



CARE Rapid Gender Analysis for COVID-19
VIETNAM
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Cover page photo: A Vietnamese woman during quarantine, upon her return from China in early 2020.
Image: Nguyen Khanh / Tuoi Tre



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Executive Summary

Vietnam reported its first known case of COVID-19 on 23 January 2020. As of 19 May, the country had 324 confirmed cases, with 263 recoveries and no deaths.

In Vietnam, COVID-19 presents a range of contextual challenges including high numbers of migrant workers, high numbers of employees in the garment industry, many people working in the informal sector, and linguistically and culturally diverse ethnic minorities. The impacts of COVID-19 on vulnerable groups, such as migrant workers, informal workers, garment factory workers, and ethnic minorities are further marginalising these groups, exacerbating poverty and inequality and increasing their exposure to other social, economic and protection risks.

Women in Vietnam have historically been underrepresented in public decision-making processes, a trend that is reflected in high-level decision-making structures on COVID-19. This means that even as women are disproportionately affected by the crisis, they have less say in how their country should respond to it.

Key recommendations

Recommendation 1: Ensure availability of sex and age disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse.¹

Recommendation 2: Ensure targeting of humanitarian support based on clear and relevant vulnerability criteria.

Recommendation 3: Ensure COVID-19 public information campaigns are inclusive and accessible, and do not reinforce harmful gender stereotypes.

Recommendation 4: Explore new opportunities and creative ways to ensure crisis-affected communities remain at the centre of response activities. This is especially important in situations where social distancing measures make the existing approaches to participation, accountability, and communicating with affected communities unfeasible or ineffective.

Recommendation 5: Prioritise cash assistance over in-kind support for both rural and urban families, as long as it is safe and effective to do so.

Recommendation 6: Regularly update GBV response service mapping and referral pathways, to strengthen local survivor-centred referral systems and services.

Recommendation 7: Ensure livelihoods support for vulnerable households is a key focus of the emergency response to COVID-19. This could include introducing alternative income generation activities, and supporting and expanding VSLAs.

Recommendation 8: COVID-19 response programming should be designed, funded and implemented in ways that maximise flexibility, to allow programming to adapt quickly to new circumstances, (including new outbreaks and additional rounds of movement restrictions), and the changing needs and priorities of affected communities.

Key findings

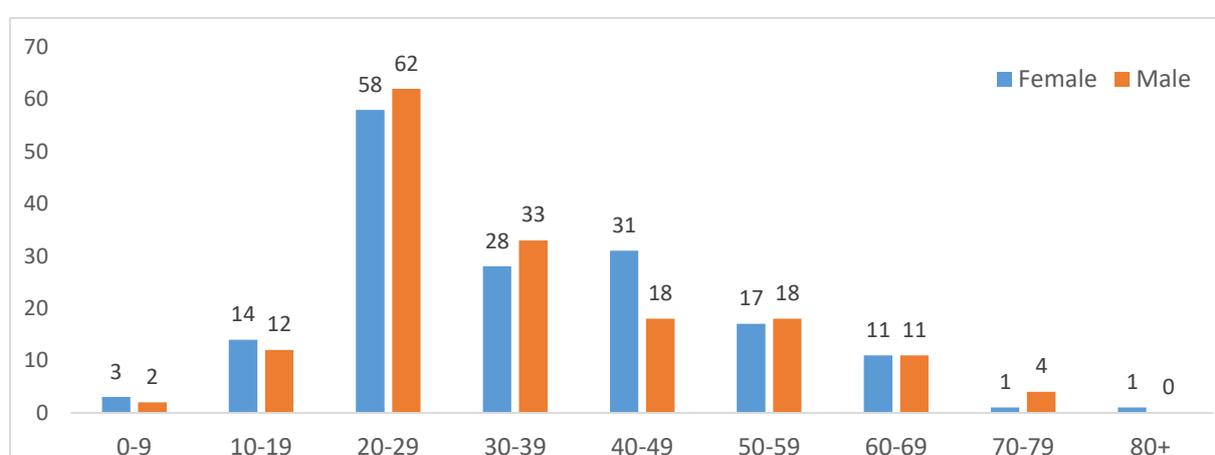
- School closures have increased the care burden on women, who take on the majority of the additional childcare work.
- The garment and textile sector (whose workforce is more than 80% female) is one of the hardest hit sectors.
- In the informal sector, almost 13 million workers are facing the largest economic shock, especially individuals near the poverty line, such as waste recyclers, street vendors and domestic workers (of whom nearly 95% are women and migrants).
- In ethnic minority areas, movement restrictions meant farmers were not able to sell agricultural products, or work as daily hired labour. This significantly reduced incomes, at a time when some rural communities were still recovering from the impact of a natural disaster and a livestock disease epidemic.
- With consumers moving away from shopping in the streets and towards online shopping, some street vendors have started to use Facebook and Zalo to sell their products, including agricultural products. This changing context means that people who are not comfortable with online marketplaces and/or smart phones are being left behind.

Introduction

Background information: COVID-19 in Vietnam

On 12 January 2020, the World Health Organization (WHO) confirmed that a novel coronavirus was the cause of a respiratory illness in a cluster of people in Wuhan City, Hubei Province, China. As of 19 May, 4,894,098 cases of COVID-19 have been confirmed worldwide, including 320,180 deaths. At the time of writing, the disease has spread to 210 countries and territories.²

Vietnam reported its first known case of COVID-19 on 23 January 2020. As of 19 May 2020, the country had 324 confirmed cases, with 263 recoveries and no deaths. Hanoi was the most-affected city with 112 confirmed cases.³ Global trends indicate that men are more likely to die from COVID-19, though in many settings women are more likely to be diagnosed with it.⁴ The Vietnam data is in line with this trend, with the number of confirmed cases slightly higher among women than men overall (50.6% women vs 49.4% men) and in several age brackets, as illustrated in the graph below. Cases were highest amongst those aged between 20-40, reflecting the fact that most confirmed cases in Vietnam were among people returning from abroad (60%), including students and workers.⁵



Graph 1: Total confirmed cases by sex and age (among 324 confirmed cases, as of 19 May 2020)

Vietnam has been praised for its prompt, effective and transparent response to the pandemic,⁶ which has been credited with limiting the spread of the disease and its death toll, despite limited economic and technological capacities, and a shared border with China, where the novel coronavirus first emerged.⁷

The Rapid Gender Analysis objectives

This preliminary Rapid Gender Analysis (RGA) has the following specific objectives:

- To analyse and understand the different impacts that COVID-19 potentially has on women, men, girls and boys, including people living with disabilities and the elderly, with a focus on ethnic minorities and marginalized urban groups (formal and informal workers) and their current needs and coping strategies.
- To inform CARE Vietnam (CVN) COVID-19 response programming, based on the different needs of women, men, girls and boys, with a particular focus on Women's Economic Empowerment, Protection and Gender-based violence.

Methodology

This Rapid Gender Analysis (RGA) was designed to provide information about the different needs, capacities and coping strategies of women, men, boys and girls in the COVID-19 pandemic. Although there are eight domains of analysis in CARE's Gender Analysis Framework, this RGA focuses on the six most relevant domains including gender roles and responsibilities; economic participation and earning; decision making and participation, access to resources and services; GBV prevention and response; and capacity and coping mechanisms. The assessment was conducted from 15-30 April, 2020. It included both a secondary data review and primary data collection, through in-depth interviews (conducted remotely) with two of CARE Vietnam's programming impact groups.

The Secondary Data Review was used to understand gender roles and relations, particularly of migrants, factory/garment workers and ethnic minorities. Secondary data sources included official national data from Population Census, Demographic and Health Surveys; Vietnam Living Standard Survey; National Survey on People with Disabilities; Survey on the Socio-economic Situation of 53 Ethnic Minority Groups in Vietnam; National Internal Migration survey; Vietnam Labour force survey; National Study on Domestic Violence against Women in Viet Nam. These are reports from UN agencies, the World Bank, Government Ministries and organizations working with (formal and informal) migrant workers, with a focus on research and evaluation reports from previous public health emergencies. The secondary data review also drew on CARE's own research and project documents, including the Gender in Brief, and global, regional and country RGAs.

In-depth Interviews were used to understand how gender roles and relations may change during the pandemic. Interviews with target groups were conducted remotely, using Facebook messenger, Zalo¹ and telephone. Based on a purposive sampling approach, respondents were selected from among participants in CARE Vietnam's projects, according to a set of criteria designed to capture variation in ethnicity, socio-economic situation, marital and children status, migration status, employment status, disability status and location. The availability and willingness of project participant's to participate in the voluntary interviews was also an important factor. The table below outlines the characteristics of interview respondents.

Table 2: Summary of respondent characteristics

Respondents	Characteristics	Location
Ethnic minorities (14)	<ul style="list-style-type: none"> • 2 women with disabilities • 2 women and 1 man whose dependents are people with disabilities • 2 women who are female household heads • 2 women and 1 man representing households with children of school age • 3 women and 1 man representing households with different agricultural production scales (including 1 representative from an agricultural production cooperative) 	Dien Bien, Bac Kan
Local authorities (10)	<ul style="list-style-type: none"> • 2 Heads of Commune Women Union • 2 Heads of Village • 4 Representatives of Commune People Committees • 2 Representatives of Provincial Department of Labour Invalids and Social Affairs 	Dien Bien, Bac Kan, Tra Vinh and Quang Tri
Factory workers (13)	<ul style="list-style-type: none"> • 2 female workers with children of school age • 2 female workers who are single mothers • 2 female former workers (off work) • 3 male workers • 2 EM migrant workers • 1 representative from factory management team • 1 representative from Labour Union 	Thanh Hoa, Hai Phong, Ho Chi Minh city (HCMC), and Thai Nguyen
Informal workers (5)	<ul style="list-style-type: none"> • 2 migrant domestic helpers • 2 migrant informal workers in Da Lat • 1 EM migrant informal worker 	Hanoi, Lam Dong, HCMC
Total	42 in-depth interviews (conducted remotely)	

¹ Zalo is the new market-leading messaging app from Vietnam, with more than 35 million active users.

A quick scan of 20 Village Savings and Loan Associations (VSLAs)² was conducted to understand savings and loans among VSLA members during the COVID-19. The 20 VSLAs were selected based on a convenience sample approach, and are comprised of a total of 360 members (mainly women) from Dien Bien, Son La, Kon Tum and Tra Vinh. The ‘quick scan’ method included reviews of VSLA meeting notes and documents as well as short chats with all 20 female VSLA leaders. The information collected related to group members, purchased shares, available funds, member’s loans and payment capacity as well as group’s challenges and needs during the outbreak.

