

From
the People of Japan

unicef 

for every child

RAPID ASSESSMENT ON THE SOCIAL
AND ECONOMIC IMPACTS OF

COVID-19

ON CHILDREN AND FAMILIES IN VIET NAM



HA NOI, AUGUST 2020

Acknowledgements

This rapid assessment is part of UNICEF Viet Nam's comprehensive support to the Government of Viet Nam to inform its policy-making in response to the COVID-19 pandemic. This assessment was completed by a dedicated research team from Ha Noi University of Public Health led by Vice Rector, Prof. Hoang Van Minh with support of key researchers Dr. Tran Thi Phung and Ms. Nguyen Bao Ngoc.

The assessment report received valuable technical guidance, inputs and comments from all programme sections of UNICEF Viet Nam (Child Protection, Child Survival and Development, Education, Programme Partnership Office, Social Policy and Governance and the Monitoring and Evaluation Unit).

Special appreciation is due to all key informants and local authorities in Ha Noi, Ho Chi Minh City and Vinh Phuc province for their participation and support. We would also like to thank the interviewers who contributed to the data collection process.

UNICEF Viet Nam would like to sincerely thank all those who contributed to this publication.

TABLE OF CONTENTS

- 1. Introduction and objectives..... 6**
- 2. Methods 8**
 - 2.1. Literature review and secondary data analysis..... 8
 - 2.2. Quantitative study 8
 - 2.3. Qualitative study..... 8
 - 2.4. Ethical considerations 8
 - 2.5. Research limitations..... 9
- 3. Main findings 10**
 - 3.1. Family economic situations and vulnerabilities during the COVID-19 pandemic 10
 - 3.2. Access to child health care..... 14
 - 3.3. Access to nutrition 15
 - 3.4. Mental and psychological support 16
 - 3.5. Safe water, hand washing, and other hygienic practices..... 17
 - 3.6. Mobility and social activities, childcare and protection, safety for children at home 19
 - 3.7. Stigma, discrimination, and violence against children 21
 - 3.8. Education and learning 23
 - 3.9. Social protection 26
 - 3.10. Child participation 27
 - 3.11. Gender roles 28
 - 3.12. Community and neighbourhood support..... 29
- 4. Conclusions and policy recommendations 31**
- 5. References 34**
 - ANNEX 1 - Case studies 38
 - ANNEX 2 - Research participants and Study sites..... 39

LIST OF INFOGRAPHICS

Infographic 1: Employment of study participants during COVID-19..... 11

Infographic 2: Employment of study participants during COVID-19..... 13

Infographic 3: Childcare during COVID-19 19

Infographic 4: Child participation during COVID-19 27

LIST OF FIGURES

Figure 1: Timeline of Viet Nam’s COVID-19 travel controls 7

Figure 2: Percentage of study participants reporting online learning problems for children during COVID-19 23

LIST OF ABBREVIATIONS

COVID-19	Coronavirus disease 2019
HCMC	Ho Chi Minh City
HN	Ha Noi
HUPH	Ha Noi University of Public Health
MOET	Ministry of Education and Training
MOH	Ministry of Health
MOLISA	Ministry of Labour, Invalids, and Social Affairs
NPIs	Non-pharmaceutical interventions
SDG	Sustainable Development Goal
VCCI	Viet Nam Chamber of Commerce and Industry
VND	Viet Nam Dong
VP	Vinh Phuc
WASH	Water, Sanitation and Hygiene



1. Introduction and objectives

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. Since there is currently no vaccine available for COVID-19, the government has relied on non-pharmaceutical interventions (NPIs), with a focus on social distancing. These NPIs included closures of schools and other non-essential service facilities as well as isolation, quarantine, and travel restrictions. With approval of Viet Nam's Prime Minister, the country's first significant step saw the Ministry of Education and Training (MOET) on 2 February 2020 announce that provinces impacted by COVID-19 could decide on localized closures of schools and localities. As a result, lower and higher secondary schools nationwide were closed until 4 May 2020 and primary schools until 11 May 2020. These shockwaves of COVID-19 have exacerbated education sector challenges, with school closures impacting an estimated 21.2 million children nationwide. Protection of national borders was also a key part of the national strategy to counter the pandemic, with every traveller entering Viet Nam from 15 March entering a government quarantine facility for 14 days. With COVID-19 declared a pandemic, Viet Nam on 1 April 2020 officially requested national-level social distancing by closing all public places, except for those selling food and life-essential goods. After three weeks of social distancing, Viet Nam had promptly limited new cases and continued to control community infection rates, with more than 80 per cent cases recovered.

Social distancing measures were loosened from 22 April 2020 to allow businesses and schools in many parts of Viet Nam to re-open. However, COVID-19 has continued to evolve and the likelihood of another wave remains high. As such, the Prime Minister issued Directive No.19 on 24 April to continue social distancing in potentially crowded public places, school classrooms and direct contact¹. For some children – especially those from disadvantaged families – this meant a loss of access to key health and protection services as well as subsidized school meals².

While most sectors have re-opened, not everything has returned to pre-outbreak levels. Preliminary estimates suggest Viet Nam's economic growth could decline to 4.9 per cent (World Bank) - 1.6 per cent lower than previously forecasted, or even lower to 2.7 per cent (International Monetary Fund) in 2020³. Recent data from the Ministry of Labour, Invalids, and Social Affairs (MOLISA)⁴ has revealed 7.8 million labourers in Viet Nam have lost jobs or been furloughed, while 17.6 million people suffered reduced salaries due to the pandemic. Among formal sectors in Viet Nam as key engines of economic growth, services (retail, transportation and tourism) and manufacturing were hardest hit by the crisis, with 72 and 67.8 per cent falls in employment, respectively. This had a dramatic impact on incomes, with an estimated 31 per cent of manufacturing workers and 18 per cent of accommodation, food, tourism and transportation employees seeing their incomes halved in the first two quarters of 2020⁵. The number of garment industry workers already forced below the poverty line by the crisis is expected to double by the end of 2020 due to 14-28 per cent income losses⁵. In addition, about half of informal sector workers were among the worst hit by COVID-19⁶. In addition, due to concurrent crisis of COVID-19, saltwater intrusion and drought, 19 million people across 13 provinces in the Mekong Delta region have suffered a doubled burden of the pandemic and natural hazards⁷.

Viewed in its totality, the COVID-19 pandemic has become a human and development crisis pressuring the lives of people, and particularly pushing the most vulnerable groups - including women working in the hardest-hit sectors, informal workers and children - into potential long-term poverty and deprivations, eroding Viet Nam's hard-won development gains of the past two decades. Timely and rigorous evidence, especially an assessment and analysis of impacts (based on empirical research) at household and individual levels on children and their families is of great importance for policy-makers and development partners to support Viet Nam in providing timely and effective short- and long-term policy responses.

Globally, the UN Secretary-General⁸ and UNICEF Executive Director⁹ issued statements on the importance of analyzing the social and economic impacts of COVID-19 on children. To provide initial empirical scientific evidence on COVID-19 socio-economic impacts on children and their families in Viet Nam, this study was commissioned by UNICEF in partnership with Ha Noi University of Public Health in April 2020 to realize the following objectives.

Objective 1:

Assess short-term and long-term positive and negative impacts of the COVID-19 pandemic on children in Viet Nam (focusing on vulnerable children such as those from poor, near-poor households, children with disabilities, orphans).

Objective 2:

Explore coping strategies applied by children's parents/caregivers to minimize negative impacts of COVID-19 pandemic on children in Viet Nam.

Objective 3:

Investigate key facilitators and barriers to coping strategies for children's parents/caregivers and propose policy options (with short- and long-term recommendations) to mitigate negative COVID-19 impacts on children in Viet Nam and ensure the well-being of children and their families.

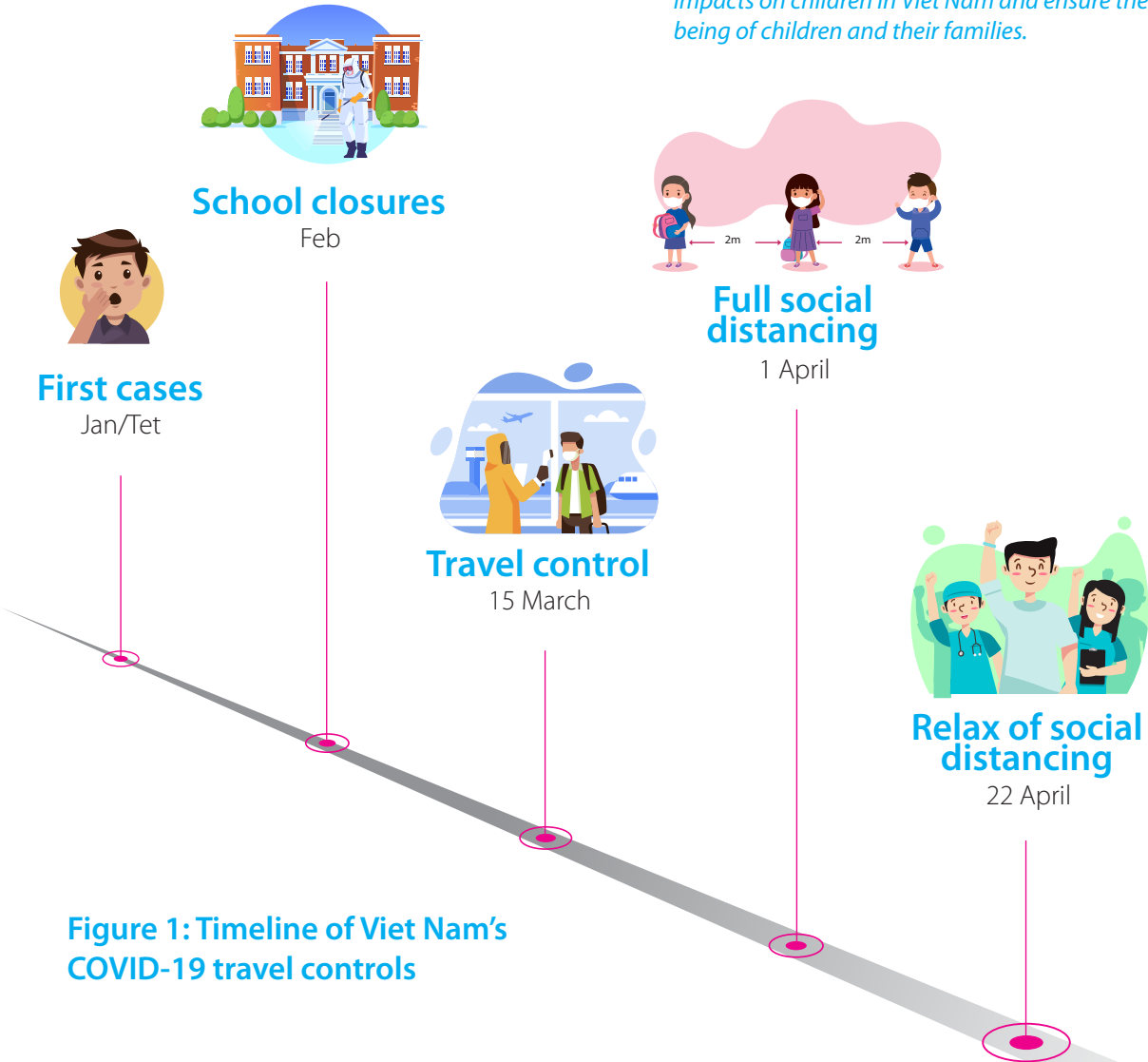


Figure 1: Timeline of Viet Nam's COVID-19 travel controls

2. Methods

Three research components were applied to meet the study's trio of objectives:

2.1. Literature review and secondary data analysis

Key literature and secondary data on the impact of COVID-19 on children aged 2-18 years and their families in Viet Nam were reviewed, extracted and categorized into three main areas: (1) short- and potential long-term COVID-19 pandemic impacts on children in Viet Nam (direct) and their families (indirect), (2) coping strategies applied by children's parents/caregivers to minimize negative COVID-19 impacts on children in Viet Nam and (3) key facilitators and barriers to coping strategies for children's parents/caregivers and policy options (with short- and long-term recommendations). The study also drew on key evidence and studies by other organizations that provide a backdrop on the evolving social and economic context of Viet Nam.

