



# **Report on the Second Rapid Socio-Economic Impact Assessment of Covid-19 to Persons with Disabilities (PWDs) in Vietnam**

February 2022

## **Acknowledgement**

In September 2021, the research team extended their appreciation to 1,792 persons with disabilities (PWDs) from 63 provinces and cities for their willingness to participate in the survey via an online form, in-person interviews, and phone in September 2021. Without the participation of everyone and the unwavering support of PWD organizations and collaborators, this survey would not have been possible. Participant information has been archived with the strictest confidence.

We would like to express our appreciation to our national and international specialists, organization representatives, and the PWDs for their participation in the February 24, 2022, announcement of the preliminary study report. The recommendations of experts to the research findings and data analysis techniques contributed significantly to its finalization. The study team is solely responsible for the report's content, analysis, and interpretation errors. In addition, we would like to thank for the significant contributions made by colleagues at UNDP and ACDC to the questionnaire and other technical assistance to the research process.

The successful organization of the announcement ceremony on February 24, 2022, has been an outstanding endorsement of the research findings. Finally, we would like to express our gratitude to the United Nations Development Programme (UNDP) in Vietnam and the Action to the Community Development Institute (ACDC) for supporting and performing this study directly.

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**Acronyms and Abbreviations:**

PWDs	Persons with disabilities
OPDs	Organisations of persons with disabilities
UN	United Nations
UNDP	United Nations Development Programme

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## **I. Introduction**

### ***1. Background***

In 2021, the impact of the COVID-19 pandemic was expected to be more severe than the previous year. As such, the Vietnamese government supported the pursuit of “dual objectives”: disease control and economic development. This policy was implemented during the fourth pandemic, resulting in the nationwide spread of the Delta variety. The proportion of people infected with COVID-19, especially Persons with Disabilities (PWDs), has risen dramatically in the central provinces and cities, particularly in the southern region<sup>1</sup>. The Vietnamese government was continuing to take significant measures against the pandemic. To this end, Prime Minister Pham Minh Chinh was appointed Chairman of the National Steering Committee for COVID-19 Prevention and Control, tasked with focusing on the communication of information sources and mobilization of collective political efforts to prevent the further spread and ramifications of COVID-19. Strict restrictions were enforced, such as social isolation, curfews, school closures, and barriers.

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 implement quarantines, significantly affecting tens of millions of people. The 26 trillion VND cash aid package granted by the government in 2021, according to Resolution 68/NQ-CP had been disbursed more quickly than the 62 trillion VND package issued in 2020. However, only four PWDs who are F0 or F1 are eligible for the additional aid of VND 1 million per person from the support package<sup>2</sup>.

Although economic operations resumed rapidly, Vietnam 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 (e.g., Ho Chi Minh City, Binh Duong, Dong Nai). According to a study from the General Statistics Office, GDP growth in the third quarter of 2021 declined by 6.17 percent compared to the previous year. It was the most significant decline since Vietnam had begun reporting its quarterly GDP.

After the first rapid assessment of the impact of COVID-19 on the lives, health, and livelihoods of PWDs, was conducted in March - April 2020, from September 2020 to June 2021, UNDP implemented a project to support PWDs to live safely with the pandemic, which the Japanese government sponsored. 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 essentials and personal protection equipment to 1,100 PWDs in epidemic areas. Further, the project sought to raise awareness of gender sensitivity and disability inclusion.

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

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<sup>1</sup> Until 5:00 p.m. on September 27, 2021, Vietnam had had 766,051 cases. Five hundred thirty-eight thousand four hundred fifty-four patients have been cured (18,758 deaths).

<sup>2</sup> <https://dangcongsan.vn/xa-hoi/hon-71-nghin-ty-dong-thuc-hien-cac-chinh-sach-ho-tro-an-sinh-xa-hoi-601326.html>

psychological health and livelihoods of PWDs in Vietnam. Some policy recommendations are made on disability inclusion, preparing to respond to the next wave of COVID-19 or similar epidemics in the future.

## **2. Executive Summary**

### **Background**

Compared to 2020, the impact of the COVID-19 pandemic has been expected to be more severe in 2021. The Vietnamese government has advocated for implementing the “dual objectives” policy, which aimed at achieving disease control and economic development in the wake of the fourth outbreak and the Delta variant. The percentage of people infected with COVID-19, including PWDs, quickly increased in the central provinces and cities, particularly in the southern region.

### **Methodologies**

For three weeks, from September 8 to September 30, 2021, the study conducted and employed in-depth interviews and questionnaires via Google Forms in an accessible format for people of all types of disabilities.

The research questionnaire included 36 questions revised from the 2020 First Rapid Assessment of Socio-Economic Impact of COVID-19 on PWDs questionnaire, the PAPI 2021 survey.

The survey encompassed 63 provinces and six ecological regions, including urban and rural areas. The survey subjects comprise people with six different forms of disabilities, which are defined in Vietnam's Law on PWDs, Kinh people, and other ethnic groups. 1,792 PWDs were included in the sample PWDs and were chosen at random.

### **Key findings**

In the wake of the emergence of the Covid-19 pandemic, the Vietnamese government has advocated for disseminating epidemiological information. As a result, up to 88% of PWDs had access to information on Covid-19 via mass media outlets such as television, social networking sites, online newspapers, text messaging, or government websites.

Employment and income decline were the main factors that force 90% of PWD households to use saving measures on daily expenses, such as: Reducing food and beverage costs (56%) and more than 1/3 cost of living (compared to pre-Covid-19) (48%).

Many households were forced to cover the spending for family members (22 %), increase borrowing (from friends and relatives) (18%), and even sell valuable assets (2%) to maintain a basic standard of living. The household savings of PWDs were estimated to last approximately 1.9 months.

According to the study results, up to 71.1% of PWDs faced difficulties in access to health care, which includes the following:

- Receiving official and correct information on health care, COVID-19 prevention, and vaccinations (35%).
- Accessing essentials such as food and hygiene products due to the shortage of goods (28%).
- Accessing psychological and social support services (24%).

At the same time, PWDs faced challenges such as having access to clinics, health care testing services, and check for diseases other than Covid-19 (46%) and feeling more dependent and insecure when their household income was severely affected (32%). PWDs also had difficulty purchasing medicine (24%), accessing rehabilitation services and physical therapy (14%), and having difficulty obtaining medical and adaptive equipment (14%).

Throughout the fourth wave, the Vietnamese government undertook a series of actions, laws, and free assistance packages to provide care and safety to the public. It contributed to many PWDs (38%) feeling supported and protected. However, 55% of PWDs still experienced anxiety,

14% experienced emotional trauma, 9% were isolated, and 12% hopelessness over their prospects.

PWD's strategies to cope with the Covid-19 pandemic mainly focus on staying at home, limiting going out as much as possible (94%), stocking up on food and hygiene products (49%), or receiving support from social protection services of the State and social organizations (24%).

Up to 74% of PWDs received at least one type of support, of which PWDs provided health protection products such as soap, hand sanitizer, clean water, and masks (33%); 22% received food support, food, 20% support Stipend or other financial support.

In order to be able to cope with and overcome the pandemic, PWDs wish to receive "Financial support" (82%), "Food" (79%), "Medication" (75%), Health protection products such as soap, hand sanitizer, mask (73%) and medical equipment (70%).

### **Conclusion**

The COVID-19 pandemic has negatively impacted the social life and well-being of PWDs. The active participation and widespread propaganda of the State and society helped the majority of PWDs be aware of the impact of the pandemic and how to prevent it. Because of the pandemic, the employment rate and income of PWDs have dropped considerably, and many PWD households have had to cut back on spending on the most important things. Additionally, the COVID-19 epidemic has complicated the management of and access to health care for many PWDs. While a portion of the population benefits from social care and protection, many also experience anxiety, fear, depression, and even despair about the future. Numerous PWDs have accepted the most fundamental pandemic response methods, which including limiting their exposure outside, stockpiling food, and relying on family, community, and society for assistance.

This fact necessitates a concerted effort between the State and society to intervene in the challenges faced by PWDs and assist them in the future.

### **Recommendations**

#### *Recommendations to the Government*

- It is necessary to conduct more comprehensive analyzes of the impact of COVID-19 at the macro and micro levels, thereby making mid and long-term proposals to integrate PWDs into socio-economic development programs of the country.
- The health insurance law must be adjusted, supplemented, and expanded the coverage of medical examination and treatment payments to PWDs. It must also develop provisions that offer substantive support to PWDs during infection and recovery.
- Social assistance packages should take into account the expansion of healthcare opportunities to PWDs, while at the same time ensuring a minimum level of assistance to meet their basic needs throughout the pandemic.
- The Government's economic development stimulus packages must set aside a certain percentage of labor market development for PWDs..

#### *Recommendations to organizations of/ for PWDs.*

- Strengthen communication activities to care for and protect the health of PWDs during the pandemic; connect PWDs with enterprises and employers; connect PWDs with organizations providing health protection and psychological counseling services.
- Strengthen the mobilization of social resources to support PWDs and connect PWDs facing difficult circumstances with social charity organizations and benefactors.
- Advise the Government on measures to care for and protect the safety of PWDs during the pandemic

#### *Recommendations to civil society organizations and the community*

- Strengthen the implementation of activities to support PWDs overcome the pandemic, which includes, but are not limited to support packages for jobs, medicines and food.
- Carry out activities to visit, encourage, and list PWD households that need unexpected help and long-term support.

### *Recommendations to UNDP and other UN agencies*

- Improve the capacity of the organization of /for PWDs in policy advocacy, and the mobilization of resources to support the implementation of recovery aid programs for PWDs after COVID 19.
- Improve the capacity of the National Committee on Disabilities in advocating for the inclusion of PWDs in priority groups in all plans. There is a government relief package related to Covid 19 and inter-ministerial and inter-ministerial coordination capacity to ensure that people with disabilities are integrated in a timely and better manner into policies on all other aspects besides social protection.
- Provide professional advice and support to the Ministry of Labour, Invalids, and Social Affairs to increase the number of PWDs receiving disability certification and increase the transparency of the process.
- Provide resources to strengthen the social support service force of the Ministry of Labour, Invalids, and Social Affairs for PWDs, especially women, ethnic minorities, and children with disabilities, and provide psychosocial support to PWDs. They are affected by many impacts of psychological action.

## **II. Methodology**

The study applied the survey method via a google form, an accessible format for all types of disabilities, for a period of three weeks, from September 8 to September 30, 2021, when the fourth wave of epidemics had a heavy impact on the southern provinces. Telephone interviews, face-to-face PVS, and combined with questionnaire interviews were conducted with PWDs who could not fill out the online questionnaire themselves.

The research questionnaire consists of 36 questions revised from the 2020 First Rapid Assessment questionnaire on the socioeconomic implications of Covid-19 on PWDs – PAPI survey 2021

On September 8, 2021, the researchers convened in a technical conference with representatives from OPDs and collaborators to provide specific instructions on how to complete the online questionnaire and phone interview. The objective is to ensure that everyone understands the survey content and assist PWDs in participating.

Each phone or face-to-face interview lasted approximately 30 minutes. The information focused on the health and social consequences of COVID-19 on PWDs and their families, as well as their perception of Government reactions and measures.

### ***Survey process:***

- Design a survey form on google form, including two versions: one version with two clips attached to Hanoi and Ho Chi Minh City (for Deaf people to understand) and explain how to fill it out. A version without sign language for other PWDs.
- The questionnaire was designed to be adjusted and supplemented based on the consultation process with the organization of PWDs and tested with 30 PWDs
- On September 8, 2021, the researchers held a technical meeting with leaders of OPDs and collaborators to provide detailed instructions on how to fill out the online questionnaire and interview by phone. The purpose is for everyone to understand the survey content clearly, then guide PWDs to participate in the survey.
- 256 Deaf people responded via Google Form with sign language.
- Telephone interviews with 220 people, including family members of PWDs with intellectual and neurological disabilities, mental disorders, and elderly PWDs who do not use the internet to do google forms. PWDs with different types of disabilities (cerebral palsy, hand disabilities, Osteochondrodysplastic dwarfism; those who want to answer by phone) come from Bac Ninh, Bac Giang, Hai Duong, Hoang Mai – Hanoi, Ha Nam, Nam Dinh, Quang Binh, Binh Dinh
- Face-to-face interviews with 50 people (onsite interviews for those who do not have access to the internet)

- Leaders of 5 PWD groups support invited about 10-20 PWDs to the OPDs to go through the questionnaire for everyone to answer (Mobility and Physical disabilities).
- Approached teachers at universities and vocational schools for PWDs to introduce and encourage students to participate and ensure their access to groups with university and intermediate degrees (for diverse levels of education and training).
- Contact many businesses with PWDs in Dong Nai, Ho Chi Minh City, to mobilize PWDs in epidemic hotspots.
- Monitor the number of participants in the provinces and different types of disabilities to coordinate and strengthen to ensure that all 63 provinces and all types of disabilities are fully accessible.

***Research limitations:***

- The survey method via google form has eliminated PWDs who cannot access the internet. Some PWDs are because they lack computers, do not understand technology, cannot read, write, or use sign language, refuse to participate, or easily give up or omit information.
- Some PWDs rely on the assistance of a third party to complete the questionnaire, so their responses may be influenced by these individuals.
- The majority of respondents live in the Red River Delta, North Central, and Central Coast; many of whom have mobility and physical disability, deaf or hard of hearing, vision impairment; and just a minority have intellectual disabilities and other mental illnesses. As a result, the data acquired cannot be assumed to be highly representative of the six birth regions and all six disability groups.
- Because the interview form is quite long, the interview time for persons with intellectual disabilities, their families, or older adults with disabilities is generally around 30 minutes and must be divided into two sessions due to respondent fatigue.
- Most PWDs prefer questions with fewer than six options; if they are longer, they will not have the time to read or listen to the information and make a decision.
- This survey is conducted with PWDs aged 18 years and over. Further studies with appropriate approaches are needed to explore the impact of COVID-19 on children with disabilities

***Overview of policies related to Covid-19 for disadvantaged groups (including PWDs) from April 2021 to December 2021***

Vulnerable group,

If the state budget is still limited, the level of support may not be high. Still, these policies are considered necessary, demonstrating the outstanding efforts of the authorities at all levels in the spirit of "No One Left Behind" to help people, businesses, and especially PWDs overcome the severe consequences caused by the Covid-19 pandemic.

