

Use of the ESP in emergencies

Natural disasters, conflicts, and public health crises are expected to become increasingly common given the dynamics of climate change. As illustrated during the COVID-19 pandemic, traditional demarcation between development and humanitarian contexts is artificial and effective guidance on GBV programming must span a fluctuating range of conditions. The ESP and the Inter-Agency Minimum Standards for GBV Programming in Emergencies have formed the basis for response in the two contexts, respectively, but the global consultation revealed possibilities to be explored for cross-contextual use.

Use UNFPA's multi-context programming experience to support staff and partners in coordinating flexible GBV response along the humanitarian-development-peace continuum by developing guidance on the distinctions and linkages between the ESP and the Minimum Standards for GBV in Emergencies.

Working with justice and police systems

Justice and policing are essential elements of a comprehensive approach to GBV and as such, UNFPA has used the ESP in various countries to develop and deliver training for police officers and public servants in Ministries of Justice and Defence. The approach to GBV prevention and response remains a sensitive issue in these sectors and additional tools, strategies and guidance are needed to support countries in working with legal, justice and police actors during Phase III.

Encourage wider implementation of ESP within the Justice and Policing sectors by coordinating the development of **capacity building plans and training packages** for country-level contextualization. **Establish learning exchange opportunities and platforms to facilitate country-to-country sharing** of advocacy strategies and materials for working with police and justice services.

National GBV data collection systems

The ESP includes data collection and information management as a common characteristic of quality essential service provision. Achieving this requires critical analysis of data security, protection and information-sharing protocols to ensure data systems do no harm to survivors. Countries identify the need for more technical support in establishing or influencing the structure of national GBV data collection systems and databases, including expanded rollout of GBVIMS in development settings.

Ensure that GBV multisectoral **administrative data systems** are based on quality case management practices and structured in line with the kNOwVAWdata global curriculum and GBVIMS/GBVIMS+ guidance. Roll out GBVIMS+ in development contexts where feasible. Continued scale up of the kNOwVAWdata initiative¹³ to support high levels of capacity in the collection and use of administrative data relating to violence against women.

¹³ Information on kNOwVAWdata available at: <https://knowvawdata.com/>

Leave no one behind

In accordance with UNFPA's policy of "leave no one behind", UNFPA offices reported local and regional initiatives to adapt the ESP to be inclusive of women and girls in all their diversity, including recent customizations for adolescents and people with disabilities. Additional guidance and tools are needed to expand these adaptations and to ensure the ESP effectively encompasses marginalized populations.

Develop guidance to **adapt ESP materials to meet the needs of specific groups** including people with disabilities, LGBTQ+ individuals, indigenous women, and adolescents.

Complete the **translation of all ESP modules** into all official United Nations languages.

Health sector and social services strengthening within the ESP

In countries where the ESP is implemented, UNFPA has made enormous progress in GBV/health sector collaboration, including fostering the adaptation of international guidelines to national and local contexts, integrating GBV into curricula for health staff, and establishing clinics and GBV spaces in hospitals where survivors can access mental health and psychosocial support (MHPSS) and referrals to other essential services.

Extending the capacity building support for GBV response within the health sector to include MHPSS is highlighted across most regions as an important next step for ESP implementation.

Build capacity of health professionals at all levels to recognize GBV survivor's physical and psychological safety needs. **Expand knowledge, coordination and referrals** between GBV case management practitioners who provide individual psychosocial support and **primary health care and mental health specialists** who provide clinical services.

Continue strengthening **case management capacity** across multisectoral GBV service providers to meet global standards and build competence in working with diverse populations. Advance an **institution-strengthening approach** with national services and ministries to make progress sustainable.

Governance of coordination

UNFPA is leading discussions with national governments and stakeholders in many countries to promote the institutionalisation of the ESP as the governing framework for GBV service provision. Advocacy efforts and technical inputs of UN agencies under the Joint Programme have driven the development of multi-sectoral National Action Plans in some countries as well as the creation of coordinated referral mechanisms.

Develop a training framework and plan specifically for governance of coordination with key actions for functional government-led coordination bodies, including linkages between national and local actors.

Table 2. Top 3 Priorities by region

Priorities	ASIA AND PACIFIC REGION	ARAB STATES	EASTERN EUROPE AND CENTRAL ASIA	EAST AND SOUTHERN AFRICA	LATIN & CENT AMERICA/ CARIBBEAN	WEST AFRICA
1	Health	Costing	Adaptation Costing	Health	Coordination	Social services
2	Costing	Coordination Justice/police ESP capacity	Data ESP Capacity Monitoring & evaluation Social services	Coordination	ESP capacity Adaptation Humanitarian-development-peace continuum Costing Justice/police	Data
3	Coordination Adaptation Social services	Monitoring & evaluation		ESP capacity	Data	Monitoring & evaluation

¹⁴ EECARO needs were input collectively as a region, so the number of country-level mentions were not available as a basis for prioritisation.