2.2. Quantitative study

The quantitative study employed a cross-sectional design. It was conducted in urban and rural communities, as well as industrial zones in Ha Noi, Ho Chi Minh City (HCMC) and Vinh Phuc province. A purposive sampling technique was employed to select parent informants and adolescents from different groups, including those living in government set-up quarantine centres and restricted areas, formal and informal workers, as well as migrants. In each study site (six in total), two mothers or fathers or caregivers of children aged 2-5 years and two mothers or fathers, or caregivers of children aged 6-18 years were selected. A total of 148 participants (6 per cent fathers and 94 per cent mothers) were interviewed via telephone. Among these participants, those from poor households accounted for 3.4 per cent, near-poor households for 6.1 per cent¹⁰, and others 90.5 per cent. The collected data were cleaned and stored using Epidata software. Data were analyzed using Stata 16. Descriptive statistical analyses were performed.

2.3. Qualitative study

Participants recruited for qualitative data were not from the 148 individuals of the quantitative study. Qualitative study participants were mothers, fathers, or caretakers of children, relevant stakeholders, representatives of ethnic minorities and adolescents aged 16-18 years. Participants were interviewed using semi-structured in-depth interview guides. A purposive sampling technique was employed to recruit a different group of 36 individual participants. In-depth interviews were conducted via phone, Zoom calls and Zalo to explore actual and potential socio-economic impacts (direct and indirect) on children. Confidentiality and privacy were ensured. Each respondent's name was not included with the respective recording. After completing each interview, the research group gathered audio-recordings and assigned anonymous IDs before commencing transcriptions. All transcripts were produced verbatim. Data were analyzed based on content analysis techniques.

2.4. Ethical considerations

Participation of interviewees in this study was voluntary. Prior to interviews, all study participants were given a detailed explanation of the study's aims, interview content and their rights to withdraw at any time without consequences. Furthermore, participants were fully informed on how confidentiality of their information would be ensured by the research team. Participants were required to give verbal consent regarding participation and recording of information. Ethical approval was given by the Independent Review Board of the Ha Noi University of Public Health.

2.5. Research limitations

There are several limitations to this study given its rapid and simple nature to assess socio-economic impacts of COVID-19 on children and their families. Firstly, the cross-sectional study design did not permit in-depth exploration and causality analysis. Secondly, the purposive sampling technique and modest sample size (148 informants for the quantitative study and 36 for qualitative interviews) may lead to a potential selection bias and could affect the generalizability of research findings. While the study's goal was to explore COVID-19 impacts on the most vulnerable children, especially those with disabilities, the nature of sampling method and timeframe meant the research team could only select a few cases of families with children with disabilities. In many selected families, women were considered child caregivers and were nominated to participate in the assessment. Therefore, women accounted for a high proportion of key informants in quantitative and qualitative interviews. Thirdly, due to complicated procedures as required by the Government, the

research team could not conclude interviews in government quarantine centres in HCMC and only managed a limited number of interviews in such centres in Ha Noi. Finally, as quantitative and qualitative components were conducted during the COVID-19 outbreak, only telephone and online platforms were available for interviews and precluded any observations of reactions or emotions of the study participants by sight.



3. Main findings

3.1. Family economic situations and vulnerabilities during the COVID-19 pandemic

The COVID-19 pandemic and resulting non-pharmaceutical interventions (NPI) have pushed many people, especially those in rural areas and ethnic minorities, into poverty due to unemployment, underemployment and loss of incomes. By end of June 2020, an estimated 30.8 million people in Viet Nam had been adversely impacted by COVID-19 and 53.7 per cent of workers had encountered reduced income¹¹. This posed a challenge for those faced with financial insecurity, living in unaffordable housing, having high demand for healthcare services, low-wage workers or people with informal jobs¹². For example, the poverty rate among households with members working in the garment industry could double from 14 to 28 per cent due to the pandemic¹³. Moreover, 50 per cent losses in incomes could double poverty rates over a six-month period for households working in textiles, clothing and leather goods production¹⁴. Half of rural households surveyed by the Institute of Policy and Strategies for Agriculture and Rural Development reported an average income decrease of 38.3 per cent from agricultural activities and 73 per cent said their incomes from non-farm activities were reduced by an average 46.8 per cent¹⁵.

The emergence of COVID-19 threatens widespread job losses, especially informal ones in Viet Nam. **Many workers went from “having a job” status to being temporarily laid-off, underemployed, or even unemployed during the COVID-19 outbreak.**

By 20 June 2020, total foreign direct investment into Viet Nam had fallen by 15.1 per cent compared to the same period in 2019 and the Health Index of Enterprises by Viet Nam Chamber of Commerce and Industry (VCCI) is forecasted to be reduced from 62.5 per cent in 2020's first quarter to 30.9 per cent in the second. Some 45.6 per cent of private enterprises and 25.8 per cent of foreign-invested firms reported achieving less than 50 per cent of revenue plans during 2020's first quarter¹⁶. By mid-April 2020, nearly five million workers had lost their jobs due to the pandemic, including 1.2 million (24 per cent) in processing and manufacturing industries, 1.1 million in wholesale and retail industries (22 per cent) and 740,000 in hospitality (14.8 per cent). Out of the

five million, 59 per cent were temporarily laid-off, 28 per cent retrenched or rotated, and 13 per cent unemployed¹⁷. By mid-2020, International Labour Organization estimated that 10.3 million workers had lost their jobs or experienced a drop in income due to COVID-19¹⁸. An assessment from Viet Nam's Chamber of Commerce and Industry (VCCI)¹⁹ indicated that in 46 participating provinces and cities, more than 76 per cent of surveyed enterprises reduced employee working hours through a range of options from flexible working hours to layoffs. By mid-June 2020, the number of people approved to receive the unemployment allowance increased by 30 per cent compared to the same period of 2019⁴⁵. At city level, the Ha Noi Centre for Employment Services in May received nearly 11,700 unemployment applications, accounting for 41 per cent of the average annual number of applications. In the first five months of 2020, 26,000 companies suspended business, a 36 per cent increase²⁰. Some 66 per cent of 1,300 surveyed rural families reported having migrant worker family members who had temporarily lost or quit their jobs due to COVID-19¹⁵.

Almost all parents in qualitative and quantitative interviews revealed their employment status (main jobs and additional work) was adversely affected by the pandemic as many were temporarily laid-off or lost jobs completely. Specifically, 57.4 per cent were now jobless (55.3 per cent among rural informants compared to 44.7 per cent of urban peers as per Infographic 1) and 25.7 per cent had less paid work (63.2 per cent of rural informants compared to 36.8 per cent of interviewed urban ones) during the pandemic. **Because of such job losses, the income of many people and their families in Viet Nam significantly decreased.** Some 44.2 per cent of study participants reported having no income, and 40.8 per cent with less income during the social distancing period.



My side jobs as a motorbike-taxi driver and home cleaning service provider were disrupted during social distancing. My husband worked in a hotpot restaurant, lost his job too and even now, has not found another job. The income of my family was already low. We are facing many difficulties meeting our living costs, especially for tuition fees of our two kids."

(ID412- G4+G6, near-poor mother, informal worker living in quarantined area, HN)



URBAN

44.7%
HAVING NO JOB
36.8%
LESS PAID WORK



RURAL

55.3%
HAVING NO JOB
63.2%
LESS PAID WORK

Infographic 1: Employment of study participants during COVID-19

Informal workers were among the most vulnerable groups in the labour market during the COVID-19 crisis due to the lack of basic social protection schemes regarding income security, sick leave and health insurance compared to formal jobs. Almost all parents in the qualitative study were freelance-workers (such as motorbike-taxi drivers, street vendors or lottery ticket sellers) with highly impacted jobs, which led to 50-70 per cent reductions or no incomes at all. In addition, households in rural or mountainous areas who mainly depended on agricultural activities (farming, livestock and fish farming, running farmers markets) for income were severely interrupted by strict restrictions on mobility and other regular activities²¹. Especially for restricted areas, such as Ha Loi village in Ha Noi's Me Linh district, farmer families (e.g. those growing flowers) were forced to discard unsold and spoilt products, which led to significant income impacts. As such, these reductions and losses placed further pressure on the unstable incomes many such families rely on.

The pandemic appears to have exacerbated difficulties among poor and near-poor households.

Infographic 2 shows 30.4 per cent of participants prematurely withdrew money from savings accounts to cover living costs (electricity, water bills, house rental fees) as well as groceries. Some 51.4 per cent of study participants reported borrowing money from relatives and/or from banks to cover living costs during the social distancing period.

Some participants in this qualitative study also took bank loans to invest in agricultural recoveries post social distancing. Despite containment of community transmission and the revival of certain economic activities, COVID-19's adverse impacts on household incomes will remain deep and longer-lasting in the coming months²², resulting in notable hardships not only in families' daily lives, but also those of children.

"Due to COVID-19, my village was under lock-down and isolated, so no one could go to the flower field to work as usual. My family lost several acres of daisies and roses - they are already rotten. My family does not have any income."

(ID405-G2, mother, farmer, Ha Loi, HN)

"My income had decreased by 50 per cent, our family had a small amount of savings and we just had to use it."

(ID402-G1, mother, informal worker living in quarantined area, Son Loi, VP)

"My income during COVID was reduced by about 70 per cent. My debt has increased and impacted on the tuition fee for my child in mid-June."