The research had several limitations. Firstly, this is a rapid assessment mostly using secondary data, which is not updated and is limited in gender disaggregation, and in some cases is drawn from media sources which might be biased or otherwise unreliable. Secondly, the online and phone interviews were limited compared to standard face-to-face interviews, particularly in relation to the absence of eye contact, non-verbal information and opportunities for direct observations. This may have impacted data quality, including in terms of what respondents shared, and how accurately this information was understood, especially with regards to sensitive information (eg. GBV).

Vietnam’s Demographic profile

Sex and Age Disaggregated Data

As of April 2019, the total population of Viet Nam was 96,208,984 persons, of which the female population was 48,327,923 persons, or 50.2%. Most household heads in Viet Nam were male, however the female-headed household rates (of married women) increased since 2009 from 27% to 38% in 2016.^{8 9} This is a positive development for gender equality in Vietnam, where the head of the household is more likely to have greater rights as well as greater roles in decision-making.¹⁰

Table 3: Vietnam’s population by sex, age and rural/urban breakdown¹¹

		Age 0-14	Age 15-64	Age 65 and over	Total (area)
Urban	Male	4,039,828	11,304,868	1,280,110	33,095,890 (34.4%)
	Female	4,002,474	11,200,338	1,268,274	
Rural	Male	7,703,858	21,558,120	2,441,140	63,113,094 (65.6%)
	Female	7,632,624	21,358,784	2,418,568	
Total (age group)		23,378,783 (24.3%)	65,422,109 (68%)	7,408,092 (7.7%)	96,208,984 (100%)

Vietnam is a lower middle-income country, with a GDP per capita around US\$2,500 in 2019.¹² In 2019, the poverty rate was below 6% and the multidimensional poverty rate was 10.9%, representing a significant decrease since 2010. The poverty rates are higher among ethnic minorities and in rural and remote areas,^{13 14} which drives labour migration from rural areas to industrial and export processing zones, where people seek new livelihood opportunities and better income. It is noted that the proportion of female migrants is higher than that of male migrants, but the level of professional and technical qualification of female migrants is lower compared to their male counterparts. Therefore, female migrants are more likely to take on un-skilled, low income and insecure jobs, leaving them socio-economically vulnerable in their urban destinations, and more exposed to a range of challenges in this crisis.¹⁵

Vietnam has 54 ethnic groups, of which Kinh people (Vietnamese) make up the majority (85.3%) of the population. Most of Vietnam’s ethnic minorities live in remote, sparsely populated mountain regions in northern, central and western Vietnam. While the government has made efforts to address the needs of ethnic minorities with numerous programs that specifically target ethnic minority groups, ethnic minorities remain disadvantaged compared with other groups.¹⁶ In particular, women and girls among ethnic minority groups are considerably disadvantaged in terms of the nature and quality of opportunities and resources available to them.

² A Village Savings and Loan Association (VSLA) is a group of 15-25 people (most often women) who save together and take small, low interest loans from those savings. CARE founded the VSLA model in 1991 in Niger. Based on its proven impact, CARE has promoted the methodology in over 20 countries, across Africa, Asia and Latin America. In Vietnam, CARE has promoted this model and supported to establish around 250 groups in over 7 provinces with both urban and rural settings including Dien Bien, Son La, Lao Cai, Kon Tum, Tra Vinh, Lam Dong and Hanoi. Members in a VSLA save through the purchase of shares of between 1-5 shares every meeting. The share value is decided by the members themselves, and documented in their constitution, when the group is formed.

For example, many still lack equal rights to land and equal access to agricultural credit and technologies, making them more likely to bear the negative impacts of a financial crisis.¹⁷

Gender-based violence (GBV) is a major problem throughout the world. In Vietnam, the survey of domestic violence by the General Statistical Office in 2010 indicated a high prevalence of domestic violence, with more than half (58%) of adult females reporting experience of at least one type of domestic violence. However, approximately half of survivors (49%) never told anybody about their experience¹⁸. In the COVID-19 pandemic, economic and social stress coupled with restricted movement and social isolation measures have led to an increase in GBV incidences that highlights the urgent need to prevent and respond to GBV.¹⁹

Findings and analysis

1. Gender Roles and Responsibilities

Division of domestic Labour

How has COVID-19 changed labour division?

"I am still working now, but for 5 days a week instead of 6 before. My husband stays at home looking after my son. He has been unemployed since March 30th. I started this schedule in April and this will last to end of April. After April 30th, the whole company will temporary close until it has a new order. Before now, I did all the housework but now my husband shares a hand so I feel better, but when I come home, he goes fishing for his entertainment and help fish to feed us. It is hard now for a living since we have only one income from me."

Female garment worker in HCMC

In Vietnam, women are typically the primary caregivers, and spend significantly more hours on household work than men. On average, women work on housework for 35 hours per week compared with 21 hours for men.²⁰ In rural areas, looking after children and the elderly or doing housework are traditionally roles assigned to women.²¹ There are significant differences between ethnic groups, with women from some ethnic minority groups spending nine hours per day doing unpaid care work, compared to five hours a day for Kinh women.²²

In general, there has been limited change in the gendered division of domestic labour in the pandemic. Women still take on most of the

housework and caring role in both rural and urban areas. While men sometimes take these roles on to support women, it is not their equal responsibility. The closure of schools since February 2020 has further increased the burden on women, many of whom have to take care of the children most of the day. Interviewees reported facing challenges with dividing their time between work and caring for children, especially those with younger children and/or children participating in online learning:

"I separate myself into different parts, put an eye on the younger one when she is playing, another eye on the elder to see if he focuses on learning while cooking and cleaning." - Female garment worker in Thai Nguyen

"I have a child at grade one. Now besides other thing, I need time to teach her. In the past, grandmother can help but now I must do it since it is online study which my mother cannot control. It is hard for all of us working in factories if the study time of children is during working hours." - Trade Union representative in a garment factory in Hai Phong

Some changes in the gendered division of labour were reported in families where both the husband and wife are migrant workers but one of them is temporarily unemployed. Some of these men are taking on childcare responsibilities while they are at home unemployed and their wife is employed outside the home. However, other housework is considered the woman's responsibility:

"He looks after our son when I go to work. But when I come back, I take that responsibility, do the cooking and washing. He never does these when I am at home." - Female garment worker in HCMC.

Male respondents in Bac Kan and Dien Bien shared information regarding their increased participation in housework and how they valued having more time at home with children. However, women rarely mentioned

this contribution, which suggests that any increased contribution from men was not significant enough to be recognized by women who participated in the assessment.

Regarding division of labour in agricultural production, women usually undertake all activities relating to cultivation and livestock while men are only involved in activities such as soil preparation, pesticide use and crop harvest.²³ Women usually take primary roles in product output related activities including processing products.²⁴ Due to non-consumption, a large amount of agricultural products must be discarded which is likely to create more work for women in “preparing, storing, processing food, making livestock food, or giving to others”, and potentially put them at greater risk of COVID-19 infection.

2. Economic Participation and Earning

Women disproportionately work in sectors that have been hardest hit by the pandemic

Vietnam has one of the highest female labour-force participation rates in the world. Around 72.5% of women aged between 15 and 64 are engaged in paid work in Vietnam, compared to 85 % of men.^{25 26} Women usually work in service sectors such as hotel and restaurants (18.5% female vs 9% male); training and education (15.9% female vs 5.7% male) and health and social work (3.7% female and 2.4% male). Moreover, given the economic shifts from farming to manufacturing, women tend to engage in export sectors such as textiles, footwear, and seafood processing (55.3% female vs 44.7% male). Additionally, the majority of women work as unpaid family workers, and in largely “invisible” areas of informal employment such as migrant domestic workers, homeworkers, street vendors and in entertainment industry.^{27 28} According to a recent ILO study, the hardest hit sectors included manufacturing; wholesale and retail trade; transport storage and communication; art, entertainment, recreation and other services; accommodation and food services. In these sectors, women constitute a higher proportion of workers e.g. almost 64 per cent of workers, and garment manufacturing, with a workforce that is more than 77% female.²⁹

How has COVID-19 impacted job security and income?

“Before the pandemic, we worked 8 hours per day with salary of 5 million VND (USD 217). Now the salary cut off 50% so I can earn only 2.5 million VND (USD 109). By this early April, it might reach 1 million VND (USD 43). It is not enough to pay for the rent. For the first two weeks of April, I went to work twice a week. Last month the company open from Monday to Thursday; Friday and Saturday were off without pay. This week (second week of April) will work by end of Tuesday then have 10 day off.”

Male garment worker in HCMC

COVID-19 prevention measures likely to hit women workers in the informal sectors harder

Almost 13 million informal workers work in sectors facing the largest economic shock. Social distancing measures are likely to severely reduce income options for individuals near the poverty line, such as waste recyclers, street vendors and domestic workers, of which nearly 95% are women.

Informal working groups in Hanoi and HCMC noted that 50% of their members came back to their home town before social distancing measures were implemented.³⁰ Their income decreased by 50% to 60%³¹. Domestic workers lost their jobs due to reduced demand, and with no compensation, due to wages being paid based on actual hours worked, often without employment contracts.³² Both women domestic workers interviewed in this assessment said that they could only live until May 2020 if the financial situation does not improve.

Street vendors are often not permitted to continue their business. Further, due to social distancing, consumers are changing their buying behaviours; switching to home cooking and ordering food and products online instead of from traditional outlets. According to MNet’s quick assessment, many are worried that their businesses will become redundant and outdated even after COVID-19 is controlled, as consumers pick up new habits of online shopping.

The garment sector is at risk, affecting male and female workers

In the garment sector, both men and women are at risk of losing their jobs, or facing significant reduction in working hours and/or wages, with 100% of garment manufacturing enterprises affected.³³ Interviews from 9

garment factory workers (3 male and 6 female)³ confirmed this tendency. All of them experienced working hours being reduced and salaries reducing by 20% to 50%. Of the six female workers interviewed, two were asked to stop working in March but found employment in another factory; one was asked not to go to work because she lived in a province with a positive COVID-19 case; and another would be unemployed from April 30th due to the closure of the factory. Among the male workers surveyed, salaries had been reduced by between 20%-50%. These trends are in line with the initial results of the Centre for Development and Integration's (CDI) survey on COVID-19 Impacts on workers.³⁴

There are limited alternative options for income generation for men and women

Four out of the eleven formal and informal sector female workers who participated in this assessment had thought of or were exploring alternative income generation ideas. For example, some garment workers were exploring work in private sewing companies, while some informal sector workers explored making and selling bread and cakes. However, female respondents noted these ventures resulted in little success.

