



Report on the Second Rapid Socio-Economic Impact Assessment of COVID-19 to Persons with Disabilities (PWDs) in Viet Nam



**REPORT ON THE SECOND RAPID SOCIO-ECONOMIC IMPACT
ASSESSMENT OF COVID-19 TO PERSONS WITH DISABILITIES
(PWDS) IN VIET NAM**





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Acknowledgements

The research team highly appreciates the cooperation and responses from 1,792 persons with disabilities (PWDs) from 63 provinces and cities for their willingness to participate in the survey. Without their inputs and the unwavering support of PWD organizations and collaborators, this report would not have been possible. Our gratitude also goes to United Nations Development Programme (UNDP) and ACDC institute colleagues for their comments and suggestions on the questionnaire and preliminary findings, which have substantively enriched our report. The contents and analysis of the report, along with any errors in interpretation, rest entirely with the research team. We also are thankful for Dr. Nguyen Trung Hai from the University of Labour & Social Affairs for his substantive inputs for technical advice during the research, Ms. Diana Torres, UNDP Governance and Participation Team Leader, provided her overall guidance and support for the finalization of the report. The successful and well-attended hybrid launch of findings and policy recommendations on 24 February 2022 was a great acknowledgement of the research results. This research was financially supported by the UNDP in Viet Nam and ACDC Institute.

ACRONYMS AND ABBREVIATIONS

MOLISA **Ministry of Labor, Invalids and Social Affairs**

PWDs **Persons with disabilities**

OPDs **Organisations of persons for/with disabilities**

UN **United Nations**

UNDP **United Nations Development Programme**

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I

Introduction

I. Introduction

1 - Background

In 2021, the impact of the COVID-19 pandemic was expected to be even more severe than the previous year. Anticipating this, the Government of Vietnam decided to pursue a "dual objectives" policy to tackle the increased threat of COVID-19 impacts which is disease control and economic development. This policy was implemented during the fourth wave of the pandemic, which saw the nationwide spread of the Delta variant of COVID-19. During this wave, the proportion of people infected with COVID-19, especially persons with disabilities (PWDs), rose dramatically in the central provinces and cities, particularly in the southern regions. To address this, the Government of Vietnam continued to implement measures against the pandemic, such as appointing Prime Minister Pham Minh Chinh as Chairman of the National Steering Committee for COVID-19 Prevention and Control, focusing on communication of information sources and mobilization of collective political efforts to prevent the further spread and ramifications of COVID-19. As a result, strict restrictions were enforced, such as social isolation, curfews, school closures, and road barriers to curb the spread of the virus.

The Government applied these preventive measures, which were informed by incremental levels of severity, such that there were differences in the responses between provinces and municipalities.

Many localities implemented quarantines, affecting tens of millions of people. The cash aid package of 26 trillion VND granted by the Government in 2021, according to Resolution 68/NQ-CP, was disbursed more quickly than the 62 trillion VND package issued in 2020. However, only four PWDs who were F0 or F1 are eligible for the additional aid of VND 1 million per person from the support package.[1]

Although many economic operations in the country resumed, Viet Nam still suffered due to the severe socio-economic consequences of the pandemic. Economic activity increased in the third quarter of 2021 as the pandemic wreaked havoc upon economic zones, industrial parks, export processing zones, and labor-intensive enterprises. Many industrial parks were forced to close, which forced laborers to migrate from the provinces and cities hardest hit by the fourth wave (including Ho Chi Minh City, Binh Duong, and Dong Nai). According to a study from the General Statistics Office, GDP in the third quarter of 2021 declined by 6.17 percent compared to the previous year. It was the most significant decline since Viet Nam had begun reporting its quarterly GDP.

The first rapid assessment of the impact of COVID-19 on the lives, health, and livelihoods of PWDs, was conducted in March and April 2020. As a follow-up, from September 2020 to June 2021, UNDP implemented a project to support PWDs to live safely with the pandemic, which was sponsored by the Government of Japan.

[1] <https://dangcongsan.vn/xa-hoi/hon-71-nghin-ty-dong-thuc-hien-cac-chinh-sach-ho-tro-an-sinh-xa-hoi-601326.htm>

The project expanded access to and equipped a district hospital with rehabilitation equipment, enabling thousands of PWDs residents to receive primary health care more efficiently throughout the epidemic. Additionally, during the fourth wave, the project delivered support and personal protection equipment to 1,100 PWDs in highly impacted areas. Further, the project sought to raise awareness of gender sensitivity and disability inclusion and social work skills for 106 local health workers, digital skills training to participate in the labor market in the 4.0 technology era for 57 PWDs, improved accessibility for the Ministry of Health's website and fostered the ability to edit accessible news articles for 12 media workers of this ministry, and sponsored 6 months of sign language interpretation on the prime-time news of Vietnam Television to provide official information about the epidemic for the deaf.

To update the situation of PWDs during the COVID-19 pandemic as a basis for other support programs, this study explored the impacts of COVID-19 on their physical and psychological health and livelihoods of PWDs in Viet Nam. As a result, policy recommendations were made regarding disability inclusion, and preparing to respond to the next wave of COVID-19, or similar epidemics, in the future.

2 - Executive Summary

The impact of the COVID-19 pandemic was expected to be severe in 2021, prompting the Government of Vietnam to implement a

"dual objectives" policy to achieve disease control and economic development. To understand the impact of the pandemic on PWDs, two rapid assessments of the impact of COVID-19 on the lives, health, and livelihoods of PWDs was conducted in March and April 2020. The research team conducted the second surveys in September 2021 with in-person interviews, phone calls, and questionnaires via Google Forms in an accessible format for persons of all types of disabilities. The survey covered 63 provinces and six ecological regions, and a total of 1,792 PWDs were included in the sample. The study found that up to 88 percent of PWDs had access to information on COVID-19, but employment and income decline were identified as the main factors that forced 90 percent of PWD households to limit their daily expenses. Many households were forced to reduce food and beverage costs (56 percent), and by cutting more than one third of total living costs compared to pre-COVID-19 (48 percent). Many households were forced to cover the spending for family members (22 percent), increase borrowing from friends and relatives (18 percent), and even sell assets (two percent) to maintain a basic standard of living. The saving of the household with PWDs were estimated to last approximately two months.

The study also found that 71 percent of PWDs faced difficulties in access to health care, and 55 percent of PWDs still reported experiencing anxiety, 14 percent reported experiencing emotional trauma, 9 percent felt isolated, and 12 percent reported they felt hopelessness over their prospects.

Moving forward, the survey suggests that:

- The government should conduct comprehensive analysis of COVID-19 impact on PWDs, support inclusion in development programs, improve data on PWDs, provide specific assistance during pandemics, and focus on businesses that employ PWDs for economic resilience after pandemic.
- Organizations of/for PWDs should focus more on connecting PWDs with necessary support and organizations providing counseling, health protection, and psychological counseling, new vocational education and training services, businesses and employers; advising government on measures to care for and protect the safety of PWDs, and providing training for healthcare personnel on disability inclusion.
- Strengthening implementation of programs for PWDs during pandemic, providing assistance packages for necessities, visiting and compiling list of needs for PWD homes, and linking PWDs with organizations for illness prevention, health and psychological counseling are important for other civil society and local community organizations.
- UNDP and UN agencies should assist organizations of/for PWDs in policy advocacy and programs to recover from COVID-19, strengthen capacity building for the National Committee on Disabilities, advise and assist the MOLISA in increasing the number of PWDs receiving disability certification and improving the process's transparency, and providing resources to strengthen the quality of the workforce, and psychosocial help for PWDs experiencing psychological consequences.



Image source: Photo provided by UNDP

II

Methodology

II. Methodology

The study used a survey method via the use of a Google Form, which is an accessible format for many types of disabilities, from September 8 to September 30, 2021, during the fourth wave of the pandemic when it had a heavy impact on the southern provinces. Telephone interviews, face-to-face interviews, and questionnaire interviews were conducted with PWDs who were unable to fill out the online questionnaire themselves. The research questionnaire consisted of 36 questions revised from the 2020 First Rapid Assessment questionnaire on the socio-economic implications of COVID-19 on PWDs and part of PAPI survey 2021. The phone or face-to-face interview lasted approximately 30 minutes and focused on the health and socio-economic consequences of COVID-19 on PWDs and their families as well as their perception of Government reactions and measures. The survey aimed to gather data on the impact of the COVID-19 pandemic on the lives, health, and livelihoods of PWDs in Vietnam and to identify areas where support is needed to mitigate the negative effects of the pandemic on PWDs.

Survey process

- The survey form on Google Forms was designed with two versions, one with videos in Hanoian and HCMC sign language interpretations attached for deaf people to understand and explain how to fill it out, and a second version without sign language for other PWDs.
- The questionnaire was designed to be adjusted and supplemented based on consultation with OPDs and pilot-tested with 30 PWDs.
- On September 8, 2021, the researchers held a technical meeting with interviewers to provide detailed instructions on how to fill out the online questionnaire and on interview methods by phone.

Telephone interviews were held with 220 people, including family members of PWDs with intellectual, neurological and psychological disabilities, and elderly PWDs who do not use the internet and therefore could not access the Google Form. Face-to-face interviews were held with 50 people who did not have access to the internet. Teachers at universities and vocational schools for PWDs encouraged students to participate and ensured their access to groups with university and intermediate degrees. Businesses with PWDs in Dong Nai and Ho Chi Minh City were contacted to mobilize PWDs in [epidemic hotspots](#).

Research limitations

It is important to note that the survey results should be interpreted with caution as they are based on self-reported data and may be subject to bias or social desirability. Furthermore, the survey was conducted during a specific period and the results may not reflect the current situation or future trends. The limited representation of certain disability groups, such as those with intellectual disabilities or psychosocial disabilities, means that the study may not fully capture the specific challenges faced by these subgroups and further research with tailored approaches may be needed to address their needs. Additionally, the survey may not fully capture the psychological impact of COVID-19 on PWDs with psychological disabilities, as the survey primarily focuses on the socio-economic impact of the pandemic. A separate study with a focus on mental health and psychological well-being of PWDs may be needed to fully understand the impact of the pandemic on this population. Additionally, because the survey primarily relied on internet-based methods, it may not fully represent the experiences and challenges faced by PWDs who do not have access to the internet or who have difficulty navigating online forms. Therefore, it is important to consider alternative data collection methods in future studies to ensure a more representative sample and a more comprehensive understanding of the impact of COVID-19 on PWDs.

Overview of Government policies related to COVID-19 for disadvantaged groups (April 2021 to December 2021)

Government policies to support disadvantaged groups, particularly PWDs, during the COVID-19 pandemic have been limited in scope and have not fully addressed the needs of all PWDs. These policies primarily focus on supporting unemployed individuals with unemployment insurance and have not provided support for PWDs who live with their families or work in the informal sector. Additionally, support policies have not been adequately inclusive of PWDs with mild disabilities or those who have not yet determined their disability level. Businesses that employ PWDs have also not received specific, targeted, or specialized support during the pandemic. Lastly, while COVID-19 vaccination programs have been comprehensive, there have been gaps in accessibility for deaf individuals due to lack of sign language interpreters on site and other forms of communication suitable for those with hearing and speech disabilities.



Image source: Photo provided by UNDP



Image source: Photo provided by UNDP

III

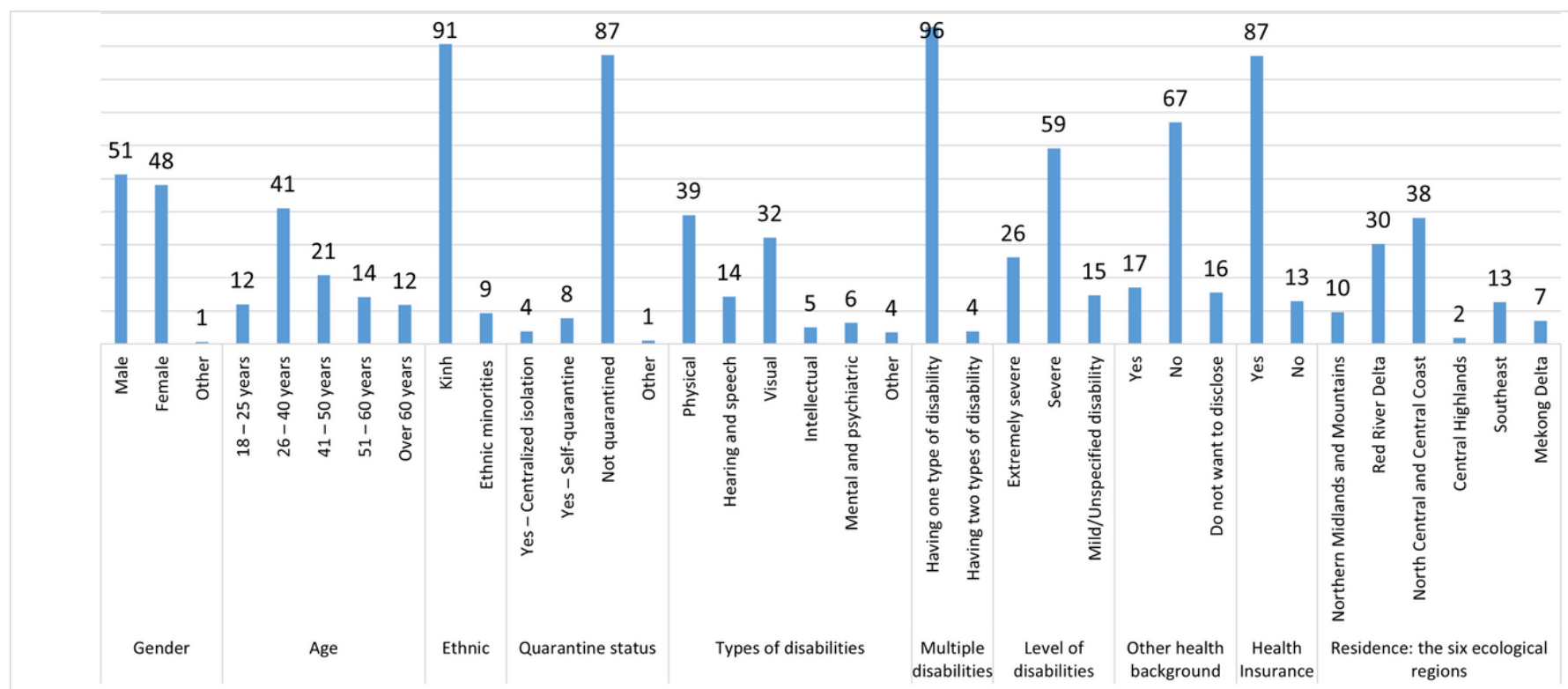
Key findings

III. Key findings

1 - Background information of rapid assessment participants

The following section shows the socio-demographic characteristics, disability status, and geographical location of PWDs participating in the second rapid assessment survey.

Diagram 1. General information about PWDs interviewed (Unit: Percent of respondents)



Regarding socio-demographic characteristics, the majority of PWDs participating in the survey were aged 26 to 40 years (41 percent) and 41 to 50 years (21 percent), where the group of over 60 years old accounted for 12 percent. The number of women and men with disabilities was evenly distributed (48 percent women and 51 percent men). The majority ethnic group was the Kinh people (91 percent). The rest belonged to ethnic minority groups, such as Tay, Nung, Muong, Thai, Hmong, Ma, and Hoa. A small proportion of PWDs interviewed has undergone medical isolation in the form of centralized quarantine (4 percent) or at home (8 percent).

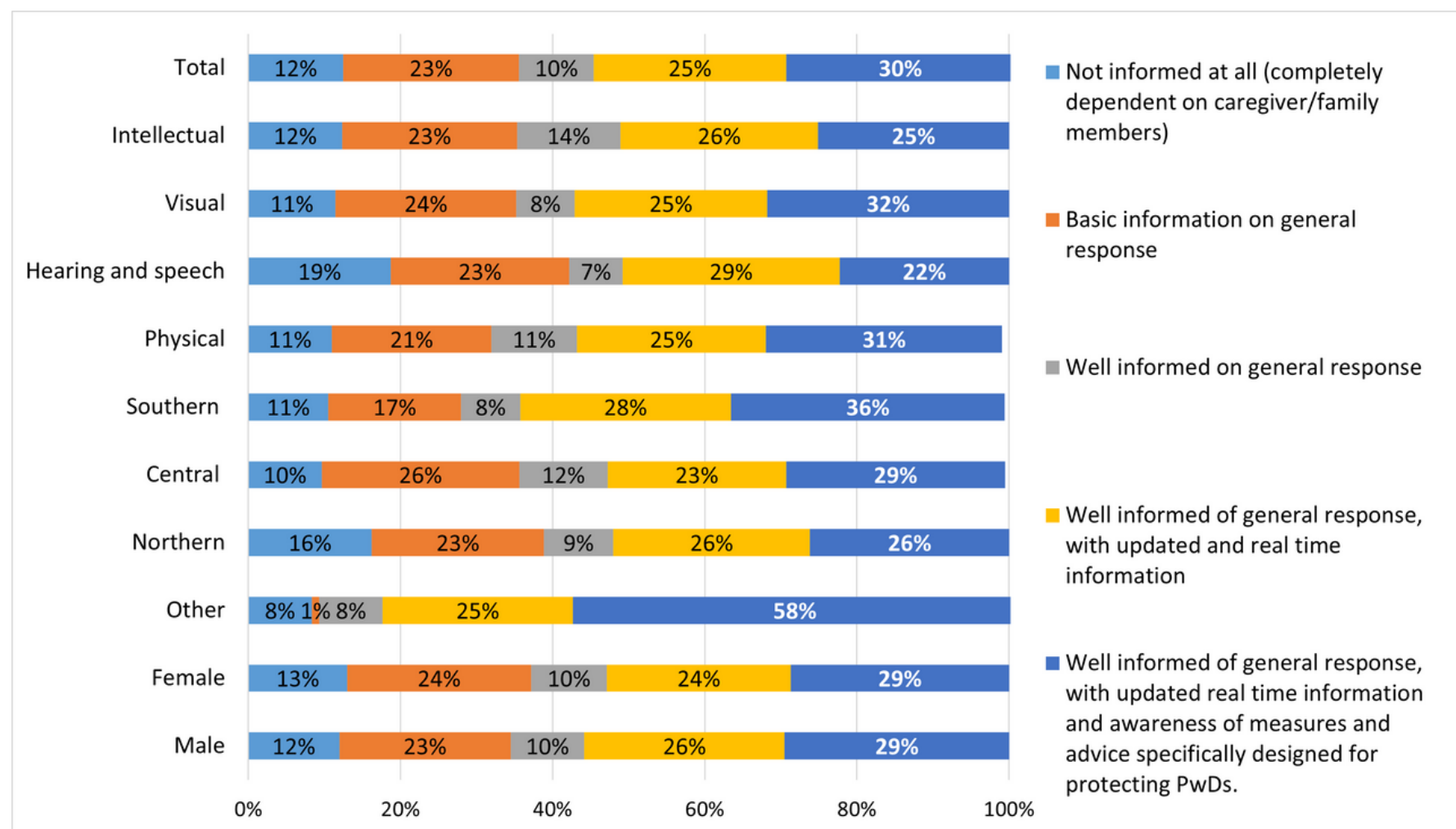
Regarding types of disabilities, 44 percent of respondents had mobility and physical disabilities, 32 percent were visually impaired, while the rest had hearing impairments (14 percent), intellectual disabilities (five percent), psychosocial disability (six percent), and other disabilities (one percent). 4 percent of respondents had from two to four forms of disability, among them 26 percent were classified as particularly severe, 17 percent reported underlying medical conditions, and 87 percent reported they had health insurance cards.

Regarding the area of residence, 40% live in the North, 40% in the Central Region, and 20% in the South. However, the distribution structure according to 6 ecological regions has significant differences. The majority of PWDs live in the Red River Delta (30%), and North Central and Central Coast (38%), accounted for a low proportion, especially in the Central Highlands (2%).

2 - Diversified access to information by PWDs about COVID-19

During the outbreak of the COVID-19 pandemic, the Government of Viet Nam provided up-to-date information through various channels such as mass media, social media, and mobile messages. 88 percent of respondents reported having good access to COVID-19 related information, which is an improvement of 21 percent points since the First Rapid Assessment survey in 2020. 29 percent of PWDs reported having complete information on how to cope with COVID-19 and situational updates on the outbreak, and advice on disease prevention and control measures specifically for PWDs. However, there were still gaps in information accessibility as 25 percent of respondents reported they had complete information on how to respond and on the situation updates. The level of accessibility did not differ significantly by gender, region, or type of disabilities.

Diagram 2. Self - assessment of the level of knowledge of PWDs about receiving official information about COVID-19



The results of the survey indicate that the most effective channels for communicating COVID-19 related information to PWDs were television (64%), social media platforms like Facebook and Zalo (49%), online newspapers (42%), mobile messages (34%), and Government websites (24%). [Appendix 1, Table 1]. These results can inform future efforts to improve communication and information accessibility for PWDs during public health crises.