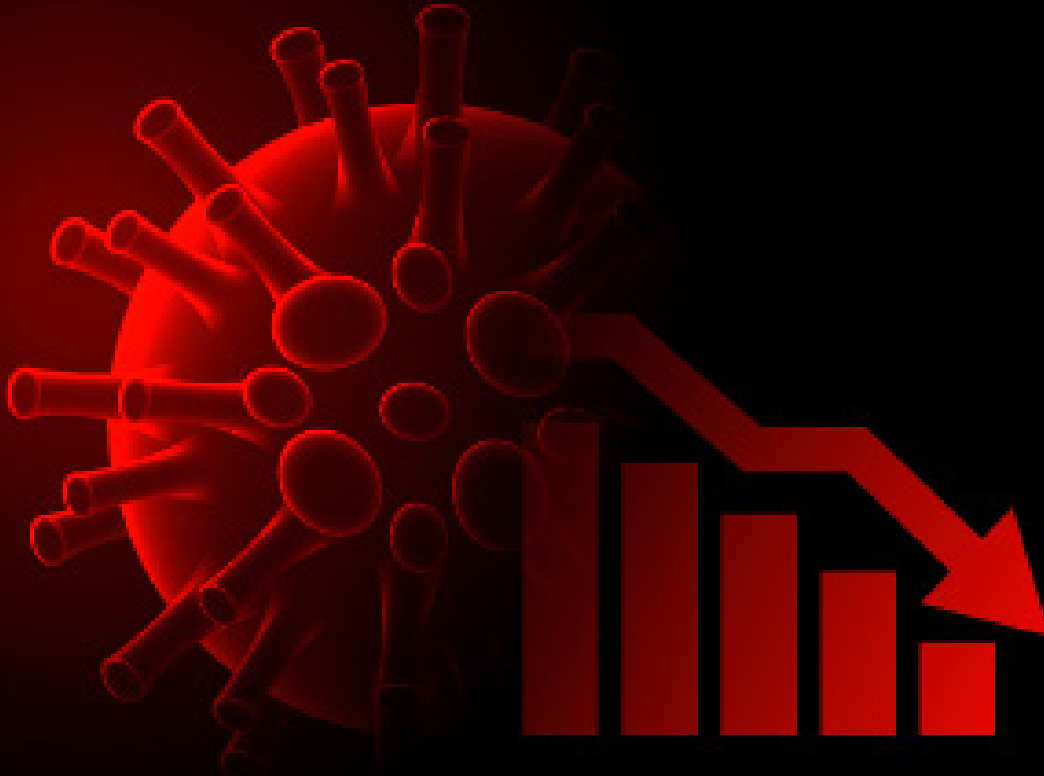
(ID414-G5, mother, Thanh Xuan, HN)

"I just borrowed money from the bank to buy a small car and register as a taxi driver with the hope to earn some more money. Unfortunately, due to the lock-down, I cannot earn any money while the debt has accumulated."

(ID 417-G6, father, informal worker, Tan Phu, HCMC)

"Many workers were in great difficulties, with spouses unemployed. They also do not know what else to do besides their previous job. Also, it was even harder during the pandemic as many companies will disappear or go bankrupt. Some workers have two or three kids in school and still need to pay rent. Most workers borrow money for food or even buy things on credit."

(ID428-G12, representative of Trade Union, industrial zone, HN)



Infographic 2: Employment of study participants during COVID-19



30.4%

participants had to prematurely withdraw money from their **savings account** to cover their living expenditures (electricity, water bills, house rental fees, as well as groceries)

51.4%

study participants reported that they had to **borrow money** from their relatives and/or from the bank to cover their living costs during the social distancing period.



As household incomes decreased, families attempted to find ways of coping by using savings, borrowing money from relatives, using home-made products and searching for additional work. Almost every interviewed household had to be financially cautious, consider expenditure cuts and prioritize essentials, such as medications and groceries²³⁻²⁵. Study participants also reported being mindful with spending and using more home-made products to reduce living expenses. Additionally, people tried to find new temporary or additional part-time jobs to offset lower wages²⁶, turn to savings or even borrow money from relatives or take out bank loans to cover daily living expenses.

“My son had a sore throat. As my village was blocked, I could not bring him to specialized health facilities to get better-quality treatment. So, I brought him to a commune health centre. However, the doctor was not as devoted as he was before the pandemic. As the village was under quarantine, it was also difficult to buy medicines for my boy.”

(ID409-G3, mother, Ha Loi, HN)

“During the social distancing period, I went to the commune health centre less often, I called the doctor for advice instead of going there.”

(ID415-G5, mother, HCMC)

3.2. Access to child health care

The COVID-19 pandemic and resulting social distancing measures hindered the access of families with children to routine maternal and child healthcare services, meanwhile some healthcare facilities became overwhelmed with work to control COVID-19 transmission. Routine immunization services in Viet Nam were temporarily suspended during the social distancing period between 1 and 22 April 2020. About 100,000 mothers and new-borns would be at risk of not receiving pre- and post-natal visits²⁷. Qualitative interviewees revealed that pregnant relatives living in restricted areas were unable to gain periodical prenatal care. In addition, 44 per cent of study participants with children reported difficulties in accessing child health care services compared to pre-pandemic. Families living in quarantined areas also struggled to access health care services. While families in non-quarantined areas could still bring children to public-private health facilities or access self-treatment, families in restricted areas could only take children to commune health centres for examination and treatment, but not higher-level health facilities.

The pandemic and social distancing measures interrupted the vaccination schedules of many children, including in areas with already low immunization rates prior to the pandemic. The number of under-5 children visiting and getting immunizations in commune health centres decreased by 47.8 and 74.7 per cent, respectively²⁸. Routine immunization services in Viet Nam were temporarily suspended due to the pandemic, leaving about 420,000 children under one-year-old at risk of not being immunized against DPT-Hepb-Hib²⁹. This delay in child vaccinations may lead to a re-emergence of some well-controlled diseases. During the first quarter of 2020, about 2,132 suspected measles cases were found, in which 770 cases were sampled and 617 cases (80 per cent) were positive²⁷. Ten per cent or more reductions in measles rubella and diphtheria coverage were found in 13 and seven provinces³⁰, respectively. New diphtheria cases were recently detected in the Central Highlands, Southern and Central regions, taking the total number of infections to 126 with three child deaths³¹ since June 20. This outbreak could have spread nationwide if vaccination rates were not maintained. **Almost all parents with children of vaccination age reported skipped vaccination appointments since COVID-19, however, the consequences may vary between children living outside and within lock-down areas.** Parents, in fear of exposure at health facilities, delayed children’s vaccination schedules to protect them from cross-transmission of COVID-19 in crowded places. Meanwhile, the latter missed appointments because commune health centres stopped vaccination activities to prevent the pandemic’s spread in accordance with MOH’s direction. Moreover, these frontline health facilities had to prioritize the majority of resources to fight COVID-19 in local areas under lock-down.

“During the social distancing period, the commune health station had to temporarily stop vaccination activities, so my child did not get his measles vaccination in time.”

(ID402-G1, mother, Son Loi, VP)

“Before the outbreak by Tet, I got my child vaccinated for Type A influenza and Japanese encephalitis. The doctor made us an appointment to revisit for follow-up doses, yet they were missed. I think the commune health station did a good job with hygiene and quality practices. However, bringing my kid out and about during the peak of the outbreak was very risky. My family also made a decision to delay immunization of my child, with vaccination doses to be followed up later.”

(ID414-G5, mother, Thanh Xuan, HN)

3.3. Access to nutrition

Although the frequency and quality of meals reportedly reduced, impacts on child malnutrition (wasting and stunting) may only be observed during the course of this year.

Many mothers in the qualitative study reported the frequency of children’s meals had decreased compared to before school closures. Some 70.4 per cent of study participants from urban areas more frequently reported their children had fewer meals during the day, compared to 29.6 per cent of those in rural locations. In addition, **the nutrition security of many households was significantly impacted by the pandemic, especially vulnerable groups of children** such as ethnic minorities, children living in poor, near-poor and disadvantaged households, or children in restricted areas.

Furthermore, **the nutritional quality of each family meal was much reduced**, with limited diversity and essential nutrients. This was mainly due to rising food prices, especially for pork. The trend was compounded by many parents losing jobs and struggling to maintain subsistence levels of income, particularly parents who were freelance workers in industrial zones. Some 34.5 per cent of study participants reported experiencing worsened food quality and having to purchase food at higher prices than usual, while many parents experienced job losses or reductions in income already at subsistence level. In particular, the rise in prices of pork also

compounded these pressures. As for families living in restricted areas, where most local markets were closed and restrictions in movements implemented, they tended to stockpile food, use self-cultivated food or receive food from local authorities, such as noodles and eggs. Consequently, families adopted coping strategies by limiting the diversity and quality of food, preventing children from benefiting from essential nutrients needed for sound physical and cognitive development.

“Eating schedules changed. The number of meals was reduced. For example, at school children must have six meals per day, four at school, two at home. But at home, they only have three - breakfast and lunch must be combined. In the afternoon, I would give them a snack with milk or cookies or fruit, and dinner with the family. Compared to before the pandemic when they still went to school, the quality and variety of dishes were greatly reduced. I would prefer they go to school.”

(ID414-G5, mother, Thanh Xuan, HN)

“The quality of the child’s meals was reduced, because I didn’t have any income.”

(ID410-G4, mother of a child with disability, HCMC)

“My parents’ jobs were impacted, no income. We didn’t have any money to buy food, so we had to either eat out or eat instant noodles.”

(ID436-G14, adolescent, girl, 16 years old, HCMC)

3.4. Mental and psychological support

In terms of mental and psychological child health, the pandemic has led to increased stress, anxiety and depression among children.

This unprecedented pandemic has created many overwhelming changes in children's social activities. As a result of social distancing and school closures, children's daily lives were seriously disrupted. With everything constricted into four walls, a crisis in children's mental and psychological health could emerge due to boredom, lack of motivation or frustration, stress, anxiety and depression. Interviewed adolescents expressed fear about the COVID-19 outbreak and of being infected. They were afraid not only for themselves, but also for family members. Some parents through interviews also reported such concerns observed in their children. Some adolescents were anxious whenever receiving updates on the pandemic, such as the number of new cases through social media platforms. One was so frightened he did not touch homework sheets from the teacher due to fears of being infected.

Children and their families living in restricted areas experienced increased anxiety. A studied mother living in a restricted area revealed her son's unease badly affected his sleep when a new case of COVID-19 was detected in their neighbourhood. Another mother revealed her daughter's fear when her family had to move to a collective isolation centre for 14 days. Her 9-year-old girl felt the centre was like "being in prison". In addition, **children of primary school and above age tended to confront more mental and psychological health challenges than kindergarten-aged children due to distinct awareness of their surroundings.** Grade 12 adolescents in this qualitative study were particularly worried about their upcoming national graduation exam due to learning disruptions from school closures.

"I'm quite worried and scared of COVID. I'm afraid that someone in my family might get infected and I might get it at any time."

(ID 433-G14, ethnic minority adolescent, boy, 16 years old, Quoc Oai, HN)

"Many friends around me were frightened when it came to COVID-19. Some became so extreme and did not want to meet any other person."

(ID 435-G14, adolescent, girl, 18 years old, VP)

"My son was very afraid of COVID-19. He was unable to sleep, especially when patient No.17 was discovered. Because our house was very close to the quarantine area of Truc Bach ward, he was very worried. He did not go out for more a month."

(ID 412-G4+G6, near-poor mother, Truc Bach, HN)

"Because of COVID-19, my son had to stay home and studied online. He just spent a lot of time with his computer in his room, not talking to anyone. I think he was very stressed."

(ID 429-G13, ethnic minority mother, Quoc Oai, HN)

"I was in Grade 12 and very close to my university exam. When I heard about social distancing and had to leave school to stay at home, I was scared and did not know how to review, practice or compensate for the knowledge required to take university exams."

(ID431-G14, adolescent, boy, 18 years old, Hoan Kiem, HN)



ALMOST ALL CHILDREN AND ADOLESCENTS

voluntarily and fully performed

handwashing with **soap** or **hand sanitizers**

3.5. Safe water, hand washing, and other hygienic practices

Lack of access to safe water in some disadvantaged areas posed a serious hygiene challenge for families and children to prevent COVID-19. Severe drought and saltwater intrusion in 13 provinces of the Mekong Delta region home to 19 million people, with one-third children, exacerbated the lack of access to clean water for most disadvantaged groups²⁷. Specifically, 95,600 households lacked safe drinking water during the drought³². Some 35 per cent of commune health stations in Dien Bien, Gia Lai, Kon Tum, and Ninh Thuan provinces also reported insufficient or unsafe

drinking water²⁸. Moreover, 7 per cent of women and their families living in rural Central Highlands and Mekong Delta regions could not access safe drinking water, whereas 70 per cent still relied on centralized water collection points³³ due to a lack of piped water at home. In addition, 30 per cent of schools in these regions do not have running water³⁴. Ethnic minority family study participants living in mountainous areas being a suburb of Ha Noi did not have safe water during the COVID-19 outbreak. All used water from streams for cooking, drinking, and showering even though they were aware of the harmful effects of unsafe water on children's health.

