Highlights

Viet Nam, as many other countries, has been deeply affected by the COVID-19 pandemic. In an effort to contain the outbreak, the Government continues to impose strict regulations including travel restrictions, school closures and shut down of non-essential service facilities. The pandemic, together with these control measures, have had major multidimensional impacts on the lives of all populations in Viet Nam, especially children, women and other vulnerable groups. According to the World Bank\(^1\), poverty rates could double (from 18 per cent to 31 per cent) among households in Vietnam linked to manufacturing reliant on imported inputs. Viet Nam’s economic growth rate in 2020 is expected to reduce by 1.5 - 2.7 per cent. Viet Nam is among the most vulnerable economies to global crises, due to its strong economic integration, tourism and 50 per cent of the population working in agriculture and the informal sector – key aggregated impacts include elevated external debts and sizable fiscal deficits that negatively and directly affect social services.

Among the most serious impacts are the disruption to essential healthcare (including reduced health seeking behavior), nutrition and education services; parents and caregivers struggle with alternative childcare arrangements, with some children left alone at home, others drawn into child labour. Loss of income and social distancing is leading to economic and psychological stress, which among others, risks resulting in increased levels of domestic violence and gender-based violence (GBV) affecting women and children. It is increasingly evident that children are at high risk of not getting the care, education and protection they need. Women are also particularly vulnerable given their presence in the informal sector and recognizing the double burden they shoulder to earn money to keep food on the table, as well as to care for children (now at home) and elderly family members.

UNICEF Viet Nam has developed a cross-sectoral preparedness and response plan to support the Government which covers 5 priority areas: (i) Risk communication and community engagement (RCCE); (ii) Provision of critical medical and WASH supplies; (iii) Provision of continued access to essential healthcare and nutrition services; (iv) Access to continuous education, social protection, child protection and gender-based violence protection services; and (v) data collection and social science research on the social impacts of COVID-19.

Funding Overview and Partnerships

In total, UNICEF Viet Nam currently estimates an appeal of just over US$4 million to help prevent the spread of COVID-19 by reducing human-to-human transmission as well as to gather real time data on the challenges faced and respond effectively to the direct and indirect impacts on children and women in Viet Nam. Over time, these impacts are becoming more

visible and our information is growing. To date, USAID, the Government of Japan and the Global Partnership for Education have generously contributed to UNICEF Viet Nam COVID-19 responses with a total of US$1,815,957 to be programmed in the 5 priority areas. UNICEF Viet Nam sincerely appreciates this financial support which will enable us to respond swiftly to Government’s urgent requests and sustain regular communication and services essential to the well-being of Vietnamese children and their caregivers. Without sufficient funding children and their caregivers will not have adequate access to essential healthcare, nutritional care, sanitation, education, protection and psychological support.

Situation Overview & Humanitarian Needs

As of 22 April, 268 confirmed cases of novel coronavirus (COVID-19) have been reported in Viet Nam. This figure increased sharply in the latter half of March, rising by more than 250 cases. Among them, 222 cases have fully recovered. 180,067 tests have been undertaken for screening of the virus. Currently, there are 386 suspected cases under surveillance and isolation and approximately 67,000 close contacts/returnees from overseas under health monitoring and isolation².

On 1 April, Viet Nam’s Prime Minister declared a national pandemic and launched a nation-wide social distancing campaign, with stricter measures than had previously been in place. On 15 April, the social distancing was extended for another week in 12 cities and provinces categorized as high-risk by the Government. While social distancing measures have been loosened in other localities, all residents are still required to wear masks, avoid mass gathering and practice strict hygiene standards.

Since early February, the learning of 21.2 million school children has been affected by school closures and parents/caregivers struggle with finding alternative childcare arrangements. While online learning is being rolled out, the crisis has exposed a significant digital divide – between those with access to both a device and Internet and those without. The delivery of essential and routine healthcare (including vaccination and nutrition services) have been interrupted or halted entirely, which poses the risk of other communicable diseases spreading. The social distancing measures have affected the income and employment of families, particularly hard hit are those working in the informal sector and with low incomes. While an effective measure against transmission, self-quarantine and social isolation are producing side effects of psychological stress and greater risks of domestic violence against children and women.