3 - The impact of COVID-19 on PWDs

The COVID-19 pandemic led to job and income losses due to measures such as lockdowns and closures, which had a significant impact on households with one or more PWD members. These households had to adopt economic austerity measures and adapt to a new way of life. However, their ability to cope with savings is limited as almost all households of PWDs have a limited amount of savings.

3.1. Jobs and income decline

The COVID-19 pandemic and measures taken to counter it have had a significant impact on the employment and income of PWDs. According to survey results, 44% of PWDs participating in the survey had a job before the outbreak with an average of 22.7 working days per month. Many PWDs have formal jobs and/or labor contracts (44%), while others have informal jobs and/or no labor contract (14%), and some worked as freelance workers (34%). PWDs who own licensed businesses and unlicensed businesses account for 3% and 5%, respectively. The pandemic has likely led to job loss or reduced working hours for many PWDs, leading to a decrease in average household income as a result of measures taken to mitigate the pandemic, such as lockdowns and closures of businesses. The rapid assessment studies have found that the unemployment rate of PWDs during the pandemic has been high, with 30% reported in the 1st study and 28% when out of work for four weeks per month, and 18% when they were out of work for three weeks per month in the 2nd study. Additionally, according to the 2nd study, 7% of PWDs reported their working hours decreased by one week per month, and 21% reported they had their hours reduced by two weeks per month. These findings suggest that 64% of PWDs lost work time due to the pandemic measures. The groups most affected were male PWDs, PWDs living in the central region, and persons with hearing and speech disabilities.

Diagram 3: The number of working days compared to pre-COVID-19 for PWDs
(Unit: Percent of respondents)

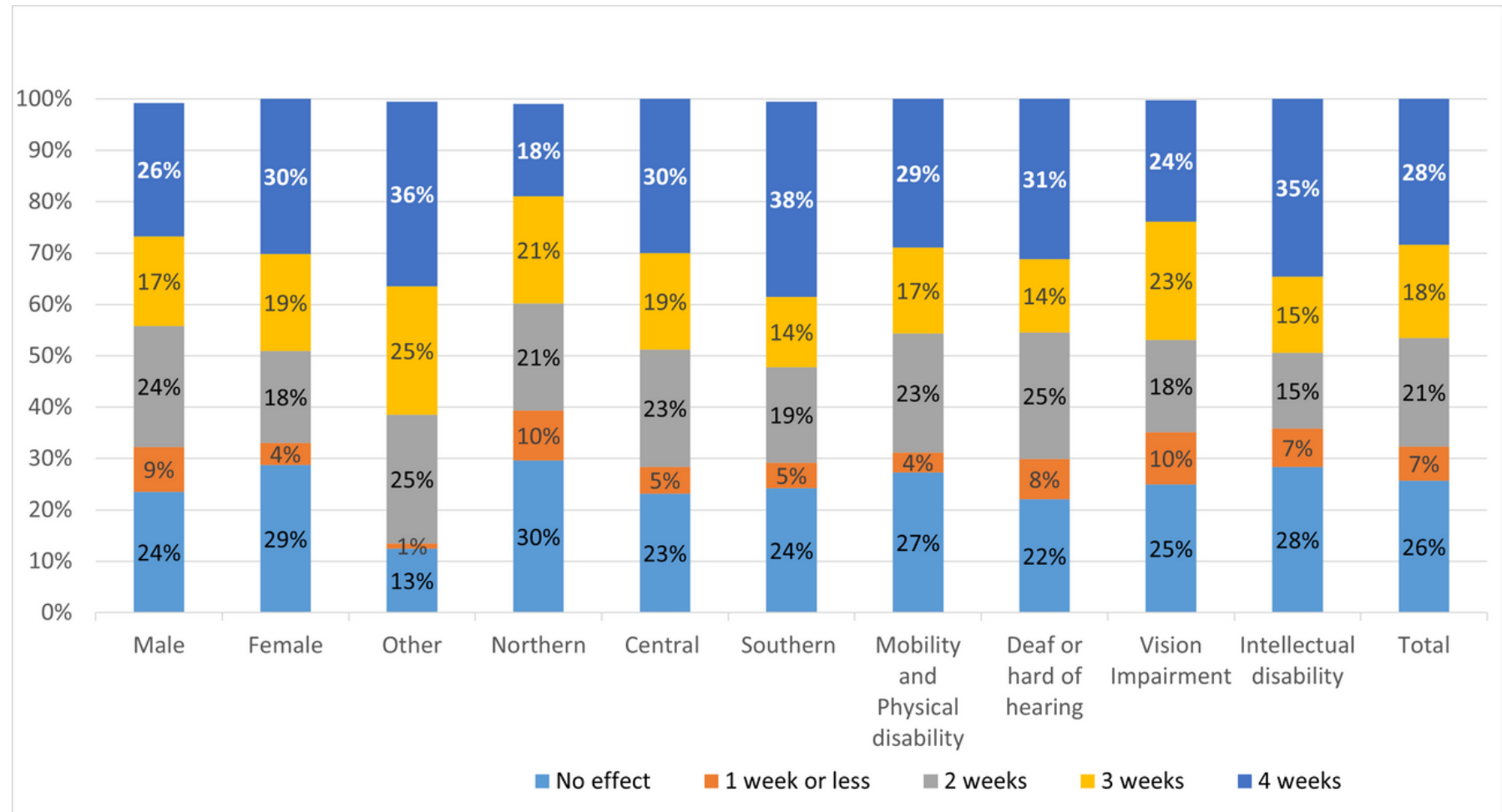
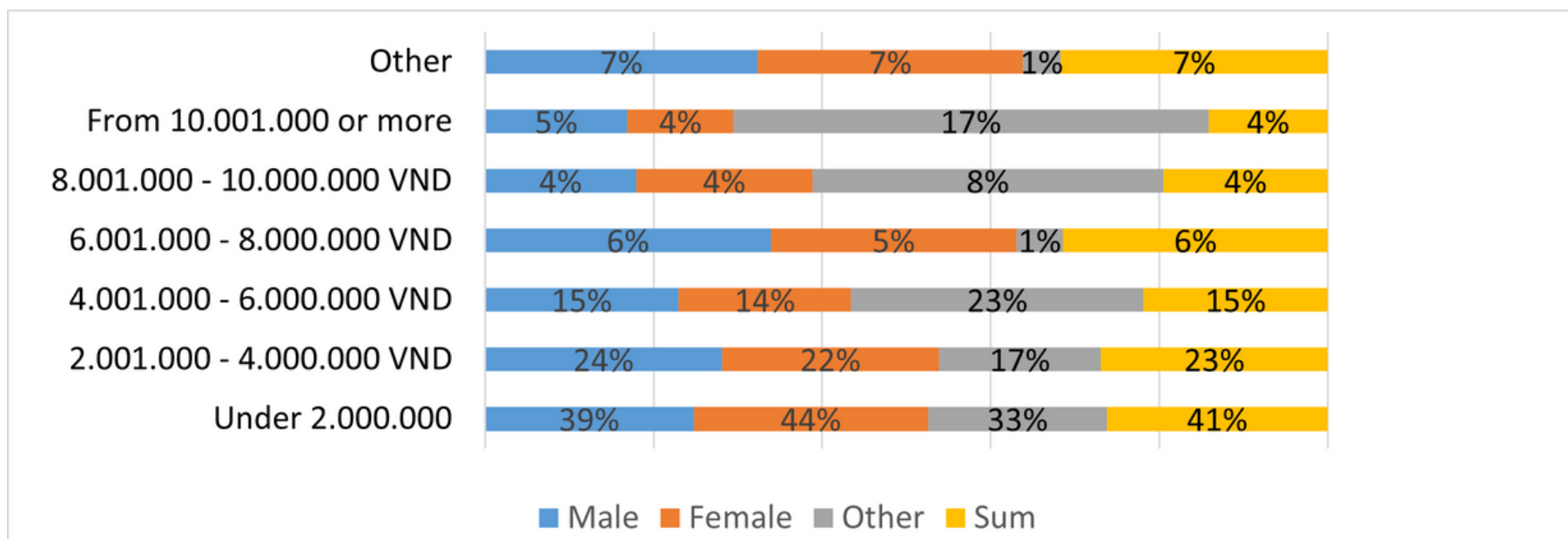
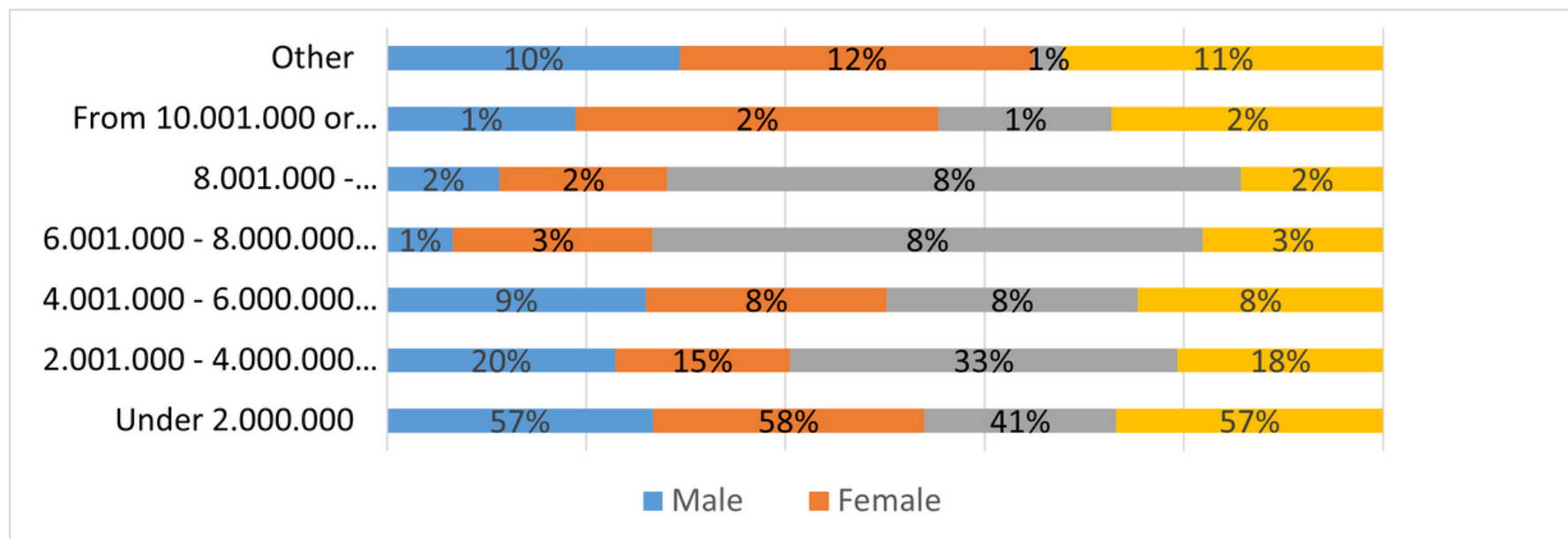


Diagram 4A. The average income of families of PWDs by gender**Average income within 12 months (before January 2020)**

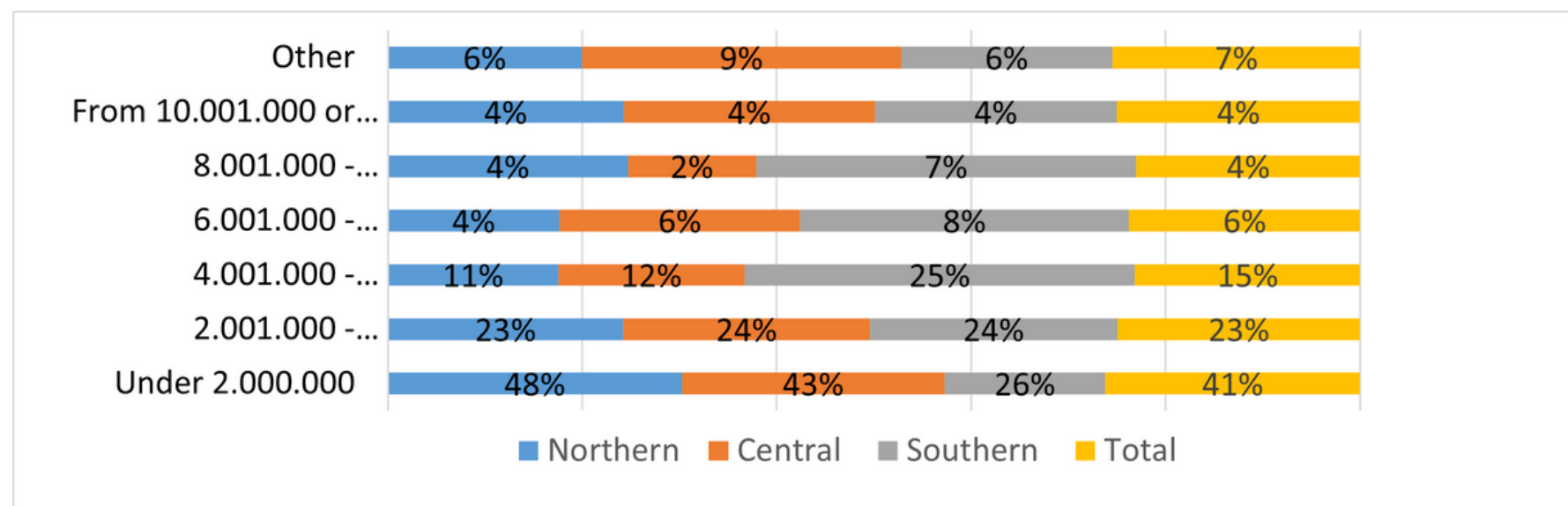
Income in August 2021



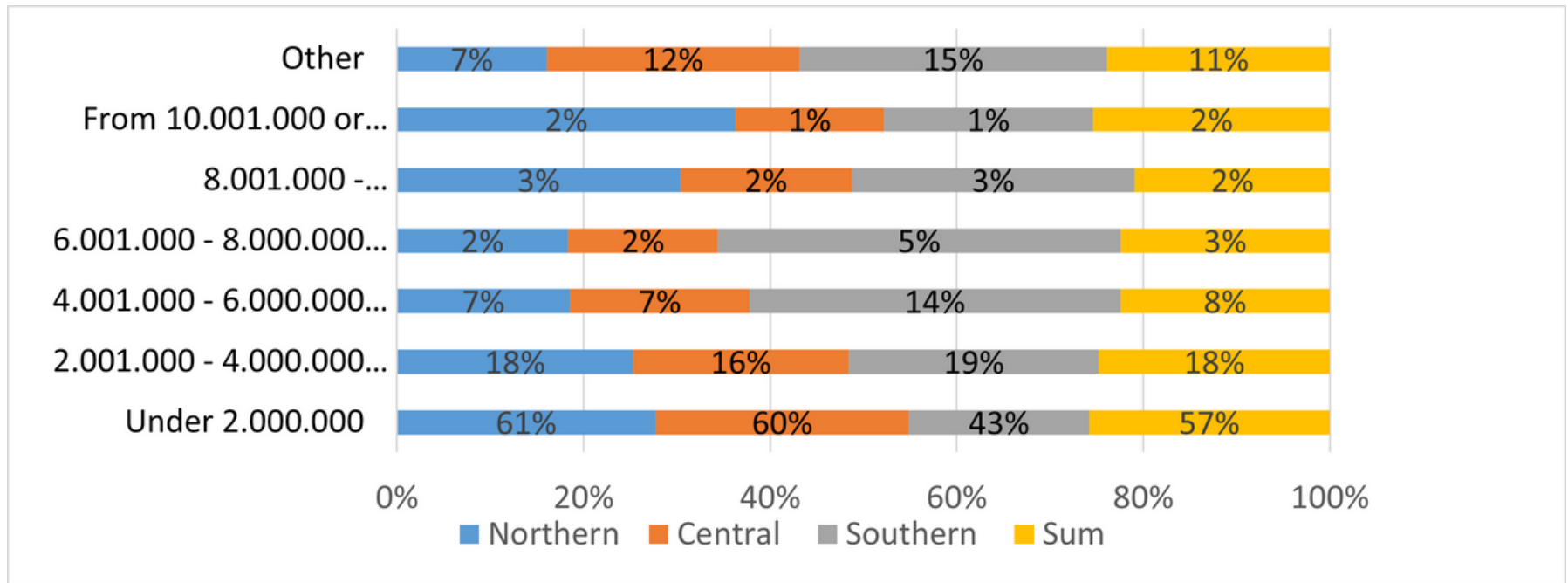
(Source: 2nd Rapid Assessment Survey, 2021)

Diagram 4B. The average income households with PWD members by region
(Unit: Percent of respondents)

Average income within 12 months (before January 2020)



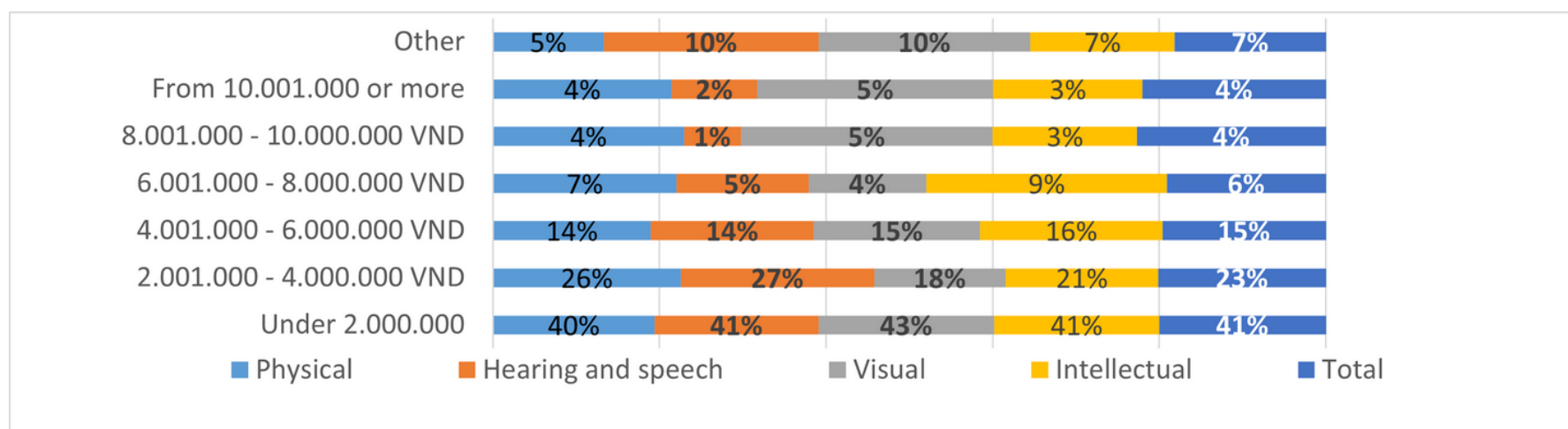
Income in August 2021



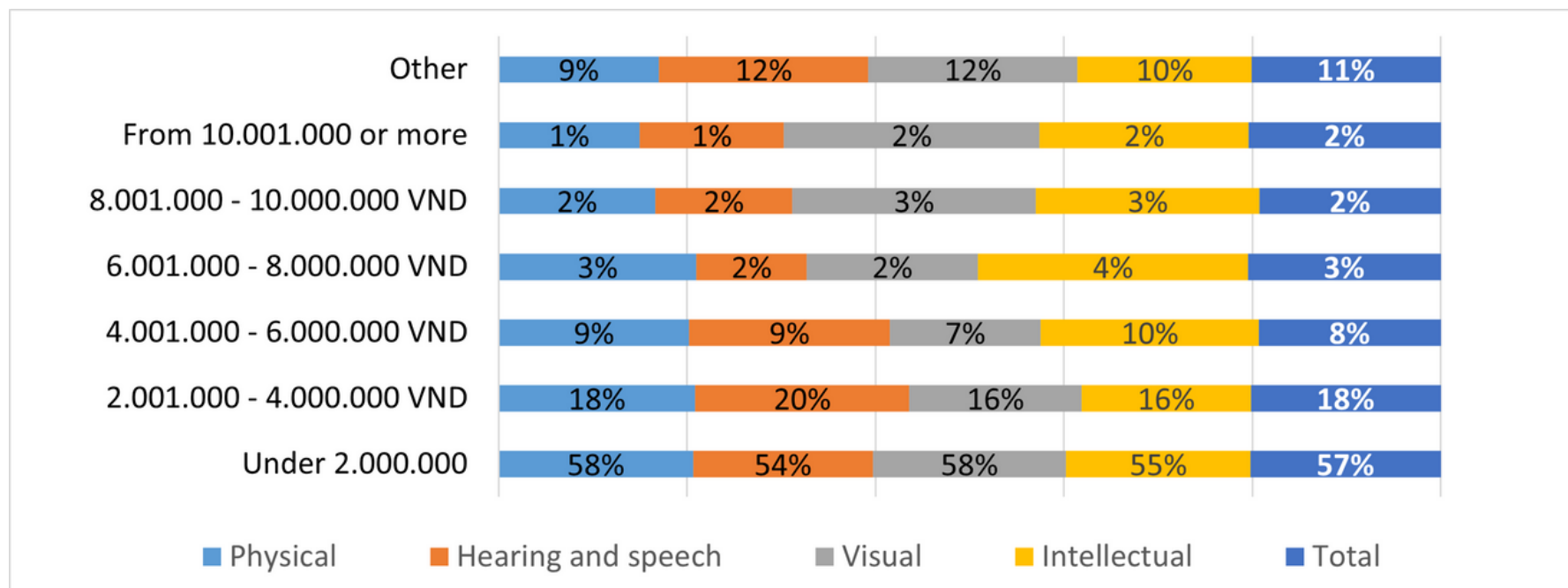
(Source: 2nd Rapid Assessment Survey, 2021)

Diagram 4C. The average income of families of PWDs by type of disabilities
(Unit: Percent of respondents)

Average income within 12 months (before January 2020)



Income in August 2021



3.2. Austerity economic measures

The prolonged COVID-19 pandemic and measures such as social distancing and medical isolation have led to job loss and income reduction for many households of PWDs, forcing them to use drastic measures to survive. These measures include reducing total living costs, using savings, and increasing loans.