“We used stream water for cooking, showering. There is no tap water here. I think if the family does not use clean water, it will affect children’s health as there could be impurities harming their gastrointestinal system or skin.”

(ID429-G13, ethnic minority mother, Quoc Oai, HN)

“We were given four bottles of sanitizer by the Ward People’s Committee and did not have to buy any. The the pandemic we would wash hands with soap/ sanitizer more often because before we actually did not have access to those utilities. So, when our community supported us, we had the chance to wash our hands more regularly.”

(ID 412-G4+G6, near-poor mother, Truc Bach, HN)

The lack of access to handwashing facilities led to deprived handwashing and other hygienic practices in some disadvantaged areas.

Nearly 30 per cent of people in Dien Bien, Gia Lai, Kon Tum, and Ninh Thuan provinces had a limited availability of basic handwashing facilities at home - one of the fundamental practices to prevent COVID-19²⁸. About 13 per cent had a shortage of hand sanitizers for children, families and other guests, while 6 per cent had no soap nor sanitizers²⁸. Besides, some rural areas were found to sell low-quality hand sanitizers which affected the health of consumers. Most studied families were fully equipped with soap and liquid hand sanitizer at home. Some poor and near-poor families in quarantined areas received support from the ward People’s Committee and other local stakeholders with COVID-19 preventive items such as soap, liquid hand sanitizer and masks.

Handwashing practice during COVID-19 improved, but remained a challenge for some disadvantaged groups.

Almost all children and adolescents in this study voluntarily and fully performed handwashing with soap or hand sanitizers as per Infographic 3. The frequency of such healthy practices seemed much higher during than pre-pandemic. Such practices were even maintained post-social distancing. This may be because most studied children and adolescents had access to comprehensive COVID-19 prevention information through television, social media, newspapers, local health collaborators or from parent, school and teacher reminders.

“During the pandemic, my frequency of handwashing was much higher than before to prevent disease.”

(ID 433-G14, ethnic minority adolescent, boy, 16 years old, Quoc Oai, HN)

“Households and children would access updates of the outbreak via television and the internet. In our local area, we also made sure to deliver accurate information on COVID-19 prevention through outdoor speakers on vehicles as well as banners and posters. We also delivered fliers to every home.”

(ID 423-G10, frontline social worker, Son Loi, VP)

This study’s interviews revealed that children with disabilities living in social protection centres, if unable to wash their hands by themselves, would receive staff assistance. At the same time, a mother of a child with hearing impairment revealed she did not have information to help her child take preventive and protective measures against COVID-19, such as handwashing and mask-wearing. In addition, some study participants observed that **adherence to frequent handwashing practices during the outbreak among many rural children outside restricted areas was not taken seriously. It is noticeable their handwashing with soap or hand sanitizers was not maintained post-social distancing period.**

“I actually rarely use hand sanitizer, only just after returning from outside or getting exposed to something. However, I do not use it currently. I just wash my hands with water only. Though I know that handwashing with soap or sanitizer is better, but I am just lazy. My parents wash their hands even less frequently. My hometown sometimes has information about handwashing on the public speaker.”

(ID 434-G14, adolescent, girl, 16 years old, Vinh Tuong, VP)

3.6. Mobility and social activities, childcare and protection, safety for children at home

Mobility trends and social activities in Viet Nam significantly changed and impacted childcare and social networking during the social distancing period. The rate of people commuting to restaurants, shopping centres, grocery markets and public beaches sharply dropped in favour of spending more time at home and online activities for over a month. People visiting public places fell nationwide, including at retail and recreational places (52 per cent), bus and train stations (49 per cent), grocers and pharmacies (29 per cent) and workplaces (20 per cent)³⁵. Around 64 million users (more than half of

Viet Nam's population) were active only via online³⁶. Infographic 4 indicated 82.4 per cent of interviewed parents reported spending more time with children as the new normal during the social distancing period. However, parents were forced to take time off work, leave without salary or even quit jobs to take care of children. Some parents asked grandparents, relatives or older children to care for children at home or even sent children to rural hometowns to reduce childcare costs. Parents with no relatives nearby also sent children to neighbours.

82.4%

reported having more time taking care of their children



Infographic 3: Childcare during COVID-19

"We did not have grandparents or anyone to look after them, so I sent them to a neighbour's home where there were other kids to play with."

(ID 414-G5, mother, Thanh Xuan, HN)

"Some parents still need to work and do not have much time for their children. They just cook rice and let children take care of themselves."

(ID 428-G12, representative of Trade Union, industrial zone, HN)

During COVID-19, health workers and parents living in quarantine had limited or no time for their children.

"During COVID-19, my work at the commune health centre became much busier. My family life was turned upside down because I had to go on duty continuously, unable to take care of my children. I had to bring them to my parents because my husband also had to work, a police officer on the frontline against COVID."

(ID 420-G8, health staff, VP)

"My husband and I had to stay in a collective isolation centre and couldn't take care of our children."

(ID 404-G2, mother, Ha Loi, HN)

As a result of social distancing and school closures, **children had more time for online activities, but limited physical exercise.** Moreover, parents appeared to less strictly manage their children's screentime.

"I spent a little more time on the Internet, but my friends used it much more on communication and even watching more movies during quarantine."

(ID 435-G14, adolescent, girl, 18 years old, VP)

"I normally limit the times my child uses the computer/TV to about 20 minutes. However, during the social distancing period, I allowed my child to have more time playing on the internet and watching TV as she had nothing else to do."

(ID 414-G5, mother, Thanh Xuan, HN)

"Before the outbreak, the children played football every afternoon. However, during the social distancing period, they stayed home and spend more time playing online games."

(ID 402-G1, mother, Son Loi, VP)

"Children do not always have someone to stay home and hang out. Although my family has someone like that for the kids, others without would have children stick to a smartphone or television - which is not good, I believe."

(ID 416-G6, mother, HN)

Parents and caregivers actively protected children from COVID-19 infection with information, guidance and care.

Parents who participated in the study encouraged children to practice handwashing with soap, use face masks, cover coughs or sneezes to prevent transmission. Parents also reported trying to find ways to help children deal with this stressful period by talking and answering children's questions about COVID-19, explaining why children needed to stay at home, wash hands and practice other safety measures.

"Mum always reminded me to handwash with soap, use a face mask when going out. She gave me advice on how to keep fit and optimistic."

(ID 432-G14, adolescent, boy, 16 years old, Phu Xuyen, HN)

"When I was worried, I shared with friends and family. My parents told me to think positively and have faith in the future."

(ID 431-G14, adolescent, boy, 18 years old, Hoan Kiem, HN)



“While staying at home, I easily got angry at my child. Sometimes I could not control myself and shouted or hit him.”

(ID 414-G5, mother, Thanh Xuan, HN, HN)

During the COVID-19 crisis, most study participants reported that children were generally provided with sufficient information and protective measures against the virus.

“I think children in Viet Nam were generally well explained about good hygiene practices and provided with necessary health protection information, such as using a face mask, washing hands with soap, and keeping physical distances.”

(ID419-G8, health staff, Ha Loi, HN)

“We prepared one bottle of hand sanitizer per each child’s room. We also prepared dry sanitizers to use after going to the toilet, and also facemasks when having contact with others. Before meals, there would be staff standing in front of the canteen gate to spray sanitizer in each of the children’s hands. As for children with disabilities who could not do it by themselves, they would be supported directly by us.”

(ID426-G11, manager of social protection centre, VP)

3.7. Stigma, discrimination, and violence against children

The COVID-19 crisis heightened risks for children experiencing or witnessing violence, exploitation and abuse. The Viet Nam Women’s Union reported double the number of newcomers to the Peace House, a shelter for domestic violence and abuse victims, since the outbreak started^{28,14}.

The study found that 3.4 per cent of interviewed participants reported that children faced physical and verbal violence from adults in families. There was discrimination and stigma against children who lived in restricted areas or had a family member in quarantine. A respondent shared that her child was stigmatized because the family lived in a quarantined centre.

“After my relative was COVID-infected and put in quarantine, our neighbour didn’t want to let their children play with my son. They said that playing with my son would only lead to their children getting infected. My son cried a lot.”

(ID 403-G1, mother, Son Loi, VP)

“My family has a member who self-quarantined at home. People around here did not want to hang out or have any contact with me. They did not let their kid play with my children.”

(ID 408-G3, mother, VP)

Distance learning, which often relied on online platforms, tended to come with potential exposure to inappropriate content, heightened risk of online predators and exploitation. Adolescents, particularly girls, may be targets of online abuse and cyberbullying³⁹. There was even a beauty contest for girls aged 12-15 years where they had to submit four naked pictures to participate³⁸.

Given that cyberbullying emerged during the social distancing period among children, parent study respondents attempted to protect children from undesired online exposure by establishing parental controls on browsers, and strict privacy settings on online apps and games. Rules for children for using digital devices were set to keep personal information private.

“After finishing online classes, some children surfed the internet and visited age-inappropriate websites. Although sometimes children did not intend to, these black websites just popped up and children accidentally clicked them. Online quarrels and cyberbullying sometimes happened.”

(ID 424-G10, social worker on the frontline, Truc Bach, HN)

“My parents also told me not to use my phone to play games or watch bad movies and not browse pop-up websites.”

(ID 433-G14, ethnic minority adolescent, boy, 16 years old, Quoc Oai, HN)

Children, with family members infected with COVID-19 or admitted to quarantine centres, were reported by study participants 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 negative.



That night when there was an announcement that the sister of a girl was positive with COVID-19, various social media sites [Facebook] had many people commenting on their personal information very quickly. There was a lot of gossiping, and the girl was very stressed. Even when returning to school was possible, her mental state was not at ease. It was difficult for her to fit in again.”