Male workers also explored alternative income generation options similar to their work in factories. Again, they reported no real success but they all hoped the situation would improve. One male garment worker in Thai Nguyen said *"I am a mechanist, I can work for a mechanism workshop if I cannot continue in the factory, but hopefully I do not have to."*

In ethnic minority communities, more woman than men are adversely affected by the pandemic, due to lower income, savings, and restricted mobility

COVID-19 is likely to have a negative impact on household level income, as well as interest payment of loans and savings. This is likely to have greater impacts in ethnic minority areas, where there is a high poverty rate (18.8%, compared with 2.9% Kinh) and many rely on day labour.³⁵

Farmers from ethnic minorities, living in rural areas, were impacted by travel restrictions during the crisis: farmers could not bring their agricultural products to central areas for selling, while wholesalers were not able to travel to communities to collect agricultural products. This particularly affected women who could not drive or have no driving licence.³⁶ Moreover, due to there being no tourists and fewer local buyers, this lowered purchasing power and consumption at the local market.

"We have sold maize and bean at the local market as we could not bring to the central market, but there were many sellers and very few buyers, so we could not sell any. This year, we have also had a good crop of plum and pear [fruit as local specialties], but we could not sell given no visitors to Muong Phang [a war relic], no income since after Tet" - Woman, 24 years old, Thai ethnicity, in Dien Bien.

"Our main distribution channel is the bus stops, but the number of bus trips is reduced...Thus, we could not sell banana chips and dried bananas there. In the meantime, green bananas [unprocessed banana] were sold to traders but now they do not collect, even though I had dropped price to 2.500 VND /kg because the border with China is closed. Currently, we still have around 400-500kg dried banana in store and it is going to be out of date in the next couple of months. The income of cooperative members are reduced." - Male head of banana production cooperative in Bac Kan.

Restrictions on movement also affects farmers who during the "free season"⁴ would often work outside for alternative income generation. This mainly affects women because men usually migrate and work far from home in those circumstances.³⁷

"Normally, if there was no epidemic, I would work as a hired labourer, collecting weed in rice field, coffee farm and soil preparation, mainly at this time, but now no-one hire given shutdown, we have no income." - Single mother of 3 children, Thai ethnicity, in Dien Bien.

³ Interview 6 female and 3 male garment workers in Hai Phong, Thai Nguyen, Thanh Hoa and HCM city.

⁴ In Vietnam, rice cultivation is still the key agricultural crop, which is always closely linked to seasonal factor in particular. March and August (in the lunar calendar) are traditionally the most difficult time for farmers when the first crop is over, the next crop has not yet been reaped; consequently farmers often suffer from a shortage of food and money, because the rice has run out; called "free season" (mùa giáp hạt).

“Before [pre-COVID19], during this free-time I usually go to the city to work with my husband as a mason assistant in constructions. But now I could not travel out, my husband also was not able to come home. So, I have nothing to do, just rely on my husband [remittance] but his work there is also uncertain.” – Woman, 32 year old, Khmer ethnicity, in Tra Vinh.

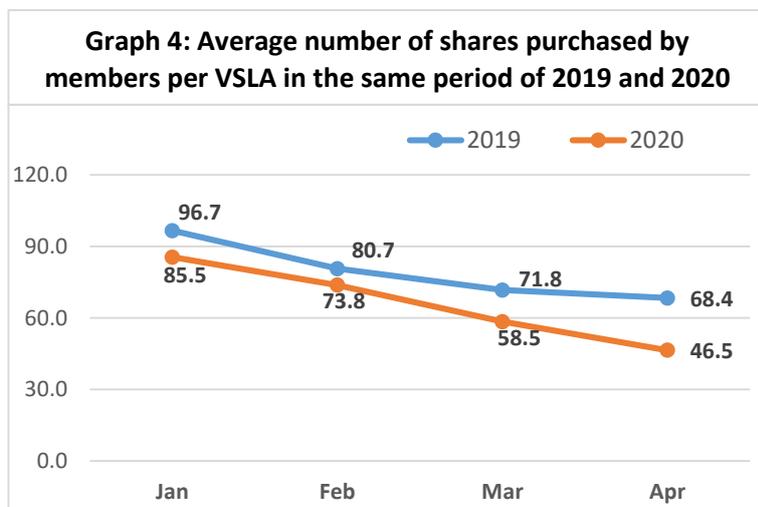
Women report feeling anxious due to household expenses and debts.

In the rural context, income shortages significantly strains household expenditures and savings, especially those who have to get loans or borrow money. Respondents from certified poor households and agricultural cooperatives who received loans or borrowed money for production, building a house or health purposes felt keeping up with payments and the interest rates attached to this *“to be a big challenge”*.

In almost all households, both husband and wife are responsible for the household debts. In many cases the husband is considered the person liable for paying debts, however women believe that the woman has to take over the burden of making payments and taking on the burden of worry due to no income. This worry is likely to be greater in female-headed households where the women will need to take on the full burden of debt:

“I have to pay for loans every month, my mother had an accident and had to receive 3 operations for hip-joint replacement last year, costed more than 60 million VND, which we borrowed from our relatives, neighbours and the bank. Since then, I have to pay monthly, 5 million/month but these 2 months [Mar and Apr], I was not able to pay that money and had to delay” - Woman, 23 year old , Thai ethnicity in Dien Bien, whose mother has a motor disability.

“We got loans for purchasing 2 cows two years ago [35 million VND] and building house last year [25 million VND] from the Social Policy Bank [the government program for poor households]. I have to pay around 4.4 million VND every month. This month, I could not earn any money for payment” - Migrant woman, 27 year old, Khmer ethnicity, in Tra Vinh.



During the outbreak, many EM households reported having no savings; women had to rely more on urgent loans as a way of managing household expenses. Findings from the VSLA quick scan indicated significant reductions of monthly purchased shares per VSLA in 2020 compared with 2019, which consequently reduced women’s income. The interviews with VSLA leaders highlighted the link between savings and unpredictable employment due to the crisis.

“March, April and May are the months of no income, no harvest and less working, that is an understandable reduction of purchased share. But this year, that number reduced terribly because not only is there no income also people’s fear, not knowing what would happen, therefore they only purchased 1 or 2 shares. On the other hand, there are few people who are not yet able to pay off their former debt by the deadline.” - VSLA leader in Dien Bien.

COVID-19 exacerbates the effects of natural disasters and livestock disease epidemic on household savings and loans

Before the impact of COVID-19 began to seriously affect them, EM farmers had already faced crop failures and income reductions due to disasters such as frost, hail and a pig disease epidemic, which significantly decreased their savings and increased their loans. The COVID-19 crisis occurred during and post-disaster when farmers should have been gradually recovering. Instead, COVID-19 hit them in an already weakened economic situation; consequently pulling them down more deeply into recession.

Fewer job opportunities and a lack of income from agriculture may increase women's financial dependency on their husbands

In rural and EM areas, women usually have 'less stable employment status', including 'own-account workers' and 'unpaid and family-contributing workers' (42.6% women vs 24% men, and 16.9% women vs 7.9% men, respectively). Around 2.1% of women are members of producers' cooperatives (compared to 3% of men).³⁸ The impact of COVID-19 on the income of rural and EM communities is likely to disproportionately affect women, potentially resulting in women's increased financial dependency on their husbands:

"Now, all my household expenses rely on my husband's income, he is a mason and his construction activities are not prohibited during the outbreak"- Woman, 27 year old, Thai ethnicity in Dien Bien.

3. Decision making and Participation

Decision making within the household

While women's engagement in decision making at the household level is increasing, men have more power in important decisions in both rural families and migrant families living in the cities. The gender dynamics between husbands and wives in terms of decision-making is changing towards greater equality and mutual agreement. Vietnamese husbands and wives are increasingly more likely to discuss and make joint decisions on major decisions including income usage, savings, and business development.³⁹

However, the impact of COVID-19 means women may be less likely to be included in household decision-making processes due to greater financial dependence and low technical knowledge and skills in some areas. It appears that women's participation in household decision-making is a bigger concern among low-income families, in which the main income earner has the final say in household decision-making. In some EM areas, the ownership of production and processing assets is positively skewed to men with women having rights of use only.⁴⁰ This could become more pronounced in the context of COVID-19, where women have less income from agriculture, fewer local working opportunities and limited mobility for seeking alternative income sources. On the other hand, the key contributor to unequal women's participation in household decision making among ethnic minority communities is lack of technical knowledge among women, who usually face more challenges in adopting new technologies in agriculture, forestry production and other areas of their lives.⁴¹ The COVID-19 crisis has placed greater emphasis on new technologies and digital platforms,⁴² which require users to have a new set of skills and knowledge in order to fully participate. This may exclude women, and decrease women's participation in decision-making.

Among working and migrant families, progress is being made towards gender equality in household decision making, particularly among younger men and women and those with higher educational levels, and where women are more financially independent. Even so, men tend to be the ones who have the final say in more important matters relating to choice of work, housing and purchasing valuable assets, while women are in charge of daily matters.⁴³ When a woman "lets" her husband make the final decision, sometimes it reflects her ingenuity and her ability to decide when and in which context she should do something.⁴⁴

In the context of COVID-19, women usually make decisions related to prevention, such as monitoring the personal hygiene practices of family members and purchasing prevention supplies, which is closely associated to their traditional caring roles in the family. For other decisions on coping strategies, including alternative income generation activities, replacement sources for loan and interest payment or housework arrangements, interviewees indicated that the participation of both men and women in decision-making was relatively equal.

Women's participation in public decision-making

Women's participation in public decision-making is closely linked to their political status. 'Research has demonstrated that the proportion of women holding the top management positions still remains low, although their proportion in the political system has increased generally. In fact, the number of women taking part in politics is too few to have a significant voice. Furthermore, most of them neither hold key positions nor undertake strategic tasks. They, therefore, do not play an important role in decision-making, despite their political participation.'⁴⁵ This is clearly reflected in the structure of the National Committee for COVID 19 Control: there

are only 4 women out of 22 members (about 18%), with the most important positions (such as the head and deputies) filled by men.⁴⁶

Low representation of women's voices in decision-making results in issues important to women not being prioritized in recent policies related to COVID-19. The Vietnamese government introduced a range of new policies and procedures such as the *Decree 41/2020/ND-CP (Decree 41)*; *Decision 15*, which focuses on economic impact and includes tax breaks, delayed tax payments and land-use fees for businesses, and reduced interest rates. These are all very important measures, but other measures that are also important for women such as access to safe reproductive health services and prevention of and response to gender based violence have not been adequately prioritised in policy responses.