Diagram 5A. Methods to ensure living/financial expenses in the context of COVID-19 of PWDs and their families (Unit: Percent of respondents)

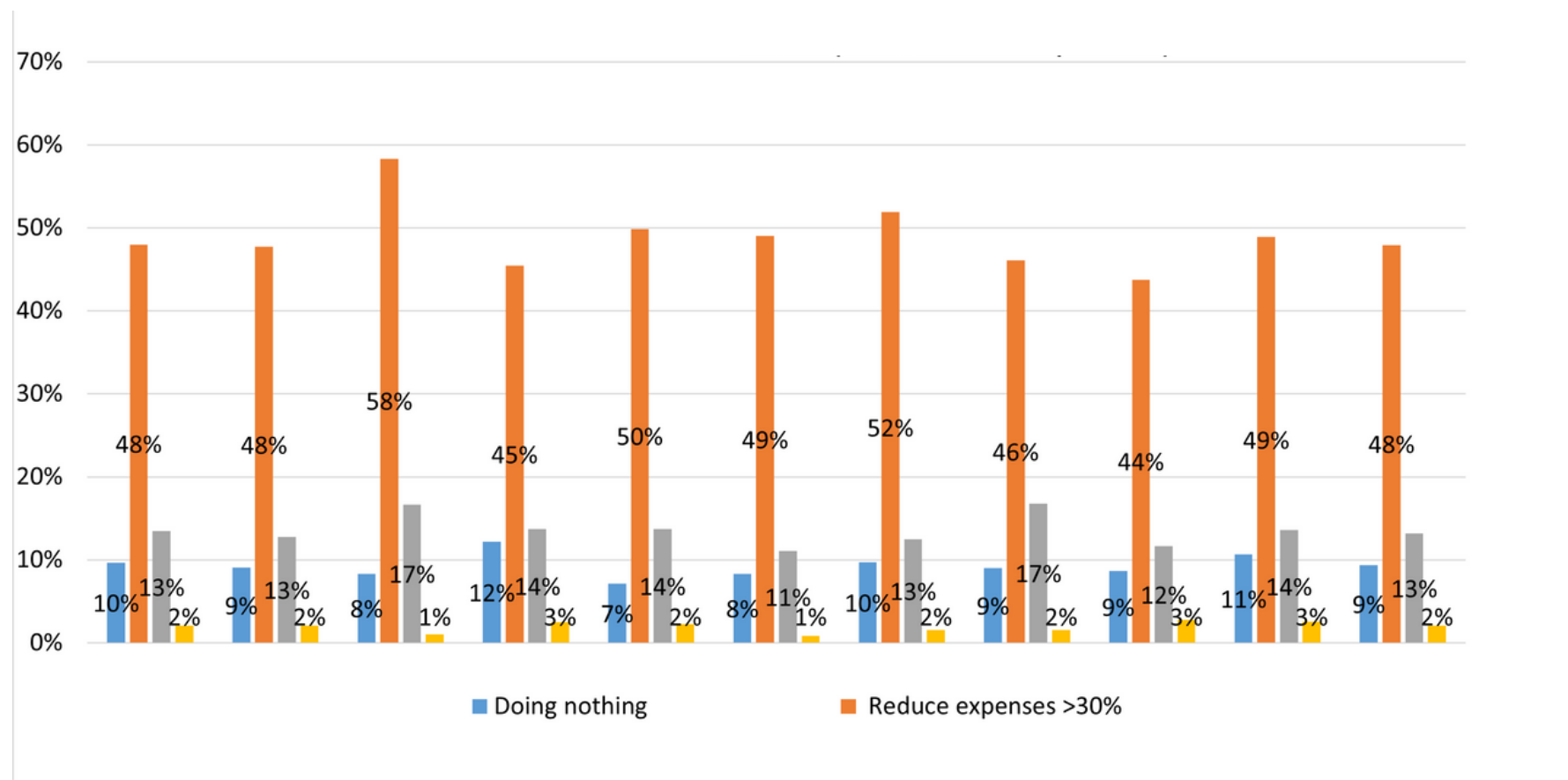
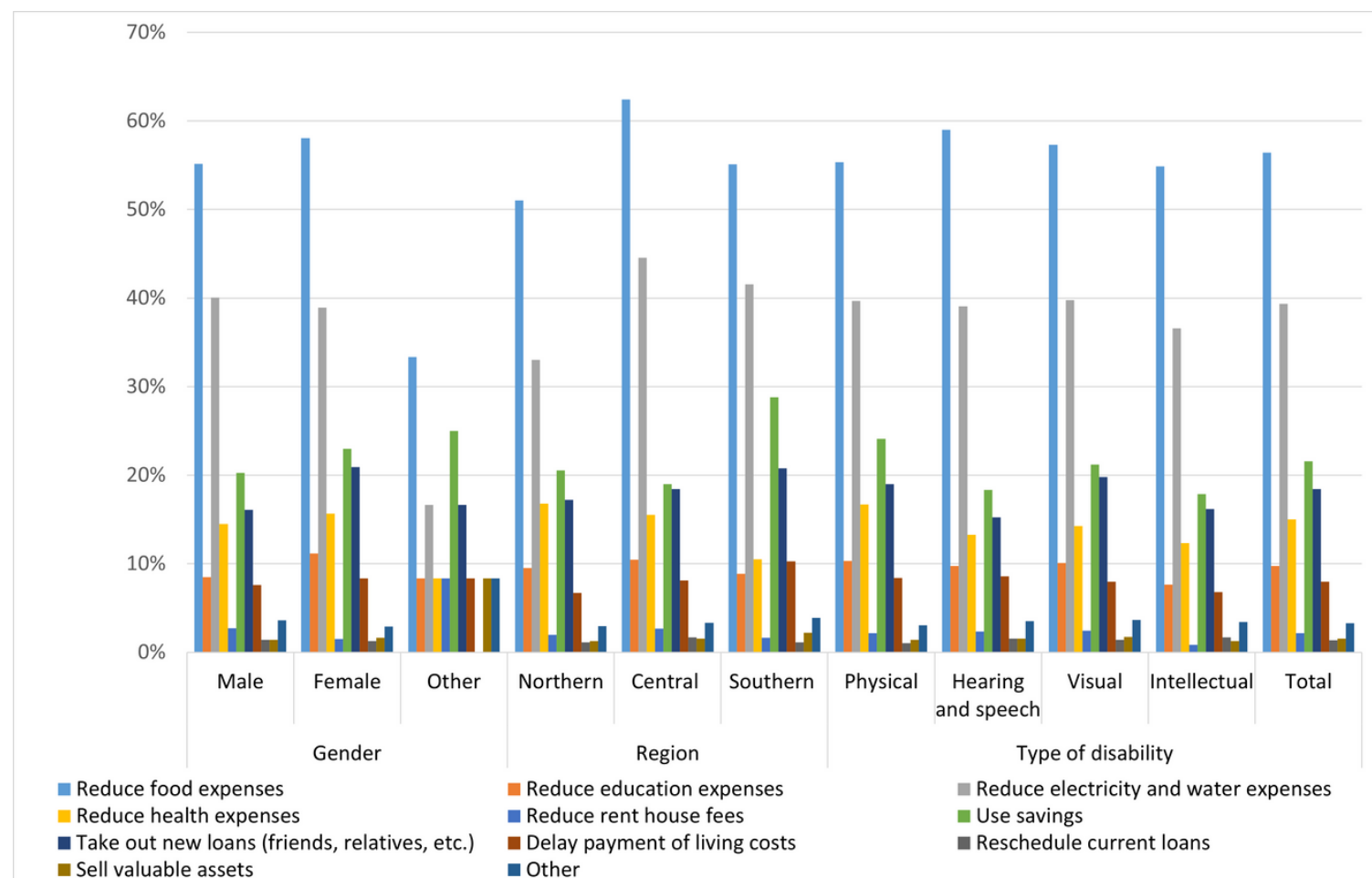


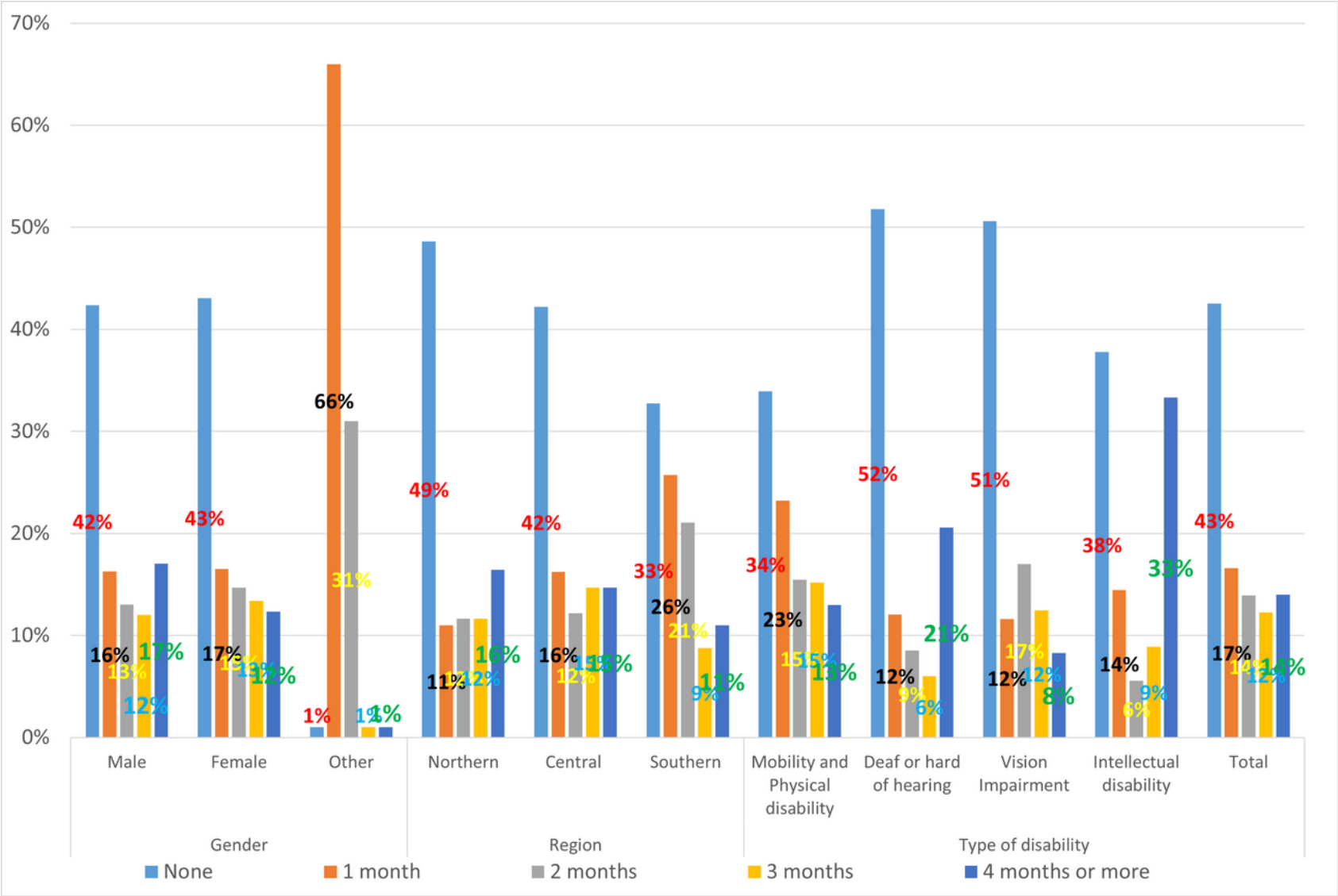
Diagram 5B. Methods to ensure living/financial expenses in the context of COVID-19 of PWDs and their families (Unit: Percent of respondents)



(Source: 2nd Rapid Assessment Survey, 2021)

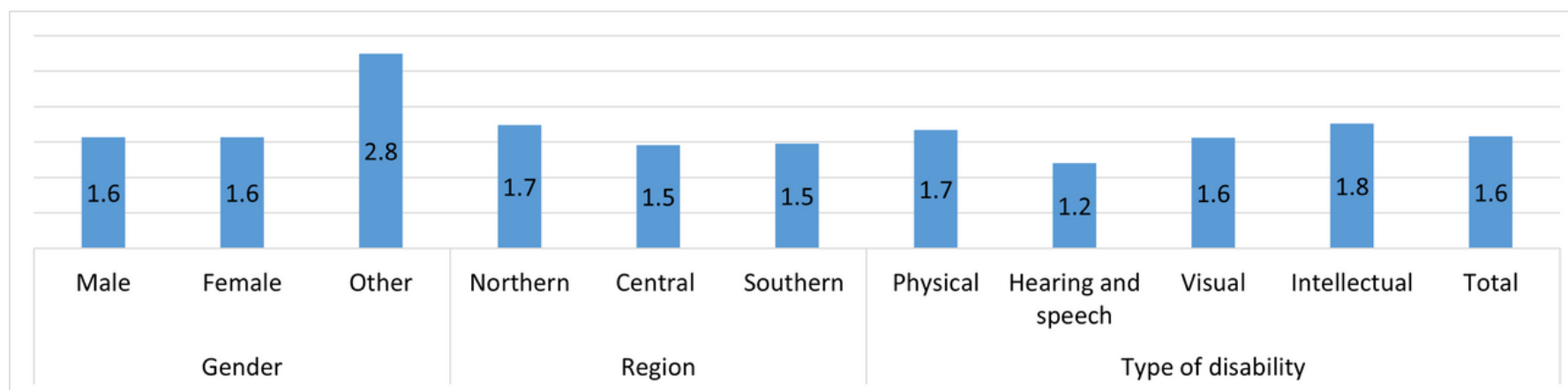
According to the survey data, over 90% of PWDs reported that their households were forced to implement severe austerity measures as a result of the COVID-19 pandemic and measures taken to mitigate it. The survey showed that families of PWDs in the Central region are more likely to employ these strategies than those in other regions. The most common measures taken by households include a 56% reduction in food and beverage costs, a 48% drop in living costs (compared to pre-COVID-19), and a 39% reduction in power and water rates. Additionally, many households are forced to use their savings (22%) or obtain new loans (18%) from friends, relatives, or other sources. In some cases, they are even compelled to consider selling valuable assets (2%) when alternative measures are no longer feasible.

Diagram 6. The ability of households to maintain their current standard of living with the savings they have (Unit: Percent of respondents)

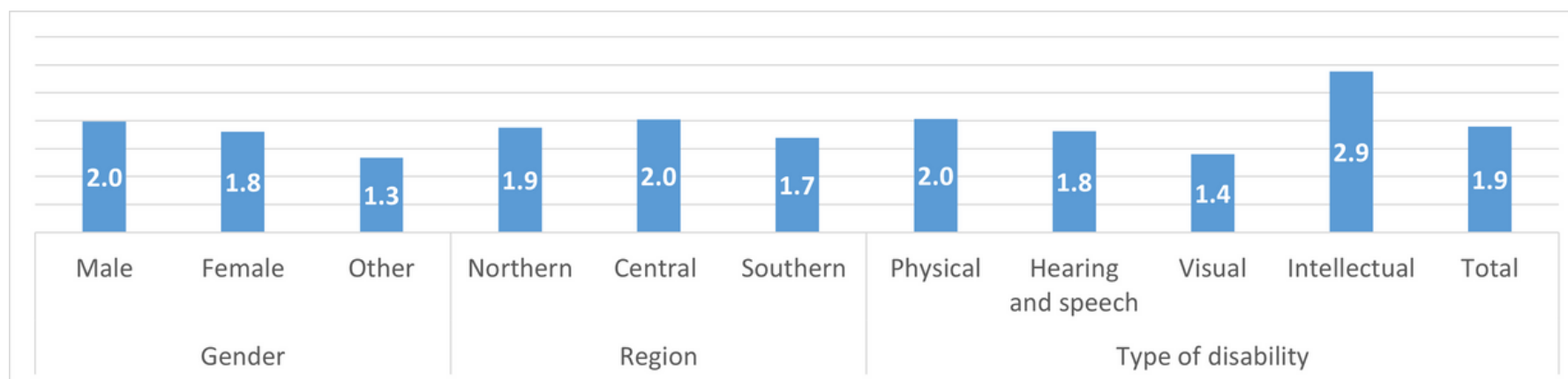


**Diagram 7. Number of months maintaining current standard of living by using savings of families of PWDs
(Unit: Percent of respondents)**

Number of months saving possible use



The number of months savings have been used



4 - The impact of COVID-19: challenges with health protection and well-being of PWDs

The COVID-19 pandemic has created both direct health care challenges and indirect socio-economic challenges for PWDs. The survey results indicate that while some PWDs are positively receptive to the care and protection provided by society, others are experiencing negative emotions such as anxiety, impotence, and depression.

4.1. PWDs have found it challenging to be cared for and to preserve their health during the COVID-19 pandemic

The COVID-19 pandemic has had a significant impact on the physical and emotional health of PWDs. The statistics show that many PWDs experienced difficulty accessing official and reliable information about COVID-19, were not participating in local prevention and control measures, had difficulties accessing psychosocial support, felt they had insufficient access and support in hospitals, experienced difficulty obtaining essentials due to shortages, and felt that discrimination had increased as a result of the COVID-19 response.

