



UNITED NATIONS
VIET NAM



UN ANALYSIS ON **SOCIAL IMPACTS OF COVID-19** AND STRATEGIC POLICY RECOMMENDATIONS FOR VIET NAM



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Updated: August 2020 Ha Noi, Viet Nam



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1. BACKGROUND

Since the first case of the COVID-19 was reported in Viet Nam on 23 January 2020, the Government of Viet Nam (GoV) accelerated efforts to contain the spread of the virus and provide treatment for those infected. To contain the outbreak, the government put in place regulations restricting the mobility of people, closing schools and non-essential service facilities as well as implementing over time, a regime of social and physical distancing. While Viet Nam gradually relaxed social distancing measures since 23 April 2020, new cases have been recently identified and anticipate a potential new wave. In this context, many people – especially vulnerable – continue to be impacted by the multiple and potential long-term impacts of the pandemic.

The National COVID-19 Response Plan – representing Government of Viet Nam’s multi-sectoral response to the crisis – was first issued on 20 January, updated on 31 January and is currently being updated. It includes a VND62 trillion (equivalent to estimated USD 2.6 billion) social protection package with cash support for those most vulnerable and workers who have lost jobs (VND 1 million (equivalent to approximately USD 43) per month per household or worker who lost an informal sector job) from April to June 2020 and impacted enterprises with low interest credit to pay workers’ salaries¹. This was complemented by the United Nations COVID-19 Response Support Plan (now titled UN COVID-19 Strategic Preparedness and Response Plan for Viet Nam) compiled on 27 March, a living document now under revision, focused on five pillars: 1) ensuring essential health services are available and protecting health systems, 2) helping people cope with adversity through social protection and basic services, 3) protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes, 4) guiding the surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses and 5) promoting social cohesion and investing in community-led resilience and response systems.

How the pandemic will evolve within Viet Nam and

globally remains uncertain. Yet, experts predict the crisis will be protracted, with a long path to recovery. With a view to addressing the uncertain outlook and impacts on the most vulnerable people, the UN Secretary-General, in a statement on 16 April 2020, underlined the need to closely look at this intricacy of social and economic impacts of COVID-19.

In light of the global momentum and national context of Viet Nam, this paper was drafted by the COVID-19 Social Impact Working Group of the UN in Viet Nam, chaired by UNICEF and benefiting from inputs from FAO, ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNODC, UN Women and WHO. It draws on key evidence and preliminary data from various assessments undertaken by the UN agencies and reviewed through a series of consultations. It should be noted that while some of these assessments were nationally representative, others applied sampling from a focussed number of localities and population groups that best represented the situation at the time of data collection. It also benefited from consultation with the Asian Development Bank and World Bank. The paper seeks to provide strategic policy recommendations to inform dialogue with the GoV and other partners.

¹ *Decision 15/2020/QĐ-TTg - Implementation of Policies on Assistance for People Affected by COVID-19 Pandemic.*



2. KEY ISSUES AND EVIDENCE

2-1. Reduced health-seeking behaviour and access to essential health care

Reduced health-seeking behaviours and access to essential healthcare were observed at hospital and community health centre levels. To underscore the scale of disruption, Hai Phong City witnessed a sharp 80 per cent decrease in the number of visitors to the city hospital². People in urban areas, including women and children, were also discouraged to go to health centres and hospitals from fear for infection. This fear was affected when Bach Mai hospital in Ha Noi experienced local COVID-19 transmission. At community level, changes in the utilization of health services were observed starting April 2020 – for example, between March and April, the numbers of children under 5 years old visiting community health centres dropped by 48 per cent, children immunized fell by 75 per cent and pregnant women accessing antenatal care dropped by 20 per cent³. There are multiple underlying reasons for reduced health-seeking behaviour, including not wanting to access health facilities (“social”), healthcare system stresses and reduced access to health facilities (“physical”, due to limited public transportation and travel restrictions), or reduced household income (“financial”). Reduced health-seeking behaviour could have life-threatening consequences, especially for women and children. Despite experiencing symptoms, some people avoided contact with the health system by choosing to remain at home or take medicine without prescriptions. In some cases, symptoms deteriorated, and patients were rushed to hospital emergency units that could result in a higher economic burden for both patients and health system and require longer treatment times.

Reduced health-seeking behaviours and access to essential services by pregnant women are likely to increase the maternal mortality rate. A comparative analysis of provincial data during the first quarters

2 <http://thhp.vn/tin-tuc-n3945/y-te-va-suc-khoe-anh-huong-cua-dich-covid19-toi-cong-tac-kham-chua-benh.html>

3 UNICEF (2020). *Rapid Assessment on the Routine Services of Health, Nutrition and WASH at Commune Level*.

of 2019 and 2020 suggest that maternal deliveries at health facilities have declined by 5-15 per cent, while in the extreme case it is anticipated to decline by more than 50 per cent. Meanwhile, the use of modern contraceptives fell by 5-10 per cent for some population groups. Modelling of COVID-19 impacts on maternal mortality⁴ revealed that on top of the 677 maternal deaths expected nationally in 2020, there would be an additional 298 maternal deaths in the best-case scenario due to the pandemic - 44 per cent higher than the baseline without COVID-19. In the worst-case scenario, maternal deaths will increase by 65 per cent in 2020, equivalent to an additional 443 maternal deaths. The maternal mortality ratio will follow a similar trend, increasing to 62/100,000 or 69/100,000 in best and worst-case scenarios respectively, from the national baseline of 46/100,000. In stark terms, this means many more women in Viet Nam are likely to die from pregnancy and childbirth in 2020, reversing the developmental gains of the past 10 years⁵.