(ID 423-G10, Social worker, Son Loi, VP)

3.8. Education and learning

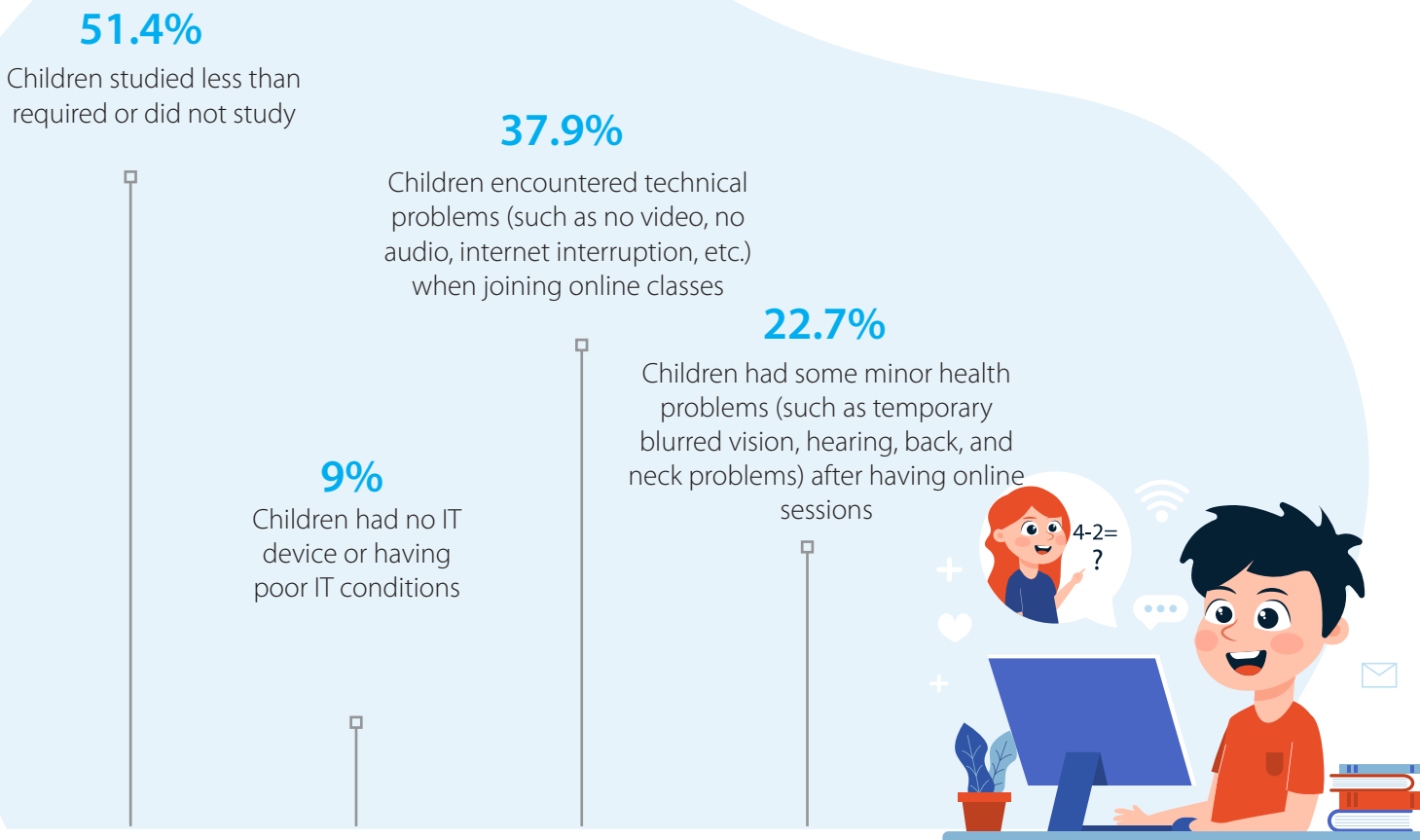
Since the outbreak of COVID-19, the Ministry of Education and Training (MOET) has made the safety of children and the continuation of their learning a top priority. The MOET has promoted distance learning for all children and young people from preschool to university levels and requested development partners, including UNICEF, support continued learning despite school closures⁴⁰.

All distance learning modalities (online, TV, radio and paper-based) posed unique challenges with respect to ensuring inclusive and quality learning. For example, **online learning compounded inequality in education for the most disadvantaged groups, especially children from sub-optimal socio-economic backgrounds (ethnic minority groups and poor families) due to the digital divide and literacy.** Teachers, especially in disadvantaged areas, were not well prepared to facilitate online learning, with 93 per cent of teachers in remote provinces reporting not having used modern technologies in class prior to the COVID-19

crisis⁴¹. This compromised the quality of online teaching. Furthermore, ethnic minority students could not benefit from mother tongue-based online learning due to a lack of online materials in ethnic minority languages.

Additionally, the lower educated and poorest families were less likely to access the internet and digital devices, nor did they have work spaces, books and other learning materials at home. To illustrate this point, 9 per cent of study participants reported not having the required IT devices nor Wifi connectivity to benefit from online learning opportunities and half of respondents said their children studied less than required or did not study at all during school closures. Some 37 per cent of interviewees reported their children encountered technical problems during online classes that prevented them from joining online classes regularly. Nearly a quarter revealed children suffered from minor health problems (temporary vision, hearing, back and neck problems) after online learning and students themselves reported increased anxiety levels and psycho-social issues⁴².

Figure 2: Percentage of study participants reporting online learning problems for children during COVID-19



“My son’s studying time decreased, he could not concentrate. After COVID-19, when returning to school, he started lying that he had finished all homework, but the teacher called me saying that he did not.”

(ID 407-G3, mother, HN)

“During COVID-19, his study was affected a lot. He had to learn through the TV, we didn’t have the capacity to provide him with means to study online, no computer or phone or internet, so he couldn’t do it, even though the school still provided classes through Zoom.”

(ID 412-G4+G6, near-poor mother, Truc Bach, HN)

“During many Zoom classes, the internet connections were bad so that I could not follow the teacher’s presentations.”

(ID 432-G14, adolescent, boy, 16 years old, Phu Xuyen, HN)

“My child is disadvantaged, born deaf, and mute. He has been staying home for the last year. The other day, the teacher contacted us to see if he would go back to school. But because of our economic difficulties, he still stays at home. Even during the outbreak.”

(ID 411-G4, mother of a child with disabilities, VP)

With regards to child study respondents living in restricted areas, their educational means was disrupted during these respective quarantine periods. This could potentially result in growing dropout rates among disadvantaged groups.

“For days that I was under strict quarantine, my mum’s phone ran out of internet mobile data. So basically I did not learn anything for 14 days of isolation. But since I was back, my study can continue.”

(ID 405-G2, HN)

“Online education is only available for families with a good socio-economic status. Some of my friends had to go to their relative’s homes. Not all families can buy a computer for their children to study online.”

(ID 435-G14, adolescent, girl, 18 years old, VP)

“I think the supporting materials, documents for online courses were not sufficient.”

(ID 435-G14, adolescent, girl, 18 years old, VP)

“During class, the internet could disconnect due to a bad connection. Since we did not have a internet connection at home, I had to use our neighbour’s WIFI. Sometimes during Zoom classes, the electricity in my mountainous area went out because of the rain, so I couldn’t continue to study.”

(ID 433-G14, ethnic minority adolescent, boy, 16 years old, Quoc Oai, HN)

“Learning through TV, the teachers were sometimes too quick and hard to understand.”

(ID 433-G14, ethnic minority adolescent, boy, 16 years old, Quoc Oai, HN)

“My niece told me that during her online studies through Zoom, someone hacked in and uploaded some unorthodox and age-inappropriate images which the teachers could not handle. It affected their mental state and quality of lessons.”

(ID 421-G9, teacher, HN)

Teachers also encountered many issues while conducting online and distance learning courses:

“We had been trained on how to prepare online lessons during COVID-19. However, the online method is still quite new to us, so we weren’t comfortable conducting online courses.”

(ID 421-G9, teacher, HN)

“There was a lack of interaction between the teachers and children and this could impact the quality of the lesson.”

(ID 430-G13, ethnic minority mother, Quoc Oai, HN)

“In face-to-face classes, I can make sure students take notes because I can see them and give feedback, but this is not possible during online classes.”

(ID 421-G9, teacher, HN)

Furthermore, the MOET invested in distance learning and developed a database of 2,000 videos and specific programmes aired on national TV channels (VTV1 and VTV7) and 28 local TV channels⁴³. However, these TV-based distance learning programmes only focused on Grades 9-12 primarily⁴⁴ and a few main subjects (maths, Vietnamese, English and literature). Another rapid assessment led by Viet Nam Institute of Educational Science found that 53 per cent of respondents reported the quantity of such TV programmes for early childhood education was significantly less than for primary and secondary level students, and did not facilitate learning through play. In addition, distance and online learning programmes for pre-school students lacked interesting and practical visual images, interactions and local appropriateness⁴³.

As a response to limited opportunities for students to participate in online or TV learning opportunities, some teachers especially in remote areas developed ways to deliver hardcopies of lessons and assignments to students or to heads of villages to handover to families^{45 46}. Furthermore, several parents organized new online learning routines and schedules to help children continue learning effectively. Some checked in with teachers for

suggestions for specific learning activities, as well as stayed in touch during online-learning for additional support. Parents supported children’s new way of learning by purchasing devices, upgrading internet connections and even joining the online classes.

“To facilitate our children’s online classes, we had to purchase additional items such as web-camera, headphones and upgraded the internet package to a more expensive [faster connection] one.”

(ID417-G6, father, Tan Phu, HCMC)

“Most parents were at home during the pandemic, so they studied with their children during online sessions and supported them when asked.”

(ID404-G2, mother, HN)

Schools re-opened in May. In northern Viet Nam, the weather was exceptionally hot and schools would lack appropriate infrastructure for children to study effectively during these weather conditions in a period schools were usually closed for summer holidays. As such, children’s health was a key concern for parents and teachers.

“Because of having to stay home due to the pandemic, by July I will finally get my summer break. I am really not fond of going to class in the hot summer weather, the heat is quite extreme.”

(ID433- G14, ethnic minority adolescent, boy, 16 years old, HN)

“My class has 43 students, but has just five ceiling fans and three glass windows without any curtains. So, it will barely be heat-proof during the summer. We even have to cover windows with paper to reduce sun exposure.”

(ID435-G14, adolescent, girl, 18 years old, VP)

3.9. Social protection

On 10 April 2020, the Government of Viet Nam released a financial relief package worth VND 62 trillion (US\$2.6 billion) for COVID-19 crisis-affected groups⁴⁷, targeting current beneficiaries of social assistance, poor and near-poor families, those temporarily losing jobs, employers and small businesses with annual incomes of less than VND100 million and informal workers who lost jobs⁴⁸. It was predicted that about 20 million people will receive benefits from this package to support their daily lives during the COVID-19 outbreak. Another package worth VND16 billion was adopted by the Prime Minister according to the Decision 15/2020/QĐ-TTg (24 April 2020) through the Bank for Social Policy to support enterprises impacted by COVID-19, but after two months no enterprise could access this package as the criteria was too demanding¹⁶. Workers interviewed by the media reported challenges accessing the support due to the large volume of paperwork needed to prove income loss due to the pandemic⁴⁹. Some participants reported the benefit relief package was a good policy response, particularly for those in critical need of such support. In the decentralized context, some provinces and cities with greater fiscal space supported additional schemes, such as HCMC providing 30,000 private preschool teachers with VND1 million each in cash assistance⁵⁰.

According to MOLISA, by 29 June 2020, more than 11 million individuals from an approved list of 15.8 million vulnerable people and 6,196 household businesses had received VND11,267 billion of the VND17,500 billion available in this social assistance package. However, MOLISA reports indicated some key challenges in implementing this package, including complicated procedures leading to late delivery of cash and limited local matching funds (30-50 per cent of total local funds) among poor provinces, such as Binh Dinh, Hoa Binh, Nghe An and Thanh Hoa⁵¹. Just over a quarter of interviewed rural households reported that social assistance procedures were too complicated, with 19.8 per cent waiting a prolonged period to receive assistance and 14.7 per cent found the criteria too demanding to meet¹⁶. A rapid assessment in May 2020 conducted by the Department of Social Protection (MOLISA) with all provinces on the COVID-19 social assistance package indicated that informal workers, small businesses and families with children faced difficulties accessing this package, due to complex registration and screening procedures⁵².

“My parents received cash allowances, food and drink from the local authorities. My family was classified as near-poor. I [and my friend] received half a second semester tuition fee waiver after the COVID-19 outbreak.”