At a local level such as in Ethnic Minority Communes, factories and worker's dormitories, the participation of both men and women has been limited. People are mostly passive in both receiving information and participating in practical measures to prevent the spread of the virus. In one Ethnic Minority community included in this assessment, a Women Union representative participated in the local COVID-19 response Task Force and actively proposed communication channels to disseminate prevention information. However, none of the workers involved in this study shared their experiences participating in any of the COVID-19 decision making in their workplaces or their living areas.⁵

Major changes such as contract terminations, changes in working hours, changes in monthly bonuses and other benefits are taking place daily in more than 70% of businesses, especially in the garment industry. However, all of the 11 garment workers interviewed (8 women and 3 men) said that they were only informed about, rather than consulted, on the above issues. One female garment worker in HCMC explained, *"I was informed by the factory to take leave without pay by April 30th afterward until the factory get new order. We do not know when we can come back."*

4. Access to Resources, Services and Information

Access to Food and Essential items

Just as quarantine measures triggered hoarding of food, toilet paper, hand sanitizers, soaps, menstrual hygiene products and medicines in developed countries such as Australia, Japan, Singapore, and the US, Vietnam also experienced panic buying in the very first days of the COVID-19 crisis.⁴⁷ However, the government immediately launched measures to stabilize the domestic market in order to quickly control any price hikes of consumer goods.⁴⁸

Rice-based agriculture plays a key role in Vietnam's rural economy, with rice cultivated on 82% of the arable land. In the rural economy, agricultural production accounted for around 80% rice and food crops (such as sweet potatoes, manioc, beans, and corn), animal husbandry (17%) and services (3%).⁴⁹ In ethnic minority areas, people grow most of the crops for domestic consumption and partly for selling, thus scarcity of foods may not be an issue in these areas. However, it could be a concern for the poorest households and/or those who do not have access to land for cultivation. Some respondents reported that the rising price of food items, especially pork and beef, could potentially lead to insufficient protein intake among poor children, raising the possibility of increased stunting in the longer term if alternative protein sources are not available.^{50 51 52}

"We do not lack rice, we can ask our neighbours for vegetables that they could not sell, even make food for animal and throw away. Meat price has increased so much, I only buy some for my children." - Woman with an 18 month old child, Tay ethnicity in Bac Kan.

"Pork is expensive, double or triple the previous price, partly because of pig cholera last year causing scarcity. Mainly, due to social isolation, local farmers could not slaughter and sellers could not bring pork from outside to the community." - Representative of Commune People Committee in Dien Bien.

Urban poor women and migrant workers are more likely to suffer from the burden of finding alternative sources of food to reduce family expenses. Although local governments have imposed many measures to secure food and prices of essential items in urban areas, high food prices remain a challenge for the urban poor and migrants

⁵ Interview with commune WU leader in Dien Bien and men and women workers in Thanh Hoa, Hai Phong, HCM city.

in particular. According to the new GSO-WB expenditure poverty line, the poverty rate was around 6% in urban areas.⁵³ Food expenditure accounts for 43% of the total annual income per capita and 62.4% of the total income of urban poor households.⁵⁴ In the context of widespread job losses and income reduction, poor and migrant households have to cut down their costs, including by relying on food sources from their hometown. Moreover, approximately 37% of urban households are considered female-headed households (compared with 17% in rural areas),⁵⁵ and with many informal sector workers facing unemployment, the pressure on women to secure food supplies for the household is increasing.

Overall, access to food and essential items is a big concern among the poor, and those facing job losses and income reduction, such as informal sector workers and factory workers. Due to traditional caring roles, women are more likely to bear the brunt of the increased pressures around household food security.

Access to COVID-19 related information

One of key factors contributing to Vietnam's success in combating COVID-19 is a transparent and proactive public communication strategy. During the 4 months of outbreak, Vietnam has sought to maximize the effectiveness of COVID communication by using multiple communication methods, especially optimizing telecommunication and updating information publicly on official national channels. The Ministry of Health announced positive cases and potential exposures, and provided disease prevention guidelines on their website. A government-launched NCOVI app to track people's personal health information together with national communication campaigns has promoted personal protective behaviours, while public and private telecom companies have collectively sent 3 billion messages on COVID-19 prevention to mobile phone users.⁵⁶

According to the Vietnam Internet Network Information Center, Vietnam ranks 18th in 20 countries with the largest number of Internet users in the world, 8th in Asia and 3rd in Southeast Asia.^{57 58} The rate of smartphone ownership is also high (up to 72%).⁵⁹ As of May 2019, Vietnam had 57.4% of its residents using Facebook, 41.6% using Zalo, 13% using Twitter, and 12.8% using YouTube.^{60 61} Between January 9 and April 4, approximately 14,952 news reports on the internet, of which 127 articles on the topic were published daily in 13 of the most popular online news outlets, which helped to shape perceptions of COVID-19, and likely influenced people's readiness to respond.⁶² Although 58% watch TV less than before because of the increasing popularity of the internet, television is still an important communication channel for the elderly, housewives and those who are not able to access the internet. Around 95% of Vietnamese households own a television.⁶³

In some ethnic minority areas, COVID-19 information has been communicated in local languages.⁶⁴ However, this is not always the case, which has limited access to timely information for ethnic minority communities, especially for EM women and the elderly. The survey on 53 ethnic minority groups showed that only 72.7% of EM women (compared to 85.5% of men) could read and write in Vietnamese. Among older age groups, the disparity was even more marked, with only 39% of EM women aged 65 and older able to read and write in Vietnamese, compared to 65.8% of their male counterparts. Moreover, these language barriers are compounded by inequalities in phone ownership and usage, which mean messages received on mobile phones are not equally available to women and men. In ethnic minority families, a husband is more likely to use a cell phone than his wife.⁶⁵ The percentage of EM female-headed households having a mobile phone is 69.7% (compared to 76.8% of male household heads). When it comes to access to television, the gendered differences are less stark. 84.8% of Ethnic Minority households (male household head: 85.4 %; female household head: 82.3%) have a television.⁶⁶ This has important implications for women's access to information.

Interviews with respondents indicated they generally had access to COVID-19 prevention and response information. The most popular information source among EM people, workers and migrants was the internet. Other channels included posters, loudspeakers in villages and factories, mobile loudspeakers, television and local police.

"I mainly see information online, posters at the gate, parking lot, canteen and in production areas, also loudspeaker play the Ghen Covy song during the short- breaks and lunch time" - Female garment worker in Thai Nguyen.

"I watch [COVID-19] on TV, update every day, also see news and rumours on Facebook but TV news is the most accurate, also heard from commune loudspeakers, mobile speakers, and the local police come and guide me at home." - Woman, 27 years old, Thai ethnicity in Dien Bien.

"I see information online, phone messages, my company also sends information automatically via the app [company's app] and asked people to do health declaration via NCOVI app."

- Female migrant domestic helper in Hanoi.

Factory workers had more access to preventive equipment than others, due to factory prevention measures:

"At the company they measured the temperature right from the gate, required to wear masks. Now, we do not eat at the same time, 2 groups eating at 2 different times, standing 2 meter distance in waiting queue for food and sitting separately with transparent partitions to ensure social distancing." - Migrant food processing male worker, Van Kieu ethnicity in HCMC.

"Masks and hand sanitisers all are available at each production chain, my company also made masks so they were distributed for free to workers, we spray disinfectants once a week." - Representative of management in a garment factory in Thai Nguyen.

Meanwhile, EM people and migrant informal workers are more likely to equip themselves with their own preventive measures.

"I had to ask my younger sister to buy it [face mask] for me at the hospital in the city [around 25 km from the village]" – Woman, 30 year old, Tay ethnicity, in Bac Kan.

"I bought masks at a grocery store, both regular masks and medical masks were available, not very expensive, but I did not know whether it is fake or not." - Migrant female informal worker, 46 years old in Da Lat.

Access to work related information

There were no reported changes regarding Ethnic minority men's and women's access to productive work information. People doing agriculture and forestry work like ethnic minority groups always need information related to their agriculture product inputs and outputs. Before the crisis, both men and women could do market assessments and identify consumption channels for their product. Men tended to travel out of the community to get information and introduce the product, whereas women were more likely to use their own social network within the community or through online channels. Given COVID-19 mobility restrictions and social distancing, neither men nor women can go out, and therefore the demand decreases. The head of a banana-processing cooperative in Bac Kan explains, "I rarely go for marketing now because of the mobility restriction. Both my wife and I stay home doing the production. We could not sell any product."

Information about types and prices of pesticide, fertilizer and breeding food are available in the commune Ethnic minority women can also access information on social media and on television. Female farmers in Bac Kan shared that, "Each family looks for information on our own. Fertilizer and breeding food is stable; we were updated on the price and types of such stuff through the seller. We know and can assess quality of the product, we prefer to buy those in the city but in this time, we cannot go but buy here in the commune". Some families who join cooperative groups are also provided pricing information through businesses that they have signed contracts with and through information available online. A female coffee farmer in Dien Bien explained, "We often search for information in the internet and watch Television. We are in a safe and clean coffee planting group so we are provided with price information before we sell. There is no different in the time of this crisis."

By contrast, garment workers reported major changes in their access to work related information. As illustrated in a previous section, both male and female workers are facing unemployment, or cuts to their working hours and incomes. However, this information often comes to workers (both men and women) without notice:

"We absolutely understand the situation, but if the company shares with us openly, it will be better. We know that it is a common challenge for all but it is really annoying and unacceptable when the information of every single change comes to us very suddenly." - Male garment worker in HCMC.

These barriers to accessing timely information exacerbate the anxiety and insecurity both men and women expressed about their lives and futures.