Reduced access to child health care could have life-threatening consequences. Upon initiation of the strict social distancing campaign on 1 April 2020, many families reported difficulties in accessing child health care services compared to pre-pandemic⁸. For example, immunization services were temporarily suspended at 88 per cent of commune health stations. During the same period, group health promotion sessions and growth monitoring of children under 5 years old were also suspended. The health centres also had limited availability of handwashing facilities and a shortage of micronutrients for children. At provincial level, most provinces reported lower coverage for Measles Rubella (MR), Diphtheria, Pertussis and Tetanus (DPT4) and Japanese Encephalitis (JE2) in the first three months of 2020. More than a 10 per cent reduction for MR in 13 provinces and DPT4 coverage in seven

4 UNFPA (2020). *Technical Brief: The Impact of COVID-19 on Maternal Health and Family Planning in Viet Nam*. Ha Noi, Viet Nam.

5 UNFPA (2020). *Technical Brief: The Impact of COVID-19 on Maternal Health and Family Planning in Viet Nam*. Ha Noi, Viet Nam.

provinces was found ⁶. As illustrated by the Central Highlands region's current diphtheria outbreak, low immunization coverage pre-pandemic compounded by suspension of immunization services during the social distancing period is now claiming the lives of children. In some cases, children with disabilities had difficulty accessing treatment as well as rehabilitation services⁷.

Limited access to preventive, care and health and social services among sex workers and transgender people. Sex workers and transgender people in Viet Nam are among the most vulnerable groups due to a high HIV and Sexually Transmitted Infection (STI) prevalence, poverty levels, discrimination and high risks of Sexual and Gender-Based Violence (SGBV). Female, male and transgender sex workers lost income due to no or few clients, were unable to pay rent and faced high interest loans from the black market, affecting their children⁸. Sex workers also reported limited access to various health services, including access to condoms (75 per cent), harm reduction services (81 per cent), STI testing and treatment (48 per cent), HIV treatment (20 per cent) and reduced access to support in the event of SGBV (19 per cent)⁹. Major reasons cited were lack of access to healthcare services and essential products due to closure of private health clinics and social distancing. Supplies for hormone therapy were depleted due to suspension of international flights. As hormone treatment is not regulated in Viet Nam, transgender people often rely on illegal imported hormone therapy that poses serious health risks¹⁰. A key concern is sex workers and transgender people often do not have health insurance and are usually ineligible for income subsidies due to a lack of legal identities and residence registration as well as informal occupations not legally recognized. Despite increasing social health insurance coverage, the out of pocket health expenditure in Viet Nam is still high at

6 Administrative data from Ministry of Health (2020).

7 Ministry of Labour, Invalids and Social Affairs (MOLISA) and UNICEF (2020, forthcoming). *Rapid Assessment on Social Assistance Needs among Children and Families affected by COVID-19*.

8 Viet Nam Network of Self-Help Groups of Sex Workers (VNSW) and UNAIDS (2020). *Community-led quick assessment on the impact of COVID-19 on sex workers in Viet Nam*.

9 Viet Nam Network of Self-Help Groups of Sex Workers (VNSW) and UNAIDS (2020). *Community-led quick assessment on the impact of COVID-19 on sex workers in Viet Nam*.

10 <https://e.vnexpress.net/news/life/trend/illegal-hormone-supply-places-transgender-vietnamese-at-risk-4112046.html>.

45 per cent of current national health expenditure¹¹. This rising trend requires careful monitoring among the most disadvantaged and vulnerable people, such as sex workers and transgender people. Among surveyed LGBTI+ people, reported less access during the COVID19 outbreak to health services including mental health services (21%), Pre-Exposure Prophylaxis for HIV (PrEP (13.4%), treatment of chronic illnesses (13.4%) and basic healthcare (13.1%)¹².

Protection of health care workers, especially women, was a key concern. Prior to the pandemic, health care workers, the majority of whom are women, already identified specific needs during a pandemic¹³. As most were also caregivers at home, closure of schools and the lack of alternative care services had significant impacts at a time when many were overstretched with duties at health facilities. Moreover, medical equipment was not always gender sensitive, for example, Personal Protective Equipment (PPE) was not available in appropriate sizes. Menstrual hygiene products were not included in the supply package for health workers responding to the pandemic.

Access to harm reduction and drug treatment became even more challenging among people who use drugs. People who use drugs struggled to access harm reduction services, products and other HIV prevention services, including provision of clean needles and syringes, condoms, STI treatment and Pre-exposure Prophylaxis (PrEP) as a result of social distancing. Despite Government's efforts to ensure continued access to Methadone Maintenance Therapy, some clients faced challenges, including transportation to access the needed daily doses. These vulnerabilities were intensified by reduced or loss of incomes.

Accessibility and continuity of health care and psychosocial support services among people in prisons is a concern. Prison authorities applied strict social distancing measures to prevent COVID-19¹⁴, resulting in considerable changes to inmates' access to essential health care and psychosocial support. Family and community-based services were also seriously impacted by social distancing.

11 World Health Organization, *Global Health Expenditure Database* (accessed 14 April 2020).

12 iSEE (2020). *Survey on COVID19 and LGBTI+ Community in Viet Nam*.