***Firstly, for unexpected support policies for PWDs (including employees who are PWDs).***

The first point that is easy to see is that the policies of incredible support (in cash) or job maintenance and promotion focus mainly on supporting employees working/participating in unemployment insurance or employees who have terminated their employment due to Covid-19.

Accordingly, if people with disabilities fall into one of the above categories, they will be entitled to related policies as prescribed. In the increasingly complicated situation of Covid-19, with the majority of PWDs living with their families or working in the informal sector, the development and issuance of unexpected support policies for PWDs are subject to insurance. Social assistance is still essential and should be considered and maintained (like the period from April to June 2021), even though they received a one-time emergency allowance in 2020.

Next, even in the unexpected support policies for disadvantaged groups, it is also necessary to consider the support regime for mildly PWDs. For example, the support policy in Decision No. 33/2021/QĐ-TTĐ stipulates extra unexpected support for PWDs (medical isolation

or treatment for Covid-19 infection). It still only stops applying to the severely PWDs, especially severe. The great supports of some provinces and cities also only apply to subjects entitled to monthly social allowance regimes (including severe and especially severe people with disabilities). Persons with disabilities who have not yet determined their disability level or have mild disabilities are not eligible for beneficiaries. This partly affects the rights of people with mild disabilities in the whole country.

***Second**, there is a lack of supportive policies for enterprises employing PWDs:*

Research on policies to support businesses during the current Covid-19 pandemic shows that the conditions for businesses to enjoy tax incentives and electricity bills... have not focused on helping businesses according to standards specific criteria, such as: using a lot of PWDs workers. Companies that employ PWDs workers carry out a great "social responsibility." Therefore, the implementation of "leveling" support is not commensurate with the "responsibility" of enterprises. At the same time, it also discourages enterprises from employing people with disabilities during and after the pandemic.

**Third**, health care policies for vulnerable groups are generally quite complete, but, in practice, there are still some problems. In particular, persons with hearing and speaking disabilities still face difficulties grasping information related to the Covid-19 vaccination, such as no sign language interpreter, which has caused problems for this population group.

**Third**, while health care programs for disadvantaged populations have been relatively comprehensive, there are still some gaps in practice. Deaf people, in particular, continue to have difficulty comprehending information about the Covid-19 immunization. There is no sign language interpreter on-site and no form of communication suitable for those with hearing and speech problems, which creates issues for this population group.

### **III. Key Findings**

#### **1. Background information of persons with disabilities participating in the rapid assessment**

The table below shows the socio-demographic characteristics, disability status and geographical location of PWDs participating in the survey.

**Table 1 . General information about PWDs (N = 1,792)**

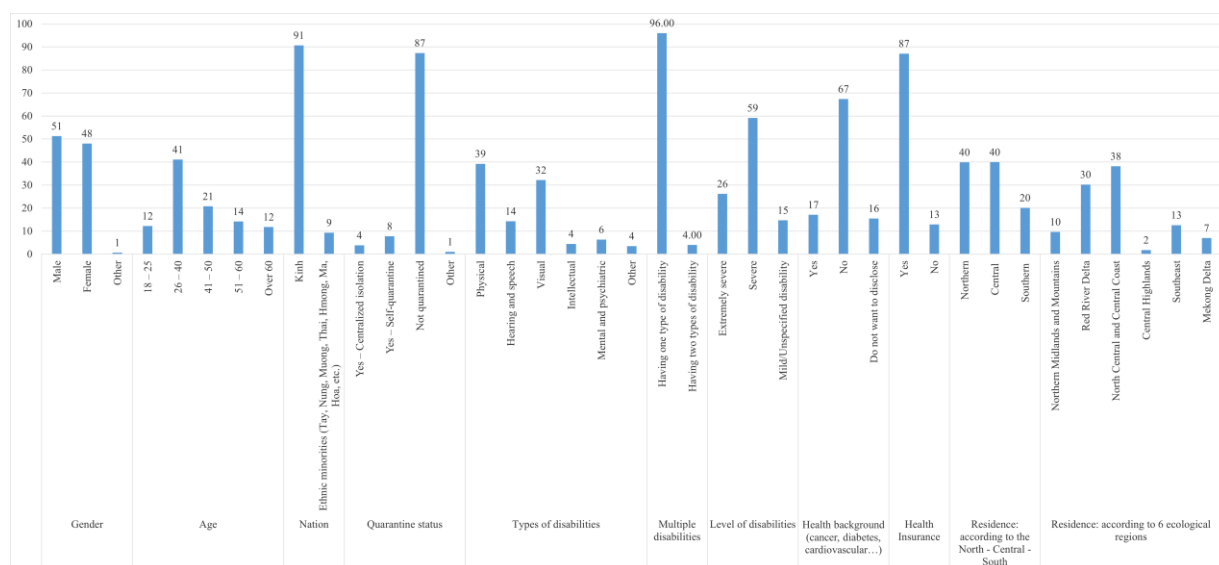
	Number	%
<b>Gender</b>		
Male	919	51
Female	861	48
Other	12	1
<b>Age</b>		
18 – 25	219	12
26 – 40	736	41
41 – 50	372	21
51 – 60	254	14
Over 60	211	12
<b>Nation</b>		
Kinh	1625	91
Ethnic minorities (Tay, Nung, Muong, Thai, Hmong, Ma, Hoa, etc.)	167	9
<b>Quarantine status</b>		
Yes – Centralized isolation	69	4



Yes – Self-quarantine	140	8
Not quarantined	1565	87
Other	18	1
<b>Types of disabilities</b>		
Physical	784	44
Hearing and speech	256	14
Visual	576	32
Intellectual	80	4
Mental and psychiatric	114	6
Other	63	4
<b>Multiple disabilities</b>		
Having one type of disability	1718	96
Having two types of disability	68	4
<b>Level of disabilities</b>		
Extremely severe	469	26
Severe	1060	59
Mild/Unspecified disability	263	15
<b>Health background (cancer, diabetes, cardiovascular...)</b>		
Yes	306	17
No	1209	67
Do not want to disclose	277	16
<b>Health Insurance</b>		
Yes	1560	87
No	232	13
<b>Residence: according to the North - Central - South</b>		
Northern	715	40
Central	716	40
Southern	361	20
<b>Residence: according to 6 ecological regions</b>		
Northern Midlands and Mountains	173	10
Red River Delta	542	30
North Central and Central Coast	684	38
Central Highlands	32	2
Southeast	226	13
Mekong Delta	135	7

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 1. General information about PWDs**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

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

Regarding disabilities, 44% had mobility and physical disabilities, 32% were visually impaired, while the rest had hearing impairments (14%), intellectual disabilities (5%), mental disorders (6%), and other (1) %. Up to 96% of PWDs had only one form of disability, among them 26% were particularly severe, 17% had underlying medical conditions, and up to 87% of PWDs 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%). The number of PWDs living in the Northern Midlands and Mountains (10%), and the Mekong River Delta (8%) accounted for a low proportion, especially in the Central Highlands (2%).

## 2. Diversified access to information by PWDs about Covid - 19

*Government interventions have promoted the wide dissemination of information about the Covid-19 pandemic. PWDs have easy access to information formally through the mass media.*

During the outbreak of the Covid-19 pandemic, the Government of Vietnam advocated for the communication of diverse and up-to-date information on the fourth wave to the people via mass media. As a result, PWDs have had easy access to information, with a rate of up to 88%, a value higher than that 67% from the First Rapid Assessment survey in 2020. 29% of PWDs reported to have complete information on how to respond, situational updates on the outbreak, and advice on disease prevention and control measures specifically for PWDs. On the other, 25% reported complete information on how to respond and the situation updates. This accessibility did not differ significantly by gender, region, or type of disabilities.

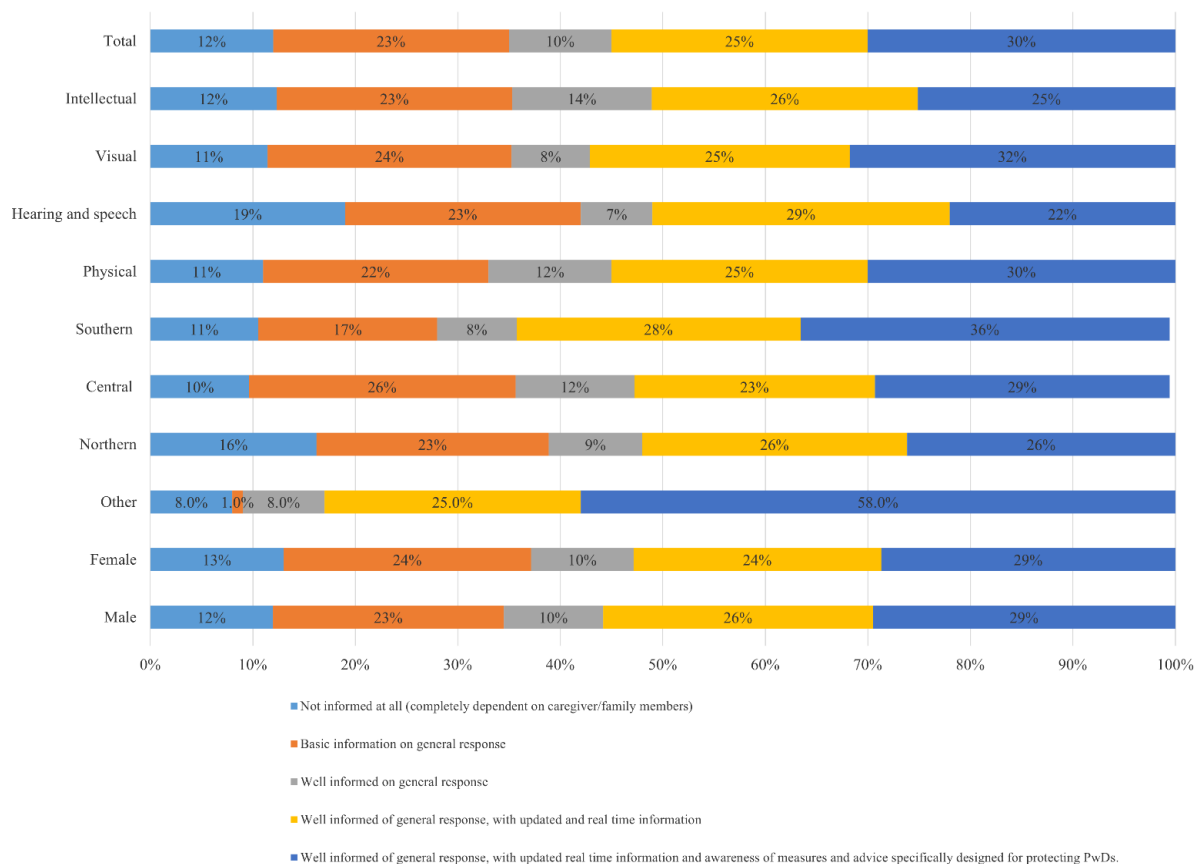


**Table 2. Self-assessment by PWDs on the level of accessibility of public information on COVID-19 (unit: %)**

	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	26	12	23	29
Southern	11	17	8	28	36
Types of disabilities					
Physical	11	22	12	25	30
Hearing and speech	19	23	7	29	22
Visual	11	24	8	25	32
Intellectual	12	23	14	26	25
<b>Total</b>	12	23	10	25	29

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

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



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

The most effective channels for communicating information to PWDs about the Covid-19 pandemic, the measures to prevent and reduce infection, and relevant informants on the outbreak are television (64%), social media networks (Facebook, Zalo, Viber...) (49%), online newspapers (42%), mobile messages (34%) and Government websites (24%) [Appendix 1, Table 1].

### **3. Impact of Covid-19: *Employment, Income Decline, and Economic Measures of PWD's "Suffering"***

As jobs and incomes declined, many households with disability were forced to take on austerity measures at household levels to adjust their living conditions under the Covid-19 pandemic. Even yet, the ability of PWDs to manage their savings is insufficient, with many household savings being of limited amounts.