Access to Loans and other government support

It is difficult for both men and women to access government support. In response to the pandemic, the government has introduced a number of policies to help the business sector and Vietnamese people. Among these, the most significant one was *Resolution No. 42/NQ-CP regarding supporting measures for people facing difficulties due to COVID-19 pandemic ("Resolution 42")* which was passed on 9 April 2020. In general, Resolution 42 applied to people whose income decreased significantly; who no longer earned a salary; could not find work; or could not maintain their minimum living standard due to COVID-19. However, difficulties arose when local authorities translated the criteria to identify people in need and identified 7 beneficiary groups. Since there are no specific criteria targeting vulnerable women, female heads of household in rural or ethnic minority areas and informal migrant women in the city might be excluded because they cannot prove themselves eligible. Ethnic minority women interviewees said that they heard about *Resolution 42* but have never been asked by the local authorities to submit the necessary documents to get the benefit:

"I do not have time to hear about the government policy but my father did. He told me that I might be given some hundreds VND but I have not heard any official information from the commune" - Single mother, Tay ethnicity in Bac Kan.

For those in urban areas, informal workers such as street vendors and domestic workers were one of the six beneficiary groups identified by the Resolution, but one of the criteria was having legal residence of the locality. This criteria created a significant barrier for informal migrant workers who live in the city without registration. A CARE Vietnam survey among 1,021 female migrants working in the informal sector in 2018 noted that the majority of respondents were unregistered: only 35% of migrants had registered for temporary residence, and of these, 12.5% of registrations had expired and had not been renewed. Many female migrants thought that "temporary resident registration is not necessary" given "we are uncertain of the length of their stay or do not stay at one place, probably move to other parts of the city depending on our job and income". Consequently, a large number of migrants are considered by local authorities to be "illegal residents" and this excludes them from social programs and policies at their place of residence. It was also hard for them to come back to their hometown to get the confirmation of their residence and get support from there because either it is too far to get there or mobility restriction in the time of social distancing meant they could not travel. In both cases, they could not prove their eligibility in order to access government support. Interviews with 5 informal female workers supported this.

People with disabilities were able to benefit from the Resolution, but also experience barriers. People with disabilities, under the Resolution, are entitled to additional monthly cash transfers of 500,000 dong/person/month for 3 months from April to June 2020. The local government has lists of people with disabilities and the local authority distributes the payment at their house (DOLISA Dien Bien). However, in reality, the practical experiences of people with disabilities and their caregivers showed that it is not always easy. One barrier related to difficulty and delays in getting official confirmation from the local government to be considered as living with disability. This might prevent people with disabilities from receiving government support.

Elderly people can access support through the Resolution, with people aged over 80 years old identified as part of the Social Protection beneficiaries. There are more women than men aged over 80 years old (the sex ratio of female to male at age 80+ was 200/100 in 2009)⁶⁷ and they are always considered a priority group in receiving social welfare. According to a staff member from one Provincial Department of Labour Invalid and Social Affairs (DOLISA), this group is straightforward when it comes to implementing the policy, since their information is always available and accurate.

Loans for the poor are available, but people need more flexibility for re-payments and lower interest rates. Poor single women are among the most vulnerable before, during and after the pandemic. They need money to invest in their agriculture production, but the loan interest is often too high for them:

"There are so many things I can do but have not enough time. If I want to cultivate new crop or raise pig, I need money to invest. I also do not have money to hire others because I cannot do everything. However I do not dare to borrow; the interest is high". - Woman widow with two children and father-in-law living with a disability, Thai ethnicity in Dien Bien.

Some women expressed regret that they could not continue their membership in VSLAs: two widowed women interviewed for this assessment said that they had to leave VSLA because of financial difficulty. Even for better-

off families, interest re-payments are still a barrier, as they cannot sell their product nor earn money from hired temporary work:

“These days I do not have money to pay for the interest. I need to sell rice and chicken to get money. Although it delayed 10 days for payment but the interest does not change. I have to pay the interest every month which is really hard during this time.”- Woman, 23 years old, Thai ethnicity in Dien Bien.

All women interviewed as part of this assessment said that the conditions and procedures of the government loan did not present any barriers to access, but many of them still did not dare to borrow since they were afraid of having no income to pay the interest. The rate is currently at 6.6% for poor families and it will be decreased as per government policy in relation to the pandemic. However, for poor households, even this new amount is still high, given the multi-layered impacts and long-term consequences of COVID-19 and associated restrictions, as outlined above. Loans for the poor, especially single households, should be offered at the lowest possible interest rates, and ideally combined with technical support or marketing linkage support.

Access to Health Services including mental health support

People in both urban and rural areas can access health care services with few barriers. In rural areas, communal health stations are accessible all the time. In urban areas, all the workers involved in the study confirmed that they have no difficulty getting treatment if someone becomes sick. This analysis did not collect data in quarantined areas so the situation may be different for people in those areas.

However, the pandemic has made many people hesitant to go to health care facilities. For non-urgent health concerns, people reported staying at home and waiting for the crisis to be over because of fear of the virus:

“One woman in village had catastrophe but did not dare to go to the hospital; another has joint pain that need to take medicine periodically, but in this situation, she could not go to the hospital to get medicine so she need to live with the pain.” - Commune Women Union representative in Bac Kan.

This study did not collect primary data from those most in need of sexual and reproductive health services, but obstetric hospitals at all levels remain open and have COVID-19 prevention measures in place. Regarding mental health, people shared anxiety related to the virus spreading but no other impacts on their mental health. Because of the anxiety caused by the virus, women seemed to be more proactive in applying prevention measures for themselves and their family members. None of the interviewees expressed a need for mental health or psychosocial support services (MHPSS), though this may reflect cultural norms more than anything else, as it is not the habit of Vietnamese people to seek this type of support. This area would need more analysis as the crisis continues to better understand the MHPSS needs of women, girls, men, boys and specific at-risk groups.

5. GBV Protection and Response

Although anecdotal evidence indicates that the prevalence of GBV in Vietnam is high, quantitative data is very limited, and the most recent national data was collected ten years ago. The study showed that 58% of women experienced one type of violence in their lifetime.⁶⁸ The same study found that 27% of ever-partnered ethnic minority women reported having experienced physical or sexual violence by a partner, with prevalence ranging from 8% among the H'Mong minority group to over 35% among the Muong group.⁶⁹ However, it is likely that the rates of GBV among women - and particularly ethnic minority women - are significantly under-reported. Reasons for not reporting include shame and fear; gender norms that women should be the family peacemakers; and a lack of awareness that GBV is illegal. Some forms of GBV, especially intimate partner violence, are normalised to an extent, with up to 58.6% of EM women aged 15-49 agreeing that it is acceptable for husbands to physically punish their wife for various reasons, compared to 48.5% of Kinh women.⁷⁰

Data on GBV among factory workers is also very limited. A baseline from Action Aid Vietnam (AAV) in 4 garment factories in 2018 discovered 53.5% of women have experienced sexual harassment in garment sector.⁷¹ This is similar to data from a project baseline conducted by CARE international in Vietnam, which found that 44% of respondents from four factories had experienced sexual harassment.⁷² The majority did not report it, due to feelings of shame, fear of losing personal honour, and lack of protection.⁷³

While Vietnam-specific data is unavailable, research in nearby Cambodia found that women with disabilities suffer sexual violence by family members at a rate five times higher than women without disabilities⁷⁴. For ethnic minority women, access to services and justice is challenging, due to geographical remoteness, language barriers, and limited mobility. It is also challenging for workers since the services are not always available. Information about availability and accessibility of those services is also limited.

Although it is hard to draw any conclusions about the impact of COVID-19 on the prevalence of GBV, data from some organisations may indicate a potential increase. According to recent data from Peace House Shelter, the numbers of women who came to the service doubled compared to the same period last year⁷⁵. According to CSAGA, in the first four months of 2020, there were 624 cases reported to CSAGA service, which was an increase of 208 cases compared to the last 4 months of 2019. Patterns of violence in the time of social distancing are different from before the crisis. Psychological violence has increased dramatically; physical violence is more serious; and violence against lesbians increased when they decided to come out. Some perpetrators use social distancing as a way to exercise their power to restrict survivors to go out and to seek help. Cases from CSAGA confirmed that social distancing was causing tensions, with some couples facing difficulties getting used to staying at home the whole time. Another cause of social-distancing related tension was men spending their free time gathering with friends for gambling and games, while the women took care of all the housework and children's study.⁷⁶

Availability and accessibility of GBV services for survivors

Through this RGA process, two GBV services currently supporting survivors were consulted. Both had made changes to adapt to social-distancing measures, movement restrictions and the specific needs of survivors in this new context. At CSAGA, they were using a mobile hotline so that counsellors could respond to the call at any time. They also made the most use of CSAGA Web chat box, so that women have alternative options to get support. At Hagar, online support has been utilised instead of face-to-face counselling as they did previously. This organization also provides food and other essential items if their clients are in need. The quick adaptations CSAGA and Hagar have made to their service delivery model in response to the COVID-19 crisis are impressive, though further adaptations and innovation may be required in order to more fully reach ethnic minorities, informal sector workers and other vulnerable groups.

In general, people remain hesitant to report incidences of GBV, especially EM women who may be afraid of causing more concern for the local authorities in a very urgent time for combating the spread of COVID-19. Another reason was that people are not aware of GBV and the services available. Most of the respondents in this assessment said there are no conflicts in their family and community except for those who drank alcohol. A man in Bac Kan said: *"There is no conflict and violence in my family; only drunk men committed violence, they are ones who often do violence."*

The limitations associated with remote data collection affected this section of the analysis in particular. In remote interviews it is especially challenging to build adequate rapport for the informants to feel comfortable sharing such sensitive information, and in this case respondents were hesitant to share detailed information on this topic. It may be useful to conduct a more specialized assessment on this topic in the future.