13 World Health Organization (2016). *Human Resources for Health Country Profiles Viet Nam*.

14 <http://cand.com.vn/Xa-hoi/Tam-dung-tham-gap-pham-nhan-trong-1-thang-de-phong-dich-COVID-19-584047/>



2-2. Limited access to water, sanitation and weak hygiene practices

While a key defence against COVID-19 is handwashing, access to water is a serious challenge in many parts of the country. It is especially acute in the Mekong Delta region which was exposed to the concurrent challenges of COVID-19 as well as severe drought and saltwater intrusion. Across Viet Nam, the quality of water and sanitation facilities is generally low, while 30 per cent of schools across Viet Nam do not have running water¹⁵. More than 35 per cent of commune health stations in Dien Bien, Gia Lai, Kon Tum, and Ninh Thuan provinces also reported insufficient or unsafe drinking water¹⁶. Children did not practice regular handwashing with soap and use of hand sanitizers during the outbreak pre- and post-social distancing period, potentially leading to outbreaks of other diseases¹⁷. Lack of access to water

and sanitation coupled with poor hygiene practices potentially contribute to high rates of diarrhoea, pneumonia and parasitic infections, in addition higher susceptibility to COVID-19 infection. Limited access to WASH (water, sanitation and hygiene) also contributes to childhood undernutrition, including stunting amongst children under 5 years old that was at 23 per cent before the pandemic¹⁸. Government investment in water and sanitation facilities and services has been limited and declined by almost 30 per cent between 2016 and 2018. During the same period, only 6 per cent of the WASH budget was allocated for basic sanitation at household level, and only 0.01 per cent and 0.02 per cent was allocated for hygiene promotion and handwashing, respectively¹⁹.

2-3. Impact on quality and inclusive education and learning

School closures from February to May impacted an estimated 21.2 million children nationwide and meant the loss of access to key health and protective services as well as subsidized school meals.

15 Ministry of Education and Training (MOET) (2018-2019). Department of Physical Education Report.

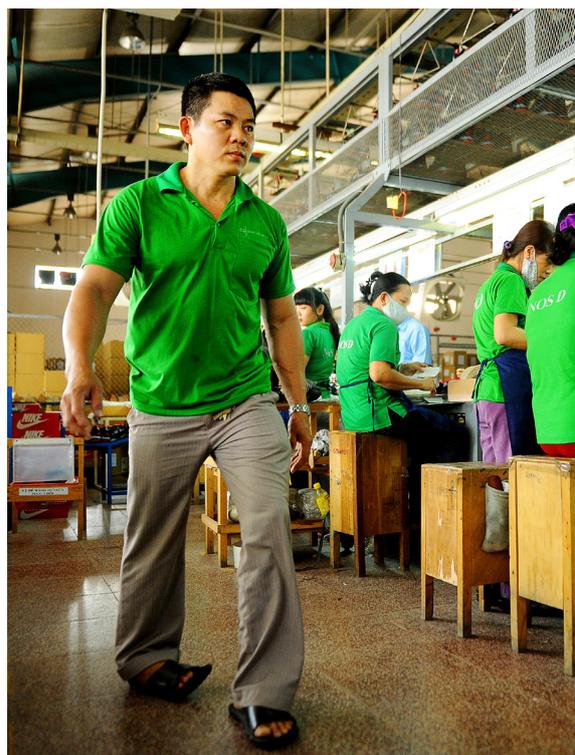
16 UNICEF (2020) Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families.

17 UNICEF (2020) Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families. ; and MOLISA and UNICEF (2020, forthcoming). Rapid Assessment on Social Assistance Needs among Children and Families affected by COVID-19.

18 National Institute of Nutrition (NIN) (2018). Prevalence of undernutrition by severity, by six ecological regions 2018, Nutrition Surveillance Survey.

19 UNICEF (2020). Policy Brief: Water, Sanitation and Hygiene in Viet Nam.

Moreover, COVID-19 may have triggered school drop-outs as children accompany parents seeking employment opportunities at new locations. Some 3 per cent of surveyed rural households reported they stopped sending children to school due to reduced incomes²⁰. Household registration remains a potential administrative barrier, especially for migrant children²¹, to access the public education system. Most notably, the COVID-19 crisis exacerbated the country's stark digital divide: many learners live in remote regions with limited internet coverage, cannot afford devices required for online learning or do not have teachers confident to facilitate such learning²². The provision of online and distance learning programmes did not achieve nationwide coverage²³. Such learning programmes were available from primary to university levels, however, they primarily focused on Grades 9 and 12²⁴. Only Ha Noi had programmes from Grades 4 to 12, other provinces covered Grades 9 and 12²⁵. User fees applied for some video lessons. Online and distance learning focused on few subjects (maths, Vietnamese and English) and often not available in ethnic minority languages²⁶, while vital extra curriculum programmes such as sex education were often not covered. Half of a survey's interviewed participants reported their children studied less or not at all while schools were closed²⁷. Many teachers were not well equipped to facilitate online learning²⁸, while ethnic minority children and children with disabilities were disproportionately affected.



2-4. Impacts on livelihood, food security and nutrition

While social distancing is an effective measure to prevent transmission of COVID-19, it also had serious impacts on the livelihoods of a majority of the population, especially vulnerable people.

Seasonal cash labour or domestic remittances are a second essential income source for poor and near-poor farmer families. These sources normally bring additional cash to cover protein food, essential items and utility bills. In addition, livelihood and food security worsened in a Mekong Delta region severely affected by drought and saline intrusion since the last quarter of 2019. Limited daily incomes may lead to different negative coping mechanisms, such as skipping or reducing meals, prioritizing children's food or sales of productive assets. In Ca Mau province, a number of families who had just escaped from poverty faced difficulties in accessing sufficient food and restoration of livelihood activities²⁹. These families fall out of the government's social assistance as they were involved in non-agriculture work, for example construction workers, ferryman/boatman, fishing tool makers, hairdressers, etc., which are not specifically listed in the Government's cash assistance package

20 Institute for Policy and Strategies for Agriculture and Rural Development (2020) *Rapid Assessment on the Impacts of COVID-19 on Rural Livelihoods in Viet Nam*.

21 Institute of Labour and Social Affairs (ILSSA), UNESCO, IOM, ILO and HSF (to be published soon). *Internal Migrant Workers in Viet Nam: Evidence from Ha Noi and Binh Duong*.