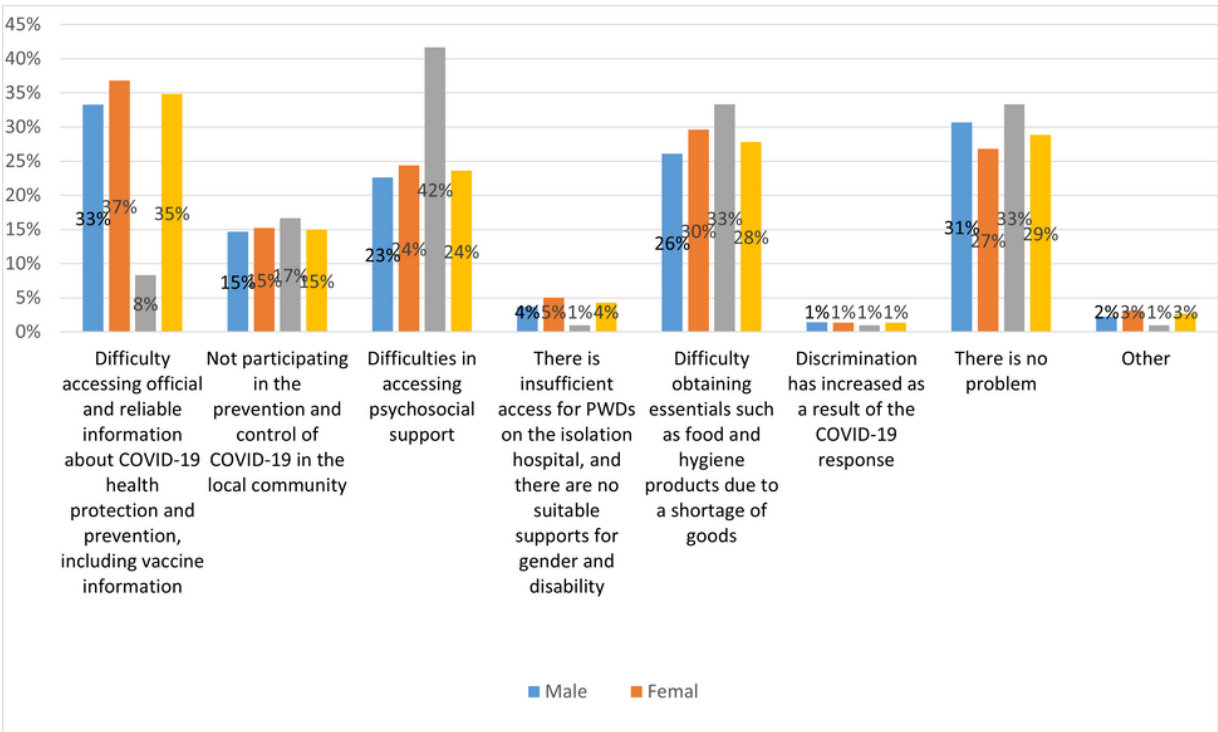


Diagram 8A. Direct difficulties affecting health protection of PWDs during the COVID-19 epidemic, by gender (Unit: Percent of respondents)
(Source: 2nd Rapid Assessment Survey, 2021)

Diagram 8B. Direct difficulties affecting health protection of PWDs during the COVID-19 epidemic, by regions (Unit: Percent of respondents)

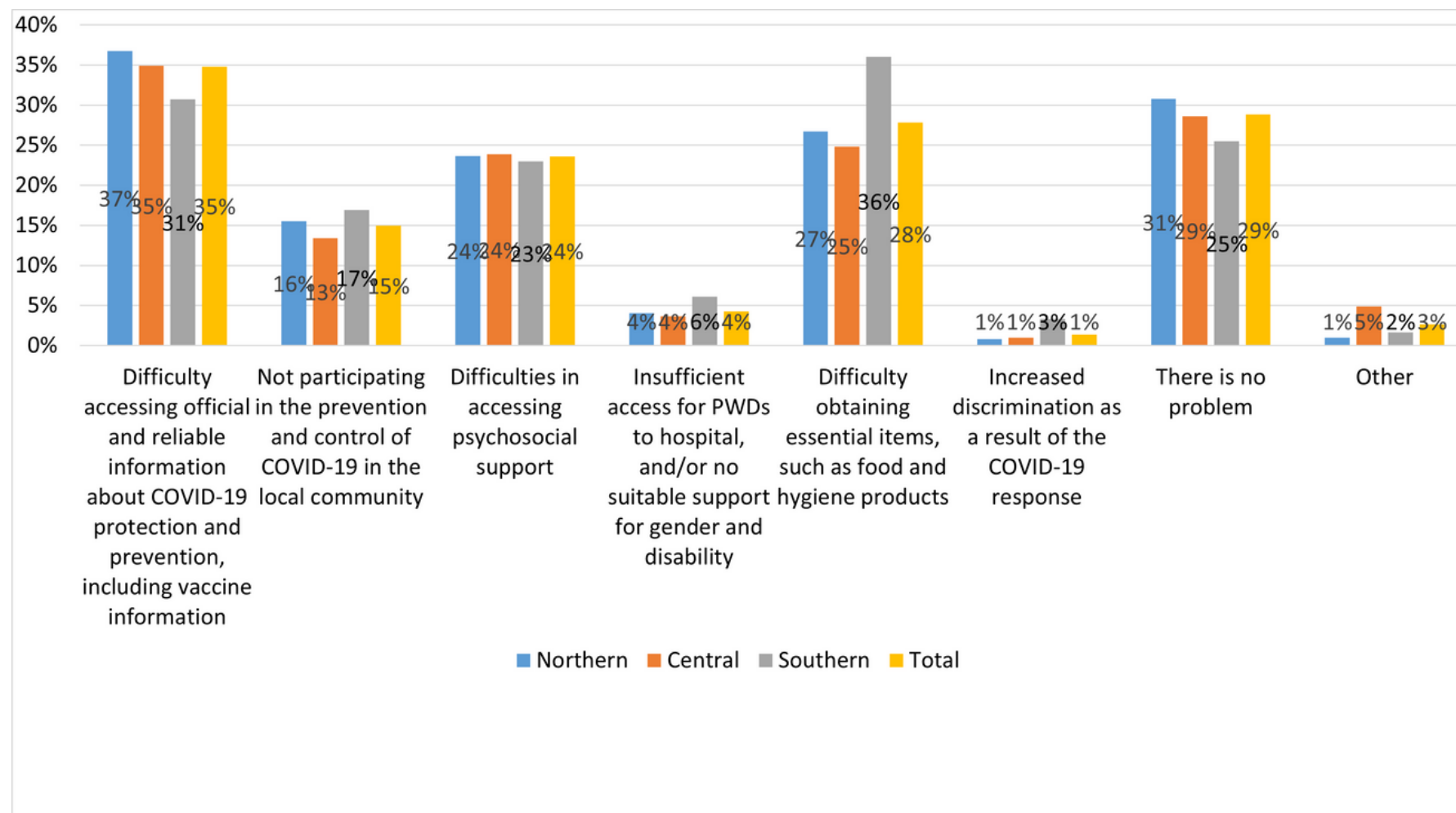
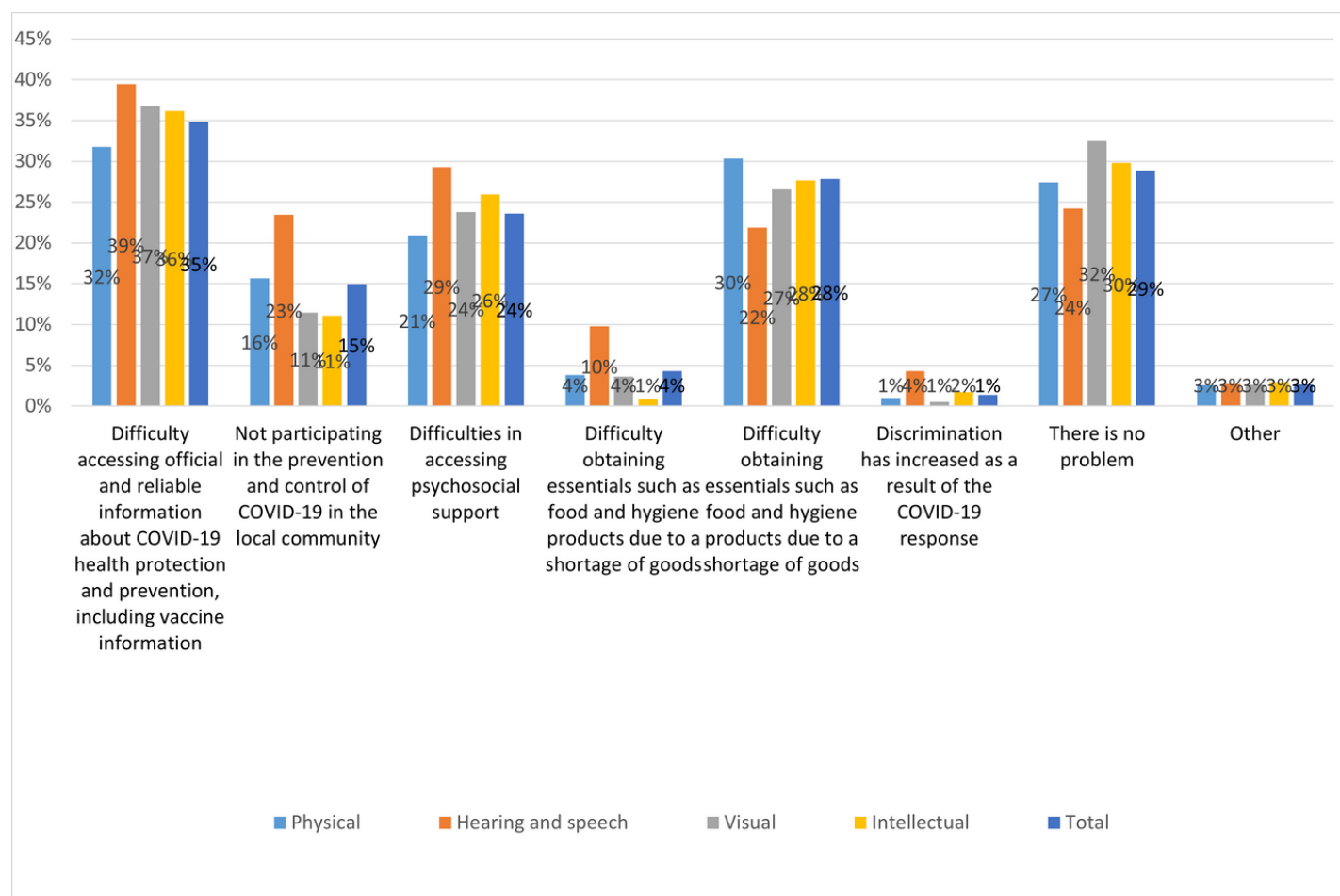


Diagram 8C. Direct difficulties affecting health protection of PWDs during the COVID-19 epidemic, by types of disabilities (Unit: Percent of respondents)



The survey results show that while 29% of PWDs reported no difficulties protecting and taking care of their health during the COVID-19 pandemic, 71% reported facing various difficulties. Accessing official and accurate information about COVID-19 prevention and vaccination was a significant challenge for 35% of respondents. Additionally, 28% of PWDs reported difficulty obtaining basic needs such as food and hygiene products due to shortages, 24% had difficulty accessing psychosocial support services, and 15% were not invited to participate in community prevention measures for COVID-19.

Diagram 9A. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic by gender (Unit: Percent of respondents)

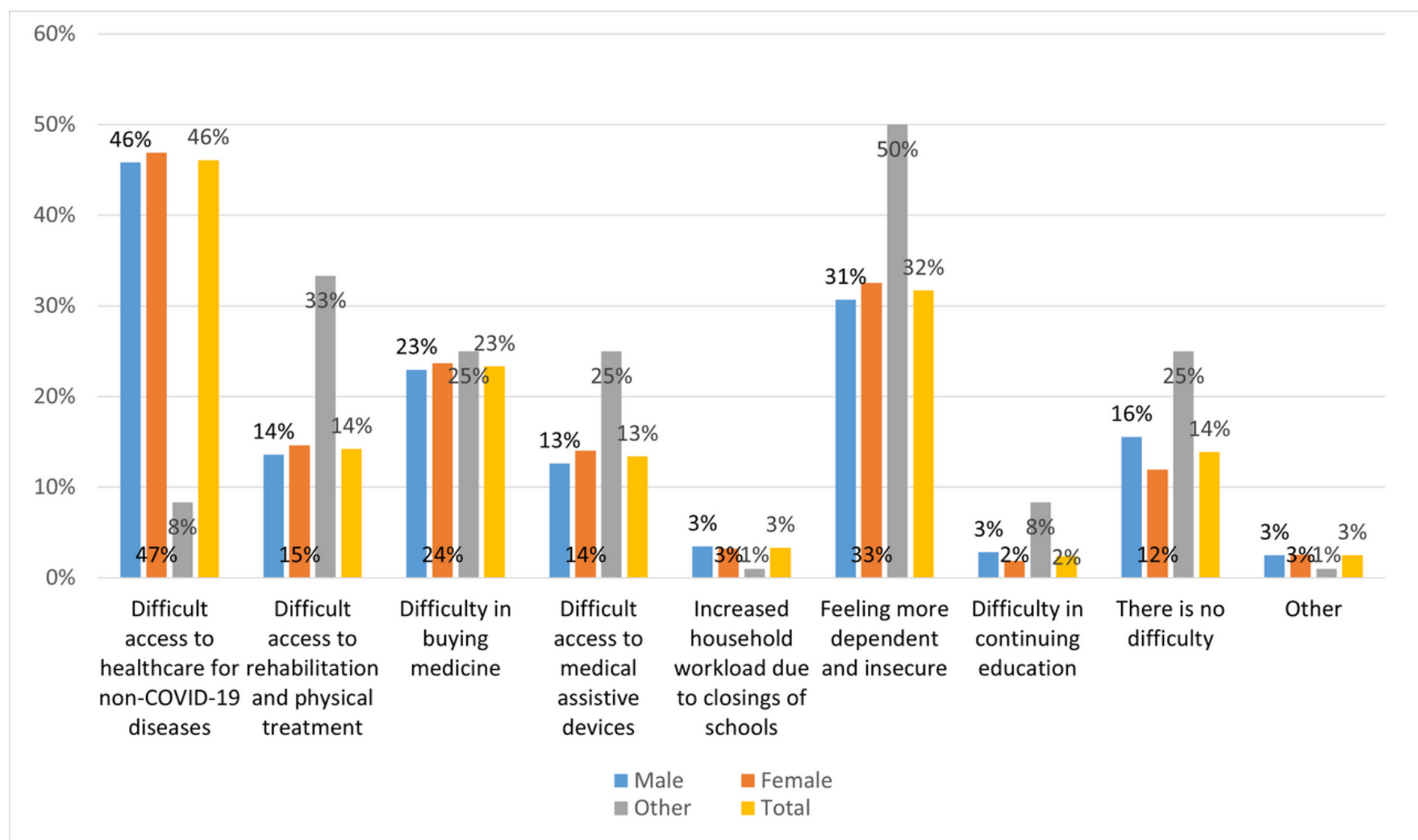


Diagram 9B. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic by region (Unit: Percent of respondents)

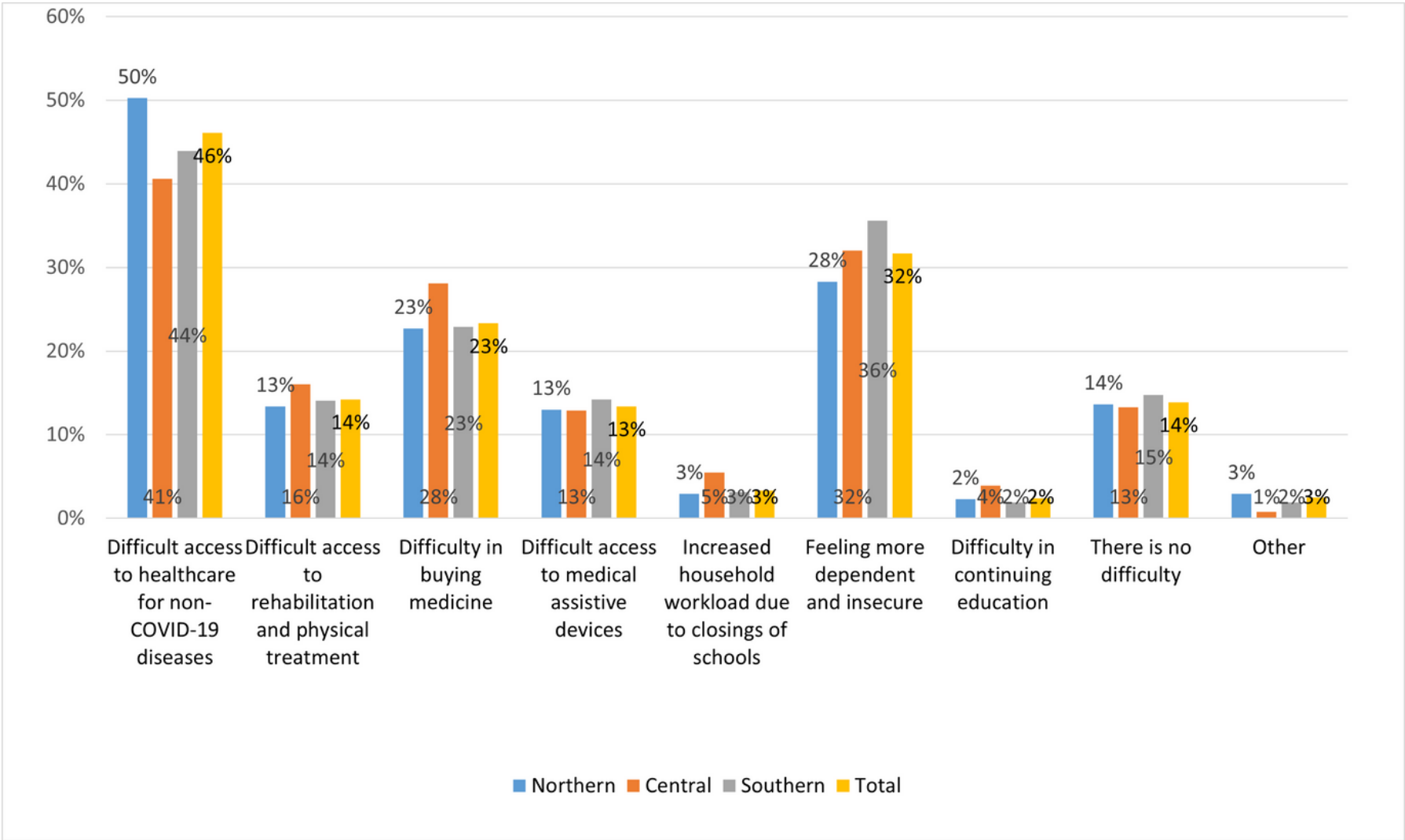
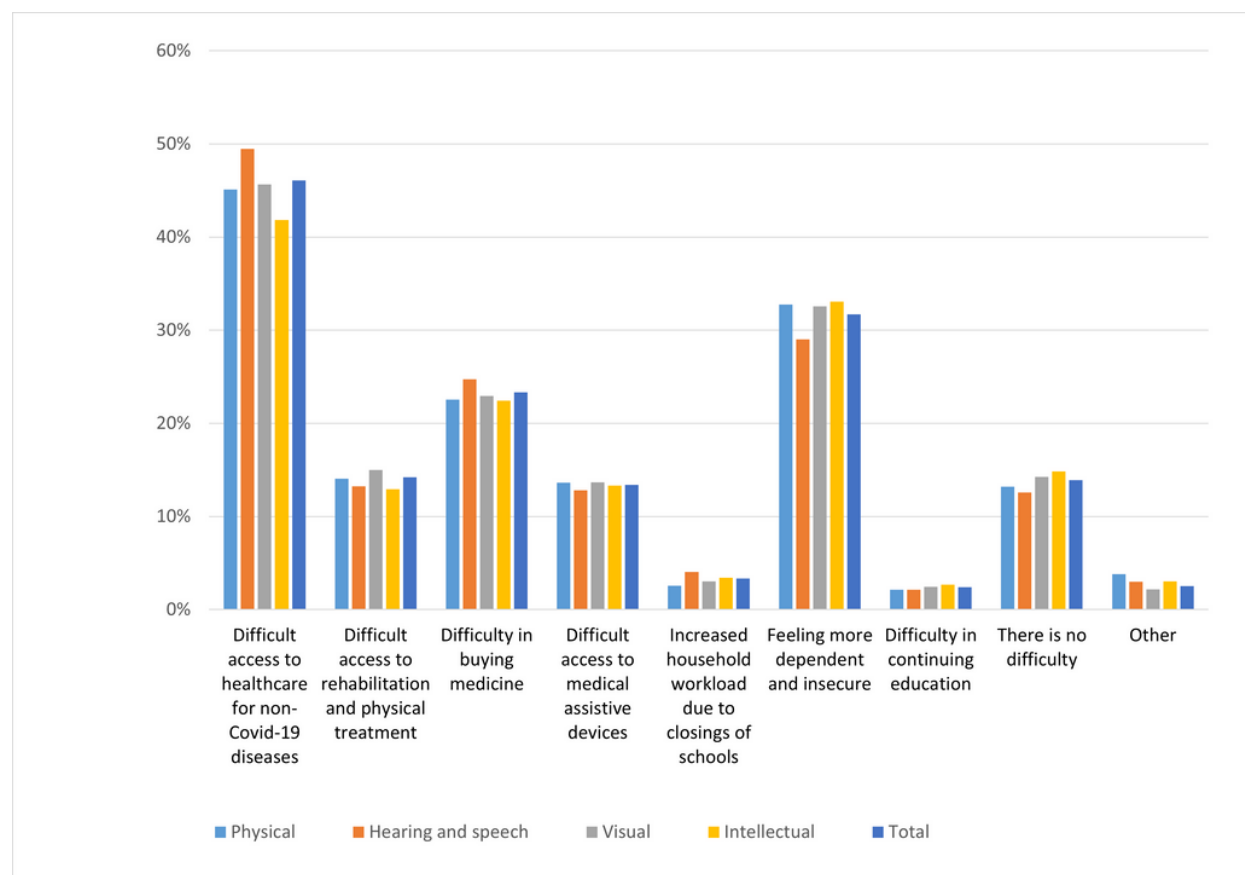


Diagram 9C. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic by type of disabilities (Unit: Percent of respondents)



46 percent of respondents faced additional barriers to accessing clinics, health check-up services, and examinations for non-COVID-19 diseases due to quarantines in medical institutions. After all, many hospitals prioritized the fight against the virus. Furthermore, when family income is significantly reduced 32 percent of respondents experienced increased dependency and insecurity, reducing their financial capacity to spend on healthcare.

Many PWDs also had trouble obtaining medications (23 percent) in times of necessity or as a backup due to scarcity. Due to the local disease prevention regulations, they had difficulty receiving rehabilitative and physical therapy services (14 percent). Additionally, they found it challenging to gain access to medical assistive equipment (13 percent).



Stories of PWDs

“The family economy has declined due to the COVID-19 epidemic.” As a result, individuals with disabilities like me have become a point of conflict for our families and close friends every time they are forced to borrow money to survive. People frequently tell me: “Why don't PWDs die?”

“I am a cancer patient with severe mobility disabilities. I have to go to the hospital once a month for regular check-ups and medication. My health was severely harmed because the hospital was closed and did not accept outpatients throughout the outbreak. My ward scheduled a vaccine against COVID-19 on 11 September 2021, but I was refused due to an underlying ailment and had to be transferred to a higher level. However, the directions are unclear, and I have no idea when or where I will receive my medications at this time”.