6. Capacity and Coping Mechanisms

Vulnerability to shocks is a dominant feature of household livelihoods in developing economies. The COVID-19 economic impact is mainly household income reduction that would negatively influence household's welfare and existing household wealth. In this context, women would be more likely to be vulnerable than their male counterpart. Women will bear the responsibility of finding alternative income while maintaining their responsibilities in the home as they are regarded as being responsible for family/household consumption. A fundamental problem of affected households is how to maintain satisfactory levels of consumption in the face of adverse income shocks. The most common coping mechanism was cutting down on expenditures in food, daily expenses and education; around 56% of households preferred to spend less and were only buying what they need given the current landscape.^{77 78} Findings from the interviews indicated that most respondents had to tighten their household budget on food and other consumptions on water and electricity, especially migrant households who have to rent housing and stay in the city without income during the outbreak. Some migrants have sent their children back to hometowns to get support from extended family members:

"Since Tet [Feb and March], my job demand reduced 50%, until April no work anymore, I mainly stay at home causing more cost for electricity and water. Since school closure, I have to send 2 children to my grandmother in Phu Tho. Thus, that could help to reduce the costs and I have some times to take care the little one." - Migrant female domestic helper, in Hanoi

As social distancing becomes the new normal due to the COVID-19 pandemic, consumer habits are adapting in real-time to the new environment and circumstances. The global data indicated across most countries, consumers say they will increase online shopping; many consumers have started shopping online for groceries during the pandemic, online shopping has increased 74% since March 13 in response to the coronavirus.^{79 80} In Vietnam, online shopping has grown by at least 20% over the past few months since the COVID19 epidemic. Moreover, the growth of online fast moving consumer goods highlighted changes in consumer's online shopping behaviours.^{81 82} In this context, sellers including most affected groups such as EM sellers, and street vendors have been picking up the market signals and changing their way of selling by using available online resources such as Facebook and Zalo to advertise and sell their products. Informal and migrant workers have also made home-cooked food to sell online and offered alternative services with their existing skill sets and networks for a living, such as delivery/ shipping services, or at-home hair cutting services:

"Now we have to switch to online selling, selling by phone, before the epidemic, we used to try this method [fan page] but not effective because buyers did not care, now given social distancing, more people ordered via fan page" - Head of banana production cooperative in Bac Kan

"I sell chicken and forest bee honey, just post it on the face [facebook] and ship to the buyer (ship tận đầu giường), consumer don't have to go anywhere, if the customer is far away, we send through the bus." - Woman, 24 years old, Thai ethnicity, in Dien Bien.

"We have done many things, some people have made home-cooked cake and sell online. Some have sold fruit online, buying products from wholesale markets and reselling online." - Migrant female informal worker, in Da Lat.

In that changing context, people are who not savvy with online marketplaces and/or smart phones are being left behind. That raises a need of learning about using social media and online networks, as well as online marketing skills among EM people and informal migrant workers:

"I am old, very difficult to manipulate online, I have to ask my children, to take photos, and post on face [Facebook], I don't know how to do" - Man, 48 years old, Tay ethnicity in Bac Kan.

"I am not used to playing [Facebook], I don't know how to advertise my products, just only taking pictures like that." - Woman, 27 years old, Thai ethnicity in Dien Bien.

A growing number of households borrowed money to cope with financial shocks in 2008, with poor households more likely than others to sell assets (57% of households) and/or borrow money (27% of households).^{83 84} The CVN survey 2018 among female migrant workers remarked that 50.4% FMIW used to borrow money for their economic difficulties in the city, most them reported borrowing money from unofficial sources such as friends (60.7%), relatives (43.6%) and other group based savings. In the COVID-19 context, when the poor and other vulnerable groups face income losses and other challenges, they tend to borrow money for their short-term needs to survive. Findings from the VSLA scan highlighted that trend.

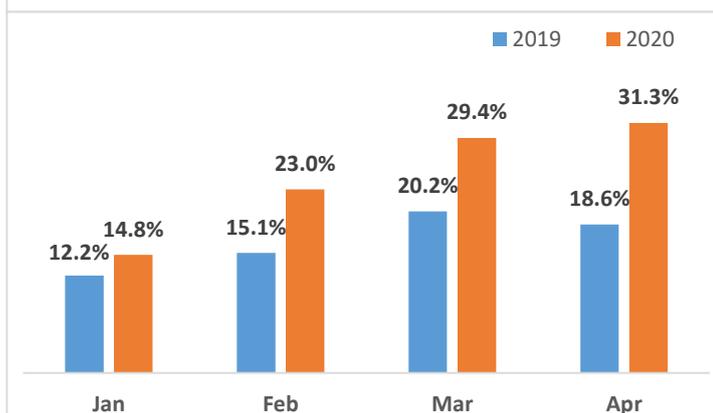
The following graph illustrated demand of borrowing money from the VSLA fund among (mostly female) group members. There is a significant increase of members borrowing money at the same period between 2019 and 2020. During the outbreak in 2020, higher percentages of members borrowing money were recorded in March and April when the social distancing was imposed which likely influence on people's income. The interviews with VSLA leaders critically emphasized the high demand of borrowing money from VSLA and how safe and useful of this fund to support women's life during the crisis in both rural and urban settings.

"Many members want to borrow but do not have enough money, we have to divide the loan into smaller amounts so everyone in need can get a loan. This fund is very useful although the amount is not large, it helps sharing difficulties in short-term" - VSLA leader in Dien Bien.

Although factory workers are less likely to report borrowing money, some of those who lost jobs or separated without financial support already owe money, which they borrowed in order to meet their daily demands:

“I had to borrow 2 million already, I borrowed from neighbors, we were isolated for almost 3 weeks, no income, no money in the house.” - Garment worker living in an isolation area, Hai Phong.

Graph 5: Percentage of members borrowing money from VSLAs in the same period of 2019 and 2020



At the household level, some female respondents also mentioned relying on their husband’s income (where he was still working) as an alternative income source during the outbreak. This highlights the additional vulnerability of female informal sector workers whose partners or husbands tend to also work in the informal businesses, such as Grab taxi drivers, loaders/porters, or workers at small repair businesses, whose incomes are also affected to similar extent; and female headed households, who may not have any one to share financial difficulties with at the household level. Some other migrant informal workers reported returning home as their incomes were too low, or there were no jobs, and coming back later when the outbreak subsides.

As a concept, several protective factors supporting household and individual resilience could be used such as social capital, which viewed family functions in relation to sociocultural contexts and multi-dimensional family-life circles to absorb sudden shocks and support household coping.⁸⁵ Interviews with respondents highlighted the importance of support from the extended family and strong community ties, to ensure that when people fall on hard times they are looked after by others. During the time of social distancing measures and economic downturn, this traditional social capital would help to ease difficulties effectively including sharing available food and information, supporting each other to practice safely preventions. Women are likely to be responsible for feeding the family and concerning the health and nutrition of family members, who will benefit from that traditional supports. Official government programs are another key support to the most vulnerable, such as the elderly, people with disabilities, low-income households, and female headed households.

Conclusions

The COVID-19 crisis in Vietnam is disproportionately affecting women and other marginalized groups on many levels. It is exacerbating existing inequalities in the division of domestic labour, threatening livelihoods and incomes of the most vulnerable workers, limiting access to resources, perpetuating the underrepresentation of women in public decision making, and likely increasing the risks of GBV.

The **gendered division of domestic labour** has not been radically altered. Women still take on most of the housework and caring role in both rural and urban areas. The closure of schools has exacerbated this inequality, by increasing the care burden borne by women. While there are some indications that movement restrictions and job losses have led to men taking on a greater share of domestic work, any increases appear quite minimal.

Women tend to work in the economic sectors that have been hardest hit by the pandemic. The garment sector has been very badly affected, with widespread job losses and cuts to hours and/or wages. Workers in the informal sector, migrant workers, and ethnic minority women are especially vulnerable. Male and female workers are experiencing high levels of anxiety, particularly around the mounting pressure to meet household expenses and service debts, despite income losses. There are limited alternative options for income generation, though some men and women are coming up with innovative ways to adapt their livelihoods to the new context.

The chronic underrepresentation of women in public decision-making roles in Vietnam is reflected in the structure of the National Committee for COVID 19 Control: there are only 4 women out of 22 members, with the most senior roles filled by men. The lack of women’s voices at the table and in leadership roles increases the

likelihood of COVID-19 response measures, which don't adequately prioritize the specific needs of women and girls, perpetuating a cycle of inequality and disadvantage.

Some of the barriers to **accessing goods, services and information** included literacy and language barriers, geographical remoteness, inequalities in access to smartphones and the internet, lack of skills in navigating digital platforms, lack of access to legal registration papers, and lack of income.

There are some indications that the prevalence of GBV may be increasing, in line with increased social and economic pressures related to the COVID-19 crisis and associated movement restrictions. The types and patterns of GBV reported to service providers may also be shifting, compared to pre-crisis trends.

Recommendations

Recommendation 1: Ensure availability of sex and age disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse.⁸⁶ Continue to update this Rapid Gender Analysis, and analyse differential impacts on marginalised groups such as female-headed households, migrant informal and formal workers.

Recommendation 2: Ensure targeting of humanitarian support based on vulnerability criteria and flexible procedure. The availability of sex and age disaggregated data will support the development and application of clear and relevant vulnerability criteria. In rural areas, this may include female heads of households; households dependent on daily wage labour; and farming households who are unable to sell their agricultural products due to movement restrictions. In urban areas, this may include migrant workers, particularly those working in the informal sector. The understanding of their migrant status and its vulnerability in the pandemic will help to the application of more flexible and simpler procedure.

Recommendation 3: Ensure COVID-19 public information campaigns are inclusive and accessible, and do not reinforce harmful gender stereotypes. Messaging should be designed and delivered in consultation with men, women, boys and girls and vulnerable groups among the target population. It should be available in the local language/s, with disability accessible options. Language and images of the messages should not reinforce gender division of labour but promote sharing of work and mutual support in a time of crisis.

Recommendation 4: Explore new opportunities and creative ways to ensure crisis-affected communities remain at the centre of response activities. This is especially important in situations where social distancing measures make the existing approaches to participation, accountability, feedback mechanisms and communicating with affected communities unfeasible or ineffective.

Recommendation 5: Prioritise cash assistance over in-kind support for both rural and urban families, as long as it is safe and effective to do so. Any actors working with cash modalities must ensure a do no harm approach, and ensure GBV risk mitigation measures are identified and implemented as part of the intervention.

Recommendation 6: Regularly update GBV response service mapping and referral pathways, highlighting services that are continuing to operate and identifying gaps in service provision. Work with local stakeholders to advocate for gaps in service provision to be filled, and to strengthen local survivor-centred referral systems and services.

Recommendation 7: Ensure livelihoods support for vulnerable households is a key focus of the emergency response to COVID-19. This could include introducing alternative income generation activities, such as online marketing for agricultural production cooperatives and ethnic minority women selling agricultural and forestry products. VSLA may also provide a good platform to support women in coping with short-term economic shocks, and VSLAs could be supported to continue and even expand during the crisis. Alternative modalities and ways of working (eg. using online banking and social media as an online meeting platform) should be explored with the group members to ensure VSLAs remain inclusive and accessible.

Recommendation 8: COVID-19 response programming should be designed, funded and implemented in ways that maximise flexibility, to allow programming to adapt quickly to new circumstances (including new outbreaks and additional rounds of movement restrictions) and the changing needs and priorities of affected communities.