22 MOLISA and UNICEF (2020). *Rapid Assessment of Social Assistance Needs among Families with Children*.

23 UNICEF (2020). *Rapid Assessment of Online/Distance Learning Education in the Context of COVID-19 Pandemic*.

24 UNICEF (2020). *Rapid Assessment of Online/Distance Learning Education in the Context of COVID-19 Pandemic*.

25 UNICEF (2020). *Rapid Assessment of Online/Distance Learning Education in the Context of COVID-19 Pandemic*.

26 UNICEF (2020). *Rapid Assessment of Online/Distance Learning Education in the Context of COVID-19 Pandemic*.

27 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*.

28 UNICEF (2020). *Rapid Assessment of Online/Distance Learning Education in the Context of COVID-19 Pandemic*.

29 FAO (2020). *Rapid Assessment on the Impact of COVID-19 Pandemic on Food Security and Livelihood in Ca Mau Province* <http://www.fao.org/vietnam/news/detail-events/en/c/1294561/>

in response to COVID-19. They have been relying on very little and unstable work to buy food.

Longer-term impacts on poverty and vulnerabilities, and increased inequities remain major concerns.

COVID-19 heightened financial strains on people, including providing for basic needs of children, medical care for women and children, particularly for those with disabilities and in remote locations. In one survey, 57 per cent of interviewed informants were jobless and 25 per cent had less paid work during the social distancing period³⁰, while 44 per cent reported having no income and 40 per cent less income during the social distancing period³¹. Half of rural households surveyed reported average income decreases of 38 per cent and 73 per cent reported reduced incomes from non-farm activities by an average 46 per cent³². Nationwide, 71 per cent of 38 million workers are in informal employment and the majority do not have social security, falling between the cracks of tax-financed social assistance and contributory social insurance. This means these workers have no choice but to continue working or are reluctant to self-isolate, thereby exposing themselves to further health and other risks. Pandemic-related crimes – caused due to inequality and lack of support for vulnerable and marginalized people who already suffer neglect, domestic violence, drug abuse and unemployment – could derail the pathway to recovery.

A major concern is the poor nutrition of vulnerable people, especially children kept at home with reduced meals and lack of access to school lunches.

Due to school closures, many children were left at home all day to take care of themselves. This can lead to unhealthy diets or even food safety concerns if parents or caregivers pay insufficient attention to children: 70.4 per cent of interviewed participants from urban areas more frequently reported their children as having fewer meals during the day, compared to 29.6 per cent of parents and caregivers in rural areas. It was also reported that the quality of meals had fallen since the outbreak due to increased food costs (pork, fish, milk and snacks) and loss of family incomes³³. In

remote and disadvantaged areas, children from poor families were more likely to consume a non-nutritious diet. There were wider knowledge gaps among such children's parents compounded by financial insecurity amid the growing economic crisis. Changes in the nutrition status among children in terms of stunting, wasting and severe acute malnutrition as well as breastfeeding and complementary feeding practices are difficult to detect over the short term and would require further assessment and monitoring³⁴.

2-5. Internal and cross-border migration

Patterns of internal migration could become more complex and unpredictable in the coming period, yet the lack of household registration could continue to leave many migrant families and children without access to essential services during this critical time. Job losses in urban areas could drive families back to rural areas that provide limited employment opportunities as well as access to basic social services. If families cannot make ends meet in rural areas, caring for children, older people and people with disabilities will become increasingly difficult. Conversely, migration to urban areas may increase in the medium-term, but may not guarantee better pay and hence care (childcare and sexual reproductive health) may still be compromised. Migrants, including children and families without household registration, are also at higher risk if not officially accounted for and face limited access to health care, including sexual and reproductive health, online learning opportunities and equitable living conditions, including hygiene and sanitation.

The COVID-19 pandemic's dramatic collateral impacts on the global economy have affected many Vietnamese cross-border migrants. Out of 183 migrants interviewed in Ha Tinh, Nghe An and Quang Binh provinces who returned to Viet Nam from other COVID-19 affected countries, 33 per cent did so due to employer-terminated contracts and 58 per cent due to limited employment in destination countries³⁵. Women migrant workers are particularly vulnerable to sexual and gender-based violence as well as exploitation when overseas labour migration is interrupted. As Viet Nam is among the top 10 countries receiving international remittances, the loss of overseas employment and remittances will likely impact migrants and their families who depend

30 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*.

31 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*.

32 Institute for Policy and Strategies for Agriculture and Rural Development (2020). *Rapid Assessment on the Impacts of COVID-19 on Rural Livelihoods in Viet Nam*.

33 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*; and MOLISA and UNICEF (2020, forthcoming). *Rapid Assessment on Social Assistance Needs among Children and Families affected by COVID-19*.

34 NIN (2020). *Rapid Assessment on the Impact of COVID-19 Outbreak on Nutrition*.

35 IOM (2020). *Initial findings from Survey on Knowledge, Attitude and Practice Survey on Safe Migration and Human Trafficking*.



on remittances to cover education, health care and basic needs. 80 per cent of the interviewed migrants responded that they plan to migrate overseas once the pandemic eases in other countries and travel restrictions are lifted.

2-6. Limited access to social assistance and protection

It was estimated that by the end of 2020's second quarter, the crisis could affect the livelihoods of 4.6 to 10.3 million workers³⁶. According to the latest figures³⁷, approximately 7.8 million workers in Viet Nam had lost their jobs or were furloughed, while 17.6 million people saw a decrease in salaries in recent months more severe than predicted. Workers in household businesses and without contracts in some service and manufacturing fields were most severely hit³⁸.