(G14-ID433, ethnic minority adolescent, 16 years old boy, near-poor household, Quoc Oai, HN)

“Yes, my family already received allowances from the government support package for COVID-impacted people. My husband, a disabled person, received VND 1.5 million, I received an additional VND750,000 for [being] from a poor household.”

(ID 412-G4+G6, informal-working mother from near-poor family, Truc Bach, HN)

“I live in an area where the outbreak occurred and was quarantined for 14 days. Our household received assistance, VND40,000 each person per day.”

(ID 402-G1, mother, VP)

“I heard there is an officer from our ward going through houses for beneficiary lists, however, it seemed that the money was only to support street vendors, motorbike-taxi drivers or people working in food businesses. I work in a hair salon and am an informal worker, yet no benefit was granted to me.”

(ID 416-G6, informal worker, HN)

3.10. Child participation

During the COVID-19 crisis, children in Viet Nam had opportunities to give feedback and participate in co-decision-making at home.

Children's voices are of importance to gain insights into the impacts of this pandemic on their own lives, understand their needs and realize them effectively. While many children's opinions seemed to be neglected and restricted, some parents listened to

their children, guided them on household chores and encouraged them to participate in social activities and decisions affecting them. Infographic 5 shows that 47.9 per cent of interviewed parents sought their children to decide and share their opinions, while 27.1 per cent involved their children in decision-making.

47.9%

Parents **sought** their children to decide and share their opinions, and **27.1** per cent **involved** their children in **decision-making**



Infographic 4: Child participation during COVID-19

“During the COVID-19 outbreak, I had to study from home through Zoom calls, so I asked my parents to buy a phone for studying purposes. They listened and supported me to buy one.”

(ID433-G14, ethnic minority adolescent, near-poor household, Quoc Oai, HN)

“My parents encouraged me to take part in a video competition to promote COVID-19 prevention. For that activity, you can dance or draw, so I danced. I made a video and sent it to the organizer for further sharing and commenting on my idea.”

(ID435-G14, adolescent, girl, VP)

“My children actively participated in housework, such as home cleaning and disinfecting home appliances. Our children like to talk to me about the COVID-19 situation in the world and Viet Nam. We do it regularly.”

(ID429-G13, ethnic minority mother, Quoc Oai, HN)

Qualitative data revealed adolescents participated as agents of change in response to COVID-19. Within certain restricted areas, adolescents were trained with protective equipment to take part in control and prevention activities against COVID-19 in their neighbourhoods.

“Our ward has 15 adolescents, who are still in high and middle schools, who are in a team tracking body temperature and other symptoms. They do not have to go to school so basically, they work day and night. They all participate voluntarily and enthusiastically. They did such great jobs, we were surprised.”

(ID 423, G10, social worker at the frontline, VP)

“During COVID-19, my close friends and I shared relevant updates [new case records] from the government, Ministry of Health, VTV24 channel of Vietnam Television, and other reliable websites. Our aim was to have more people accessing accurate, reliable information to reduce unnecessary anxiety and fear caused by fake news, tabloids, and distorted information. We also shared information about practices to prevent and control COVID-19 [how to wear masks correctly, proper handwashing steps] so more people could self-protect during the outbreak.”

(ID431, boy, adolescent, 18 years old, Hoan Kiem, HN)

3.11. Gender roles

During COVID-19, women were more likely to lose their jobs than men and spend more time in unpaid care work. There was a sharp 73 per cent rise in women spending three or more hours in non-paid domestic work³³. At the same time, domestic workers lost their jobs due to reduced demand and with no compensation due to wages paid based on hours worked, often without employment contracts⁵³.

Several study participants reported women were more likely to be laid-off than men. They also revealed many mothers, unlike fathers, reduced their hours or even quit their jobs to focus on childcare. This underlined the inequality in gender roles between mothers and fathers in many families. Besides, textile and manufacturing factory workers (mostly women) were more affected by factory closures and export restrictions.

“As I observed during COVID-19, women were more likely to lose their jobs or income, compared to men. Right around my neighbourhood, most families have a wife laid-off or fired, rather than the husband.”

(ID 412-G4+G6, near-poor mother, Truc Bach, HN)

“During the social distancing period, children couldn’t go to school. So, mothers had to arrange their work and time to look after them. A female neighbour of mine, who had a job, had to stay home instead to take care of the children.”

(ID 409-G3, mother, Ha Loi, HN)

“When the pandemic occurred, I could see that most women had to do more child care and house chores than men.”

(ID 402-G1, mother, Son Loi, VP)

“During the social distancing period, product orders reduced by 70 per cent and most came from a domestic company. Many female workers were greatly impacted.”

(ID 428-G12, representative of Trade Union, industrial zone, HN)

Gender inequality among children was observed. This might not be perceived within families themselves, yet how sons and daughters are treated differently could imply long-term gender inequality problems. This could result in adverse impacts on girls' comprehensive development, especially their mental and psychological health.

“I still find that boys are paid more attention than girls. For example, during COVID-19, I saw a case of a family with one boy and girl two years apart. When we (ward People's Committee) went to their home and gave free milk for kids, we had many labels including Nestle, TH True milk, Vinamilk, Milo, so we told them: “We have these, you can choose whichever you want”. Immediately, the mother only called the son to come to choose, then asked me what the daughter could receive.”

(ID 424-G10, social worker on the frontline, Truc Bach, HN)

3.12. Community and neighbourhood support

During the pandemic, solidarity and social cohesion were promoted and strengthened.

Many individuals and businesses volunteered financial resources, time, and practical initiatives to cope with this outbreak. Free provision of rice and essential foods for poor or near-poor people, such as via rice ATMs and Zero Dong supermarkets, actively strengthened solidarity in isolated areas.

“Many organizations and sponsors organized campaigns to support them, such as free rice ATMs, distribution of essential food like instant noodles, eggs and milk as well as clothes at some public places. Whoever was in need could come and take, those in better condition could come to give away.”

(ID 414-G5, mother, Thanh Xuan, HN)

“My household income is low, prices were too high. I did not buy any meat. We received food assistance from the ward people's committee and Red Cross, including a box of noodles, some rice, a bottle of fish sauce, cooking oil.”

(ID 412-G4+G6, near-poor mother, Truc Bach, HN)

Neighbourhood support also played a vital role in coping with the social distancing period and beyond. In some local schools, a handbook for parents to instruct them on early childhood care and education, software packages and links (Vinskills.vn, Kids online, Zoom) was provided. In some mountainous or remote areas, local and school authorities donated rice and essential goods for students whose families were on poor or near-poor lists. People also started to reflect on how they could better organize themselves and support distribution of in-kind materials.

“In my village, some people with better economic conditions contributed rice and instant noodles to deliver to poor families.”

(ID 405-G2, mother, HN)



During the outbreak's peak, my commune received lots of support from various firms, organizations and individuals domestically and abroad. With regards children, a milk company gave out 48 boxes (VND600,000 per box), Dutch Lady company donated 800 boxes. However, our way to organize the allocation and receiving such goods was not well ordered. Therefore, if such events happened again, everything should be gathered to one source to better organize such activities for locals."

(ID 423-G10, social worker at the frontline, Son Loi, VP)

With regards education, social media informal networks, platforms and campaigns were created to extend mutual support to parents and caregivers as well as children and young people.

Digital technologies and mass media played a crucial role in the fight against COVID-19. Frequently-used social network groups were also created between teachers and parents to maintain contact and provide timely instructions to parents on child care and education given people's common concerns about the spread of COVID-19. They facilitated business continuity, fact-checked information and connected people for mutual support to maintain good mental health. Several digital campaigns via mass media and social networks (Facebook, Zalo, YouTube, Tiktok) also promoted public awareness and behaviour change through "Ghen Co Vy" song, "ICT_anti_nCoV" hashtag or #ONhaVanVui (StayHomelsFun) outreach. Further, UNICEF Viet Nam and the MOH launched a mass media campaign "Contagious kindness" to stimulate dialogue between adolescents and decision-makers, promote the voices of young people, and promote positive messages through this kind of social media (#long_tot_de_day)⁵⁴.

"There were two students who didn't have the necessary equipment for online classes. Fortunately, with the support of the class parents committee, they were provided with a computer and could join the online classes."

(ID429-G13, ethnic minority mother, Quoc Oai, HN)

"I watched TV for health information on preventing and controlling COVID-19 continuously. It also came with catchy songs such as "Ghen Co Vy" to help children remember all the steps for handwashing properly and raise awareness about other prevention and control measures of COVID-19."

(IF416-G6, mother, HN)

4. Conclusions and policy recommendations

The COVID-19 pandemic has impacted the lives of children and their families negatively and positively through multiple socio-economic dimensions. The most vulnerable children were found to be those from migrant, rural and urban poor families, ethnic minority groups, children with disabilities, informal workers, agricultural workers, and those working in the hardest hit sectors, including tourism, transport, textile and garments and manufacturing. The pandemic hindered the quality and inclusive access to essential social services, such as those for maternal and child health care (pre- and post-natal care, routine immunizations and nutrition) as well as education, social assistance and child protection. The suspension of key child services such as immunization and nutrition – while preventing potential transmission of COVID-19 – exposed children to other forms of risks. Even though online and distance learning was applied, the digital divide disrupted access to quality education for many students, especially those from disadvantaged locations, poor families and those with disabilities. At the same time, children were either exposed or at risk from violence and mental health challenges. Despite the government's social assistance package to support the hardest impacted groups of people, in some cases it struggled to reach some vulnerable groups, including informal workers, small business (the so-called "missing middle") and families with children.

This new normal also presented opportunities for local authorities, parents, teachers, health workers and children. Some parents took advantage of the time to teach children life skills, including house chores such as cooking. Positive behavioural changes in hygiene (handwashing with soap) were observed and recorded, but will require systematic support and efforts to sustain these behaviours. Social cohesion and solidarity were strengthened through social media networks and platforms for parents and caregivers with experience and knowledge sharing in childcare, education or acts of kindness to give in-kind donations (rice and other living essentials) to disadvantaged people and students.

Given the main objective of this rapid assessment was to provide policy-makers with recommended policy options to ensure the well-being of children and their families in the context of COVID-19 and future pandemics in short, medium and long terms, the

research team encourages policy-makers to take the following steps:

- COVID-19 has significantly impacted the lives of many people in Viet Nam - especially vulnerable groups as well as exposed structural weaknesses in its economy and social services. **The government is encouraged to undertake further and comprehensive analysis on COVID-19 aggregated impacts at national and micro levels** to understand the medium and long-term implications for Viet Nam's economy and social sectors for five-year strategic planning and budgeting. Also, attention should be paid to vulnerable areas where people suffer from double burdens of COVID-19 and climate-related disasters, such as the Mekong Delta, where water shortages is a major and systemic issue.
- Ensure **children are at the heart of socio-economic development planning and budgeting** and **maintain focus on sustaining progress against SDGs** under the leadership of the government and partnerships with all stakeholders. A key thrust to build back better and tackle new and intensified forms of poverty and vulnerabilities would require 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 policies and interventions that address the social and economic impacts of COVID-19, not an afterthought.
- **Improve the institutions and capacities of key stakeholders and local authorities**, including the capacity to facilitate new forms of service delivery (particularly distance and online learning, telemedicine or e-health), to ensure equitable and comprehensive social service delivery and social protection to children and adolescents, in addition to improving the quality of essential services.