Annexes

Annex 1: Vietnam's Demographic Profile for International References

As 1st April 2019, the total population of Viet Nam was 96,208,984 persons, of which the female population was 48,327,923 persons, or 50.2%. This makes Viet Nam the third most populous country in Southeast Asia, after Indonesia and the Philippines and the fifteenth most populous country in the world. Urbanisation in Viet Nam has increased rapidly in recent years with 33,059,735 residents in urban areas, accounting for 34.4% of the population, increased by 4.8% over the last decade. Each household had an average of 3.5 persons, the common household size nationwide to be between 2 and 4 persons per household, which was the case for 65.5% of the 26.87 million total households.^{87 88} Most household heads in Viet Nam were male, however the female head household rates increased since 2009 from 27% to 38% in 2016.^{89 90}

Vietnam is a lower middle-income country, GDP per capita around US\$2,500 in 2019.⁹¹ In 2019, the poverty rate is below 6% and the multidimensional poverty rate is 10.9%, significantly decreased during the period of 2010-2019. The poverty rates are higher among ethnic minorities, in rural and remote areas.^{92 93} Nearly 88% of the Viet Nam population aged 25-59 participated in the labour force, the unemployment rate among the population aged 15 and older remained low at 2.05%. In the education sector, over 90% of the working-age population is literate, more than one-third of the population aged 15 years and over graduated from upper secondary school or higher (36.5%); more than 98% of children of primary school age attend schools.⁹⁴ Regarding to health outcomes, Viet Nam's under 5 mortality rate (U5MR) in 2019 is 21.0 under-5 deaths per 1,000 live births, there is a big gap between urban and rural areas (25.1 and 12.3 under-5 deaths per 1,000 live births respectively); the maternal mortality rate in 2019 was 46 cases per 100,000 live births.⁹⁵ Vietnam's universal health coverage index is at 73 - higher than regional and global averages - with 87% of the population covered by social health insurance.⁹⁶

Vietnam has witnessed a sharp rise in internal migration since 1999, as consequences of economy shift from agriculture to industry and services. A large number of labor migrants from rural moving to industrial and export processing zones for new livelihood opportunities and better income. In 2015, the national internal migration survey indicated economic reasons as the main response (34.7%). Migrants' income improved after migration.⁹⁷ It is noted that the proportion of female migrants is higher than that of male migrants, but the level of professional and technical qualification of female migrants is lower compared to their male counterparts. Therefore, female migrants are more likely to contract with un-skilled, low income and un-secure jobs.⁹⁸ Some groups are more vulnerable than others, such as children, ethnic minorities, elderly, and people who lack resources (skills, information, networks, etc.).⁹⁹

Vietnam has 54 ethnic groups, of which Kinh people (Vietnamese) make up the majority (85.3%) with the scale of 82.1 million people. Among 53 ethnic minorities, the ethnicity with a population of over 1 million includes Tay, Thai, Muong, Mong, Khmer and Nung.^{100 101} Most of Vietnam's ethnic minorities live in remote, lightly populated mountain regions in northern, central and western Vietnam. While the government has paid much attention to the welfare of ethnic minority with numerous of programs that especially target ethnic minority groups, ethnic minorities have a disadvantage compared with ethnic majorities. The ethnic minorities have less access to education, higher drop-out rate, and later school enrolment; less productive land, while they are more dependent on swidden agriculture and have less off-farm employment; less mobility to benefit from government programs and their social networks; less access to formal financial services and market and they are subject to stereotyping and misconceptions, which can much hinder their participation in their own development.^{102 103 104}

The average life expectancy among the Vietnamese population was 73.6 years old; 71.0 years old for males and 76.3 years old for females. The percentage of people over the age of 60 in Vietnam has hit 11.9% of the population, which increases the old-age dependency ratio to 11.3% in 2019.¹⁰⁵ Moreover, the ratio between elderly females and their male counterparts is high (160/100) with 56.3% female widows and nearly 6% living alone.¹⁰⁶ Besides, the proportion of people aged 5 years and over with disabilities in Viet Nam was 3.7%, the highest percentage in The North Central and Central Coastal areas region (4.5%) and among the elderly (11.8%); the disability rate of women is higher than that of men (4.6% and 1.7%, respectively).¹⁰⁷ Given females are usually more critically vulnerable to socio-economic and health shocks, it is highly essential that policies for caring of aging population and disability should take a specific gendered need into account.

Along with the overall socioeconomic achievements gained since the reforms of the mid-1980s, women's status and gender equality in Vietnam have also been greatly improved. The Law on Gender Equality was approved by the Vietnamese National Assembly in 2006 and took effect in 2007. Since then, Vietnam has recorded significant achievements of gender equality in all aspects.¹⁰⁸ Gender-based violence (GBV) is a major problem throughout the world. In Vietnam, the survey of domestic violence by the General Statistical Office in 2010 indicated a high prevalence of domestic violence, with more than half (58%) of adult females reporting experience of at least one type of domestic violence. However, approximately half of survivors (49%) never told anybody about their experience. Up to 87% of survivors had never accessed formal services for support, unless the (physical) violence was severe.¹⁰⁹ The law on domestic violence prevention and control (DVPC) was approved in 2007 and came into effect in early 2008. This legal reform helped to draw DV out of the private domain in Vietnam and into the attention of the general public and professional services.¹¹⁰

Vietnam's morbidity and mortality has shifted from communicable diseases to non-communicable diseases. Health statistics reveal that non-communicable disease deaths have increased from 44.07% in 1976 to 73.41% in 2015, communicable disease death decreases from 53.06% to 11.4% during the same period. In 2018, the total burden of disease in Vietnam was 12.3 million DALYs⁶, non-communicable diseases dominated 71% of the total burden.¹¹¹ Vietnam is currently facing a public health crisis, rates of chronic and preventable diseases are climbing due to risky health behaviors, such as smoking, dietary and physical inactivity contributing to the leading causes of death in Vietnam including stroke (killed 112.6 thousand people, 21.7% of all deaths); ischemic heart disease (contributed to 7% of deaths), chronic obstructive pulmonary disease (COPD - the third leading cause of death, accounting for 4.9% of deaths), and lower respiratory infections (refer to pneumonia, caused by bacteria, viruses, or fungi, killed 25 thousand people in 2015, making up 4.8% of all deaths.^{112 113 114} These statistics are significant given that those at higher risk for severe illness from COVID-19 are those with these NCDs related underlying health conditions.

⁶ Disability-adjusted life years (DALYs) for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

Annex 2: Vietnam's Government control and prevention measures to COVID-19

On 23 January, Vietnam confirmed the first two cases of COVID-19, a Chinese man (#1) travelling from Wuhan to visit his son (#2) in Vietnam. Immediately, Vietnam's Government responded to the outbreak by launching an aggressive public health campaign that emphasized hand washing and the use of face masks as well as banning flights from China. The Coronavirus pandemic in Vietnam could be divided into 3 phases.

Diagram 6: Coronavirus pandemic phases in Vietnam



Given rising number of patients especially after a cluster of cases that was traced back to “Patient #17” who flew from Europe to Vietnam on 6 March, and another cluster of 15 cases was traced back to a party at a popular expat bar on 14 March, Vietnam has followed a budget-friendly approach to focus on communication and public education through technology platforms and systematic tracing of pathogen carriers. With 65% of Vietnam's 96 million people online, official news outlets and social media channels successfully shared information about the new virus, shaped perceptions of COVID-19, and likely influenced people's readiness to respond.¹¹⁵ Additionally, a government-launched app called NCOVI was publically issued on March 10 to encourage citizens voluntarily sharing their personal health information, travel and interactions for a comprehensive contact tracing strategy.

The Government subsequently imposed progressively stricter public health measures. In Feb 04 2020, Vietnamese Ministry of Education and Training suspended all school activities across the country as part of quarantine measures against the spreading of the virus. Aggressive measures were also taken to combat possible outbreaks, from 14 days quarantine to restriction of outdoor activities (Directive No.15, No.16).¹¹⁶ Ending the social distancing guidelines on April 22, Vietnam has divided all localities as ‘high-risk, ‘at-risk’ and ‘low-risk’ to deal with measures related to the pandemic; also issued Directive No. 19 on measures to cope with COVID-19 on April 25, include the washing of hands, and wearing masks.¹¹⁸

The Government also carried out strictly measures to control travelling to and within the country. On March 21 all inbound international flights were cancelled, then most domestic flights and trains cancelled. All persons from abroad must undergo medical checks and 14-day quarantine upon arrival. Moreover, in order to minimise the risk of contagion, Vietnam is isolating individuals who have close contact with others carrying the COVID-19. Mass screening of COVID 19 using quick test was conducted at high-risk areas in Hanoi and to all visitors arriving in HCMC. WHO had praised Vietnam, which is less economically developed, owes its success to a low-cost model based primarily on strict quarantine and contact-tracing policies.

Socio-economic impacts of COVID 19

The impacts of COVID-19 are gradually appearing in many economies. While imposing strict measures to prevent spreading of the novel coronavirus, the socio-economic situations in Vietnam are observed to be hit hard by the outbreak as consequences; especially enterprises in most industries and sectors including industrial production, textiles, footwear, tourism, services, transport and import-export.¹¹⁹

In the economic domain, many businesses suspend or narrow down operations; consequently thousands of workers have to stop working without salary or unemployment. The preliminary estimations highlighted that 19% of enterprises suspended operation and downsized; 98% of workers working in tourism areas and services quit their jobs; 78% of transport, and textile workers stopped working; 98% of aviation workers took time off. Millions of workers have been severely affected, especially unskilled, low-income and informal workers. It is estimated that in April, about 2 million workers stopped working and lost their jobs; in case of strong outbreak in May, about 3.5 million labourers will stop working and lose their jobs.^{120 121} Facing this situation, the Vietnamese government also promptly issued many measures to support such as restructuring loan repayments; reducing interest rates and fees; as well as temporarily halting social insurance charges for affected enterprises.¹²² Also, the government has just adopted a US\$2.6 billion relief package to help those most affected by the COVID-19.¹²³

In the social domain, “negative social phenomena” were happened during the early days of COVID-19 pandemic. After several first confirmed infections, there was an initial wave of panic stockpiling of food and basic goods among consumers given rumours of infection which caused some confusion and insecurity for the public. Notably, the prices of face masks and sanitizers increase significantly 4-5 times the previous price.¹²⁴ Local authorities have made varied attempts to control the situation, from penalizing pharmacies for proclaiming unreasonable prices and confiscating illegally-stored face masks to providing free masks to people.¹²⁵ Additionally, the government, in conjunction with producers and supermarkets, was prompt to assure the public of food security as well as price stabilization.