Not all vulnerable people could access the government's social assistance package. Among surveyed sex workers, less than 5 per cent of total beneficiaries received cash for unemployment and job losses, and only 3 per cent benefited from emergency support for homeless people³⁹. Just

over a quarter of interviewed rural households reported social assistance procedures were too complicated, with 19 per cent waiting a prolonged period to receive assistance and 14 per cent found the criteria too demanding to meet⁴⁰. Despite their vulnerabilities, 80-95 per cent of surveyed sex workers could not benefit from essential support, such as government-paid cash for unemployment, interest rate relief, home rent relief and emergency housing and food due to support not reaching localities or limited awareness of the package⁴¹. While 36 per cent reported availability of emergency free food supplies in their areas, sex workers could not access them⁴². For some, informal peer community support – such as emergency funds, food and virtual counselling – was an essential lifeline during the pandemic complementing government efforts to ensure continued access to HIV treatment.

As essential services such as education, health and childcare were disrupted for a considerable period, families struggled to ensure children's well-being with only a small number of children able to access the social assistance package within the narrowly defined category of beneficiaries. As many families lost jobs, experienced reduced incomes and did

36 ILO (2020). *COVID-19 and the Labour Market in Viet Nam*.

37 <https://thanhvien.vn/thoi-su/gan-8-trieu-nguoi-mat-viec-nghi-viec-luan-phien-do-covid-19-1245070.html>

38 MOLISA and UNICEF (2020, forthcoming). *Rapid Assessment on Social Assistance Needs among Children and Families affected by COVID-19*.

39 Viet Nam Network of Self-Help Groups of Sex Workers (VNSW) and UNAIDS (2020). *Community-led quick assessment on the impact of COVID-19 on sex workers in Viet Nam*.

40 Institute for Policy and Strategies for Agriculture and Rural Development (2020) *Rapid Assessment on the Impacts of COVID-19 on Rural Livelihoods in Viet Nam*.

41 Viet Nam Network of Self-Help Groups of Sex Workers (VNSW) and UNAIDS (2020). *Community-led quick assessment on the impact of COVID-19 on sex workers in Viet Nam*.

42 Viet Nam Network of Self-Help Groups of Sex Workers (VNSW) and UNAIDS (2020). *Community-led quick assessment on the impact of COVID-19 on sex workers in Viet Nam*.

not benefit from regular cash assistance, additional expenses to purchase devices and credit for online learning, child care especially for young children, interim learning and medical support to children with disabilities as well as food and other household items pressured coping strategies to the bare minimum⁴³.

Although the package was rolled out and reached a significant number of vulnerable and disadvantaged people, there were several limitations such as: administrative bottlenecks and a complicated beneficiary identification process, duplication of beneficiaries, application processes that required multiple documents and certificates, lack of local level budgets and a delivery mechanism that heavily relied on post office and face-to-face exchanges that impeded payments during the social distancing and movement restriction periods⁴⁴. Stigmatization and discrimination of some population groups excluded vulnerable groups such as sex workers as sex work is still considered 'illegal'. During the social distancing period in April, the delivery of monthly allowances was delayed⁴⁵.

2-7. Pressure to provide care for children, pregnant women, the elderly and persons with disabilities

Women were disproportionately responsible for childcare during school closure. School closures exceeding the three-week social distancing period forced parent(s) to take care of children at home. Women shouldered the majority of the child as well as elderly care burden, with increased unpaid domestic work. In general, women in Viet Nam spent over 12 hours more on housework than men in an average week⁴⁶. During school closures, women spent even more time in childcare and unpaid housework, sometimes at the expense of paid work⁴⁷. There was also a need for families to provide more care and attention for people and children with

disabilities as well as older people often dependent on family and caregivers for support. Day care services and employing caregivers are options only a few could afford. Some parents received support from grandparents, however, this was not an option for many migrant parents away from hometowns.

The care issue is also closely related to workplace and conditions of employment. Although some employees could work from home during social distancing, this was not an option for many required to report to workplaces (service sector, factories, transportation). Some parents took their children to work, however, working conditions of certain sectors are harmful for children, such as industrial zones and factories. For parents without childcare options, they had no choice but to expose children to such toxic and chemical laden environments. As the informal sector comprises a large part of the labour market in Viet Nam, many employers do not have a 'paid leave' policy nor welfare scheme. In the absence of such clauses in contracts or lack of contracts thereof, employees cannot legally claim support.

People in residential care settings and institutions experienced multiple challenges.

For example, children in social protection centres experienced interrupted learning, limited nutrition intake, reduced social interactions and increased stress and anxiety with a limited number of staff to provide care and higher risks of infection due to residential environments. The centres were not prepared for such an unprecedented pandemic and could not meet the evolving needs of children.

During the early days of the pandemic, almost all centres faced shortages in supplies, such as soap and hand sanitizers, making it difficult for children to wash hands to prevent infection⁴⁸. As social distancing measures were introduced, the centres closed doors to visitors, including children's family members. Children in the centres – particularly secondary and high school age-children – experienced a deep sense of isolation with no family visiting them, lack of interaction with friends due to extended school closures and limited or no opportunities to spend time outside centres. Secondary and high school age-children particularly experienced such feelings of isolation. Information gathered from media and other means caused anxiety and fear. Children living in social protection centres are of different ages, health conditions, and react differently. Children with disabilities, more likely to be placed in residential care, are at higher risk of being impacted by multiple factors, especially if they have pre-existing conditions

43 MOLISA and UNICEF (2020, forthcoming). *Rapid Assessment on Social Assistance Needs among Children and Families affected by COVID-19*.

44 MOLISA and UNICEF (2020, forthcoming). *Rapid Assessment on Social Assistance Needs among Children and Families affected by COVID-19*.

45 MOLISA and UNICEF (2020, forthcoming). *Rapid Assessment on Social Assistance Needs among Children and Families affected by COVID-19*.