4.2. Mixed feelings of PWDs during the COVID-19 pandemic: protection, security, pessimism, and negativity

The Government of Vietnam implemented measures, regulations, and support packages to protect and care for the health of PWDs during the COVID-19 pandemic. The fact that 38 percent of respondents felt their health was supported and 29 percent felt it was protected, is a positive outcome. It is also encouraging to see that 15 percent of respondents felt prepared to cope with the COVID-19 outbreak, and 11 percent were optimistic about being protected.

Diagram 10A. Self - assessment of PWDs during the COVID-19 pandemic by gender
(Unit: Percent of respondents)

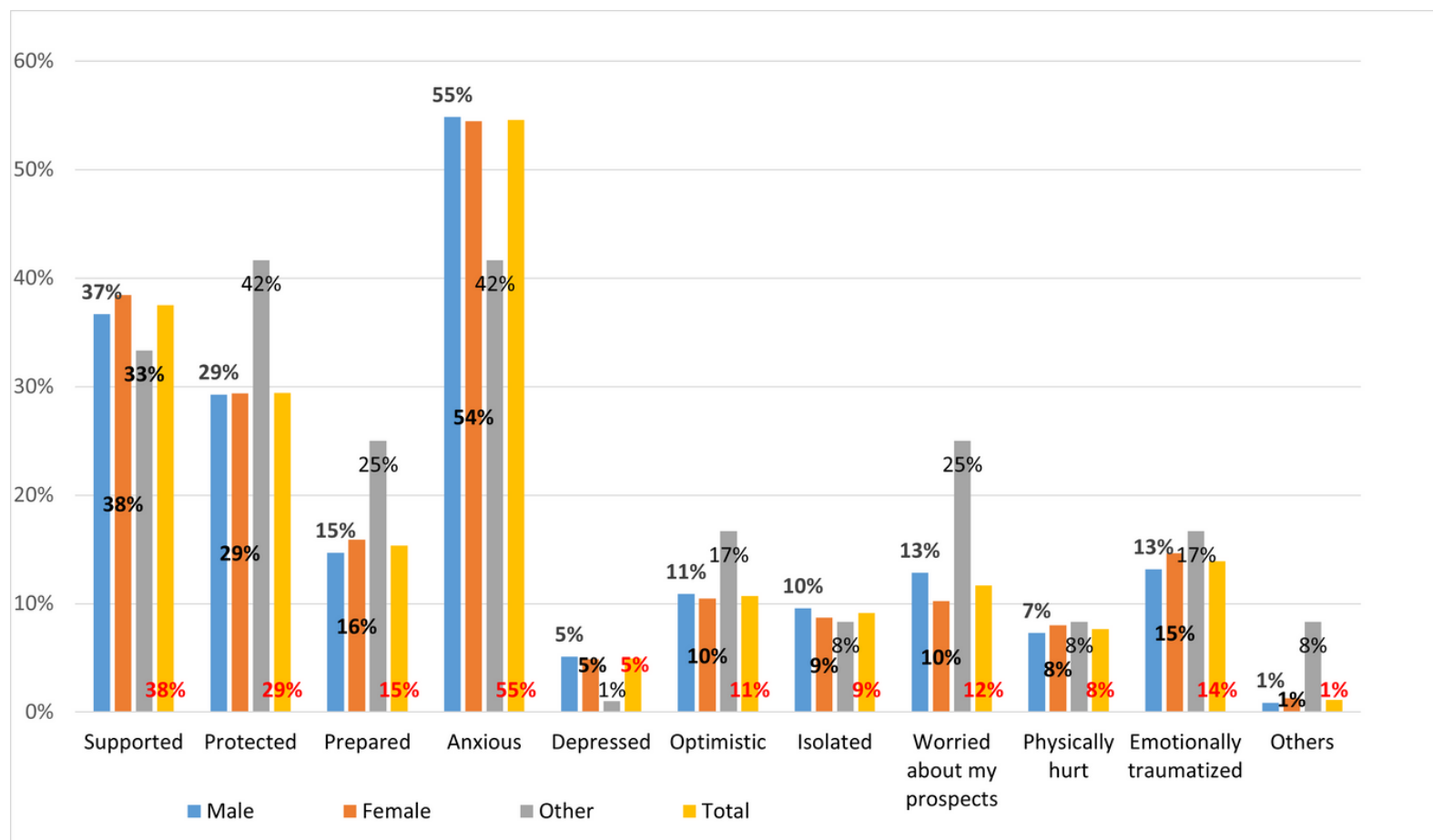


Diagram 10B. Self - assessment of PWDs during the COVID-19 pandemic by region
(Unit: Percent of respondents)

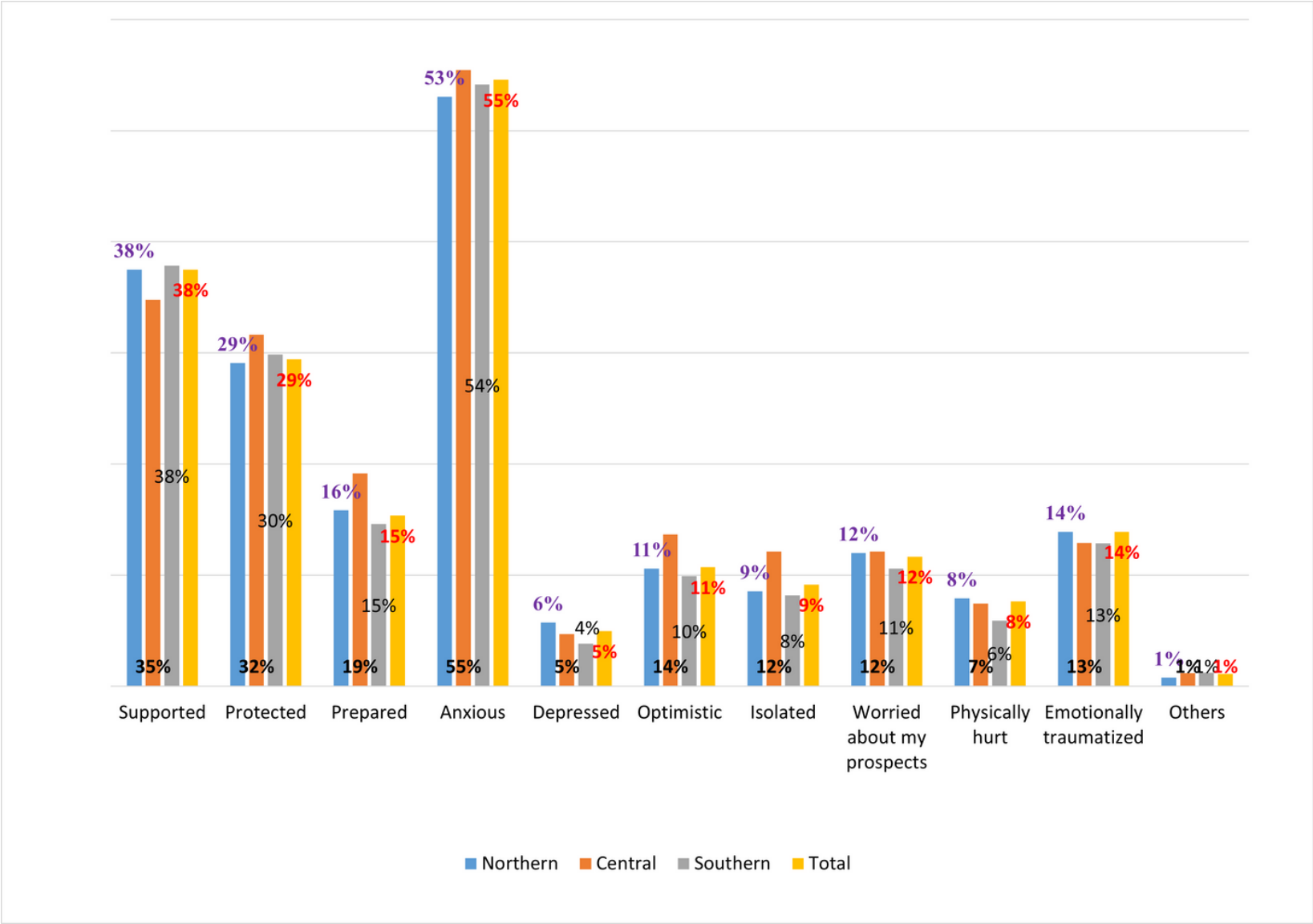
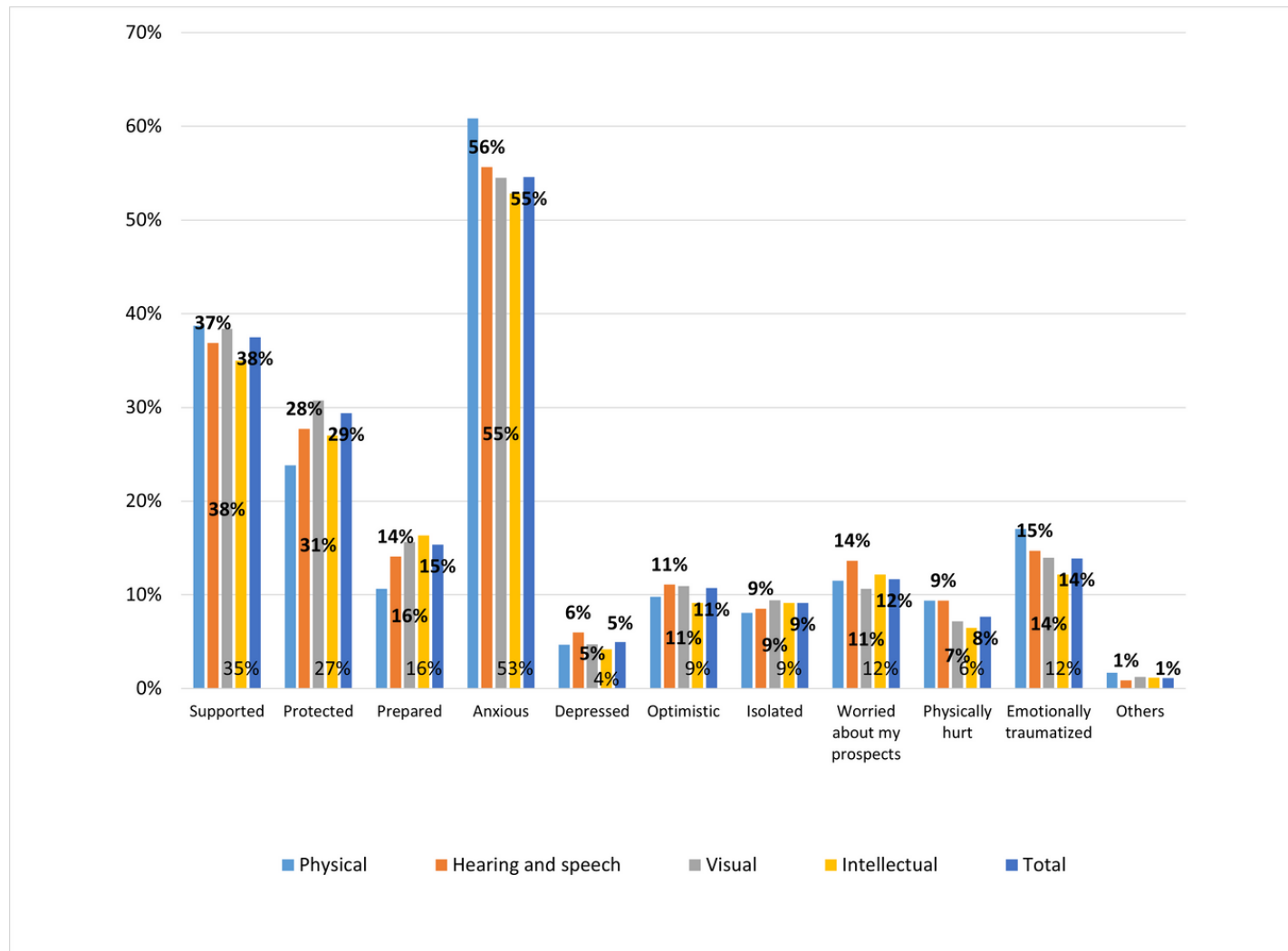


Diagram 10C. Self - assessment of PWDs during the COVID-19 pandemic by type of disabilities
(Unit: Percent of respondents)



The survey shows the impacts of the pandemic and subsequent response measures caused 55 percent of PWDs to feel worried, 14 percent felt psychologically traumatized, 9 percent felt isolated/lonely, and caused one percent to worry about their future prospects.

5 - Strategies for dealing with the COVID-19 outbreak

Many PWDs and their families have taken measures to cope with the COVID-19 pandemic, which includes adherence to disease prevention regulations, proactive adaptation, seeking assistance, and requesting support from the Government and society. Many social actors have been actively involved in supporting PWDs and their families in overcoming the difficulties of lockdown. The majority of PWDs required financial assistance first, followed by health protection services, and assistance with disease prevention skills and psychological support.

5.1. How PWDs and their families responded to the COVID-19

PWDs and their families have used methods such as limiting their outings, hoarding food, saving money, and seeking aid from the community to prevent and contain the epidemic.

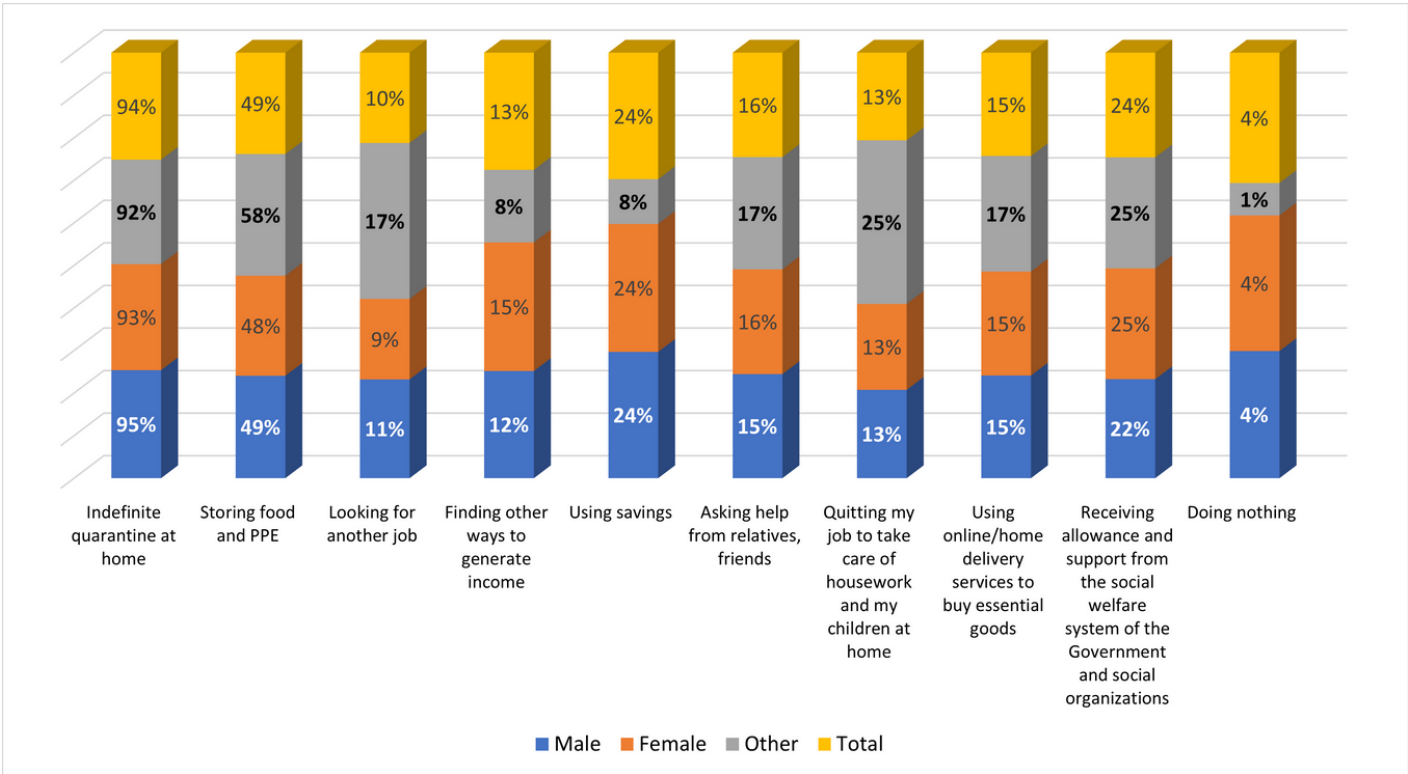
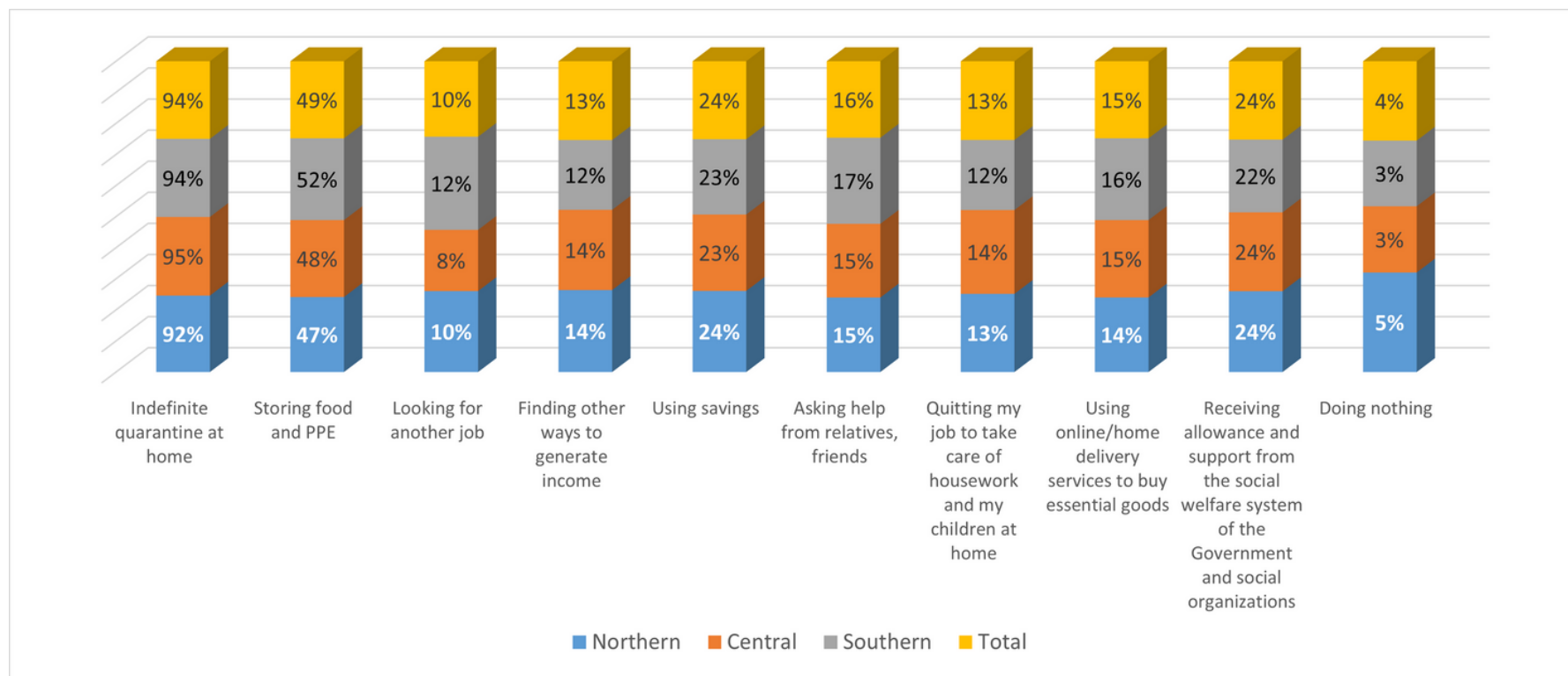


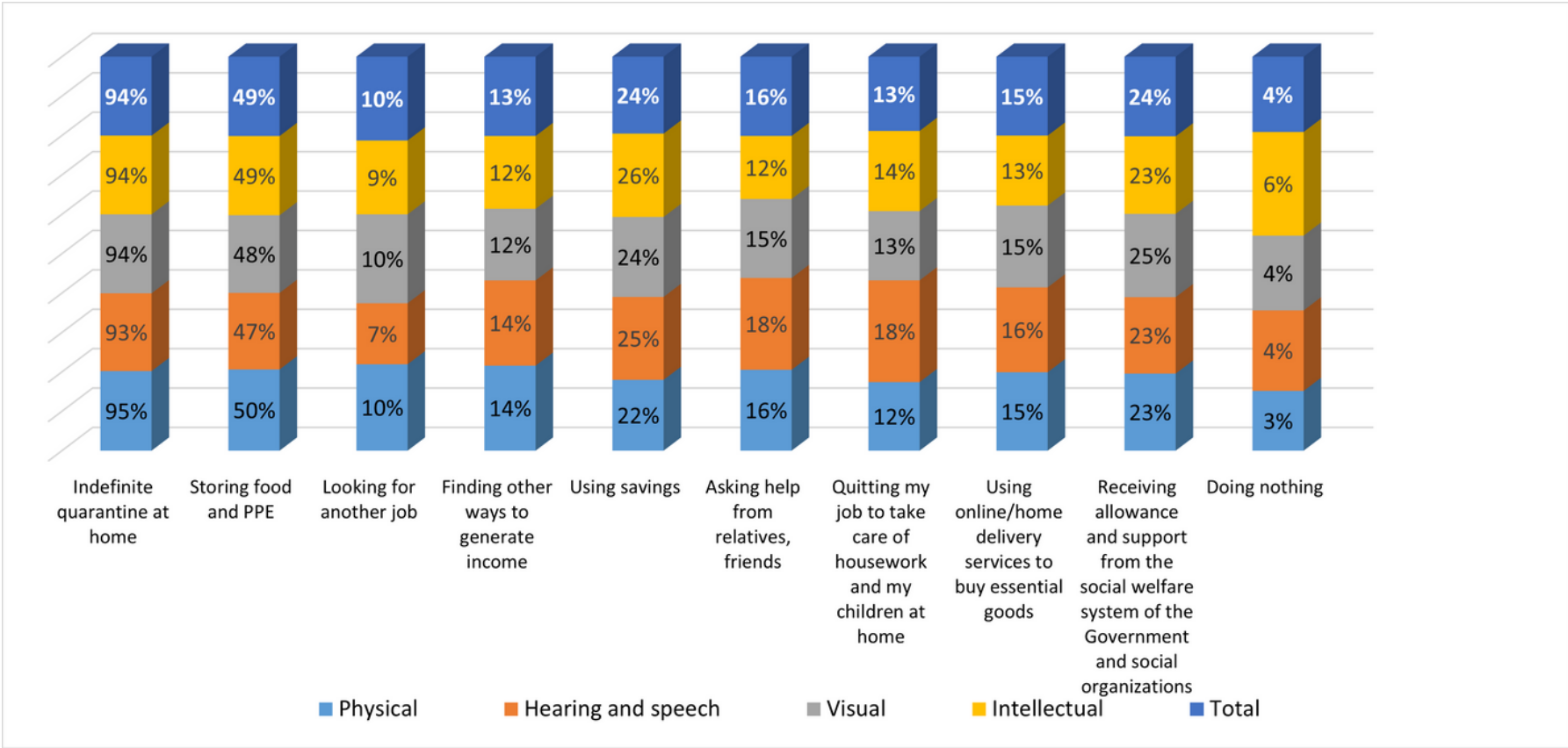
Diagram 11A. How PWDs and their families responded to the COVID-19 epidemic by Gender (Unit: Percent of respondents)

Diagram 11B. How PWDs and their families responded to the COVID-19 epidemic by region
(Unit: Percent of respondents)



(Source: 2nd Rapid Assessment Survey, 2021)

Diagram 11C. How PWDs and their families responded to the COVID-19 epidemic by type of disabilities (Unit: Percent of respondents)



(Source: 2nd Rapid Assessment Survey, 2021)

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The survey results indicate that the majority of PWDs and their families (94 percent) followed government measures and recommendations by staying at home for as long as possible, which is an effective way to protect themselves from the virus. It's also good to see that many households with disabilities stockpiled on food and hygiene products (49 percent) to ensure that supplies were adequate during social isolation and limited the need for PWDs to leave their homes.