- **Strengthen sectoral and inter-sectoral monitoring and evaluation systems with an equity and gender lens** to regularly monitor children's well-being across the areas of education, health, nutrition, WASH, child and social protection, especially before, during and after pandemics to inform policy-making. Importantly, such monitoring and evaluation systems will help to understand where the poor live, key problems facing children and their families and what are the new forms of vulnerabilities.

Specifically, the following recommendations are proposed to the government (national and sub-national levels, especially provincial and city people's committees) and other relevant stakeholders:

Job and income security through social protection

- Support sustainable livelihoods for people whose jobs were impacted by COVID-19 by providing inclusive and affordable micro credit for production recovery and small business development and operation in short and medium terms.
- Support job sustainability and creation through business with government stimulus, grants or other government credit schemes.
- Provide support for training and retraining workers, especially those in informal sectors to secure jobs after COVID-19.
- Universal cash assistance for children is essential, as is the removal of administrative bottlenecks to enable beneficiaries to receive cash in a timely manner. The monetary value of benefits should be increased alongside changes in poverty measurement. While services are disrupted and livelihoods threatened, there is an urgent need to support families and children with funds to provide nutritious food, health care, child care and more. Government cash assistance, in the future, should target children to shield them from poverty and vulnerability as well as provide quality and inclusive access to essential services including health, nutrition, education and social and child protection so they develop to their fullest potential. Key steps include:
 - Seize this opportunity to accelerate the social assistance reform agenda. A key step would be to revise the cash assistance scheme to expand the coverage and raise

the monetary value of benefits. A roadmap should outline a phased approach that gives due priority to all young children 0-3 years old as a critical window of opportunity for child development and then expand to older children over time.

- Universal child benefits must be positioned within and supported by broader social policies where cash and services improve children's well-being – in aspects related to education, health, nutrition, water and sanitation and protection from violence – all of which lead to sound human capital development.
- Viet Nam's social assistance system should be equipped with a built-in mechanism to anticipate and respond to climate change, economic crises and pandemic outbreaks.

Access to maternal and child health care

- Ensure continuity and adequate health care services, including deployment of mobile/ outreach healthcare teams to provide essential healthcare services like routine immunizations, maternal and new-born care and address reduced care-seeking behaviours.

Access to nutrition services

- Support vulnerable people to access nutritious foods in both urban and rural areas through social protection and community programmes, especially for households who cannot afford to buy nutritious food because of the loss of employment and/or livelihoods.
- Ensure continuous provision of micronutrient supplementation for pregnant and lactating women and vitamin A and multiple micronutrient products for children.
- Provide accurate information on how to maintain a healthy diet for all, especially children, pregnant and breastfeeding women.
- Ensure nutrition standards and maintain the provision of school meals for children.
- Include nutrition as a component in preparedness and action plans in response to natural disasters and health emergencies.

Safe water, hand washing with soap and other hygiene practices

- Ensure access to clean water and hygiene facilities and services at home, health facilities and schools.
- Systematically promote and sustain communication for behaviour change in handwashing with soap and distribute critical hygiene and preventive items (soap, hand-sanitizer, personal protection equipment) for use at home, schools, health facilities and public spaces.

Education

- Scale-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.
- Build teachers' capacity to facilitate child-friendly distance learning through innovative blended approaches (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 promote children and adolescent's mental well-being, into the national distance learning strategy.

Childcare and protection

- Develop programmes by government and employers to promote childcare and protection to support parents, frontline workers in anticipation of future crises.
- Review relevant regulations to ensure children's privacy, data protection and safety online as well as raise awareness about virus-related stigma and discrimination of vulnerable groups (including those living in quarantine centres, restricted areas or health workers and their children).
- Improve capacity of the National Child Helpline to receive and refer cases of child abuse, violence and exploitation to response services through local child protection systems and provide psychosocial support and mental health care for children, including those living in quarantine centres.

- Enhance the case management system by establishing a network of child protection social workers at provincial and district levels as well as training local child protection workers on detecting and providing child protection services in the context of COVID-19 and other public health emergencies.
- Parents, caregivers and families need to be aware or trained in early detection of child distress as well as child safety with open communication through positive support and encouragement as well as help children learn how to keep personal information private.

Mental health and psycho-social well-being

- Launch and implement mental health and psychosocial support programmes, including early identification, counseling, management of children with mental health and psychosocial problems, especially those at risk or victims of violence and abuse as well as frontline health workers and teachers.
- Prepare schools to provide mental health and psycho-social support services to address stigmatization and discrimination.
- Support children and their families in coping with continued uncertainties from pandemics.

Child participation

- Establish systematic and innovative mechanisms and an enabling environment for child participation in the community, schools and at home through children's networks, student-led social clubs and peer-to-peer support groups in all decision-making processes.
- Provide resources and IT-based innovative platforms for youth empowerment in an inclusive and independent environment to enable creativity and diverse views.

5. References

1. *The Prime Minister extended the implementation period of COVID-19 prevention and control measures during the new phase of the outbreak - Vietnam Ministry of Health - Health portal updates on COVID-19.* Accessed July 11, 2020. <https://ncov.moh.gov.vn/web/guest/-/thu-tuong-chi-thi-tiep-tuc-cac-bien-phap-phong-chong-dich-covid-19-trong-tinh-hinh-moi>
2. MOET (2017-2018). *Data covers pre-school to upper secondary.*
3. *Vietnam's Success in Containing COVID-19 Offers Roadmap for Other Developing Countries.* Accessed July 16, 2020. <https://www.imf.org/en/News/Articles/2020/06/29/na062920-vietnams-success-in-containing-covid19-offers-roadmap-for-other-developing-countries>
4. *7.8 million people lose their job, having to take day-off due to the outbreak.* Accessed July 11, 2020. <https://tuoitre.vn/7-8-trieu-nguoi-mat-viec-nghi-luan-phien-do-dich-benh-20200629151855254.htm>
5. *East Asia and the Pacific in the Time of COVID-19 – Regional Economic Update, April 2020.* World Bank. Accessed July 16, 2020. <https://www.worldbank.org/en/region/eap/publication/east-asia-pacific-economic-update>
6. *East Asia and the Pacific in the Time of COVID-19 – Regional Economic Update, April 2020.* World Bank. Accessed June 28, 2020. <https://www.worldbank.org/en/region/eap/publication/east-asia-pacific-economic-update>
7. *MARD Report on the Drought and Saltwater Intrusion in Mekong River Delta.* Accessed June 28, 2020. <http://phongchongthientai.mard.gov.vn/en/Pages/mard-report-on-the-drought-and-saltwater-intrusion-in-mekong-river-delta.aspx?item=/en/Pages/mard-report-on-the-drought-and-saltwater-intrusion-in-mekong-river-delta.aspx>
8. *Secretary-General's statement on the effect of the COVID-19 pandemic on Children [scroll down for French version].* United Nations Secretary-General. Published April 16, 2020. Accessed July 16, 2020. <https://www.un.org/sg/en/content/sg/statement/2020-04-16/secretary-generals-statement-the-effect-of-the-covid-19-pandemic-children-scroll-down-for-french-version>
9. *Statement by UNICEF Executive Director Henrietta Fore on the COVID-19 pandemic.* Accessed July 16, 2020. <https://www.unicef.org/press-releases/statement-unicef-executive-director-henrietta-fore-covid-19-pandemic>
10. *Multi-dimensional poverty rate for the period of 2016-20.* Published online November 19, 2015.
11. *VnExpress. GSO Data from the Press Conference on 10 July 2020.* vnexpress.net. Accessed July 27, 2020. <https://vnexpress.net/gan-31-trieu-nguoi-mat-viec-giam-thu-nhap-vi-covid-19-4128450.html>
12. *UNICEF. How COVID-19 is changing the world: A statistical perspective.* UNICEF DATA. Published May 13, 2020. Accessed May 21, 2020. <https://data.unicef.org/resources/how-covid-19-is-changing-the-world-a-statistical-perspective/>
13. *East Asia and the Pacific in the Time of COVID-19 – Regional Economic Update, April 2020.* World Bank. Accessed May 21, 2020. <https://www.worldbank.org/en/region/eap/publication/east-asia-pacific-economic-update>
14. *ADB. COVID-19 and gender in Vietnam.* Published online May 2020.
15. *Institute for Policy and Strategies for Agriculture and Rural Development. Rapid Assessment on the Impacts of COVID-19 on Rural Livelihoods in Viet Nam.* Published online 2020.

16. *VCCI data source on the conference organized by IPSARD/MARD. Rapid Assessment on the Impacts of COVID-19 on Rural Livelihoods in Viet Nam. Published online 2020.*
17. *5 million labours had to stop working temporarily and lost their job due to the COVID-19 outbreak. Thanh Nien Newspaper. Accessed July 11, 2020. <https://thanhvien.vn/tai-chinh-kinh-doanh/5-trieu-lao-dong-tam-nghi-mat-viec-lam-vi-dich-covid-19-1215306.html>*
18. *Times V. 10 million Vietnamese workers affected with 5 million lost jobs due to Covid-19. Vietnam Times. Published April 25, 2020. Accessed May 22, 2020. <https://vietnamtimes.org.vn/10-million-vietnamese-workers-affected-with-5-million-lost-jobs-due-to-covid-19-19743.html>*
19. *Viet Nam Chamber of Commerce and Industry - VCCI. An assessment on COVID-19 impacts on enterprises based on online meetings and reports from over 700 enterprises and business associations across the country. Published online 2020.*
20. *VnExpress. With jobs lost to Covid-19, Vietnamese struggle to make ends meet - VnExpress International. VnExpress International – Latest news, business, travel and analysis from Vietnam. Accessed July 11, 2020. <https://e.vnexpress.net/news/business/economy/with-jobs-lost-to-covid-19-vietnamese-struggle-to-make-ends-meet-4116361.html>*
21. *United Nations Resident Coordinator's Office, Viet Nam. Brief on Economic Impact of COVID-19 in Vietnam.; 2020.*
22. *Viet Nam can well address labour market challenges. Published April 15, 2020. Accessed June 9, 2020. http://www.ilo.org/hanoi/Informationresources/Publicinformation/comments-and-analysis/WCMS_741638/lang--en/index.htm*
23. *How To Cope With Job Loss During Covid-19. Accessed May 25, 2020. <https://www.onemedical.com/blog/live-well/cope-with-job-loss-covid-19>*
24. *Income Loss, Financial Stress, and COVID-19: How to Cope. GoodTherapy.org Therapy Blog. Published April 8, 2020. Accessed May 25, 2020. <https://www.goodtherapy.org/blog/income-loss-financial-stress-covid-19-how-to-cope-0408207>*
25. *Fox M. "This isn't forever but it is survival mode" — how to handle your loss of income during the coronavirus pandemic. CNBC. Published April 9, 2020. Accessed May 25, 2020. <https://www.cnbc.com/2020/04/09/how-to-handle-your-loss-of-income-during-the-coronavirus-pandemic.html>*
26. *How to Cope if You Lost Your Job During the Covid-19 Crisis – MyCareersFuture. Accessed May 25, 2020. <https://content.mycareersfuture.sg/how-cope-lost-job-during-covid-19-crisis/>*
27. *UNICEF Vietnam Country Office. Policy Brief: The Impact of COVID-19 on Children in Viet Nam.; 2020.*
28. *UNICEF. Rapid Assessment on Secondary impacts of the COVID-19 Outbreak on the routine services of Health, Nutrition and WASH at commune level.*
29. *Ministry of Health. Administrative Report on COVID-19 and healthcare services. Published online 2020.*
30. *Administrative Data from Ministry of Health.*