46 ILO (2020). *Brief on COVID-19: The Labour Market in Viet Nam*, p. 9.

47 UN Women Asia Pacific report (2020). *First 100 Days of COVID-19*, p.18.

48 MOLISA and UNICEF (2020). *Rapid Assessment of Social Assistance Needs among Families with Children*.

such as immune deficiencies⁴⁹.

All social protection centres experienced challenges with online learning, with most centres' computers unavailable to children. Officers and staff proactively assisted children in learning, while older children taught and tutored younger ones. Such approaches facilitated children to continue learning but did not help them acquire knowledge. Overall, children's nutrition needs in institutions were met, but there were limitations due to a lack of sponsors during social distancing.

Likewise, the health and sanitary conditions of people in prisons were identified as concerns⁵⁰ as these institutions were already overcrowded prior to COVID-19 and were immediately affected by the suspension of social services.

2-8. Impact on psycho-social wellbeing

COVID-19 triggered fear, mental distress and isolation among parents, caregivers and children.

Children living in locked-down areas, with cases of COVID-19 patients, and children whose family members stayed in government-run quarantine centres tended to have more serious anxiety and phobia symptoms. One mother reported her 9-year-old daughter said moving to a quarantine centre for 14 days was akin to "being put in prison"⁵¹. Furthermore, during social distancing children had limited or no outdoor physical activities which exposed them to excessive internet use. Several surveys identified that children felt isolated not going to school, meeting friends or participating in sports and recreational activities⁵².

Psychosocial support for women and girls, LGBTI people and GBV survivors was interrupted.

International research illustrated that health care workers suffered from high rates of depression, anxiety, insomnia and distress caring for patients with COVID-19. These symptoms were higher among nurses whose stress levels also increased disproportionately due to exacerbated burdens

49 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*.

50 <http://cand.com.vn/Xa-hoi/Tam-dung-tham-gap-pham-nhan-trong-1-thang-de-phong-dich-COVID-19-584047/>

51 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*.

52 MOLISA and UNICEF (2020). *Rapid Assessment of Social Assistance Needs among Families with Children*.

of care/unpaid domestic work. While health care workers laboured long hours caring for seriously ill patients under challenging conditions, they themselves need support to cope with psychological distress, occupational burnout and stigma. LGBTI people have also been found much affected in many countries. In Viet Nam, 50% of non-cis gender respondents to a survey among LGBTI+ reported feeling deteriorated mental health because of COVID19 and 73.4% of all respondent shared that mental health and psychological support was the most needed area of support. Respondents and especially the younger ones reported worsening relationship with their families due to strict social distancing time – indeed, 11.3% of respondents of 18-24 years of age reported regular negative experiences, also corresponding to the fact that young people often stay with their families and are economically dependent. Transgender women seem to have most negative experiences with families during the social distancing period. From the different levels of 'coming out' with families, those who have come out but are not accepted by families experienced the most difficult time with families during the strict social distancing period⁵³.

There are instances where children and family members faced stigma. Children, with family members infected with COVID-19 or quarantined, were reported to have personal and inaccurate data leaked on social media sites. Such problems deeply impacted children's mental health and lowered their self-esteem, even when they tested negative⁵⁴.

2-9. Exposure to violence against women and children is potentially on the rise

Children, adolescents and women may be more exposed to exploitation and violence during COVID-19, including sexual and gender-based violence (SGBV) and harmful practices due to limited care, social and financial support, isolation at home and stress. Women survivors of violence or who face domestic abuse were left in constant proximity to partners and violent perpetrators when in isolation, thus increasing risks of violence. Their access to services was limited and often interrupted during social distancing. Prior to COVID-19, violence against women was already widespread in Viet Nam, with 39 percent of women reporting physical or

53 iSEE (2020). *Survey on COVID19 and LGBTI+ Community in Viet Nam*.

54 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*.

sexual violence in Viet Nam⁵⁵. During lockdown, the Peace House Shelter reported double the number of calls to its GBV hotline per month. Moreover, it is likely many women did not have an opportunity to reach out as they were in close proximity with their abuser and unable to call.

For most children, home represents security and safety. But for some, the opposite is tragically the case. Prior to the pandemic, parents and caregivers were identified as the most common perpetrators of violence against children. According to the Multiple Indicator Cluster Survey (MICS5) in 2014, around two-in-three children aged 1-14 years experienced some form of violent discipline in the home. 4.4 per cent of women disclosed that they experienced child sexual abuse as a child (before the age of 15)⁵⁶ which is much higher than the 2,000 child abuse cases (of which 75 per cent are sexual abuse related) reported by the Government of Viet Nam annually. Domestic violence reportedly increased while families were confined at home and experienced intense stress and anxiety. During COVID-19, the risk of physical and sexual abuse cases, including those involving child sexual abuse and exploitation, substantially increased. Children could face difficulties to report cases of abuse at home without the access to teachers or other trusted adults while social work and related legal and protective services for children were suspended or scaled back. The Viet Nam Women's Union reported the Peace House, a shelter for domestic violence and abuse victims, had doubled its number of newcomers since the outbreak started⁵⁷. Sex workers are especially vulnerable to SGBV and reported lack of available support services⁵⁸.

Furthermore, children were exposed to cyberbullying and undesired online content due to more frequent use of digital devices⁵⁹. Meanwhile, the number of child accidents and injuries while playing or lack of attention from adults witnessed an upward trend⁶⁰.

55 MOLISA, GSO and UNFPA (2019). *Second National Study on Violence against Women in Viet Nam*.

56 MOLISA, GSO and UNFPA (2019). *Second National Study on Violence against Women in Viet Nam*.

57 COVID-19 and Gender in Viet Nam.

58 Viet Nam Network of Self-Help Groups of Sex Workers (VNSW) and UNAIDS (2020). *Community-led quick assessment on the impact of COVID-19 on sex workers in Viet Nam*.