#### **3.1. *Jobs and income decline***

*The Covid 19 has caused many PWDs to lose their jobs or reduce working time. The consequence is that the average income of many households decreased.*

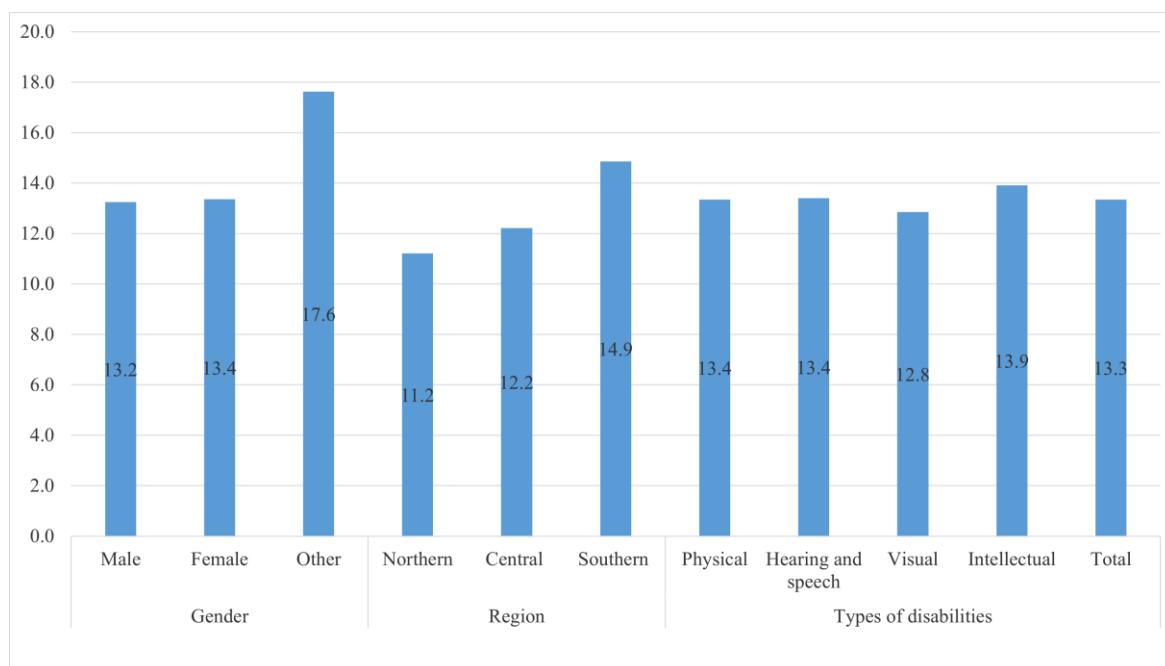
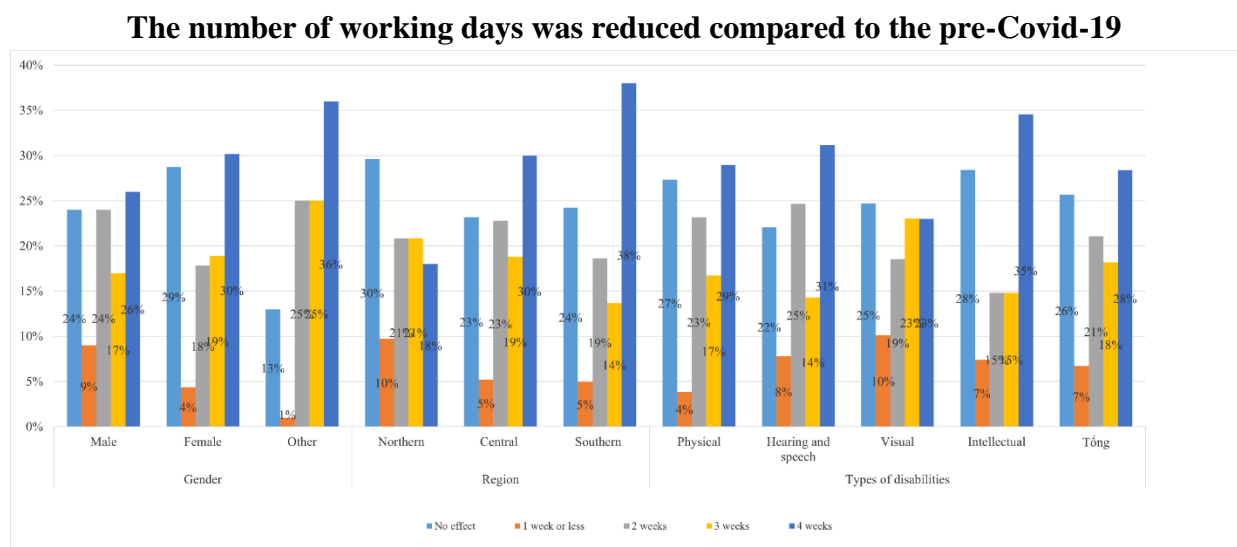
Survey results show that 44% of PWDs participating in the survey have a job (Appendix 1, Table 2), with 22.7 days/month average working days. The rate of PWDs working for four whole weeks is up to 77% (Appendix 1, Table 3). Many PWDs have a formal job/ have a labor contract (44%), another part has an informal job/no labor contract (14%), and another part is a freelance worker (34%). PWDs who own licensed businesses, small businesses, and unlicensed businesses account for only 3% and 5%, respectively (Appendix 1, Table 4).

**Table 3. The number of working days was reduced compared to the pre-Covid-19 time of PWDs (Unit: %)**

	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	36	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
<b>Total</b>	26	7	21	18	28	13,3

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 3: The number of working days was reduced compared to the pre-Covid-19 time of PWDs.**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

The Covid-19 pandemic has contributed to the unemployment of many PWDs. The first Rapid Assessment Survey results in 2020 indicated that this rate could reach 30%. According to the second rapid assessment study, the rate of complete unemployment for PWDs was up to 28% when out of work for four weeks per month and up to 18% when they were out of work for three weeks per month. PWDs who have their working hours decreased by one week per month account for 7%, while those who have their hours reduced by two weeks per month account for 21%. This suggests that 64% of PWDs lost work time due to the Covid-19. Regarding gender,

PWD is a male. PWDs are in the Central Region in terms of region. PWDs with hearing and speech were more affected than other types of PWDs.

**Table 4A. The average income of families of persons with disabilities by gender (unit: %)**

	<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	>10.001.000 VND	Other
<b>Average income within 12 months (before January 2020)</b>							
Male	39	24	15	6	4	4	8
Female	44	22	14	5	4	4	7
Other	32	16	25	1	8	17	1
<b>Income in August 2021</b>							
Male	57	20	9	2	2	1	9
Female	57	15	8	3	2	2	13
Other	42	32	8	8	8	1	1

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 4B. The average income of families of persons with disabilities by region (unit: %)**

	<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	>10.000.000 VND	Other
<b>Average income within 12 months (before January 2020)</b>							
Northern	48	23	12	4	4	4	5
Central	43	24	12	6	2	4	9
Southern	26	24	25	8	7	4	6
<b>Income in August 2021</b>							
Northern	61	18	7	2	2	2	8
Central	61	16	6	2	2	1	12
Southern	43	19	14	5	2	1	16

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

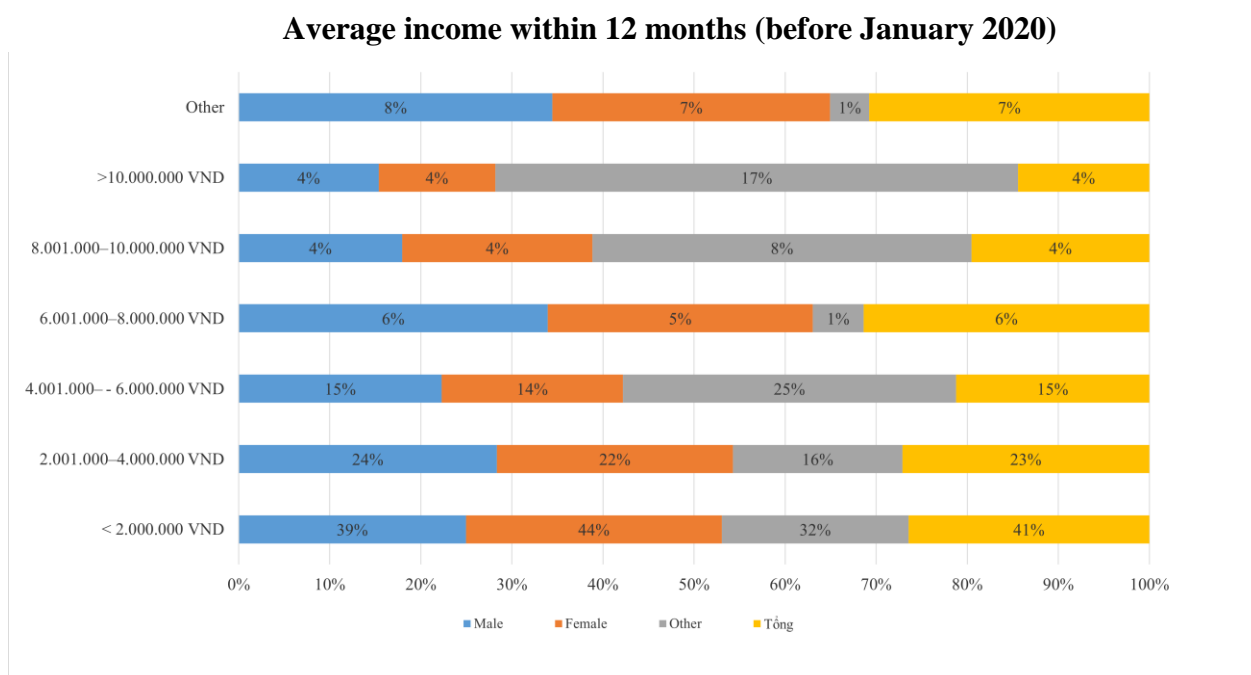
**Table 5. The average income of families of persons with disabilities by type of disability (unit: %)**

	<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	>10.000.000 VND	Other
<b>Average income within 12 months (before January 2020)</b>							
Physical	40	26	14	7	4	4	5
Hearing and speech	41	27	14	5	1	2	10

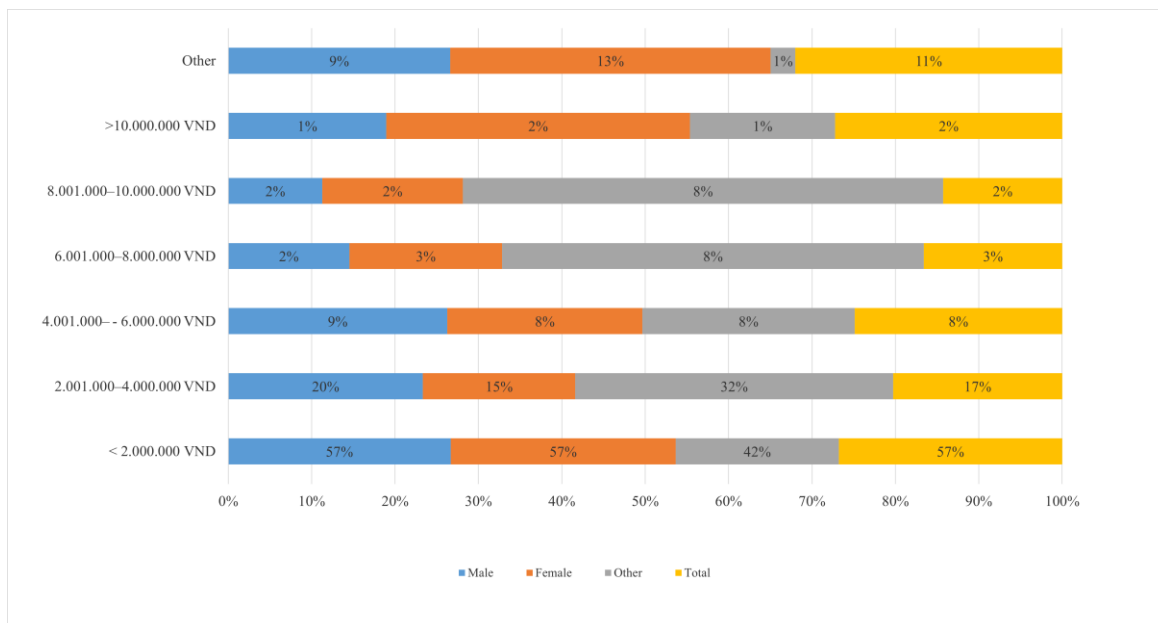
Visual	43	18	15	4	5	5	10
Intellectual	41	21	16	9	3	3	7
<b>Total</b>	41	23	15	6	4	4	7
<b>Income in August 2021</b>							
Physical	58	18	9	3	2	1	9
Hearing and speech	54	20	9	2	2	1	12
Visual	58	16	7	2	3	2	12
Intellectual	55	16	10	4	3	2	10
<b>Total</b>	57	18	8	3	2	2	10

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 4. The average income of families of persons with disabilities by gender**