The Government and subsequently the National Assembly have approved a financial support fund of a total of US$2.5 billion targeting 5 groups of the poorest and most vulnerable people. While the policy is in place, delivery of the cash assistance to the people most in need will require a major administrative effort and be challenging to ensure equity, efficiency, transparency and timeliness.

Summary of Programme Response Plan

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<tr>
<th>Critical Areas</th>
<th>Key action</th>
<th>Estimate beneficiaries</th>
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<td>Risk communication &amp; community engagement (RCCE)</td>
<td>• Produce communication materials in ethnic/sign languages and child-friendly language on COVID-19 prevention and controls, psychosocial support and, prevention of violence against children (VAC) and GBV in emergencies, and distribute through UNICEF and Government partners media networks nation-wide</td>
<td>30 million reaches on mass, online and social media, nation-wide</td>
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<td>• Implement joint UNICEF – Ministry of Health media campaign to promote social solidarity and a culture of kindness among adolescents and young people around COVID-19</td>
<td>319,000 children reached with targeted messages and information on COVID-19 on personal hygiene and improved sanitary practices</td>
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<td>• Partner with TikTok Viet Nam to raise public awareness about the importance of self-isolating and following the Government’s instructions</td>
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<td>• Partner with VTV7 (National TV channel on Education) to produce TV series “Staying at home during pandemic” to provide parents with practical information on how to care and protect children during the pandemic in WASH, health, nutrition, education and child protection</td>
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<td>• Disseminate UNICEF’s messages to people in rural communities through provincial TV/radio networks and communal loudspeaker systems</td>
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<td>• Partner with the Ministry of Education and Training (MoET) on the development of a platform to reach out to students</td>
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² All data drawn from Ministry of Health, COVID-19 Latest Update (4 p.m 22 April 2020)
| Critical supply & logistics | • Procure and provide Personal Protective Equipment (PPEs), micronutrients, soap, hand sanitizers, ceramic water filters for health facilities, schools, social protection centres, and households in vulnerable provinces | • 2,000 health staff reached with critical Infection Prevention and Control (IPC) • 490,000 people and children reached with essential WASH supplies |
| Provision of continued access to essential healthcare and nutrition services | • Provide information and IYCF counselling, child stimulation and maternal and child health services including multiple micro-nutrient supplementation through outreach/mobile health teams, and local loud speaker and radio programmes • Promote hygiene and environment cleanliness practices in health centres • Support the availability and continuity of improved water at household and community levels • Training of sub-national health staff (IPC, case detection, referral and management) | • 3,000 pregnant women • 1,200 infants • 10,000 parents and childcare givers • 1,340 local health officers and social welfare, child protection officers |
| Provision of access to continuous education, social protection, child protection and GBV protection services | • Support MoET in the development and implementation of a large-scale and inclusive distance learning strategy to ensure continued learning, especially for the most vulnerable, including girls. • Invest in and prioritise internet connectivity in rural and underserved areas, provide the necessary technology and develop and promote the usage digital tools by teachers. • Ensure the continuity of inclusive services, especially for children with disabilities, including home visits • Invest in skilling teachers and school managers to ensure continued learning • Ensure meaningful participation of children and adolescents in the COVID-19 response through the student-led social innovation clubs, and build their capacity to educate and help their peer groups, families, and communities • Support preparations for school re-opening, including the provision of WASH supplies to schools • Take special measures to close any learning gaps, including enabling pathways back to school and support a ‘back to school’ campaign • Provide case management, psychosocial support, alternate care services to children in need • Develop minimum protection standards for prevention of VAC and GBV in quarantine centres and other closed settings • Train National Help Line staff, social workers and child protection staff in psychosocial support and prevention of VAC, GBV in emergencies | • 9,964,000 school-age children • 22,000 children from Social Protection Centers |
| Data & Social Research | • Conduct rapid assessment on social impact, vulnerability analysis of children • Develop a real-time monitoring system through sentinel surveillance of households, focused on health and well-being. | • Informs response programming and development of relevant social polices |
## Summary of Actions Taken