59 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*.

60 MOLISA and UNICEF (2020, forthcoming). *Rapid Assessment of Social Assistance Needs among Families with Children*.

COVID-19 could potentially increase the risk of exploitation and trafficking of children and adolescents. Job loss or reduced income have exposed many families to economic vulnerabilities. This could increase the risk of children dropping out of school and engage in child labour to support families. As the parents migrate in search of alternative livelihoods, children could be at high risk of exploitation and abuse as they are left-behind without parental care and supervision or could be forced on the streets. Over time, economic vulnerability and stress on families could potentially put children, in particular girls, at greater risk of child trafficking and child marriage.

2-10. Gender dimensions

Gender is a focus in itself, but also a cross-cutting issue that affects all aspects of COVID-19 impacts and responses. As 44 per cent of uninsured workers have children, hence whether women or men, job losses can directly affect family incomes. Women, who dominate factory work - especially in apparel, footwear and ICT, are also significantly affected by job losses while being overburdened by child and elderly care duties. They also comprise the majority of health workers and are at the forefront of health care provision. Women's time on unpaid care and domestic work rose sharply, with 73 per cent spending three or more hours per day on this work⁶¹. Mothers, as opposed to fathers, were more likely to incur job losses or reduced hours to focus on childcare or the family⁶².

Participation of women in response and recovery decision-making processes are critical, yet so far limited in Viet Nam. For example, the GoV's Steering Committee on COVID-19 includes four women out of 25 members and all senior positions are occupied by men, limiting the voices and opportunities for women to influence key decision-making in relation to response and recovery policies.

61 EMPOWER, UN. *The impact of COVID-19 on rural women and enterprises: A rapid socio-economic assessment in Vietnam by the EMPOWER project*

62 UNICEF (2020) *Rapid Assessment of Social and Economic Impacts of COVID-19 on Children and Families*; and MOLISA and UNICEF (2020, forthcoming). *Rapid Assessment of Social Assistance Needs among Families with Children*.



3. STRATEGIC POLICY RECOMMENDATIONS

COVID-19 is a human and development crisis that has set off an unprecedented ripple and even multiplier effect in Viet Nam which permeates all layers of society. Those already at the margins of society are of key concern in the context of response and recovery measures to ensure no one is left behind. A range of impacts have been observed across different groups of people, with prevailing vulnerabilities and inequalities such as poverty, fragile livelihood opportunities and nature of employment, access to key services, geographic location gender and sexual orientation. Beyond the response to COVID-19, this is an opportunity to collectively learn how to better prepare and respond to emergency situations.

- **Maintain focus to accelerate and sustain progress towards the SDGs** under the leadership of the government and in partnership with all stakeholders. A key thrust to build back better and tackle new and intensified forms of poverty and vulnerabilities requires rejecting tolerance for inequity, instituting redistributive and adaptive policies and leveraging multi-sectoral collaboration to maximize resources and address complex development challenges. These form essential components of the 2020-2030 Socio-Economic Development Strategies as well as central, sectoral, sub-national and city-level 2020-2025 Socio-Economic Development Plans. Respect for human rights and human dignity must be at the heart of any policy and intervention that addresses the socio-economic impacts of COVID-19, not an afterthought.
- **Develop methodologies and systems to collect disaggregated data on the social impacts of COVID-19** through assessments, rapid and real-time data collection and evaluation as well as documentation of lessons learnt to inform policy responses and systematically monitor and assess impacts on vulnerable people now and in the long-term. Data collection should be sex-disaggregated including people of diverse gender identities and take a multi-sectoral and multidimensional approach covering key sectors and groups. It should encompass health, education, employment, informal sector workers and migrants, sexual reproductive health, gender

equality and the burden of non-paid care work on women, SGBV and access to social services. This data should inform the development of a comprehensive COVID-19 response and recovery plan within the Socio-Economic Development Strategy and Plans that meet the needs of the most vulnerable people. Include COVID impact sensitive indicators that are reported on annually.

- **Sustain continued investment in human capital development, particularly through provision of accessible, equitable and quality essential basic social services with a focus on underserved areas to address pre-existing inequity and disparities:**
 - (i) **Accelerate reform and allocate resources to expand the coverage of inclusive social protection support for all,** including for those who struggle to meet immediate needs. In the long-term, this would involve building a shock-responsive social protection system to strengthen preparedness and responses to multiple risks, including financial crisis, natural disasters and disease outbreaks through regular and emergency social assistance. To address the immediate and medium-term needs, revisit Resolution No.42 to provide cash assistance to those affected in the informal economy, workers and self-employed, as well as vulnerable people including persons with disabilities, the elderly, children and pregnant women. Remove all administrative barriers to ensure an effective and timely beneficiary identification process that is non-discriminatory to the most vulnerable and marginalized (including those lacking permanent residence and/or ID documents, sex workers, transgender people and fine-tuning the criteria and qualifying conditions to select individual business households and informal workers eligible for cash transfers), access to social security schemes, including health insurance and effective delivery of cash through e-payments.