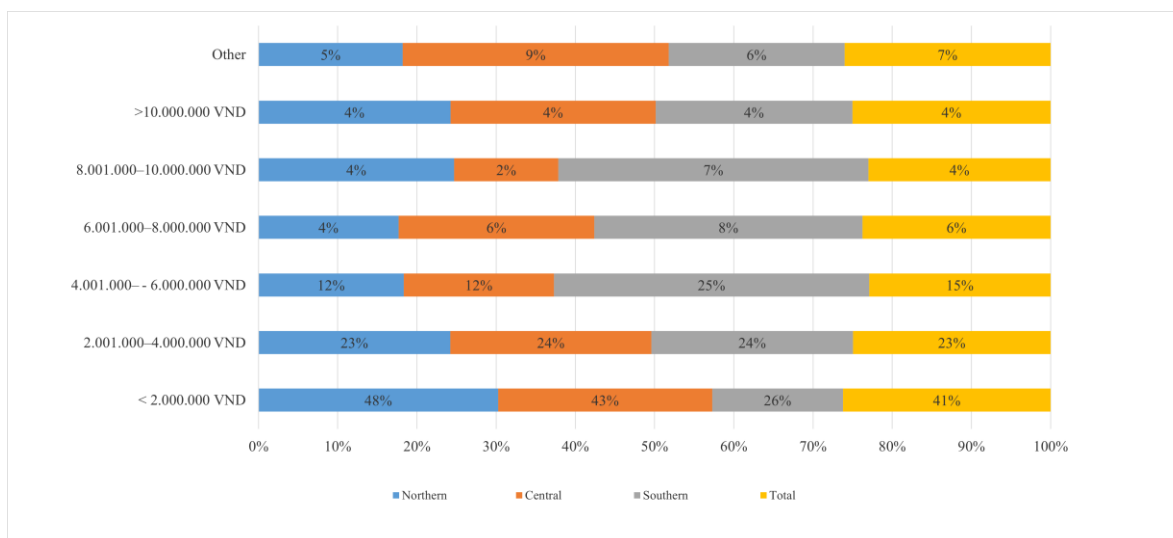
**Income in August 2021**



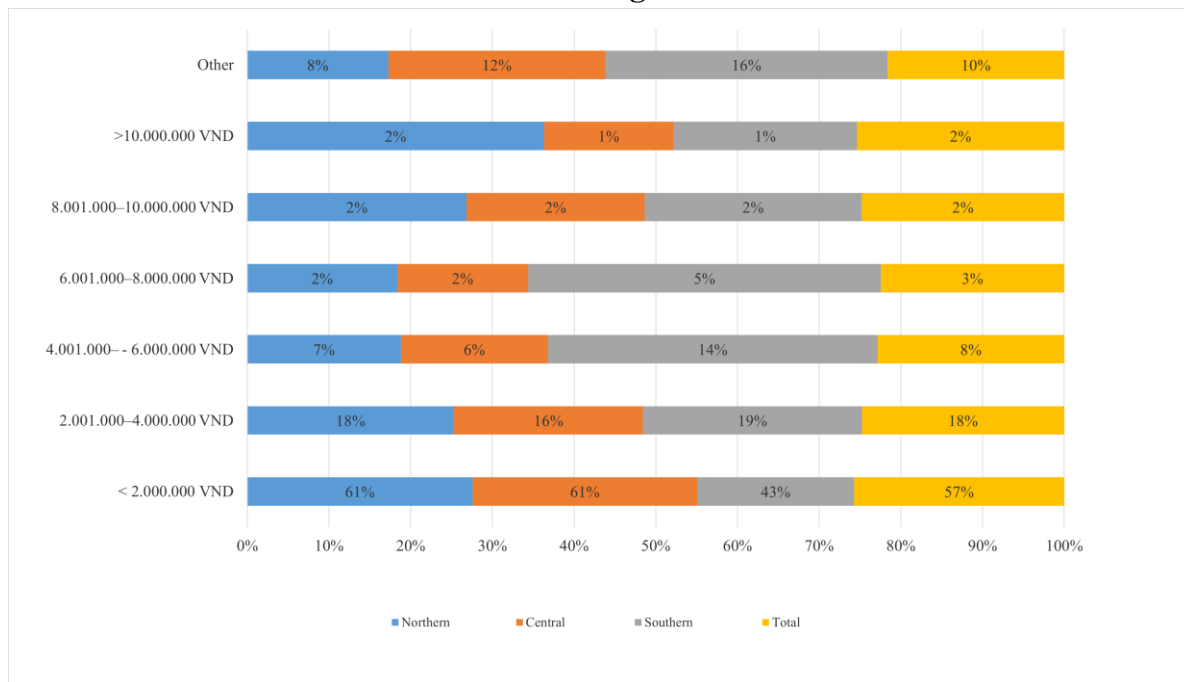
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 5. The average income of families of persons with disabilities by region**

**Average income within 12 months (before January 2020)**



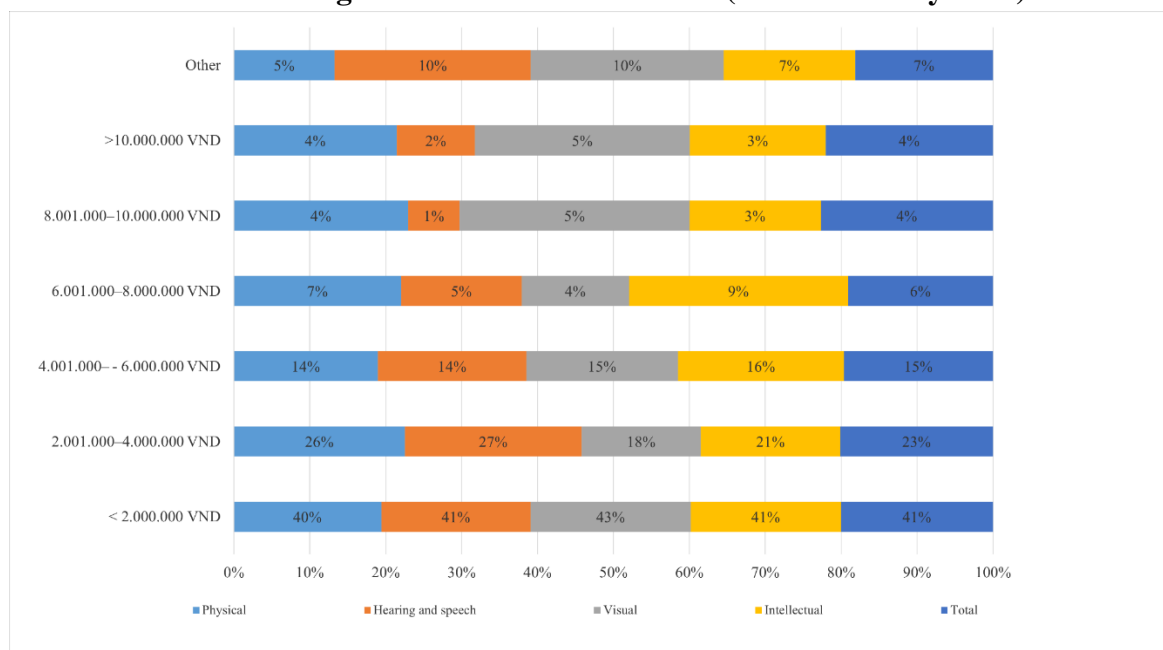
### Income in August 2021



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

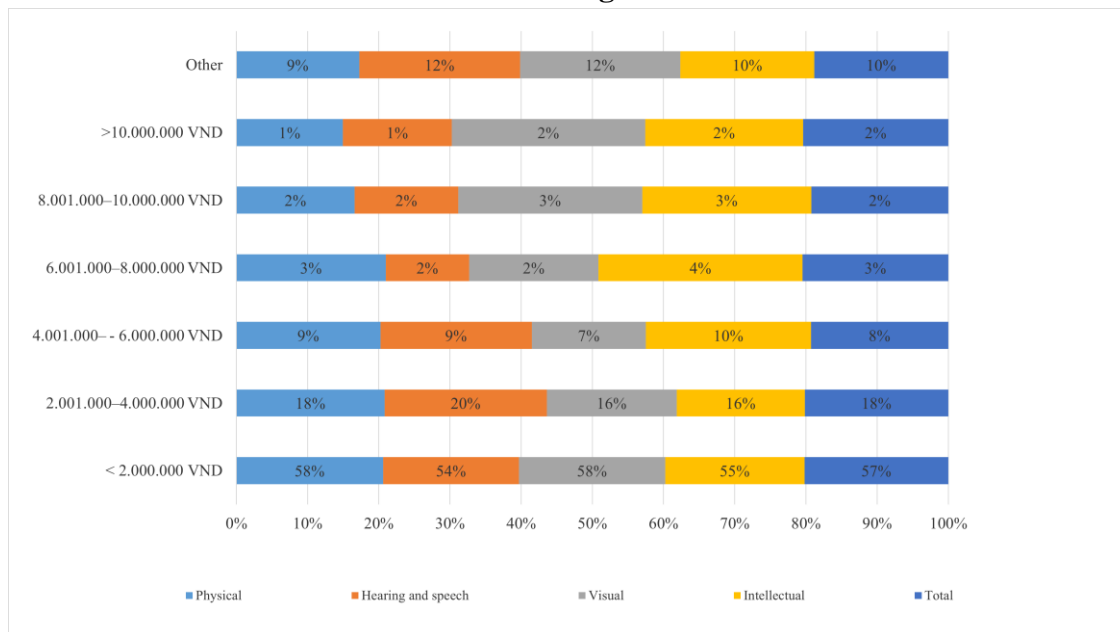
**Diagram 6. The average income of families of persons with disabilities by type of disabilities**

### Average income within 12 months (before January 2020)





### Income in August 2021



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

The decline in working time or full-time unemployment leads to a decrease in the average income of many PWD households. Compared to before January 2020, PWD households with an average income of 2 million VND or more in August 2021 will decrease. In parallel, the proportion of households with an average income of less than 2 million/month increased (from 41% to 57%). This consequence makes the life of many PWDs more difficult than before.

#### 3.2. Austerity economic measures

Reducing living costs, withdrawing savings, and increasing loans ... are the primary measures that many PWD households are forced to use to survive the pandemic.

The Covid pandemic is prolonged, with no signs of abating, medical isolation measures, and mainly job loss and income reduction. Therefore, many households with disabilities are forced to use measurements to significantly reduce daily expenses to cope with the pandemic, even though they are the essential expenses for living.

**Table 5. Methods to ensure living/financial expenses in the context of Covid-19 of PWDs and their families (% of recognition)**

	Doing nothing	Less than 1/3 of the cost of living	Reduce 1/10 to 1/3 of the cost of living	Less than 1/10 of the cost of living
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 disabilities				

Physical	10	52	13	2
Hearing and speech	9	46	17	2
Visual	9	44	12	3
Intellectual	11	49	14	3
<b>Total</b>	9	48	13	2

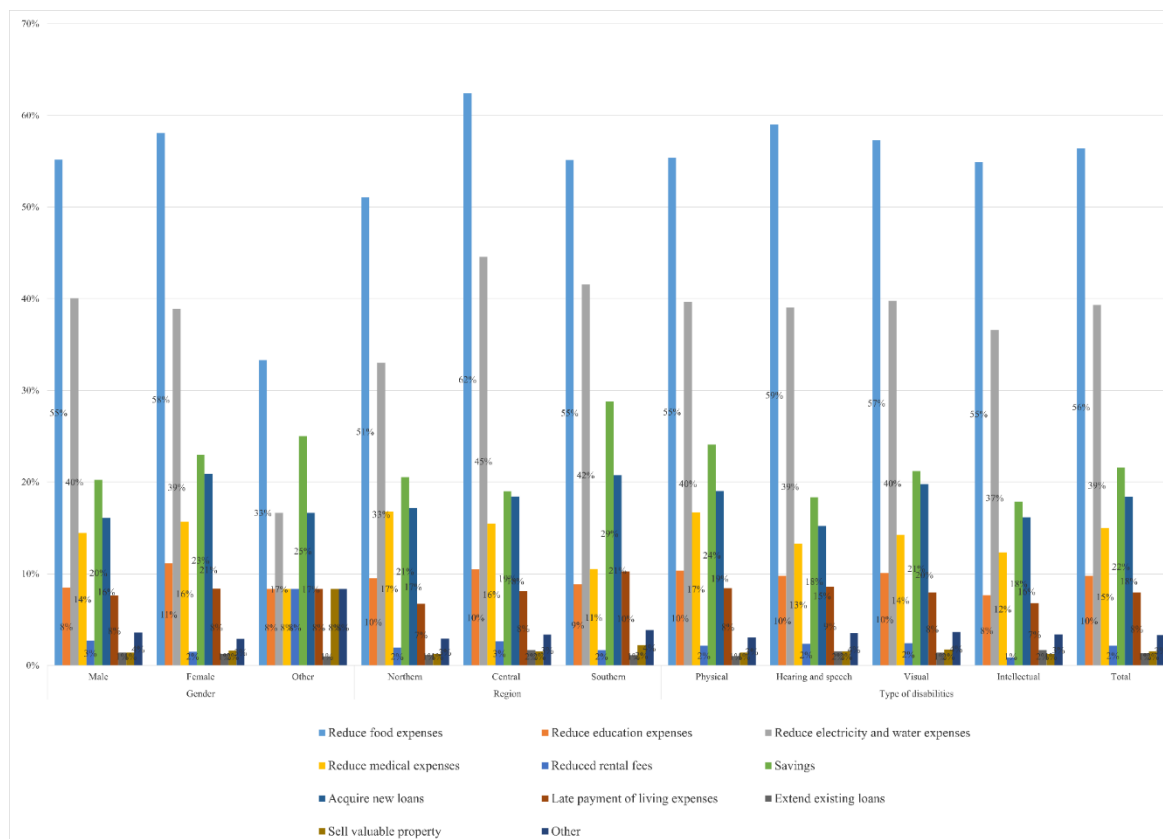
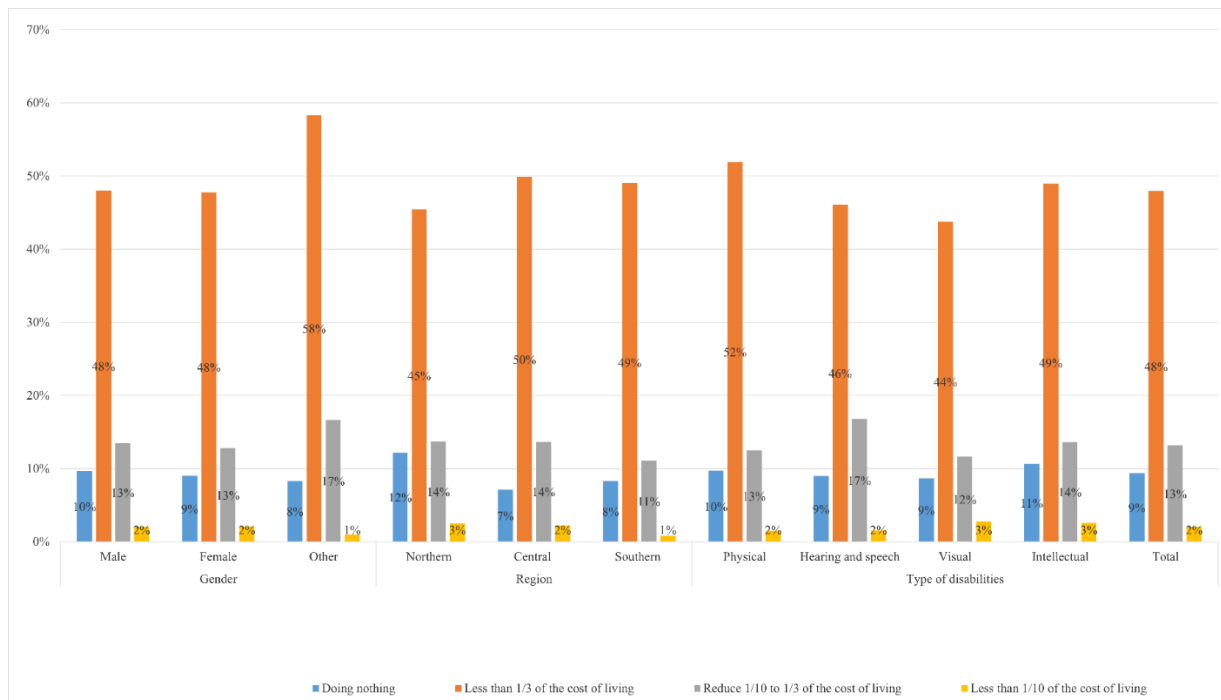
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 6. (continued) Methods to ensure living/financial expenses in the context of Covid-19 of PWDs and their families (% of recognition)**

	Reduc e food expen ses	Redu ce educa tion expen ses	Redu ce electri city and water expen ses	Redu ce medic al expen ses	Redu ced rental fees	Savi ngs	Acqui re new loans	Late paym ent of living expen ses	Exten d existi ng loans	Sell valua ble proper ty	Oth er
<b>Gender</b>											
Male	55	8	40	14	3	20	16	8	1	1	4
Femal e	58	11	39	16	2	23	21	8	1	2	3
Other	33	8	17	8	8	25	17	8	1	8	8
<b>Region</b>											
Northe rn	51	10	33	17	2	21	17	7	1	1	3
Centra l	62	10	45	16	3	19	18	8	2	2	3
Southe rn	55	9	42	11	2	29	21	10	1	2	4
<b>Type of disabilities</b>											
Physic al	55	10	40	17	2	24	19	8	1	1	3
Hearin g 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
Intelle ctual	55	8	37	12	1	18	16	7	2	1	3
<b>Total</b>	56	10	39	15	2	22	18	8	1	2	3

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 7. Methods to ensure living/financial expenses in the context of Covid-19 of PWDs and their families (% admitted)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

According to the survey data, over 90% of PWDs reported that their households were forced to implement severe “austerity” measures. families of persons with disabilities in the Central area employ these strategies at a higher rate than those in other regions/domains.