Many PWDs and their families have sought out various solutions to help them during the social distancing period. Using savings (24 percent), receiving support from the state's social protection services and social organizations such as monthly social allowance, financial support, and food (24 percent) are all important ways to help PWDs and their families during this difficult time. Additionally, seeking support from relatives, neighbors, and friends to take care of children (16 percent), purchasing essentials online or through home delivery (15 percent), and leaving work to stay home to take care of children and do housework (13 percent) are all ways that PWDs and their families have adapted to the pandemic. Overall, it seems that PWDs and their families have been able to find ways to cope during the pandemic through a combination of government support and community support.

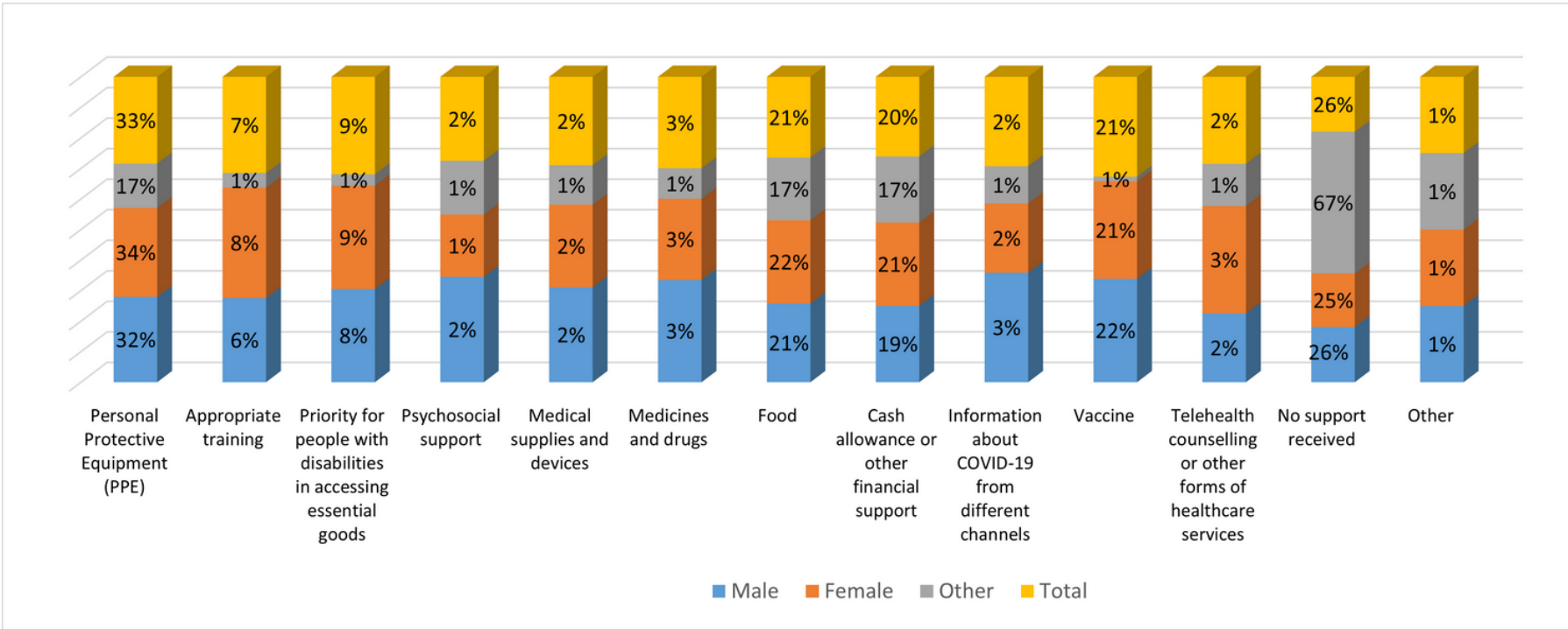


Image source: Photo provided by UNDP

5.2. Main sources of support for PWDs

It's clear that the support from the community and society has been a critical factor in helping PWDs and their families cope with the COVID-19 pandemic during the period of social isolation and infection prevention. The Government of Vietnam, social organizations, and philanthropists have collaborated to develop various practical support packages to address the acute needs of PWDs and their families. This strategy of maintaining food safety and providing necessary living commodities to socially impacted groups, has been a crucial factor in keeping PWDs and their families safe and secure during the pandemic.

Diagram 12A. Support to respond to COVID-19 for PWDs by gender
(Unit: Percent of respondents)



(Source: 2nd Rapid Assessment Survey, 2021)

Diagram 12B. Support to respond to COVID-19 for PWDs by region
(Unit: Percent of respondents)

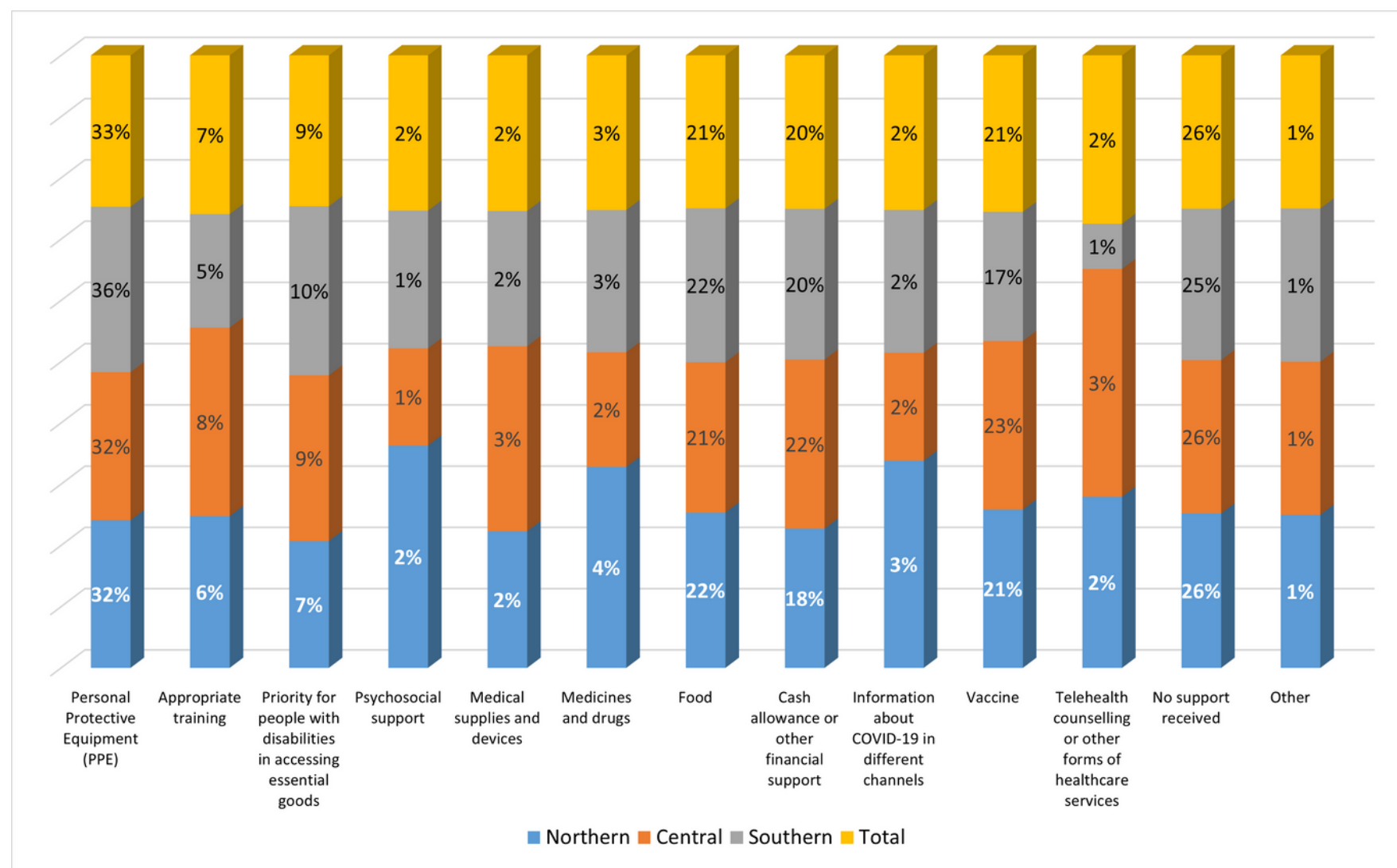
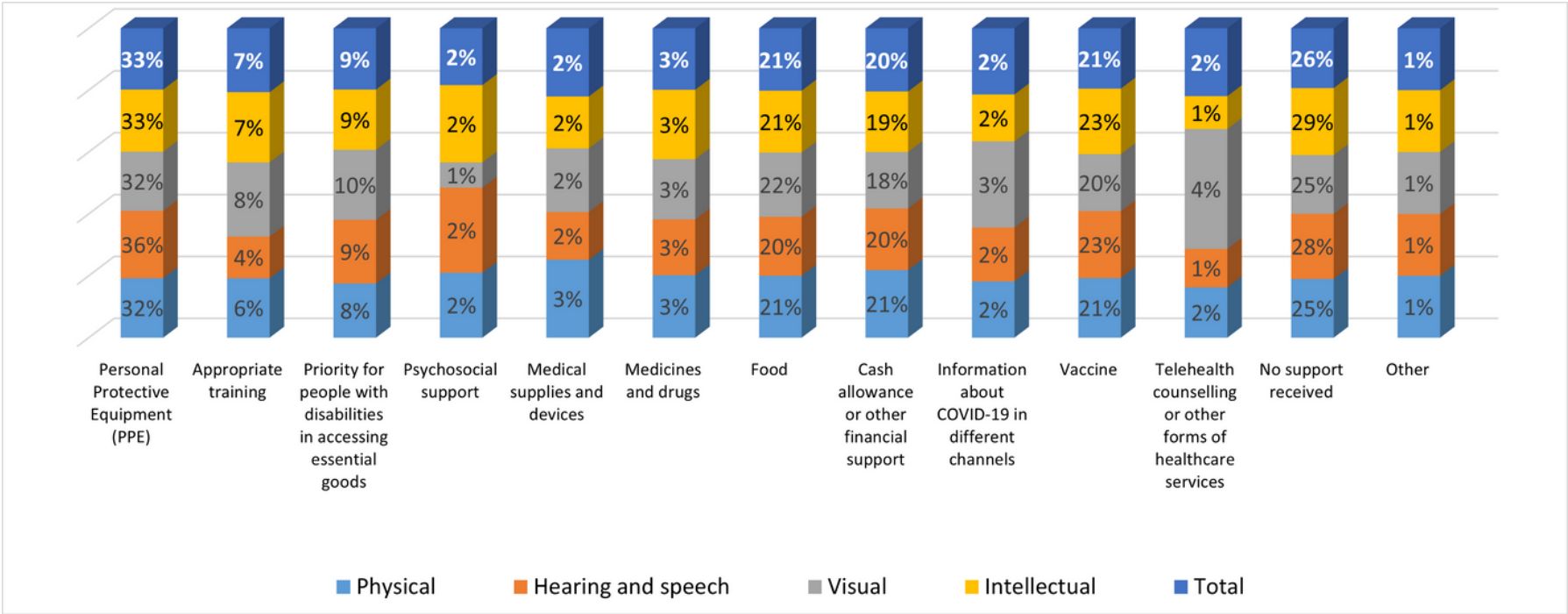


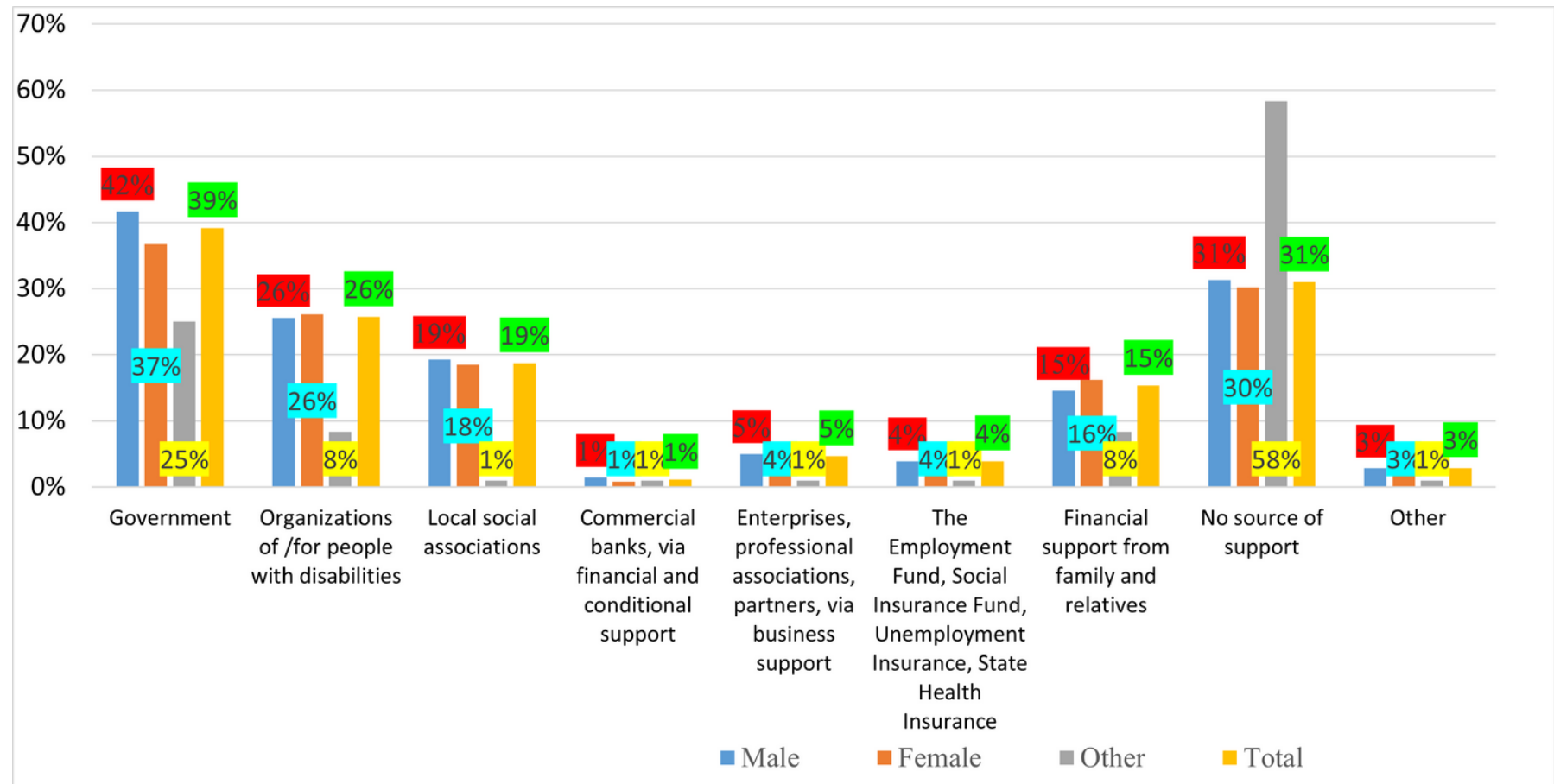
Diagram 12C. Support to respond to COVID-19 for PWDs by type of disabilities
(Unit: Percent of respondents)



(Source: 2nd Rapid Assessment Survey, 2021)

33 percent of PWDs received health protection supplies such as soap, hand sanitizers, clean water, and masks to significantly reduce the risk of infection, 21 percent are vaccinated, 22 percent of PWDs reported they were supported with food, Additionally, 20 percent received subsidies or other forms of financial and conditional support to alleviate hardships, such as the extension of tax payments, tax reductions, and loans with lower interest rates. However, very few PWDs receive remote counseling or other forms of health care services (2 percent), and psychosocial support (2 percent).