Regardless, all vulnerable populations would experience COVID-19 outbreaks differently and impacts will include issues in access to food, preventive goods (face masks, sanitizers) and information, disrupted livelihoods as well as health impacts – all of which, whilst affecting all, will significantly affect women.

RAPID INTERVIEW GUIDELINE: WOMEN AND MEN

Research introduction

- Introduce the interviewers, objectives and consensual confirmation.

General information about interviewees

- Personal information:
 - ✓ Age, family status, children
 - ✓ How many people are there in their family? Are there any elderly & disabled people?

Interview questions

1. Gender Roles and Responsibilities

Division of (domestic) labour:

- How has COVID-19 changed labour division including unpaid care work?
- How has your current family life changed since the COVID-19 pandemic and social distancing?
 - ✓ Who does household chores and takes care of the sick; who is primarily responsible?
 - ✓ Are there more household chores for women?
 - ✓ What do you think about these changes? (For example, due to the pandemic, children stay at home instead of going to school ...?)

Economic Empowerment: To what extent economic empowerment is being affected?

- REMW: economic and income generation activities, livelihood and agriculture, migration?
- SMP: job security, alternative income generation, taking leave/quitting a job/arranging childcare, work hours, savings and loans.
- **For households producing in-house**
 - ✓ Which production processes are men and women involved in? Are there any differences during this COVID-19 pandemic?
 - ✓ What are the main constraints to production? (Lack of input materials due to social distancing as people can't go outside, product trading doesn't go well?)
 - ✓ In addition to in-house production, what else do men and women do to generate income? Since the outbreak, how has this changed? (How else to generate income?)
 - ✓ What kind of savings does the family have? During the pandemic period, is that savings used? If yes, what is it used for specifically?
- **For formally paid employees**
 - ✓ Has your work changed since the outbreak? (less work, furlough, advanced leave, work from home?)
 - What are the arrangements with your employer? Your work hours? Are there any differences between male and female employees?
 - What about your salary? Are there any changes? Did you have any savings before the COVID-19 outbreak? If so, is that amount used during this period? For what?
 - ✓ What have you done if your working hours have been reduced or job terminated due to the COVID-19 pandemic? How do you participate in your household income generation activities? What are the solutions to increase your income?
- **For wage labour workers**
 - ✓ What do you do if your job is cut? Do you go back to your hometown or stay in the city?
 - ✓ What about your expenses? Do you have to use your savings?

2. Decision making and women participation

Household decision making: How is decision making affected within the household (i.e. usage of income/loan/saving); choice of work;

- **For REMW households**

- ✓ What are the daily expenses' difficulties? Where are the monetary sources from?
- ✓ If there is no back-up monetary source for daily expenses, who in the family gets to decide about borrowing money/withdrawing savings from a bank account...?
- ✓ For loans: What are the difficulties? How to pay interest and capital? Do you receive any support? What are the households' decisions?
- **For production-related decisions**
 - ✓ During the pandemic, if you don't use your principle for farming purposes, what will you spend it on? Who made this decision?
- **For households in which there are formally paid employees**
 - ✓ How are income sources affected during the pandemic?
 - ✓ Who makes decisions on the income sources' management and usage?
- **For labour workers in informal areas**
 - ✓ How is your decision on whether to stay or return to your hometown affected?

Women participation in public decision

- How do women participate in public decision making within the community (including bedsits for SMP groups) and at work (for SMP groups)?
- Aspects of decision making at work: termination of contracts, work hours, other benefits
- For EM: aspect of level of literacy and language barriers to access information and participate into decision making regarding Covid-19 prevention and response activities.
- In what ways do women and girls participate in the decision making? To what extent does public decision making regarding Covid-19 prevention and response take GBV risks into account?
- **For workplace decisions**
 - ✓ How are workers involved? How do they contribute ideas and choose solutions? (contract termination, fewer work hours, work from home, benefit packages, social insurance, health insurance)
- **For community decisions**
 - ✓ What decisions were made in the community during this period including the local COVID-19 prevention activities? When making those decisions, have you ever felt unsafe? Why?
 - ✓ Rate the participation of people in the community. How do you and your family get involved? What are the difficulties for women to participate? (knowledge, access to information, no phone, no notification, no contact ..)

3. Access to Resources and Services

Are these services equally accessible to women, men, boys and girls? Any particular barriers or opportunities? What has changed since the pandemic?

Access to Food and essential items

- Which sources are daily goods from? What are the differences during this period?
- If you need to buy food, where do you buy it? How to buy it (in person or on call, order online)? Is the shopping easy or difficult? How difficult?
- What do you do for personal safety when going shopping?
- Are there any other governmental, individual or organisational supports? How do these support the work?
- Are masks and hand sanitizers given or purchased? Are people willing to buy them? Where to buy? Any difficulties?

Access to COVID-19 related information

- **For EM**
 - ✓ How do individuals and households access current COVID-19 related information (via personal cellphones, computers, through loudspeakers, propagandas coming to the houses, commune officials providing consultation, etc.)?
 - ✓ Which sources of information do people prefer? Why?
- **For labour workers**

- ✓ What information related to the pandemic does your workplace provide? How is the pandemic prevention notified?

Access to productive work information (for EM) and workplace related information (formal and informal workers)

- **For households producing in-house (EM):** How do people receive information about the market and production materials? How has this changed since the pandemic outbreak? Does this information help people in time?
- **For informally paid employees:** What information related to COVID-19-related policy does your workplace provide? Information about salary cutting off, reduction of work hours, how is contract termination notified?

Access to Loan or other government policies:

- How do you know about the government's support policy? Do you know about it? Have you received it yet? How do you receive it? Who receives it? Any difficulties? (pursuant to the government's resolution 42)

Access to Health Services:

- Do households face any difficulties in getting medical check-ups or health treatment? (Pregnant women, sick children, childbirth, gynaecological diseases, chronic diseases of family members?) What is the solution?

4. GBV Protection and Response

- How does Covid-19 impact gender-based violence including sexual harassment and abuse, child protection and human security, mental health?
 - ✓ Has your mental health changed since the pandemic began and the social distancing was enacted?
 - ✓ Has there been any tension or conflict in the family since the outbreak? What is the main reason?
 - ✓ In the community, bedsitting areas, or friend groups, are there any cases in which people seek advice and assistance related to domestic violence (verbal fighting, physical beating)? If so, where do they seek such advice and support?
 - ✓ Is there anyone suffering from sexual harassment or forced to have sex by people outside their family? Who are those people? Does the victim look for help? From whom?

5. Capacity and Coping Mechanisms

Livelihood

- **REMW (Include PWD):** Alternative livelihood or adaptive livelihood options
 - ✓ If the pandemic persists longer, what is the family's plan to generate more income? Is this difficult for the disabled?
- **Formal and Informal Workers (Include PWD):** How to maintain income; any alternative income generation activity; job and childcare arrangement.
 - ✓ If the pandemic persists any longer, what will you do to earn a living?
 - ✓ How will the new plan affect your childcare? Do you have any solutions for this?
 - ✓ If your friends have difficulty walking, moving hands, feet, seeing or with other labour functions, what do they do to generate income?
- **For all groups:**
 - ✓ What are your biggest expectations for the moment?
 - ✓ What kind of support do you need to implement your plan?

Savings

- What to think about saving: should you continue to save during this period? How to save?
- Will saving in the coming time be different from the pre-pandemic period?

RAPID INTERVIEW GUIDELINE: LOCAL OFFICIALS

Research introduction

- ✓ Introduce the interviewers, objectives and consensual confirmation.

General information about interviewees

- ✓ Personal information: Name, age, marital status, children.
- ✓ The number of working years
- ✓ Work introduction: role in the commune/community, work time, participation in pandemic prevention activities in the community?

Interview questions

Changes in the community during the COVID-19 pandemic context

- What are your general comments on local socio-economic activities in the pandemic context? What are the changes in the community since the outbreak? What is the most important change? Why?
- What are the main needs of the community now (of women and girls, men and boys)?
- What are the issues that your community is facing during this pandemic context?
- In the context of the pandemic, which group is most vulnerable in your local community now (people having disabilities, single mothers, children, poor households...)? Why? What support do they need?

Gender Roles and Responsibilities

Division of (domestic) labour:

- What are your observations on the practice of domestic labour division in the locality? What are the roles of men and women, of husbands and wives in housework (cleaning, cooking, taking care of children)? Are there differences during the COVID-19 period?

Economic Empowerment:

- **For households producing in-house:** what are the main livelihood and local production activities? What are the people's main difficulties relate to production activities (sowing seeds, lack of input materials because they cannot travel, cannot trade products)? Is there any solution to increase household income? Are there new kinds of livelihood during the pandemic period?
- **For formally paid employees:** How is the work status during the COVID-19 period? Are they off work, taking leaves, working from home? How is their income affected? Are there new income generating activities in the locality?
- For households with people working away from home: do they return to their hometown? If so, what are the burdens or impacts on the locality (difficulties in the pandemic prevention and social distancing, creating employment and generating income)?

Decision-making and women participation

- In households in your community, who is the main decision maker (in terms of using family resources: income, savings, loans, expenditures)?
- What decisions have been made in your community during the pandemic (economics, contingencies, community movements)? What factors (social/traditional) affect the decision making process? How are women and men involved? What are the barriers for groups with disabilities, single mothers?

Access to Resources and Services

Access to Food and essential items: What is the status of food sources in the community (self-supply or any support facilities)? How does shopping work (via phone, order online...)? Are there any other difficulties in purchasing food and essential items including clean water in your community?

Access to COVID-19 related information: How is the pandemic-related information communicated in the community? Through which channels? What are the authority's difficulties? (COVID-19 related information, health information, backup services...)?

Access to government policies: How are government support policies being implemented in the community? What difficulties does the authority have? (based on the government's resolution 42)

Access to Health Services: What are the current health services in the locality? Where can people access health services (clinics, pharmacies, hospitals) for individuals in need (pregnant women, sick children, childbirth, gynaecological diseases, chronic diseases of family members)? What are the changes during the pandemic? What are solutions?

GBV Protection and Response

- How do you evaluate the pandemic impact on people's mental health?
- How has the pandemic affected domestic violence incidents in your locality? What are the local plans to prevent and address this problem?
- Does the pandemic cause situations that endanger women and girls with regard to violence, sexual assault and harassment from people outside the community? What are the ways to prevent and address the issue in your locality?

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