The most significant cost reductions were implemented, including 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 compelled to contemplate utilizing their savings (22%) or obtaining new loans (18%) from friends, relatives, or other sources. Indeed, in some situations, it is compelled to examine the option of selling valuable assets (2% of total assets) when alternative measures are no longer feasible.

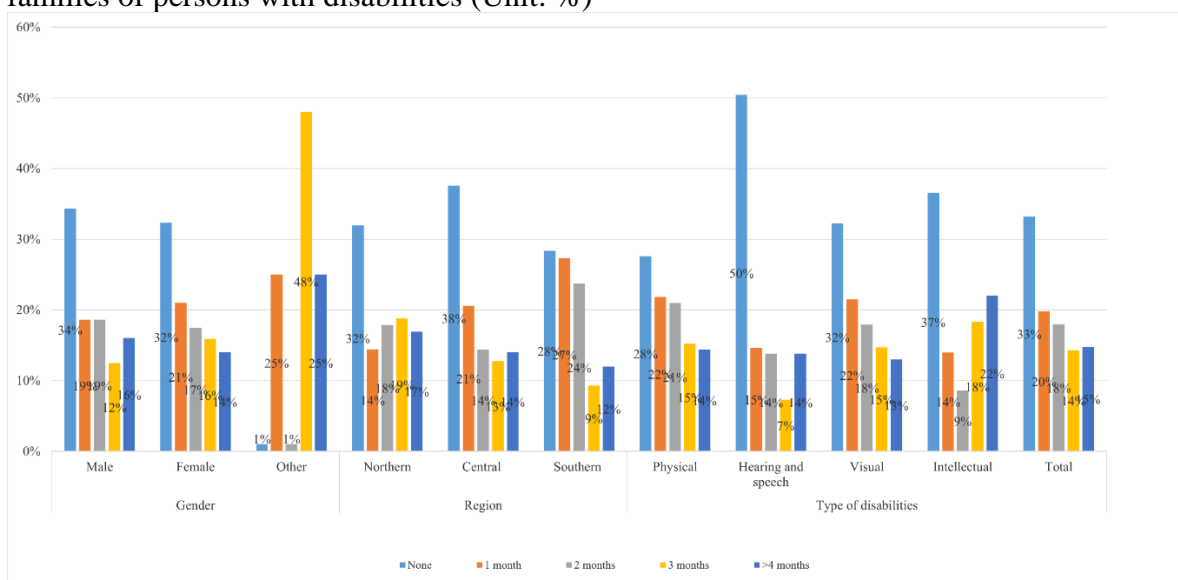
**Table 7. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**

	None	1 month	2 months	3 months	>4 months	Average number of months
<b>Possible use</b>						
<b>Gender</b>						
Male	34	19	19	12	16	1,6
Female	32	21	17	16	14	1,6
Other	1	25	1	48	25	2,8
<b>Region</b>						
Northern	32	14	18	19	17	1,7
Central	38	21	14	13	14	1,5
Southern	28	27	24	9	12	1,5
<b>Type of disabilities</b>						
Physical	28	22	21	15	14	1,7
Hearing and speech	50	15	14	7	14	1,2
Visual	32	22	18	15	13	1,6
Intellectual	37	14	9	18	22	1,8
<b>Total</b>	33	20	18	14	15	1,6
<b>Cases used</b>						
<b>Gender</b>						
Male	42	16	13	11	18	2,0
Female	43	17	15	13	12	1,8
Other	1	66	31	1	1	1,3
<b>Region</b>						
Northern	49	12	12	12	15	1,9
Central	42	16	12	15	15	2,0
Southern	33	26	21	9	11	1,7
<b>Type of disabilities</b>						
Physical	34	23	15	15	13	2,0

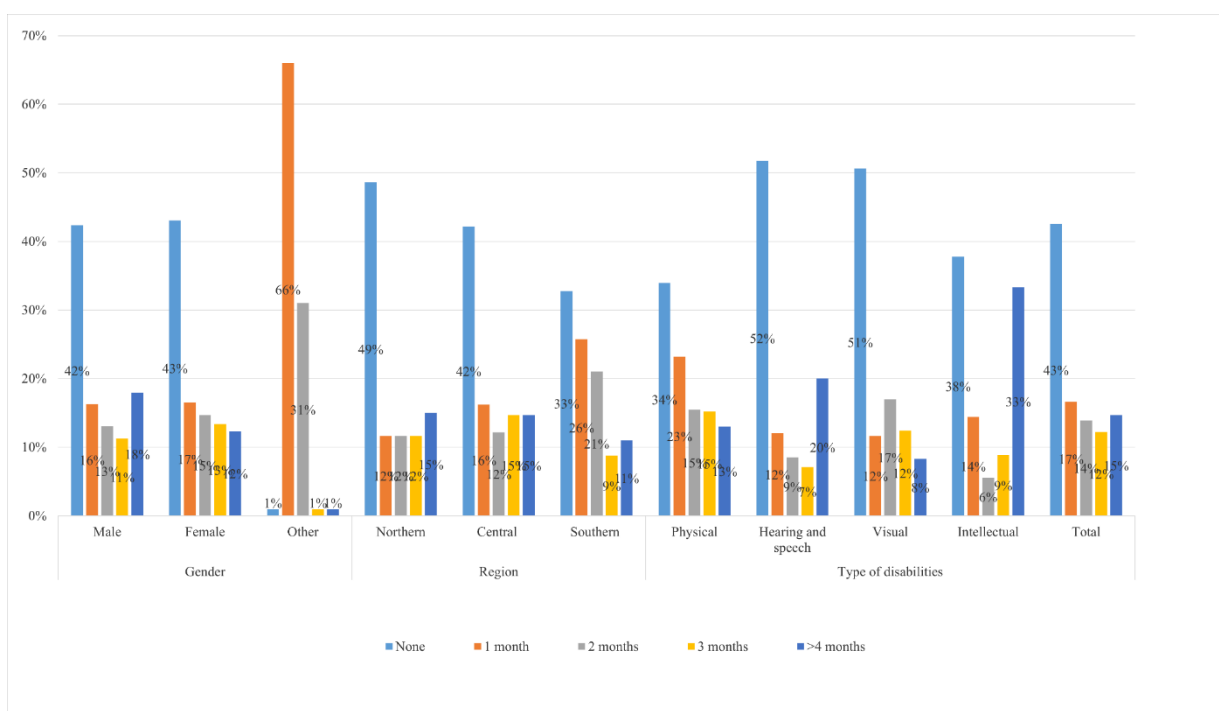
Hearing and speech	52	12	9	7	20	1,8
Visual	51	12	17	12	8	1,4
Intellectual	38	14	6	9	33	2,9
<b>Total</b>	<b>43</b>	<b>17</b>	<b>14</b>	<b>12</b>	<b>14</b>	<b>1,9</b>

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

Diagram 8. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)

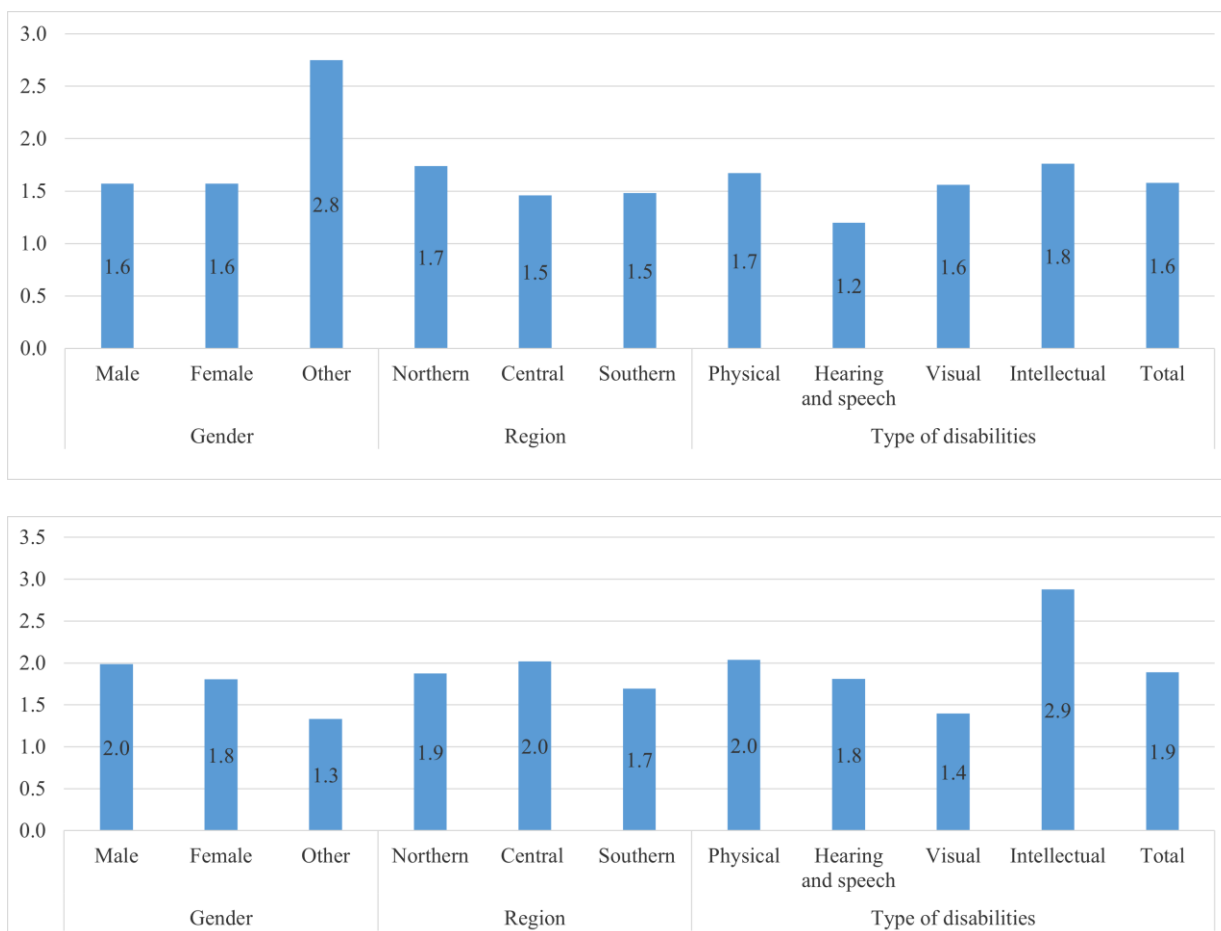


Cased used.



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 9. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

However, those mentioned above drastic economic measures can only provide limited relief. The time frame available to families of persons with disabilities to save is limited. An average of 1.6 months in the case where families of persons with disabilities can use savings and 1.9 months in the used case.

#### **4. The impact of Covid-19: challenges with health protection and conflicting attitudes among PWDs**

The Covid-19 pandemic has created “dual issues” for many PWDs regarding health protection; both are directly linked to healthcare and indirectly related to socio-economic conditions. In this situation, a portion of the PWDs population is positively receptive to the care and protection provided by society. On the other hand, some are anxious, impotent, and even depressed.

##### **4.1. PWDs have found it challenging to be cared for and to preserve their health due to the Covid-19 outbreak.**

The Covid-19 pandemic has impacted the physical and emotional health of everyone. The media often report the treatment of gravely ill patients who need intensive care, as well as images and information about the death toll from Covid. This communication of information helps both society and the people who have access it. Many PWDs are conscious of the pandemic's severity

and the need to safeguard their health. On the other hand, many PWDs have faced unique challenges.