- (ii) **Ongoing provision of primary health care at community level and prison settings.** This should include promotion of outreach services through flexible, friendly and innovative facility-based and community-led services to address routine immunization, maternal, newborn, young child and adolescent care, sexual and reproductive health, harm reduction and drug dependence treatment for HIV, and other chronic health prevention and treatment. It should also cover nutrition and pharmacy services and responses to other life-threatening diseases. Establishment of a viable referral system to higher-level facilities, investment in the national family planning programme to ensure no disruption in the supply chain of modern contraceptives and provision of quality family planning services for all population groups is needed. Universal health coverage should include pregnant women, adolescents and other marginalized groups (ethnic minorities and migrant workers) so no one suffers from catastrophic health expenditures.
- (iii) **Scale up and sustain nutrition interventions for children, pregnant and lactating women.** Ensure continuous provision of micronutrient supplementation for pregnant and lactating women and vitamin A and multiple micronutrient products for children. Enhance coordination across Ministries to regularly monitor the nutritional status of children and women and fully integrate nutrition into all development efforts including COVID-19 response and recovery efforts. Identify budget for nutrition specific and nutrition sensitive interventions.
- (iv) **Provision of food security and livelihood support,** targeting families who are not eligible to the government's social assistance and have just escaped from poverty. Given the unemployment rate is being increasing, these families will be struggling to secure daily laboring to cover their food. Cash transfer programme will be preferential and suitable to support food security and livelihood as it can be flexible to satisfy diversified needs and enable the beneficiary families to take ownership of the support. It is also necessary to continuously monitor the food security situation to timely respond to evolution.
- (v) **Provide WASH services and supplies to all households, health facilities and schools,** particularly in the Mekong Delta region that experienced a double crisis from COVID-19 and drought and saltwater intrusion. Raise public awareness and advocate with city mayors to invest in maintaining personal hygiene such as handwashing using soap, water and alcohol-based hand rub solutions in public spaces and at home.
- (vi) **Continued learning** through distance learning strategy supported by high-tech and low-tech solutions and scaling up proven digital solutions which meet every child's unique learning needs especially for the most vulnerable, including girls, ethnic minorities and children with disabilities; investment in technology and building capacity of teachers and school managers so they can facilitate child-friendly distance learning through innovative blended approaches, i.e. a combination of online and offline learning in the context of partial school closures; provide practical and gender sensitive guidance for parents and caregivers on how to support children's distance learning, positive discipline and contribute to their children's mental well-being; integrate initiatives which promotes children and adolescent's mental well-being into the national distance learning strategy; and develop sector-wide crisis sensitive and contingency planning to support multi-stakeholder partnership as well as a consistent coordination mechanism among education managers at all levels.
- (vii) **Provision of protection and support of women and children and other victims of SGBV as essential services** including in quarantine centres, hospitals or other service institutions. Set up standards for safety, a national hotline for victims of SGBV and child abuse (online and digital platforms, qualification of shelters, professional services for SGBV victims as well as safety standards in prisons). Build capacity of officials and first responders on how to handle disclosures of SGBV and update SGBV referral pathways to strengthen designated healthcare facilities. Improve the capacity of the National Child Helpline to receive and refer cases of child abuse, violence and exploitation. Improve case management system by establishing a network of child protection social workers at provincial and district levels and train local child protection workers to identify cases and provide child protection services including psychosocial and mental health care support. In the long-run, develop programmes to

support parents and frontline workers on child care.

(viii) **Address emerging and diverse issues and needs**, particularly:

Mental health and psychosocial wellbeing of people and health workers, reintegration and ethical recruitment and re-hiring of migrant workers. Forecasted increases in fertility and unwanted pregnancies, mortality, morbidity and divorce rates, early marriage, child labour, social insecurity and discrimination and violence against children, women and vulnerable people as well as SGBV also require attention.

Review and improve procedures related to management of prisoners and provision of education and health care in prison settings in line with UN's Recommendations and Rules.

Strengthen the crisis resolution framework that clearly supports vulnerable groups, especially migrants as well as repatriation plans, short-term and long-term socio-economic support with health care, job creation and placement.

Consider temporary measures or flexibility regarding household registration system to enable access to essential services among internal migrant families, women and children.

(ix) **Invest in and deployment of professional**

personnel (teachers, health workers and collaborators, social workers, caregivers, personnel of social protection centres, nursing homes, professional and trained clinical staff to provide mental health assessment and counselling services especially at provincial and district levels). Careful consideration of any downsizing in frontline service personnel is needed in the context of public administration reform to meet growing demand. Strengthen collaboration with, more formally recognize and support community networks and volunteers who provide information and peer support to communities in many social areas.

(x) **Strengthen awareness** through dissemination of information available in multiple languages and forms to ensure accessibility and engagement of vulnerable

people, including persons with disabilities, ethnic minorities, migrant workers and their families, parents, women and children with knowledge on COVID-19 to prevent stigma, discrimination and risks, strengthen health-seeking behaviours, share the burden of care and resources for gender-based violence, especially domestic violence support. Review relevant regulations to ensure children's privacy, data protection and safety online and raise awareness on virus-related stigma and discrimination of those living in quarantine centres, areas where entry has been restricted by authorities as well as health workers and their children.

(x) **Review lessons learned from flexible policies and innovative service delivery models (such as tele-health) adapted or proven effective and flexible in the context of COVID-19 for continued services.** Explore how they can be officially sustained or expanded to new areas to leave no one behind and strengthen communities' resilience in emergency situations (flexible policies for continued HIV treatment access adopted by the Ministry of Health with Viet Nam Social Security (VSS) and community engagement 'extending the arms' of government for outreach and peer support for HIV and other social services).

• **Strengthen the normative framework on gender equality through:**

- (i) Promoting women's active leadership and participation in decision-making with respect to COVID-19 response and recovery measures is necessary within the framework of United Nations Security Council Resolution 2242 (2015) on Women, Peace and Security.
- (ii) Strengthen the national legal framework through accelerated submission of the draft Law on Gender Affirmation to promote equal sharing of care for children and elderly between men and women as well as legal recognition and protection of health rights of transgender people and sex workers to enable access to basic social services, social protection and emergency assistance as any other Vietnamese citizen.

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