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| Risk communication & community engagement (RCCE) | - UNICEF Viet Nam Website page related to COVID-19 articles reached 199,483 views and posts on UNICEF Facebook related to COVID-19 reached 425,200 views and 27,800 engagements.  
- National TikTok campaign #happyathome: 749,460 videos published with a total of 3.2 billion views.  
- The IASC children’s Storybook “My Hero is You”, about how children can fight COVID-19, was translated into Vietnamese and shared through the UNICEF website, other social media channels and with partners.  
- A 2-pager on family-friendly workplace in the context of COVID-19 (adapted from the regional guidance) was disseminated through private sector networks (NGOs, Chambers of Commerce) including approximately 300 UNICEF vendors. Australian Chamber of Commerce (AusCham) promoted the 2-pager in their newsletter reaching 5000 members.  
- Global guidance for business on Gender and marketing in the context of COVID-19 developed by UNICEF and UN Women has been shared with foreign chambers.  
- Five episodes of “Staying at home during pandemic” were aired on VTV7 since April 1 with UNICEF experts. The development of the expert blog is on-going.  
- Child protection messages and advice were effectively conveyed through newspapers, press releases and talkshows on national TV and Radio.  
- The UNICEF-MOET platform “Joining hands with school children and students during the COVID 19 period” was launched.  
- The implementation plan of the campaign “Compassion is Contagious” was agreed with the Ministry of Health (MOH) and partners. |
| Critical supply & logistics | - 15,000 coveralls were handed over to MOH for distribution to health facilities in need  
- A procurement and distribution plan on WASH supplies (soap, hand sanitizers and ceramic water filters) for schools, commune health centers and communities was approved by Government.  
- Facilitated procurement of face masks for WHO through UNICEF Supply Division. |
| Provision of continued access to essential healthcare and nutrition services | - Provided MOH with technical advice on development of a temporary guideline for supporting pregnant mothers and children with COVID-19  
- Assisted the National Institute of Nutrition to plan for the maintenance of critical nutrition services for disadvantaged populations (e.g. nutrition communication for breastfeeding and complementary feeding, Vitamin A and deworming program for children and micronutrient for pregnant women)  
- Implemented critical nutrition interventions of UNICEF’s Integrated Early Childhood Development programme  
- Developed training and promotion plans on IPC WASH in commune health centers jointly with WHO and MOH, and in schools with MOET.  
- Ongoing IPC WASH promotion, including hand washing with soap and environmental cleaning in communities. |
| Provision of access to continuous education, social protection, child protection and GBV protection services | - Supported the Ministry of Labour, Invalids and Social Affairs (MOLISA) to develop and disseminate guidelines on protection of women and children in quarantine centres, and a leaflet on mental health and psychosocial support (MHPSS) for children and adolescents in quarantine centres  
- Supported MOLISA, in collaboration with INGOs, to develop a draft communication plan on child protection, and communication materials on prevention of violence against children, including online protection, and MHPSS for children and parents in communities, guidelines and MHPSS for care staff and children in social protection centres and reformatory schools  
- Supported MOLISA to develop draft guidelines on case management in the Covid-19 outbreak |
• Supported the Ministry of Education and Training (MOET) in the planning, coordination and implementation of national ‘Safe Back to School Guidance’ with clear and actionable guidance for schools, teachers, parents and students.
• Supported MOET in the development of online and offline learning materials on physical exercise to improve physical strength, health and mental wellbeing during the school closures
• Conducted a rapid assessment amongst 8,000 teachers and school managers nationwide to map the key challenges teachers face to ensure quality, distance learning resulting in a set of recommendations to the MOET in the design of interventions on large-scale distance learning that are relevant and effective, especially for the most vulnerable boys and girls