**Table 8. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**

	Difficulty accessing official and reliable information relating to COVID-19	Not participating in the local prevention and control of COVID-19	Difficulties in accessing psychosocial support	Insufficient access and support for PWDs in hospitals	Difficulty obtaining essentials due to a shortage of goods	Discrimination has increased because of the Covid-19 response	There is no problem	Other
Male	33	15	23	4	26	1	31	2
Female	37	15	24	5	30	1	27	3
Other	8	17	42	1	33	1	33	1
<b>Total</b>	35	15	24	4	28	1	29	3

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 9. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**

	Difficulty accessing official and reliable information relating to COVID-19	Not participating in the local prevention and control of COVID-19	Difficulties in accessing psychosocial support	Insufficient access and support for PWDs in hospitals	Difficulty obtaining essentials due to a shortage of goods	Discrimination has increased because of the Covid-19 response	There is no problem	Other
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
<b>Total</b>	35	15	24	4	28	1	29	3

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

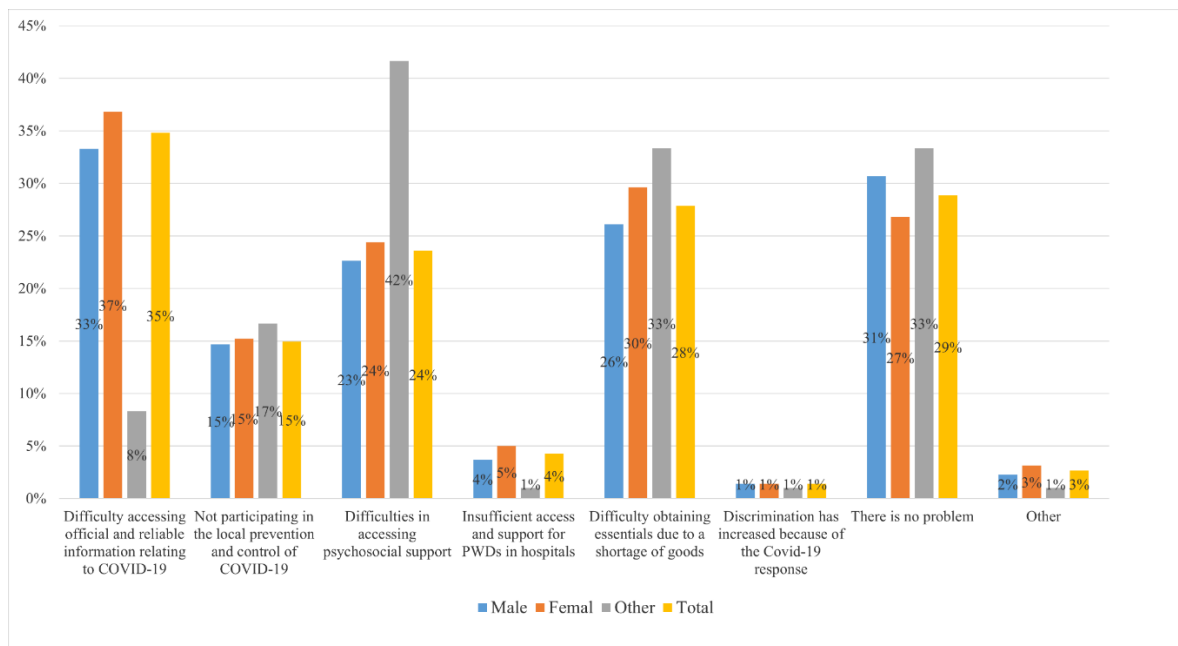
**Table 10. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**

	Difficult y accessin g official and reliable informati on relating to COVID- 19	Not participat ing in the local preventio n and control of COVID- 19	Difficulti es in accessin g psychoso cial support	Insuffici ent access and support for PWDs in hospitals	Difficult y obtaining essential s due to a shortage of goods	Discrimi nation has increased as a result of the Covid-19 response	There is no proble m	Oth er
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
Intellect ual	36	11	26	1	28	2	30	3
<b>Total</b>	35	15	24	4	28	1	29	3

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

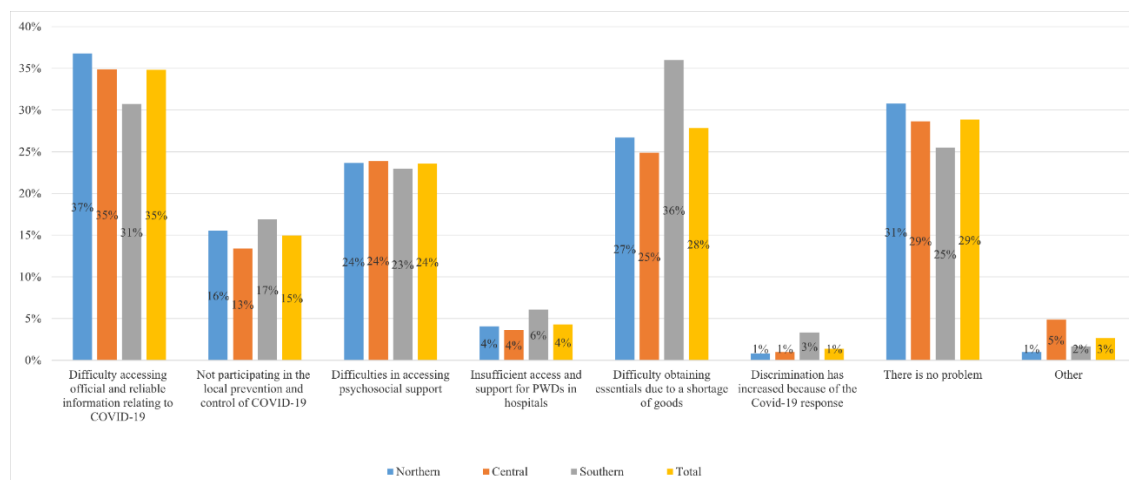


**Diagram 10. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**



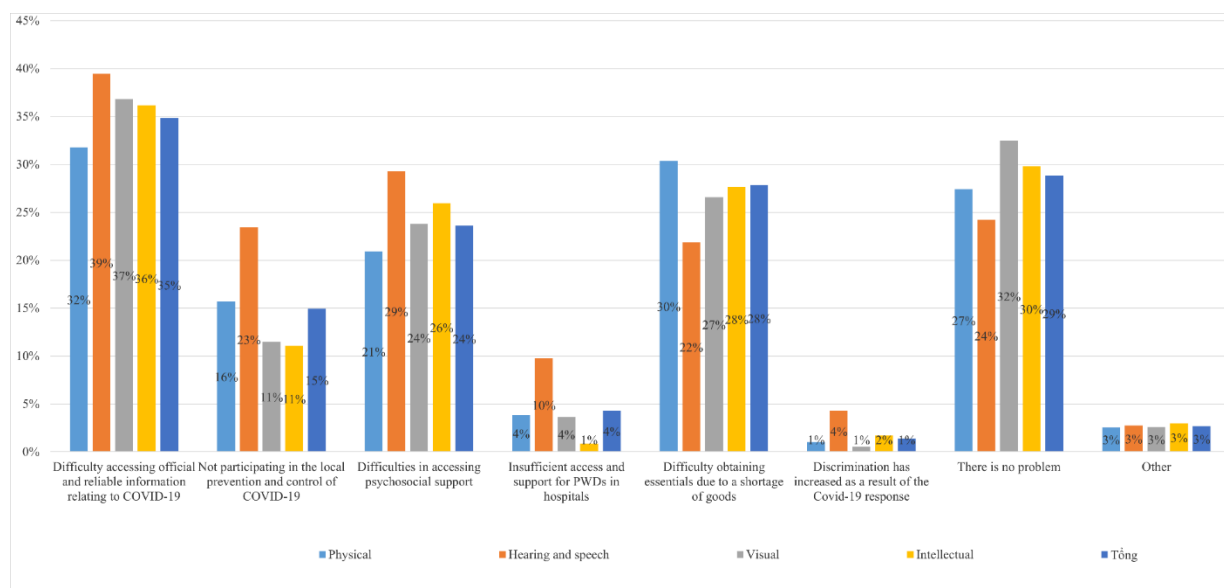
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 11. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 12. Number of months maintaining current standard of living by using savings of families of persons with disabilities (Unit: %)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

Although the survey results showed that up to 29% of PWDs said they have no difficulties protecting and taking care of their health. Men with disabilities account for 31% and live in the North (31%); in particular, the visually impaired account for 33%, which has a higher recognition rate than other PWDs. But this cannot mask the fact that up to 71% of PWDs were facing difficulties.

The most significant difficulty was accessing official and accurate information on health protection and COVID-19 prevention. Information about vaccines accounts for 35% of reducing the feelings of stress, anxiety, fear, and the ability to proactively respond flexibly and positively and follow the instructions of the treatment regimen in certain situations.

Additionally, 28% of PWDs reported having trouble getting basic needs such as food and hygiene products due to the shortage of commodities. When social distancing measures were in place, the difficulty of accessing psychosocial support services accounted for 24%, many of whom received interventions to address psychological traumas, anxiety, stress, and fears. PWDs who could not participate in preventing the local COVID-19 outbreaks accounted for 15%.

In particular, there are cases where there are not enough disability-accessible services for PWDs in the quarantine area. There is also no appropriate support for gender and disability, which accounted for 4%, or they suffer from more excellent discrimination due to response to Covid-19.

**Table 11. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic, by gender (% of recognition)**

	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
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
<b>Total</b>	<b>46</b>	<b>14</b>	<b>23</b>	<b>13</b>	<b>3</b>	<b>32</b>	<b>2</b>	<b>14</b>	<b>3</b>

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 12. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic, by region (% of recognition)**

	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
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
<b>Total</b>	<b>46</b>	<b>14</b>	<b>23</b>	<b>13</b>	<b>3</b>	<b>32</b>	<b>2</b>	<b>14</b>	<b>3</b>

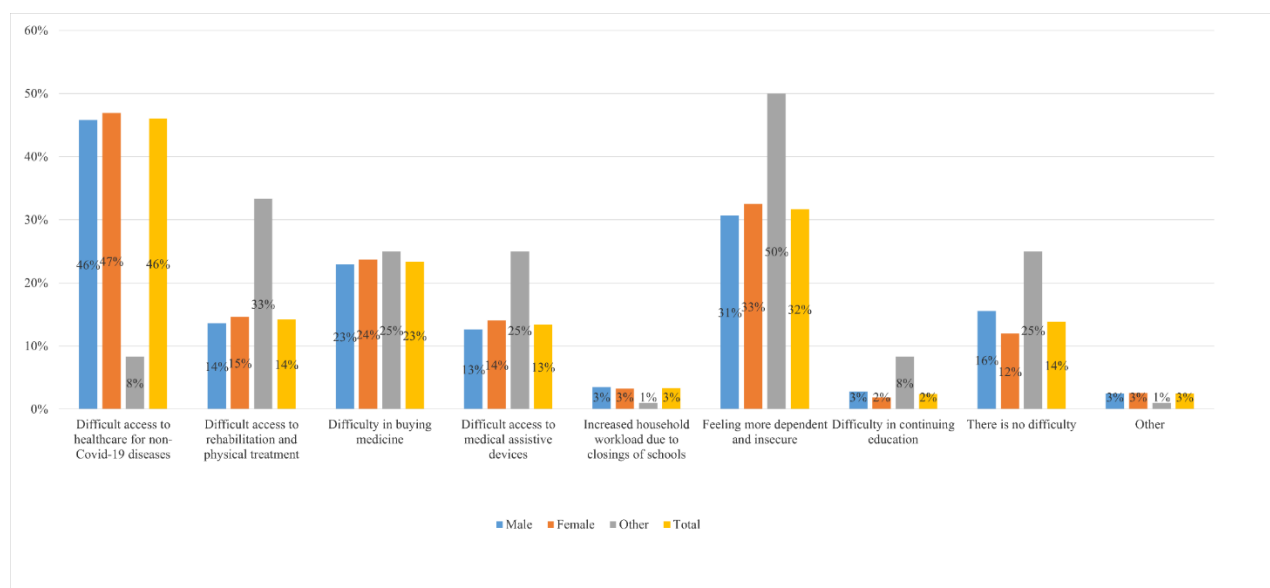
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 13. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic by type of disabilities (% of recognition)**

	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
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
<b>Total</b>	<b>46</b>	<b>14</b>	<b>23</b>	<b>13</b>	<b>3</b>	<b>32</b>	<b>2</b>	<b>14</b>	<b>3</b>

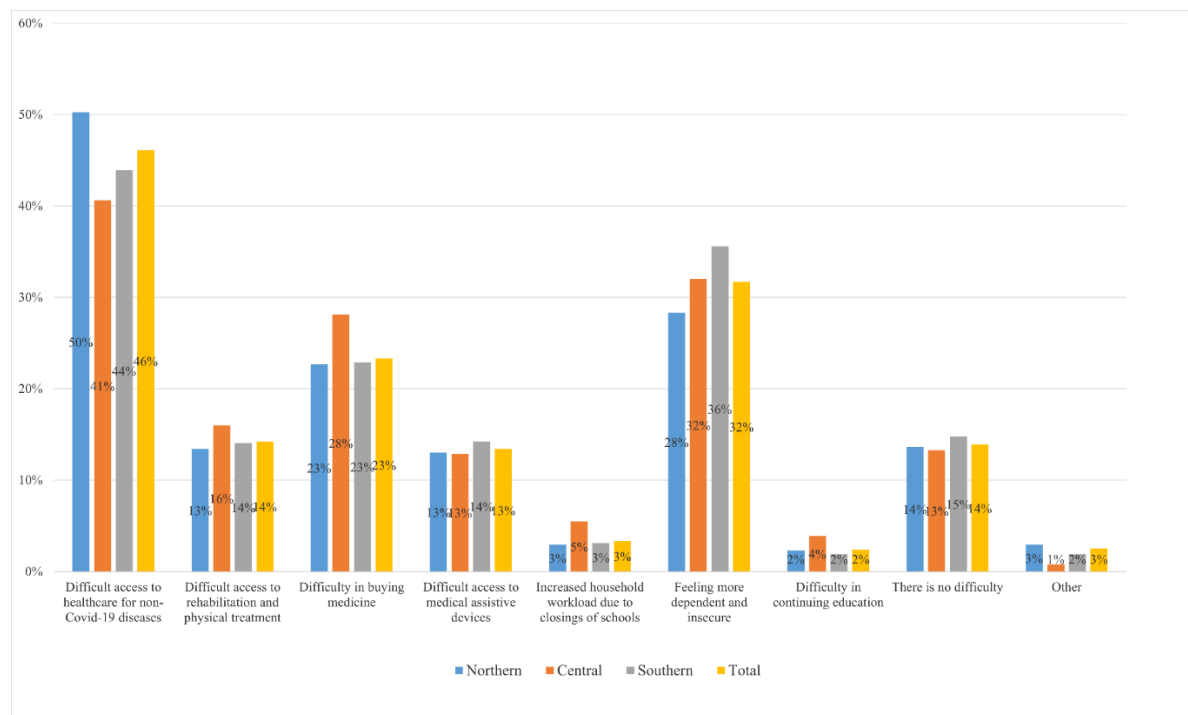
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 13. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic by gender (% of recognition)**