Diagram 13A. Organizations/individuals participating in support to respond to COVID-19 families of PWDs by gender (Unit: Percent of respondents)



(Source: 2nd Rapid Assessment Survey, 2021)

Diagram 13B. Organizations/individuals participating in support to respond to COVID-19 for families of PWDs by region (Unit: Percent of respondents)

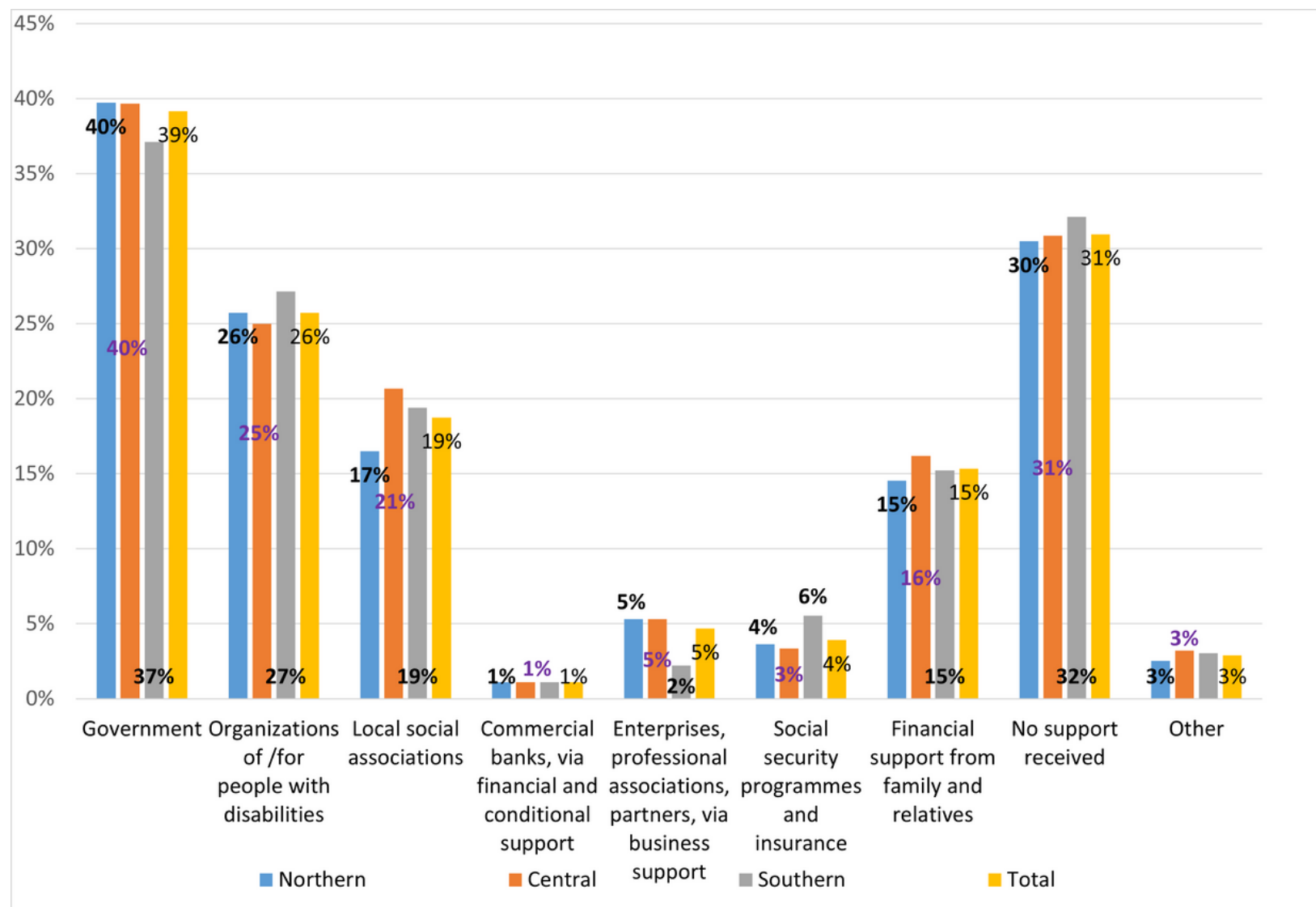
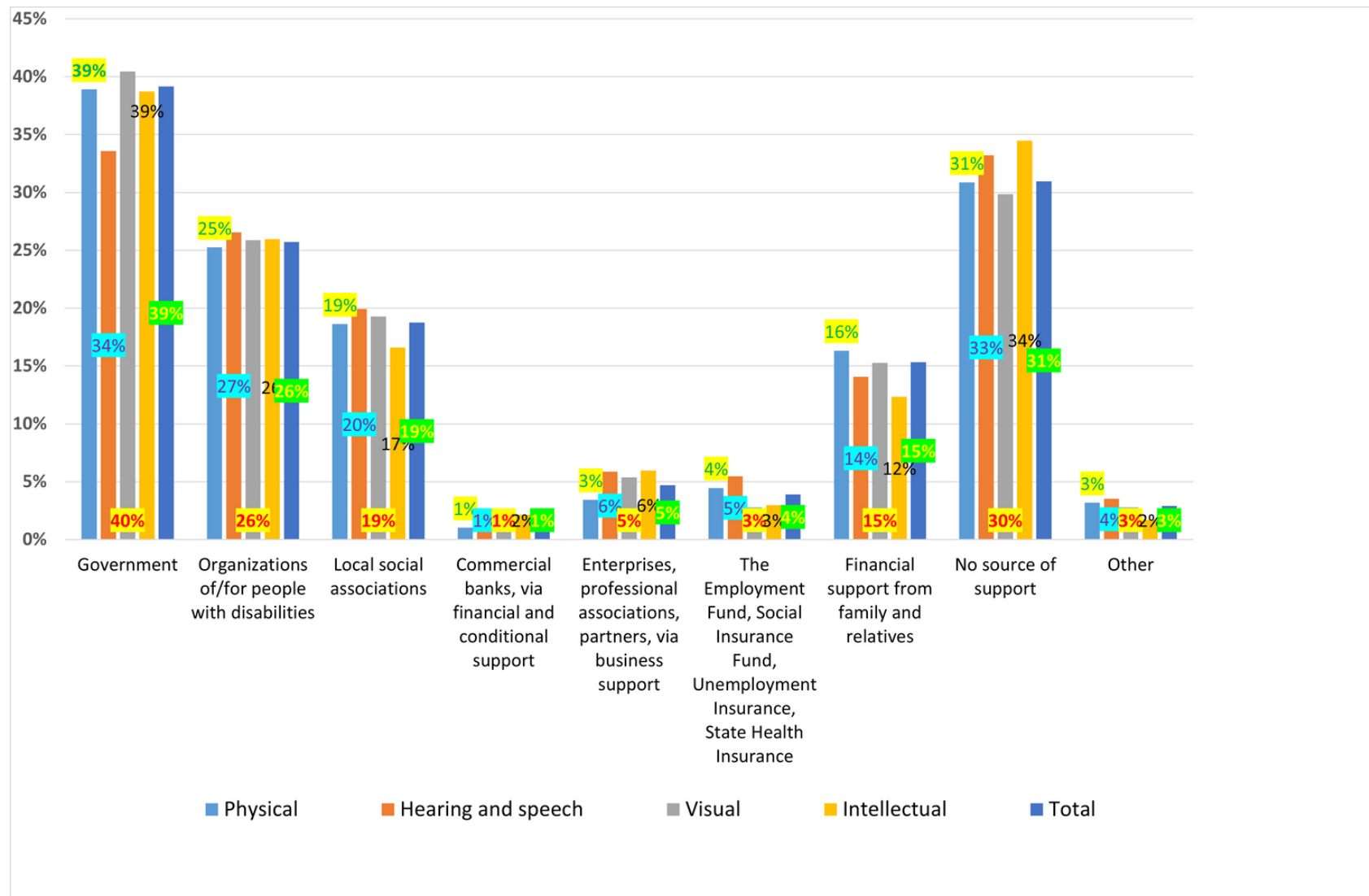


Diagram 13C. Organizations/individuals participating in support to respond to COVID-19 for families of PWDs by type of disabilities (Unit: Percent of respondents)



According to the survey, the social actors most actively involved in providing the above support packages for PWDs are local authorities (39 percent), OPDs (28 percent), and local socio-political organizations, such as the Vietnamese Fatherland Front, Ho Chi Minh Communist Youth Union, Viet Nam Women's Union (19 percent). However, 31 percent of PWDs reported they did not receive support from any organization.

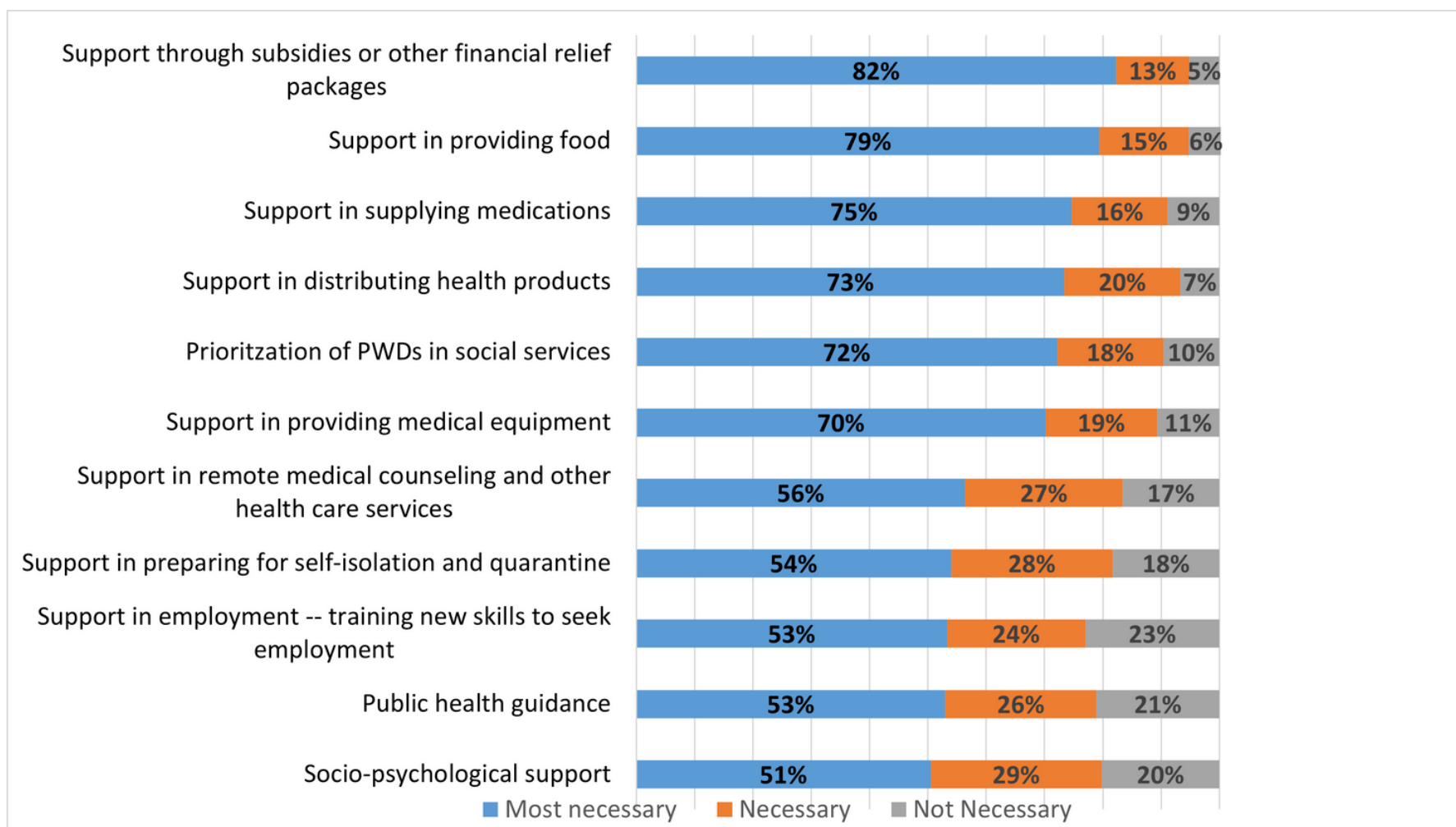
5.3. Level of need to support products and services for PWDs

Economic support was ranked as the greatest need of PWDs during the COVID-19 pandemic, according to the survey. This is likely due to the financial difficulties that many PWDs and their families have faced during the pandemic, including job loss or reduced hours, and the added costs of protective measures and healthcare.

The need for support for protective measures and healthcare was also identified as a key need, which is understandable given the unique challenges that PWDs face during the pandemic. After two years of facing the challenges of the pandemic, PWDs likely prioritize the support packages they want to receive from the country and society. This may include, but not limited to, financial assistance for living expenses, subsidies for protective measures and healthcare, and vocational training and job opportunities.

According to survey, PWDs were most interested in receiving subsidies or other financial support (82 percent) and receiving food (79 percent). Medicine support (75 percent), protective products (73 percent), and medical equipment (70 percent) are the PWDs' second priority category. The need for support through remote health consultation and other health care services (56 percent), preparatory instructions for self-isolation and mandatory isolation (54 percent), public health guidance (53 percent), and psychological support (51 percent), are rated in the third group in the priority list system.

Diagram 14. The level of support to cope with the COVID-19 pandemic
(Unit: Percent of respondents)



(Source: 2nd Rapid Assessment Survey, 2021)

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Image source: Photo provided by UNDP



IV

Conclusion

IV. Conclusion

The COVID-19 pandemic has had a significant impact on PWDs and the responses to it, including job loss, reduced working hours, reduced income, limited access to health services, and more. Support schemes were implemented by the government, and widespread communication helped most PWDs become aware of their vulnerabilities in the context of the pandemic. However, these schemes did not address some of the most significant effects of COVID-19 for PWDs, including job loss or reduced salaries, where many PWD households were compelled to cut back on expenses, including essential living expenses. The social security schemes of the government were generally inaccessible for the majority of PWDs because they were often not employed as part of the formal economy and therefore fell outside the scope of such schemes as beneficiaries.

PWDs have also found it challenging to protect their health due to the COVID-19 outbreak because of limited availability of health services, fear and uncertainty, reduced incomes, and perceived increased discrimination. The most basic coping strategies for the pandemic adopted by many PWDs aligned with the recommendations and prescriptions of the National Steering Committee for COVID-19 Prevention and Control. The ability to leave home was highly discouraged and limited, followed by steps deemed acceptable for PWDs.

These included saving wages, reducing food consumption, and relying on savings, and seeking support from family, the community, and wider society. In terms of financial support, PWDs relied mostly on their own savings if they had any, and then on support from family and community members.

The survey's findings highlight the need for increased collaboration between the government and civil society to improve the quality and quantity of available interventions and support for PWDs.





Image source: Photo provided by UNDP

V

Recommendations

V. Recommendations

1 - Recommendations to the Government of Viet Nam

The survey results suggest that the COVID-19 pandemic has had a significant impact on the lives of many PWDs in Vietnam and has exposed structural weaknesses in the economy, health services, and social security services in relation to PWDs. The government should conduct comprehensive analyses of the impact of COVID-19 at the macro and micro levels on PWDs to better understand their unique needs and vulnerabilities.

As PWDs are more susceptible to epidemics and are more heavily affected, medium-term and long-term plans need to be made to support the inclusion of PWDs in socio-economic development programs, creating a solid premise to prevent the impacts of similar pandemics in the future

The government should also develop regulations that provide specific assistance to PWDs during infection and recovery periods of pandemics that reduce their economic burden when incomes are reduced. The government's social security packages should take into account expanding the opportunities and reach of PWDs, while ensuring that basic needs are met at a minimum throughout the pandemic

It is also necessary to improve the dataset available on PWDs, including separation by form and level of disability, belonging to poor and near-poor households, ethnic minorities, women, children, employees with disabilities working in the formal and informal sector, etc, to be ready to assist in emergency situations. The law on health insurance should be adjusted, supplemented, and strengthened to widen the scope of payment for medical examination and treatment for PWDs in case of epidemics (both COVID-19 treatment and treatment of other types of diseases)

Finally, the government's economic development stimulus packages should pay attention to businesses that employ PWDs and set aside a certain percentage for PWDs to help improve their economic resilience after the pandemic. Overall, it is important for the government to take a comprehensive and inclusive approach to addressing the needs of PWDs during and after the COVID-19 pandemic

2 - Recommendations to organisations of/for PWDs

It is important for the government and society to take a comprehensive and inclusive approach to addressing the needs of PWDs during and after the COVID-19 pandemic. This includes providing financial, social and psychological support, as well as support for employment, vocational training and job placement to PWDs.

- Connecting people with severe disabilities to charitable social organizations and philanthropists can provide them with the necessary support such as food, finances, and personal protective equipment.
- Increasing disability-appropriate communication activities on physical and mental health care and protection for PWDs during the pandemic can help them to stay informed about their health and safety.
- Connecting PWDs with organizations providing counseling, health protection, and psychological counseling can help them to cope with the mental and emotional stress of the pandemic.
- Connecting PWDs to new vocational education and training services, counseling, job placement, and job creation services can help them to maintain their livelihoods and to be self-sufficient.
- Strengthening the connection of PWDs with businesses and employers can help them to have job opportunities and also to have a sustainable income.
- Advising the Government on measures to care for and protect the safety of PWDs during the pandemic, measures to integrate PWDs in national strategies to prevent risks of natural disasters and epidemics can help them to have access to the resources they need to protect their health and to maintain their livelihoods.
- Providing training for healthcare personnel on disability inclusion, as well as providing healthcare coverage and affordability for PWDs, will help them to take control over their own healthcare decisions during the pandemic.



Image source: Photo provided by UNDP

3 - Recommendations to other civil society and local community organizations

Strengthening the implementation of programs that assist PWDs in overcoming the pandemic and increasing their capacity to recover with assistance packages of medicines, food, and other necessities. This can help to ensure that PWDs have access to the resources they need to maintain their health and well-being during the pandemic

Conducting activities to visit and compile a list of needs of PWD homes requiring short-, medium-, and long-term help. This can help to identify specific needs and to ensure that assistance is targeted to those who need it most

Linking individuals with disabilities with businesses and organizations that provide illness prevention and treatment counseling, health counseling, and psychological counseling. This can help to ensure that PWDs have access to the support they need to cope with the mental and emotional stress of the pandemic

4 - Recommendations to UNDP and other UN agencies

- Providing resources to assist organizations of and for PWDs in strengthening their ability for policy advocacy, mobilizing resources to promote the implementation of programs to assist PWDs in recovering from COVID-19. This can help to ensure that PWDs have access to the support they need to navigate the challenges of the pandemic and to ensure their inclusion in socio-economic development programs.
- Strengthening capacity building of the National Committee on Disabilities in pushing for the inclusion of PWDs as a priority group in all Government programs and relief packages connected to COVID-19 for the rights of PWDs, as well as inter-ministerial and inter-ministerial coordination capacity to ensure timely and better integration of PWDs in all other parts of the policy, aside from social protection. This can help to ensure that PWDs are included in all aspects of policy-making and that their needs are taken into account in the design and implementation of programs and policies.
- Advising and assisting the Ministry of Labor, Invalids, and Social Affairs in expanding and increasing the number of PWDs receiving disability certification and improving the process's transparency. This can help to ensure that PWDs have access to the support they need, including financial and social support, and that the certification process is fair and transparent.
- Providing resources to increase and improve the quality of the workforce by utilizing the Ministry of Labor, Invalids, and Social Affairs' social support services for PWDs, particularly women and children with disabilities, as well as psychosocial help for PWDs experiencing a variety of psychological consequences. This can help to ensure that PWDs have access to the support they need to maintain their livelihoods and to be self-sufficient.



APPENDIX 1

Table 1: General information about PWDs interviewed, N=1,792 (Unit: Percent of respondents)

Category	Group	Percentage
Gender	Male	51
	Female	48
	Other	1
Age	18 – 25 years	12
	26 – 40 years	41
	41 – 50 years	21
	51 – 60 years	14
	Over 60 years	12
Ethnic	Kinh	91
	Ethnic minorities	9

Quarantine status	Yes – Centralized isolation	4
	Yes – Self-quarantine	8
	Not quarantined	87
	Other	1
Types of disabilities	Physical	39
	Hearing and speech	14
	Visual	32
	Intellectual	5
	Mental and psychiatric	6
	Other	4

Multiple disabilities	Having one type of disability	96
	Having two types of disability	4
Level of disabilities	Extremely severe	26
	Severe	59
	Mild/Unspecified disability	15
Other health background (cancer, diabetes, cardiovascular, etc)	Yes	17
	No	67
	Do not want to disclose	16
Health Insurance	Yes	87
	No	13

Residence: according to the North – Central – South	Northern	40
	Central	40
	Southern	20
Residence: according to the six ecological regions	Northern Midlands and Mountains	10
	Red River Delta	30
	North Central and Central Coast	38
	Central Highlands	2
	Southeast	13
	Mekong Delta	7

Table 2. Self-assessment by PWDs on the level of accessibility of public information on COVID-19 (Unit: Percent of respondents)

Category	Description	Not informed at all (completely dependent on caregiver/family members)	Basic information on general response	Well informed on general response	Well informed of general response, with updated and real time information	Well informed of general response, with updated real time information and awareness of measures and advice specifically designed for protecting PwDs
Gender	Male	12%	23%	10%	26%	29%
	Female	13%	24%	10%	24%	29%
	Other	8%	1%	8%	25%	58%
Region	Northern	16%	23%	9%	26%	26%
	Central	10%	27%	12%	23%	29%
	Southern	11%	17%	8%	28%	37%
Types of disabilities	Physical	11%	22%	11%	25%	30%
	Hearing and speech	19%	23%	7%	29%	22%
	Visual	11%	24%	8%	25%	32%
	Intellectual	12%	23%	14%	26%	25%
	Total	12%	23%	10%	25%	29%

Table 3. The number of working days was reduced compared to the pre-COVID-19 for PWDs
(Unit: Percent of respondents)

Category	Description	No effect	1 week or less	2 weeks	3 weeks	4 weeks	Average number of days
Gender	Male	24%	9%	24%	17%	27%	13.2
	Female	29%	4%	18%	19%	30%	13.4
	Other	13%	1%	25%	25%	38%	17.6
Region	Northern	30%	10%	21%	21%	19%	11.2
	Central	23%	5%	23%	19%	30%	12.2
	Southern	24%	5%	19%	14%	39%	14.9
Types of disabilities	Physical	27%	4%	23%	17%	29%	13.4
	Hearing and speech	22%	8%	25%	14%	31%	13.4
	Visual	25%	10%	19%	23%	24%	12.8
	Intellectual	28%	7%	15%	15%	35%	13.9
	Total	26%	7%	21%	18%	28%	13.3

Table 4A. The average income of families of persons with disabilities by gender
(Unit: Percent of respondents)

Average income within 12 months (before January 2020)

Groups	Under 2.000.000	2.001.000 – 4.000.000 VND	4.001.000 – 6.000.000 VND	6.001.000 – 8.000.000 VND	8.001.000 – 10.000.000 VND	From 10.001.000 VND or more	Other
Male	39%	24%	15%	6%	4%	5%	7%
Female	44%	22%	14%	5%	4%	4%	7%
Other	33%	17%	23%	1%	8%	17%	1%
Total	41%	23%	15%	6%	4%	4%	7%