31. *Southern Vietnam records second diphtheria cases accessed on 26 July 2020*
<https://e.vnexpress.net/news/news/southern-vietnam-records-second-diphtheria-case-4136452.html>
32. *Viet Nam: Drought and Saltwater Intrusion - Office of the Resident Coordinator Flash Update No. 2 (As of 27 February 2020) | United Nations in Viet Nam. Accessed July 7, 2020.* <https://vietnam.un.org/en/36769-viet-nam-drought-and-saltwater-intrusion-office-resident-coordinator-flash-update-no-2-27>
33. *EMPOWER, UN. The impact of COVID-19 on rural women and enterprises: A rapid socio-economic assessment in Vietnam by the EMPOWER project.*
34. *UNSDG | Policy Brief: The Impact of COVID-19 on children. Accessed July 7, 2020.* <https://unsdg.un.org/resources/policy-brief-impact-covid-19-children>
35. *Visits to recreational places drop by half in Vietnam amid pandemic: Google - VnExpress International. Accessed June 28, 2020.* <https://e.vnexpress.net/news/news/visits-to-recreational-places-drop-by-half-in-vietnam-amid-pandemic-google-4080626.html>
36. *VnExpress. Social distancing a hot topic in Vietnam: Google trends - VnExpress International. VnExpress International – Latest news, business, travel and analysis from Vietnam. Accessed June 28, 2020.* <https://e.vnexpress.net/news/life/trend/social-distancing-a-hot-topic-in-vietnam-google-trends-4079549.html>
37. *UNICEF, UN WOMEN and MOLISA join hands to protect children and women in quarantine centres. Accessed May 22, 2020.* <https://www.unicef.org/vietnam/press-releases/unicef-un-women-and-molisa-join-hands-protect-children-and-women-quarantine-centres>
38. *COVID-19 and gender in Vietnam.*
39. *Children at increased risk of harm online during global COVID-19 pandemic - UNICEF. Accessed June 9, 2020.* <https://www.unicef.org/vietnam/press-releases/children-increased-risk-harm-online-during-global-covid-19-pandemic-unicef>
40. *Minister of Education and Training Phung Xuan Nha requests UNICEF's support in distance learning. Accessed July 7, 2020.* <https://www.unicef.org/vietnam/stories/minister-education-and-training-phung-xuan-nha-requests-unicefs-support-distance-learning>
41. *UNICEF Viet Nam. Rapid assessment on the on-line learning and education in the context of COVID-19 Pandemic. Published online 2020.*
42. *UNICEF Focus Group Discussions. Published online July 2020.*
43. *Institute of Educational Science. Impacts of COVID-19 on pre-school education. Published online 2020.*
44. *UNICEF Viet Nam. Rapid assessment on the on-line learning and education in the context of COVID-19 Pandemic. Published online 2020.*

45. *Teachers from high-land areas contribute to the prevention and control of the COVID-19 outbreak - Lao Cai Newspaper.* Accessed July 11, 2020. <http://www.baolaocai.vn/xa-hoi/giao-vien-vung-cao-chung-tay-phong-chong-dich-covid-19-z5n20200331151519338.htm>
46. *Nghia Lo: Teachers delivered assignments and homework to their students' mountainous village - Yen Bai Newspaper.* Accessed July 11, 2020. http://www.baoyenbai.com.vn/13/189433/Nghia_Lo_Giao_vien_dua_bai_tap_toi_tan_ban_cho_hoc_sinh.htm
47. *Promptly deploying social security support packages.* Accessed July 11, 2020. <https://en.nhandan.org.vn/society/item/8581402-promptly-deploying-social-security-support-packages.html>
48. *Resolution #42 issued by the Government on assistance for people affected by COVID-19 pandemic.* Published online April 2020.
49. *With jobs lost to Covid-19, Vietnamese struggle to make ends meet - VnExpress International.* Accessed July 7, 2020. <https://e.vnexpress.net/news/business/economy/with-jobs-lost-to-covid-19-vietnamese-struggle-to-make-ends-meet-4116361.html>
50. *Ho Chi Minh City: Proposing supports for teachers without social insurance at private kindergartens - Dan Tri Newspaper.* Accessed July 11, 2020. <https://dantri.com.vn/viec-lam/tphcm-kien-nghi-ho-tro-cac-giao-vien-mam-non-tu-thuc-khong-co-bhxx-20200507234103919.htm>
51. *MOLISA. Reports#70 &89/BC-LDTBXH on the implementation of Resolution# 42/NQ-CP dated 09/4/2020 to support the vulnerable people by COVID-19.* Published online 2020.
52. *Rapid assessment on social assistance and care in the context of COVID-19 Pandemic.* Published online 2020.
53. *Leaving no one behind | Oxfam in Vietnam.* Accessed July 8, 2020. <https://vietnam.oxfam.org/latest/stories/leaving-no-one-behind>
54. *UNICEF and the Ministry of Health launch the "Kindness is Contagious" campaign in Viet Nam.* Accessed June 9, 2020. <https://www.unicef.org/vietnam/stories/unicef-and-ministry-health-launch-kindness-contagious-campaign-viet-nam>

ANNEX 1 - Case studies

Case study 1

Mrs. P., 28-years-old, lives in Ha Loi ward, Me Linh district, Ha Noi (a restricted area during the COVID-19 outbreak for having many infected cases). Mrs P. is a full-time office worker at a lower secondary school in the area, a part-time online entrepreneur and has a 2-year-old girl. The outbreak impacted deeply on her family life and jobs as a result of school closures and postponement of her online business during the lock-down. Consequently, the family's income was significantly reduced. As Mrs P.'s husband is a police officer involved in managing isolation areas in other communes, he could not be at home during the entire outbreak. Mrs P. was fully in charge of taking care of her parents-in-law and her child. Mrs P. knew the COVID-19 outbreak impacted on her child's nutrition and resulted in fewer meals per day. During lock-down, Mrs P. had to store food for several days, instead of buying fresh groceries every day as before. She also did not have time to prepare her child's meal properly, and her child ate more snacks and had less regular meals. Moreover, Mrs P. felt that since the school closure, her child led a more sedentary life and was less active at home. During the social distancing period, the commune health station had to temporarily stop vaccinations, so her child did not get his measles vaccination in time. Moreover her child got a sore throat, yet because of the lock-down, could not visit higher-level health facilities. Mrs P. brought her child to the commune health station for a check-up, yet she thought the doctor was not as diligent as before the outbreak. Mrs. P. also found it difficult to buy medicines for her child. She reported that, during the outbreak, more women tended to lose their jobs or had their income lowered compared to men. Specifically mothers, unlike fathers, had to rearrange their work and time to take care of their children. However, with their area locked-down, she received many food and mask donations from the government and other donors.

Case study 2

D., a 16-year-old Muong ethnic minority boy, lives in a mountainous area of Dong Xuan, Quoc Oai, Ha Noi. He has a younger sister and his family is a near-poor household. Like many families, the COVID-19 outbreak was highly impactful. His mother's construction job ended, leaving no income source for the family as his father must stay at home with stomach cancer. As his house has no internet access nor computer, his mother used her savings to buy a new smartphone to allow D. and his sister to attend online lessons when their school closed. When his Zoom classes overlapped with his sister's, he missed his class. He reported certain difficulties studying online, including signal disruptions or could not hear his teacher. When there was no internet access at his house, he used his neighbour's Wifi. D. also mentioned some negative experiences with Zoom classes, when the class was disturbed by inappropriate drawings or music. Moreover, D. said online learning was also unfamiliar for teachers as content was hard to understand. His family received some government financial support and had half his tuition fee for the second semester covered.

Case study 3

T., 37-year-old woman, lives in Son Loi ward, Binh Xuyen district, Vinh Phuc province (a locked-down area during the COVID-19 outbreak for having many infected cases). T. has two children, a 15-year-old son who is deaf-mute and a 11-year-old daughter. T. used to sell shellfish at a local market. The COVID-19 outbreak had significant negative impacts on her family life. When the outbreak occurred, both T. and her husband lost their jobs and income. As the area was also under lock-down and with no income, her family used home-grown products (rice, vegetables) or received support from relatives. Due to school closures, T. had to borrow money from relatives to buy a computer so her daughter could study online at home. Concerning her son with disabilities, the family was forced to stop taking him to Ha Noi for specialized study programmes.

ANNEX 2 - Research participants and Study sites

Participants of this research are mothers, fathers or caretakers of children aged 2-5 years and adolescents aged 16-18 years. These participants are classified into different groups as in Table 1.

Table 1: Research participants for quantitative study

Group	Characteristics
G1	Participants lived or are living in quarantined areas
G2	Participants who stayed in collective isolation centres
G3	Participants isolated at home
G4	Participants who do not belong to the three above-mentioned groups and are mothers, fathers or caretakers of vulnerable children, such as children from poor, near-poor households, children with disabilities
G5	Participants who do not belong to the four above-mentioned groups (general public)
G6	Informal migrant workers
G7	Workers in industrial zones

Table 2: Research participants and sample size for qualitative study

Group	Characteristics	Sample size
G1	Participants lived in quarantined areas	3
G2	Participants stayed in collective isolation centres	3
G3	Participants isolated at home	3
G4	Participants who do not belong to the three above-mentioned groups and are mothers, fathers or caretakers of vulnerable children, such as children from poor, near-poor households, children with disabilities	3
G5	Participants who do not belong to the four above-mentioned groups (general public)	3
G6-7	Workers in industrial zones and informal migrant workers	3
G8	Health frontline service providers (commune/ward level)	2
G9	Education frontline service providers (commune/ward level)	2
G10	Child protection/social work frontline service providers (commune/ward level)	2
G11	Managers and/or teachers of schools for children with disabilities or orphans, social protection centres	2
G12	Representatives of trade union/health facilities of industrial zones	2
G13	Ethnic minority people	2
G14	Adolescents aged 16-18 years	6
	Total	36

The study was conducted in urban and rural communities in Ha Noi, Vinh Phuc and Ho Chi Minh City (HCMC) as below:

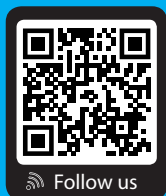
Table 3: Research sites for the study

Sites	G1 (Quarantined areas)	G2 (Collective isolation)	G3 (Isolated at home)	G4 (Vulnerable children)	G5 (General public)	G6 (Informal migrant workers)	G7 (Industrial zones)
Ha Noi	+ Truc Bach ward, Ba Dinh district + Ha Loi ward, Me Linh district						
Vinh Phuc	+ Son Loi ward, Binh Xuyen district + Vinh Yen City						
Ho Chi Minh City	+ Urban community (Thu Duc district, Tan Phu district) + Rural community (Can Gio district)						



Ha Noi Office: Add: 304 Kim Ma, Ba Dinh, Ha Noi, Viet Nam
Tel: +84 (0) 24 3.850.0100 | Fax: +84 (0) 24 3.726.5520

HCMC Office: Add: Unit 507, Sun Wah Tower, 115 Nguyen Hue Boulevard, District 1, Ho Chi Minh City, Viet Nam
Tel: +84 (028) 3.821.9413 | Fax: +84 (028) 3.821.9415



 unicef.org/vietnam
 [/unicef_vietnam](https://www.instagram.com/unicef_vietnam)

 [/unicefvietnam](https://www.facebook.com/unicefvietnam)
 [/UNICEF_vietnam](https://twitter.com/UNICEF_vietnam)