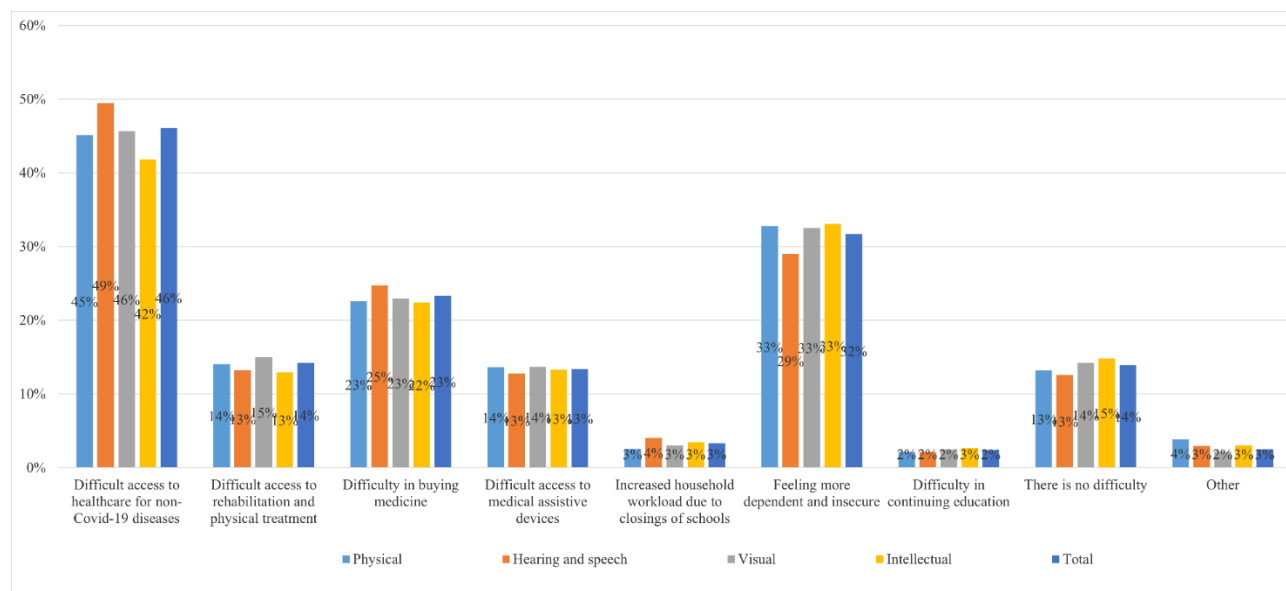
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 14. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic by region (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 15. Indirect difficulties affecting health protection of PWDs during the COVID-19 epidemic by type of disabilities (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

Simultaneously, PWDs faced additional barriers to accessing clinics, health check-up services, and examinations for non-Covid-19 diseases, representing 46% of respondents due to quarantines in medical institutions. After all, many hospitals prioritized the fight against the virus. Furthermore, when family income is significantly reduced (32%), some PWDs experience increased dependency and insecurity, reducing their financial capacity to spend on health care.

Many PWDs also had trouble obtaining medications (23 %) 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%). Additionally, they found it challenging to gain access to medical assistive equipment (13%).

### Stories of PWDs

*“The family economy has declined due to the COVID epidemic.” As a result, individuals with impairments, such as myself, 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 impairment. 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 September 11, 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. Conflicting emotions experienced by PWDs during the Covid-19 pandemic: protection, security, pessimism, and negativity

Throughout the Covid-19 pandemic, the Vietnamese government continued to implement measures, regulations, and support packages to protect and care for people's health, such as giving free medical treatment. Many PWDs supported (38%) and protected (29%) due to this, and up to 15% said they are prepared to deal. Although the disease was still spreading, 11% of people were optimistic.

**Table 14. Self-assessment of PWDs during the Covid-19 pandemic by gender (% of recognition)**

	Supported	Protected	Prepared	Anxious	Depressed	Optimistic	Isolated	Worried about my prospects	Physically hurt	Emotionally traumatized	Others
Male	37	29	15	55	5	11	10	13	7	13	1
Female	38	29	16	54	5	10	9	10	8	15	1

Othe r	33	42	25	42	1	17	8	25	8	17	8
<b>Total</b>	38	29	15	55	5	11	9	12	8	14	1

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 15. Self-assessment of PWDs during the Covid-19 pandemic by region (% of recognition)**

	Suppo rted	Prote cted	Preap pared	Anxi ous	Depre ssed	Optim istic	Isola ted	Worri ed about my prosp ects	Physi cally hurt	Emotio nally traumat ized	Ot her
Nort hern	38	29	16	53	6	11	9	12	8	14	1
Centr al	35	32	19	55	5	14	12	12	7	13	1
Sout hern	38	30	15	54	4	10	8	11	6	13	1
<b>Total</b>	38	29	15	55	5	11	9	12	8	14	1

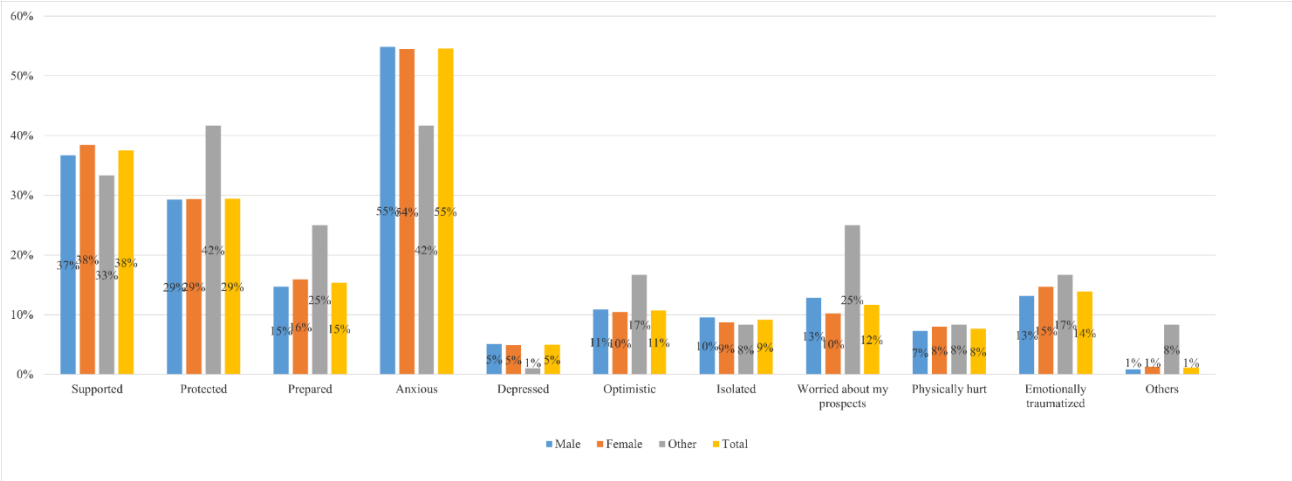
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 16. Self-assessment of PWDs during the Covid-19 pandemic by type of disabilities (% of recognition)**

	Suppo rted	Protec ted	Preap pared	Anxi ous	Depre ssed	Optim istic	Isolated	Wori ed about my prosp ects	Physi cally hurt	Emot ionall y traum atized	Ot her
Physic al	39	24	11	61	5	10	8	11	9	17	2
Hearin g 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
Intelle ctual	35	27	16	53	4	9	9	12	6	12	1
<b>Total</b>	38	29	15	55	5	11	9	12	8	14	1

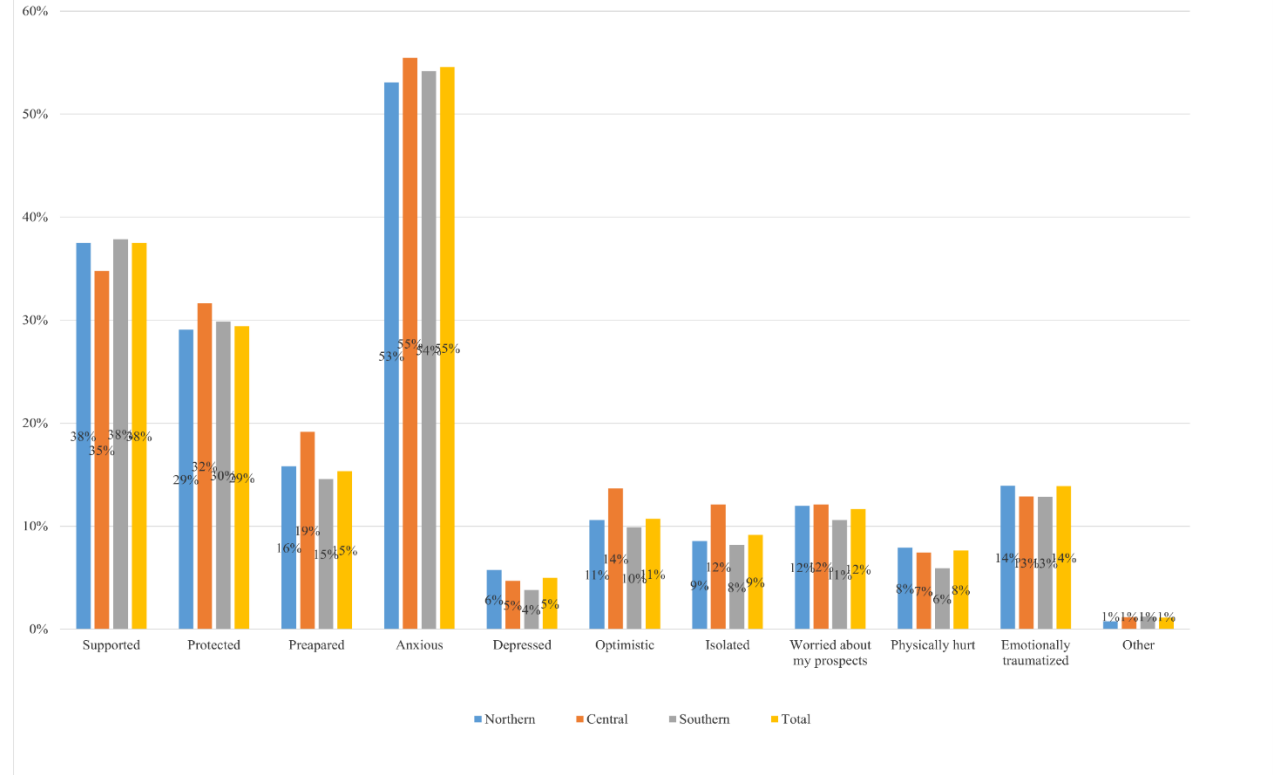
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 16. Self-assessment of PWDs during the Covid-19 pandemic by gender (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

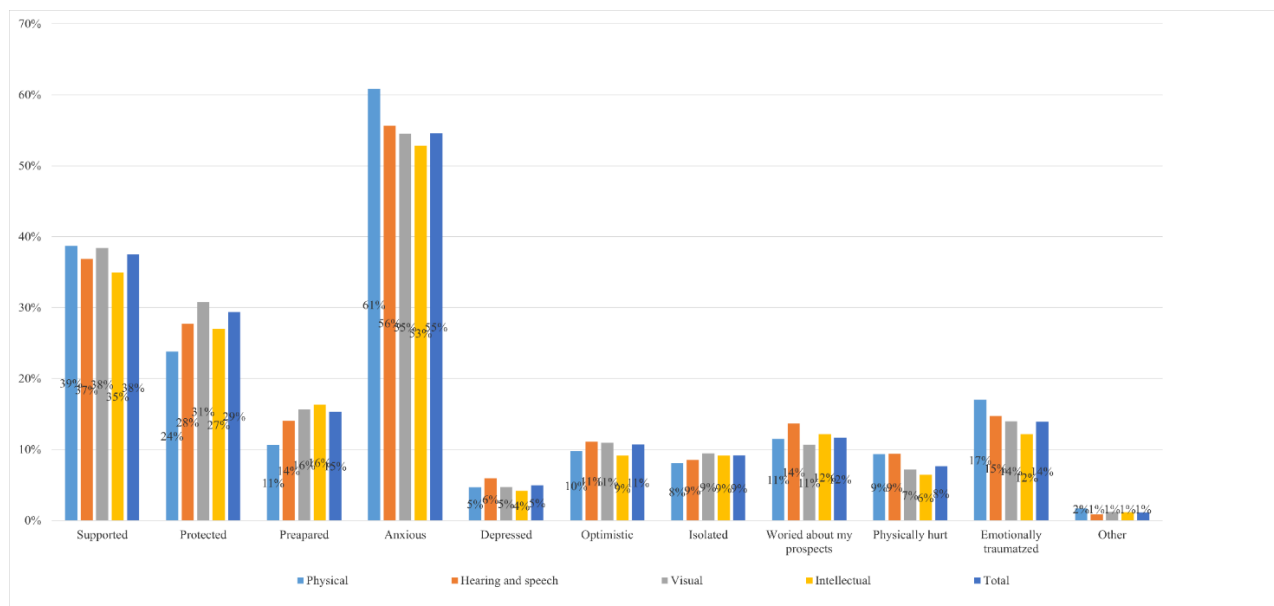
**Diagram 17. Self-assessment of PWDs during the Covid-19 pandemic by region (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 18. Self-assessment of PWDs during the Covid-19 pandemic by type of disabilities (% of recognition)**





(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

However, the epidemic's impact caused 55% of PWDs to feel worried, 14% to feel psychologically traumatized, 9% to feel isolated/lonely, and 12% to despair 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 state 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 service with health protection and, eventually, assistance with disease prevention skills and psychological intervention.