Income in August 2021

Groups	Under 2.000.000 VND	2.001.000 – 4.000.000 VND	4.001.000 – 6.000.000 VND	6.001.000 – 8.000.000 VND	8.001.000 – 10.000.000 VND	From 10.001.000 VND or more	Other
Male	57%	20%	9%	1%	2%	1%	10%
Female	58%	15%	8%	3%	2%	2%	12%
Other	41%	33%	8%	8%	8%	1%	1%
Total	57%	18%	8%	3%	2%	2%	11%

Table 4B. The average income of families of persons with disabilities by regions
(Unit: Percent of respondents)

Average income within 12 months (before January 2020)

Groups	Under 2.000.000 VND	2.001.000 – 4.000.000 VND	4.001.000 – 6.000.000 VND	6.001.000 – 8.000.000 VND	8.001.000 – 10.000.000 VND	From 10.001.000 VND or more	Other
Northern	48%	23%	11%	4%	4%	4%	6%
Central	43%	24%	12%	6%	2%	4%	9%
Southern	26%	24%	25%	8%	7%	4%	6%
Total	41%	23%	15%	6%	4%	4%	7%

Income in August 2021

Groups	Under 2.000.000 VND	2.001.000 – 4.000.000 VND	4.001.000 – 6.000.000 VND	6.001.000 – 8.000.000 VND	8.001.000 – 10.000.000 VND	From 10.001.000 VND or more	Other
Northern	61%	18%	7%	2%	3%	2%	7%
Central	60%	16%	7%	2%	2%	1%	12%
Southern	43%	19%	14%	5%	3%	1%	15%
Total	57%	18%	8%	3%	2%	2%	11%

Table 4C. The average income of families of persons with disabilities by types of disabilities
(Unit: Percent of respondents)

Average income within 12 months (before January 2020)

Groups	Under 2.000.000 VND	2.001.000 – 4.000.000 VND	4.001.000 – 6.000.000 VND	6.001.000 – 8.000.000 VND	8.001.000 – 10.000.000 VND	From 10.001.000 VND or more	Other
Physical	40%	26%	14%	7%	4%	4%	5%
Hearing and speech	41%	27%	14%	5%	1%	2%	10%
Visual	43%	18%	15%	4%	5%	5%	10%
Intellectual	41%	21%	16%	9%	3%	3%	7%
Total	41%	23%	15%	6%	4%	4%	7%

Income in August 2021

Groups	Under 2.000.000 VND	2.001.000 – 4.000.000 VND	4.001.000 – 6.000.000 VND	6.001.000 – 8.000.000 VND	8.001.000 – 10.000.000 VND	From 10.001.000 VND or more	Other
Physical	58%	18%	9%	3%	2%	1%	9%
Hearing and speech	54%	20%	9%	2%	2%	1%	12%
Visual	58%	16%	7%	2%	3%	2%	12%
Intellectual	55%	16%	10%	4%	3%	2%	10%
Total	57%	18%	8%	3%	2%	2%	11%



Table 5A. Methods to ensure living/financial expenses in the context of COVID-19 of PWDs and their families (Unit: Percent of respondents)

Category	Description	Doing nothing	Reduce expenses >30%	Reduce expenses 10-30%	Reduce expenses <10%
Gender	Male	10%	48%	13%	2%
	Female	9%	48%	13%	2%
	Other	8%	58%	17%	1%
Region	Northern	12%	45%	14%	3%
	Central	7%	50%	14%	2%
	Southern	8%	49%	11%	1%
Type of disability	Physical	10%	52%	13%	2%
	Hearing and speech	9%	46%	17%	2%
	Visual	9%	44%	12%	3%
	Intellectual	11%	49%	14%	3%
	Total	9%	48%	13%	2%

Table 5B. Methods to ensure living/financial expenses in the context of COVID-19 of PWDs and their families (Unit: Percent of respondents)

Category	Description	Reduce food costs	Reduce the cost of education	Reduce electricity and water costs	Reduce medical costs	Reduced rental fees	Use the savings	Borrow new accounts	Late payment of living expenses	Rescheduling existing loans	Selling valuable property	Other
Gender	Male	55%	8%	40%	14%	3%	20%	16%	8%	1%	1%	4%
	Female	58%	11%	39%	16%	2%	23%	21%	8%	1%	2%	3%
	Other	33%	8%	17%	8%	8%	25%	17%	8%	1%	8%	8%
Region	Northern	51%	10%	33%	17%	2%	21%	17%	7%	1%	1%	3%
	Central	62%	10%	45%	16%	3%	19%	18%	8%	2%	2%	3%
	Southern	55%	9%	42%	11%	2%	29%	21%	10%	1%	2%	4%

Type of disability	Phsyical	55%	10%	40%	17%	2%	24%	19%	8%	1%	1%	3%
	Hearing and speech	59%	10%	39%	13%	2%	18%	15%	9%	2%	2%	4%
	Visual	57%	10%	40%	14%	2%	21%	20%	8%	1%	2%	4%
	Intellect ual	55%	8%	37%	12%	1%	18%	16%	7%	2%	1%	3%
	Total	56%	10%	39%	15%	2%	22%	18%	8%	1%	2%	3%



**Table 6. The ability of households to maintain their current standard of living with the savings they have
(Unit: Percent of respondents)**

Category	Description	None	1 month	2 months	3 months	4 months or more	Average number of months
Gender	Male	42%	16%	13%	12%	17%	2.0
	Female	43%	17%	15%	13%	12%	1.8
	Other	1%	64%	31%	1%	1%	1.3
Region	Northern	49%	11%	12%	12%	16%	1.9
	Central	42%	16%	12%	15%	15%	2.0
	Southern	33%	26%	21%	9%	11%	1.7
Type of disability	Physical	34%	23%	15%	15%	13%	2.0
	Hearing and speech	52%	12%	9%	6%	21%	1.8
	Visual	51%	12%	17%	12%	8%	1.4
	Intellectual	38%	14%	6%	9%	33%	2.9
	Total	43%	17%	14%	12%	14%	1.9

**Table 7. Number of months maintaining current standard of living by using savings of families of PWDs
(Unit: Percent of respondents)**

Category	Description	Average Number of months saving possible use
Gender	Male	1.6
	Female	1.6
	Other	2.8
Region	Northern	1.7
	Central	1.5
	Southern	1.5
Type of disability	Physical	1.7
	Hearing and speech	1.2
	Visual	1.6
	Intellectual	1.8

Category	Description	Average number of months savings have been used
Gender	Male	2.0
	Female	1.8
	Other	1.3
Region	Northern	1.9
	Central	2.0
	Southern	1.7
Type of disability	Physical	2.0
	Hearing and speech	1.8
	Visual	1.4
	Intellectual	2.9

Category	Description	Limited accessing official/reliable information about COVID-19 health protection, prevention	Not participating in the prevention and control of COVID-19 in the local community	Difficulties in accessing psychosocial support	Insufficient access for PWDs on the isolation hospital (no suitable supports for gender and disability)	Difficulty obtaining essentials such as food and hygiene products due to a shortage of goods	Discrimination has increased because of the COVID-19 response	There is no problem	Other
Gender	Male	33%	15%	23%	4%	26%	1%	31%	2%
	Femal	37%	15%	24%	5%	30%	1%	27%	3%
	Other	8%	17%	42%	1%	33%	1%	33%	1%
Region	Northern	37%	16%	24%	4%	27%	1%	31%	1%
	Central	35%	13%	24%	4%	25%	1%	29%	5%
	Southern	31%	17%	23%	6%	36%	3%	25%	2%
Type of disabilities	Physical	32%	16%	21%	4%	30%	1%	27%	3%
	Hearing and speech	39%	23%	29%	10%	22%	4%	24%	3%
	Visual	37%	11%	24%	4%	27%	1%	32%	3%
	Intellectual	36%	11%	26%	1%	28%	2%	30%	3%

Table 8.
Number of months maintaining current standard of living by using savings of families of PWDs (Unit: Percent of respondents)

Table 9A. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic, by gender (Unit: Percent of respondents)

Category	Description	Difficult access to healthcare for non-COVID-19 diseases	Difficult access to rehabilitation and physical treatment	Difficulty in buying medicine	Difficult access to medical assistive devices	Increased household workload due to closings of schools	Feeling more dependent and insecure	Difficulty in continuing education	There is no difficulty	Other
Gender	Male	46%	14%	23%	13%	3%	31%	3%	16%	3%
	Female	47%	15%	24%	14%	3%	33%	2%	12%	3%
	Other	8%	33%	25%	25%	1%	50%	8%	25%	1%



Table 9B. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic, by gender (Unit: Percent of respondents)

Category	Description	Difficult access to healthcare for non-COVID-19 diseases	Difficult access to rehabilitation and physical treatment	Difficulty in buying medicine	Difficult access to medical assistive devices	Increased household workload due to closings of schools	Feeling more dependent and insecure	Difficulty in continuing education	There is no difficulty	Other
Region	Northern	50%	13%	23%	13%	3%	28%	2%	14%	3%
	Central	41%	16%	28%	13%	5%	32%	4%	13%	1%
	Southern	44%	14%	23%	14%	3%	36%	2%	15%	2%

Table 9C. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic, by gender (Unit: Percent of respondents)

Category	Description	Difficult access to healthcare for non-Covid-19 diseases	Difficult access to rehabilitation and physical treatment	Difficulty in buying medicine	Difficult access to medical assistive devices	Increased household workload due to closings of schools	Feeling more dependent and insecure	Difficulty in continuing education	There is no difficulty	Other
Type of disabilities	Physical	45%	14%	23%	14%	3%	33%	2%	13%	4%
	Hearing and speech	49%	13%	25%	13%	4%	29%	2%	13%	3%
	Visual	46%	15%	23%	14%	3%	33%	2%	14%	2%
	Intellectual	42%	13%	22%	13%	3%	33%	3%	15%	3%



Table 10A. Self - assessment of PWDs during the COVID-19 pandemic
(Unit: Percent of respondents)

Category	Description	Supported	Protected	Prepared	Anxious	Depressed	Optimistic	Isolated	Worried about my prospects	Physically hurt	Emotionally traumatized	Others
Gender	Male	37%	29%	15%	55%	5%	11%	10%	13%	7%	13%	1%
	Female	38%	29%	16%	54%	5%	10%	9%	10%	8%	15%	1%
	Other	33%	42%	25%	42%	1%	17%	8%	25%	8%	17%	8%



Table 10B. Self - assessment of PWDs during the COVID-19 pandemic
(Unit: Percent of respondents)

Category	Description	Supported	Protected	Prepared	Anxious	Depressed	Optimistic	Isolated	Worried about my prospects	Physically hurt	Emotionally traumatized	Others
Region	Northern	38%	29%	16%	53%	6%	11%	9%	12%	8%	14%	1%
	Central	35%	32%	19%	55%	5%	14%	12%	12%	7%	13%	1%
	Southern	38%	30%	15%	54%	4%	10%	8%	11%	6%	13%	1%



Table 10C. Self - assessment of PWDs during the COVID-19 pandemic
(Unit: Percent of respondents)

Category	Description	Supported	Protected	Prepared	Anxious	Depressed	Optimistic	Isolated	Worried about my prospects	Physically hurt	Emotionally traumatized	Others
Type of disabilities	Physical	39%	24%	11%	61%	5%	10%	8%	11%	9%	17%	2%
	Hearing and speech	37%	28%	14%	56%	6%	11%	9%	14%	9%	15%	1%
	Visual	38%	31%	16%	55%	5%	11%	9%	11%	7%	14%	1%
	Intellectual	35%	27%	16%	53%	4%	9%	9%	12%	6%	12%	1%



Table 11A. How PWDs and their families respond to the COVID-19 epidemic
(Unit: Percent of respondents)

Category	Description	Indefinite quarantine at home	Storing food and PPE	Looking for another job	Finding other ways to generate income	Using savings	Asking help from relatives/neighbors/friends	Quitting my job to take care of housework/children	Using online/home delivery services to buy essential goods	Receiving allowance/support from the Government/social organizations	Doing nothing
Gender	Male	95%	49%	11%	12%	24%	15%	13%	15%	22%	4%
	Female	93%	48%	9%	15%	24%	16%	13%	15%	25%	4%
	Other	92%	58%	17%	8%	8%	17%	25%	17%	25%	1%



Table 11B. How PWDs and their families respond to the COVID-19 epidemic
(Unit: Percent of respondents)

Category	Description	Indefinite quarantine at home	Storing food and PPE	Looking for another job	Finding other ways to generate income	Using savings	Asking help from relatives/ neighbors /friends	Quitting my job to take care of housework/ children	Using online/home delivery services to buy essential goods	Receiving allowance/ support from the Government/ social organizations	Doing nothing
Region	Northern	92%	47%	10%	14%	24%	15%	13%	14%	24%	5%
	Central	95%	48%	8%	14%	23%	15%	14%	15%	24%	3%
	Southern	94%	52%	12%	12%	23%	17%	12%	16%	22%	3%



Table 11C. How PWDs and their families respond to the COVID-19 epidemic
(Unit: Percent of respondents)

Category	Description	Indefinite quarantine at home	Storing food and PPE	Looking for another job	Finding other ways to generate income	Using savings	Asking help from relatives/ neighbors /friends	Quitting my job to take care of housework/ children	Using online/ home delivery services to buy essential goods	Receiving allowance/ support from the Government/ social organizations	Doing nothing
Type of disabilities	Physical	95%	50%	10%	14%	22%	16%	12%	15%	23%	3%
	Hearing and speech	93%	47%	7%	14%	25%	18%	18%	16%	23%	4%
	Visual	94%	48%	10%	12%	24%	15%	13%	15%	25%	4%
	Intellectual	94%	49%	9%	12%	26%	12%	14%	13%	23%	6%

Table 12A. Support to respond to COVID-19 for PWDs
(Unit: Percent of respondents)

Category	Description	Personal Protective Equipment	Appropriate training	Priority in accessing essential goods	Psychosocial support	Medical supplies and devices	Medicines and drugs	Food	Cash allowance/ financial support	Information about COVID-19 from different channels	Vaccine	Telehealth counselling /other healthcare services	No support received	Other
Genders	Male	32%	6%	8%	2%	2%	3%	21%	19%	3%	22%	2%	26%	1%
	Female	34%	8%	9%	1%	2%	3%	22%	21%	2%	21%	3%	25%	1%
	Other	17%	1%	1%	1%	1%	1%	17%	17%	1%	1%	1%	67%	1%



Table 12B. Support to respond to COVID-19 for PWDs
(Unit: Percent of respondents)

Category	Description	Personal Protective Equipment	Appropriate training	Priority in accessing essential goods	Psychosocial support	Medical supplies and devices	Medicines and drugs	Food	Cash allowance/ financial support	Information about COVID-19 from different channels	Vaccine	Telehealth counselling/ other healthcare services	No support received	Other
Region	Northern	32%	6%	7%	2%	2%	4%	22%	18%	3%	21%	2%	26%	1%
	Central	32%	8%	9%	1%	3%	2%	21%	22%	2%	23%	3%	26%	1%
	Southern	36%	5%	10%	1%	2%	3%	22%	20%	2%	17%	1%	25%	1%



Table 12C. Support to respond to COVID-19 for PWDs
(Unit: Percent of respondents)

Category	Description	Personal Protective Equipment	Appropriate training	Priority in accessing essential goods	Psychosocial support	Medical supplies and devices	Medicines and drugs	Food	Cash allowance/financial support	Information about COVID-19 from different channels	Vaccine	Telehealth counselling /other healthcare services	No support received	Other
Type of disabilities	Physical	32%	6%	8%	2%	3%	3%	21%	21%	2%	21%	2%	25%	1%
	Hearing and speech	36%	4%	9%	2%	2%	3%	20%	20%	2%	23%	1%	28%	1%
	Visual	32%	8%	10%	1%	2%	3%	22%	18%	3%	20%	4%	25%	1%
	Intellectual	33%	7%	9%	2%	2%	3%	21%	19%	2%	23%	1%	29%	1%

Table 13A. Organizations/individuals participating in support to respond to COVID-19 for families of PwDs
(Unit: Percent of respondents)

Category	Description	Government	Organizations of /for people with disabilities	Local social associations	Commercial banks, via financial and conditional support	Enterprises, professional associations, partners, via business support	The Employment Fund/Social Insurance Fund/Unemployment Insurance, State Health Insurance	Financial support from family and relatives	No source of support	Other
Gender	Male	42%	26%	19%	1%	5%	4%	15%	31%	3%
	Female	37%	26%	18%	1%	4%	4%	16%	30%	3%
	Other	25%	8%	1%	1%	1%	1%	8%	58%	1%



Table 13B. Organizations/individuals participating in support to respond to COVID-19 for families of PwDs
(Unit: Percent of respondents)

Category	Description	Government	Organizations of /for people with disabilities	Local social associations	Commercial banks, via financial and conditional support	Enterprises, professional associations, partners, via business support	The Employment Fund/Social Insurance Fund/Unemployment Insurance, State Health Insurance	Financial support from family and relatives	No source of support	Other
Region	Northern	40%	26%	17%	1%	5%	4%	15%	30%	3%
	Central	40%	25%	21%	1%	5%	3%	16%	31%	3%
	Southern	37%	27%	19%	1%	2%	6%	15%	32%	3%



**Table 13C. Organizations/individuals participating in support to respond to COVID-19 for families of PwDs
(Unit: Percent of respondents)**

Category	Description	Government	Organization s of /for people with disabilities	Local social association s	Commercia l banks, via financial and conditional support	Enterprises, professional associations, partners, via business support	The Employment Fund/Social Insurance Fund/Unemploy ment Insurance, State Health Insurance	Financial support from family and relatives	No source of support	Other
Type of disabilities	Physical	39%	25%	19%	1%	3%	4%	16%	31%	3%
	Hearing and speech	34%	27%	20%	1%	6%	5%	14%	33%	4%
	Visual	40%	26%	19%	1%	5%	3%	15%	30%	3%
	Intellectual	39%	26%	17%	2%	6%	3%	12%	34%	2%



Table 14.
The level
of support
to cope
with the
COVID-19
pandemic
(Unit:
Percent of
responde
nts)

	Most necessary	Necessary	Not Necessary
Socio-psychological support	51%	29%	20%
Public health guidance	53%	26%	21%
Support in employment – training new skills to seek employment	53%	24%	23%
Support in preparing for self-isolation and quarantine	54%	28%	18%
Support in remote medical counseling and other health care services	56%	27%	17%
Support in providing medical equipment	70%	19%	11%
Prioritization of PWDs in social services	72%	18%	10%
Support in distributing health products	73%	20%	7%
Support in supplying medications	75%	16%	9%
Support in providing food	79%	15%	5%
Support through subsidies or other financial relief packages	82%	13%	5%

APPENDIX 2: Stories of PWDS

Mr. H, 32 years old, is a person with mobility and physical disability who lives in the Buu Hoa ward of Bien Hoa, Dong Nai province ('red zone' during the COVID-19 pandemic). Mr. T. has two children and relies on his income to support his elderly parents. He formerly worked as a garment worker at an industrial park, with the husband and wife earning an average of VND 10,000,000. However, the COVID-19 epidemic has significantly impacted his family's lives. When the outbreak began, he and his wife with COVID-19 were quarantined at home, losing employment and money. His sister's family didn't make money because the area was closed off. They had to use their savings and borrow money from family members. Mr. H had to borrow money from relatives to buy more phones so that his children could learn online at home while the school was closed. In the 26 trillion packets, he received no assistance. What concerns him the most is when he will be able to return to work and earn enough money to cover household costs.

Ms. S, 25 years old, M'nong ethnic minority, blind, lives in Gia Nghia city, Dak Nong province, a place with several COVID-19 outbreaks. Previously, her nursing home operated on a regular schedule of approximately 30 days per month. Still, since the COVID-19 pandemic, there are many days when she does not have customers to close, and her income has reduced by approximately 30 percent, making life more difficult daily. It is becoming increasingly challenging. She has difficulties getting official and reliable information about COVID-19 health protection and prevention, including vaccine information and clinics, health check-ups, and medical check-up services. Her family lacks resources, and she is worried that if a severe outbreak occurs in the area, she will be unable to borrow money to cover living expenses.

Ms. T, 26 years old, is a wheelchair user who lives in Dong Ha city, Quang Tri province. Due to her severe disability and familial circumstances, she cannot attend school and must rely entirely on her parents' monthly social allowance and pension. In September 2021, she was patient F0, who had to be placed in concentrated isolation. She didn't get any vaccines until then because she thought her health was not good enough to get them. She had the most significant challenge in terms of accessibility for PWDs in the isolation area, mainly because the bathrooms were too small for wheelchairs. When she had illnesses of cough and fever, she was afraid of getting COVID-19, which made her situation worse when she had to go to the hospital's emergency room. She and her family's income has not been reduced during COVID-19. Still, the family attempted to reduce living expenditures by around a third by cutting electricity and water bills compared to previous to COVID-19 to save money for future situations.