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| • Rapid assessment questionnaire on children and social protection (cash assistance and social protection centres) has been sent to 63 provinces via MOLISA. In-depth qualitative assessment in 8 provinces are being designed and supported by UNICEF
| • UNICEF led the joint UN working group on social impact of COVID-19, involving FAO, ILO, IOM, UNESCO, UNFPA, UNAIDS, UNIDO, UNDP, UN Women, WHO and RCO to develop a joint paper on social impact analysis and policy recommendations.
| • Planning began with RO and partners for the development a real time monitoring system through sentinel surveillance of households, focused on health and well-being
| • Advocacy: UNICEF advocated for safeguarding social spending, social protection for vulnerable children and families, primary health care and debt relief with the IMF, the World Bank, the Asian Development Bank, the European Union, the Chairperson of the National Assembly, the Minister of Planning and Investment (MPI) and the Minister of MOLISA. In addition, advocacy with the Vice Chair of Da Nang City People’s Committee was undertaken to expand cash assistance to all children, and support continuous delivery of basic social services.
| • Data collected by NGOs working on labour issues has been received by UNICEF which will serve as inputs to the Sitrep and relevant donor proposals.

Key challenges

Facing the situation of COVID-19, the immediate challenges for the Government of Viet Nam include:

1. Travel restrictions, social distancing as well as the Government’s adoption of work from home modality which is causing delays in approval of plans and implementation of activities.
2. The adjustments needed to ensure consistent communication messages by MOH, aligned with the latest WHO recommendations (e.g. wearing a mask).
4. Delays/postponement of essential routine health services (EPI, Vitamin A distribution, Group communication) due to the effects of social distancing.
5. An overwhelmed and inadequate hotline system to receive callers who are victims of domestic violence, combined with the lack of trained professionals in communities to identify and respond to women and children at risk of violence, abuse, trafficking and exploitation.
6. An urgent need for rapid data collection on the access to essential services, in particular, social and protection services among the most vulnerable groups.
7. A major administrative exercise led by local authorities at subnational level to target and allocate the cash transfer support (recently approved by the National Assembly) to the poor and vulnerable people may cause further delays in project implementation.
8. Civil Society Organizations in Viet Nam have documented various challenges they face including delays in operation, dwindling resources and limited fund mobilization opportunities post-pandemic, which may threaten their capacity to provide support for their beneficiaries, especially vulnerable groups.

Humanitarian Leadership, Coordination and Strategy

UNICEF coordinates closely with WHO and other UN agencies in planning and implementation of UNCT COVID-19 Support Plan through the operation of UN Technical Working Group and sub-working groups such as the UN sub-working group in RCCE. UNICEF also is also reaching out to international multilateral agencies including the World Bank, IMF and ADB for joint work on the rapid assessment, monitoring surveillance and sectoral responses.
During this reporting period, UNICEF co-led meetings of the WASH sector coordination group (with MARD), the Nutrition sector coordination group (with NIN) the education sector coordination group (with Save the Children and MOET) and advanced the establishment of a formal Child Protection in Emergencies sector group with MOLISA. These groups are enabling strong, coordinated responses among UN, INGO, private sector and Government partners. In addition, UNICEF coordinates closely with leading Ministries and agencies on Covid19 (MOH, MOET, MOLISA and the Ministry of Culture, Information and Sports, the Youth Union), provincial Departments of as well as relevant INGOs and local NGOs in planning and implementation of strategic, comprehensive RCCE activities.

**Human Interest Stories and External Media**
- As Schools Are Out, Parents Are In: [https://www.unicef.org/vietnam/stories/schools-are-out-parents-are](https://www.unicef.org/vietnam/stories/schools-are-out-parents-are)

**Next SitRep:** 7 May 2020


UNICEF Viet Nam COVID-19 media assets: [https://drive.google.com/drive/u/0/folders/1e4hs2N6baVTsH3uL8WvvAR1JH5M0j4Im](https://drive.google.com/drive/u/0/folders/1e4hs2N6baVTsH3uL8WvvAR1JH5M0j4Im)


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