### 5.1. How PWDs and their families respond 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.*

The government's official information pages, the Ministry of Health's official information pages, local governments' official information sites, and medical facilities' official information pages frequently update information on preventing and treating Covid-19 infection in the community. Thanks to active propaganda campaigns and a high sense of social cohesion, Vietnam has successfully combated the disease. PWDs and their families also take proactive reaction strategies in that context.

**Table 17. How PWDs and their families respond to the COVID-19 epidemic by gender (% of recognition)**

	Indefinite quarantine	Storing food	Looking for	Finding other	Using	Asking help from	Quitting my job to take	Using online/home	Receiving allowance and support	Doing
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	time at home	and PPE	another job	ways to generate income	savings	relatives/neighbors/friends	care of housework and my children at home	delivery services to buy essential goods	from the social welfare system of the Government and social organizations	nothing
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	0
<b>Total</b>	94	49	10	13	24	16	13	15	24	4

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 18. How PWDs and their families respond to the COVID-19 epidemic by region (% of recognition)**

	Indefinite quarantine at home	Storing food and PPE	Looking for another job	Finding other ways to generate income	Using savings	Asking help from relatives, friends	Quitting my job to take care of housework and my children at home	Using online/home delivery services to buy essential goods	Receiving allowance and support from the social welfare system of the Government and social organizations	Doing nothing
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
<b>Total</b>	94	49	10	13	24	16	13	15	24	4

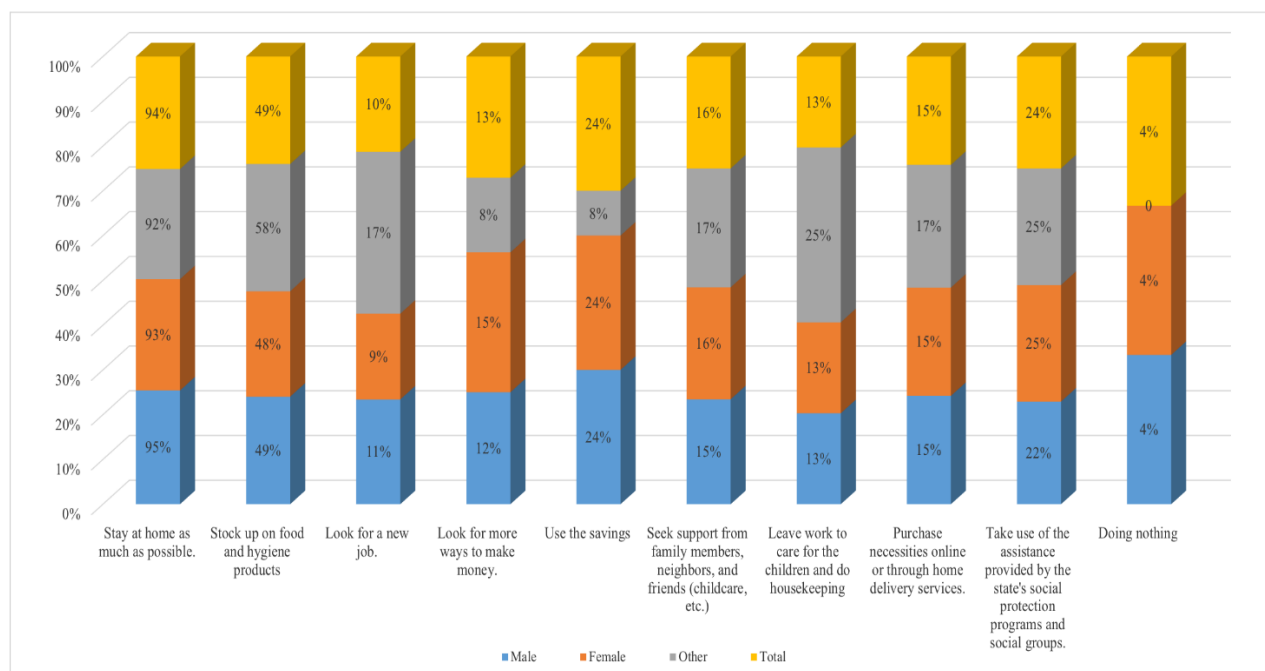
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 19. How PWDs and their families respond to the COVID-19 epidemic by region (% of recognition)**

	Indefinite quarantine at home	Storing food and PPE	Looking for another job	Finding other ways to generate income	Using savings	Asking help from relatives, friends	Quitting my job to take care of housework and my children at home	Using online/home delivery services to buy essential goods	Receiving allowance and support from the social welfare system of the Government and social organizations	Doing nothing
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
<b>Total</b>	94	49	10	13	24	16	13	15	24	4

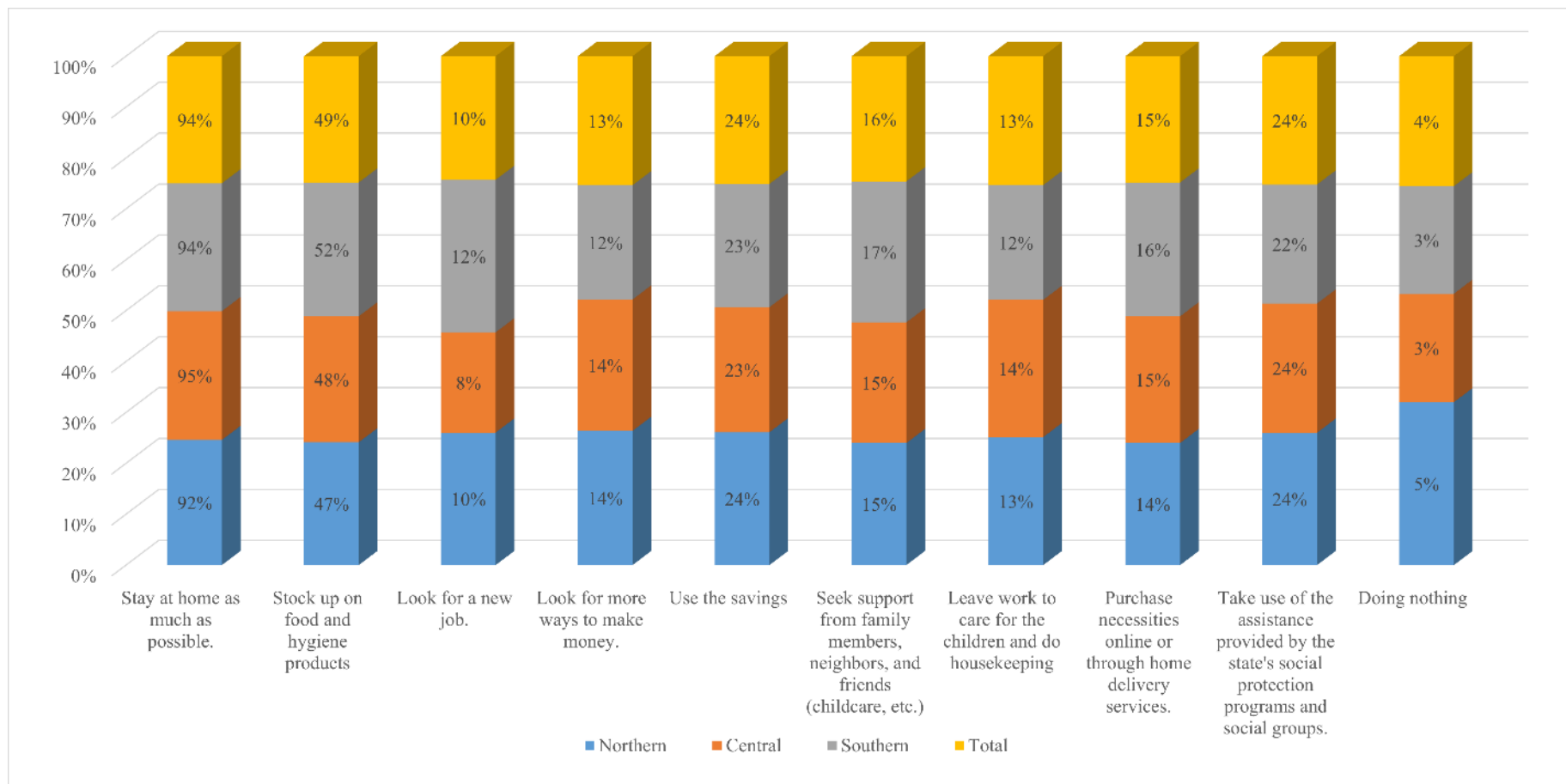
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 19. How PWDs and their families respond to the COVID-19 epidemic by gender (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 20. How PWDs and their families respond to the COVID-19 epidemic by region (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 21. How PWDs and their families respond to the COVID-19 epidemic by type of disabilities (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

The majority of PWDs and their families (94%) responded to state measures and recommendations to stay at home for as long as possible. Stockpiling on food and hygiene products (49%) was also an essential measure used by many households with disabilities to ensure that supplies were adequate during social isolation. This measure limited the need for PWDs to leave their homes.

They were using savings (24%) and receiving support from social protection services of the State and social organizations (24%) in their narrow space.

Others sought support from relatives, neighbors, and friends (16%), purchased essentials online/via home delivery (15%), and took furloughs or quit their job to do domestic work (13%). PWDs and their families also took precautions to limit social contact and the risk of contracting Covid-19.

## **5.2. Main sources of support for PWDs**

*PWDs and their families have dealt with the Covid-19 pandemic more effectively. That was because PWDs and their families had been able to stay socially isolated and prevent getting sick.* Through a strategy to maintain food safety and provide necessary living commodities pro bono to social groups most impacted by the Covid-19 outbreak, the Government of Vietnam, social organizations, and philanthropists have collaborated to build various and practical support packages to address a variety of acute needs of the people.

**Table 20. Support to respond to COVID-19 for PWDs by gender (% of recognition)**

	Personal Protective Equipment (PPE)	Appropriate training	Priority for people with disabilities in accessing essential goods	Psychosocial support	Medical supplies and devices	Medicines and drugs	Food	Cash allowance or other financial support	Information about COVID-19 in different channels	Vaccine	Telehealth counselling or other forms of healthcare services	No support received	Other
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
<b>Total</b>	33	7	9	2	2	3	21	20	2	21	2	26	1

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)**Table 21. Support to respond to COVID-19 for PWDs by region (% of recognition)**

	Personal Protective Equipment (PPE)	Appropriate training	Priority for people with disabilities in accessing essential goods	Psychosocial support	Medical supplies and devices	Medicines and drugs	Food	Cash allowance or other financial support	Information about COVID-19 in different channels	Vaccine	Telehealth counselling or other forms of healthcare services	No support received	Other
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
<b>Total</b>	33	7	9	2	2	3	21	20	2	21	2	26	1

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

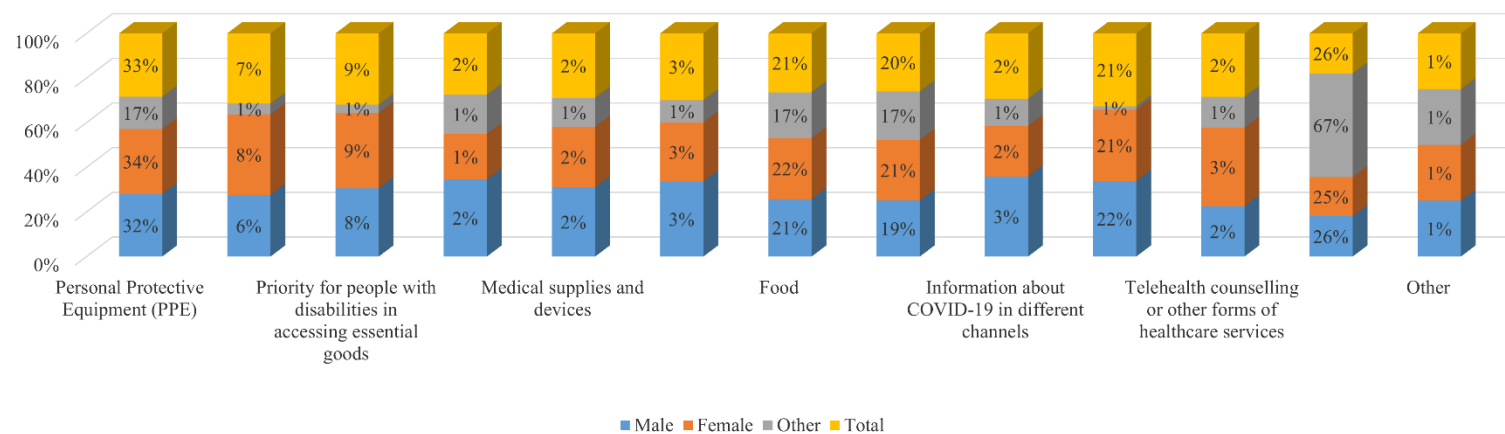


**Table 22. Support to respond to COVID-19 for PWDs by type of disabilities (% of recognition)**

	Personal Protective Equipment (PPE)	Appropriate training	Priority for people with disabilities in accessing essential goods	Psychosocial support	Medical supplies and devices	Medicines and drugs	Food	Cash allowance or other financial support	Information about COVID-19 in different channels	Vaccine	Telehealth counselling or other forms of healthcare services	No support received	Other
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

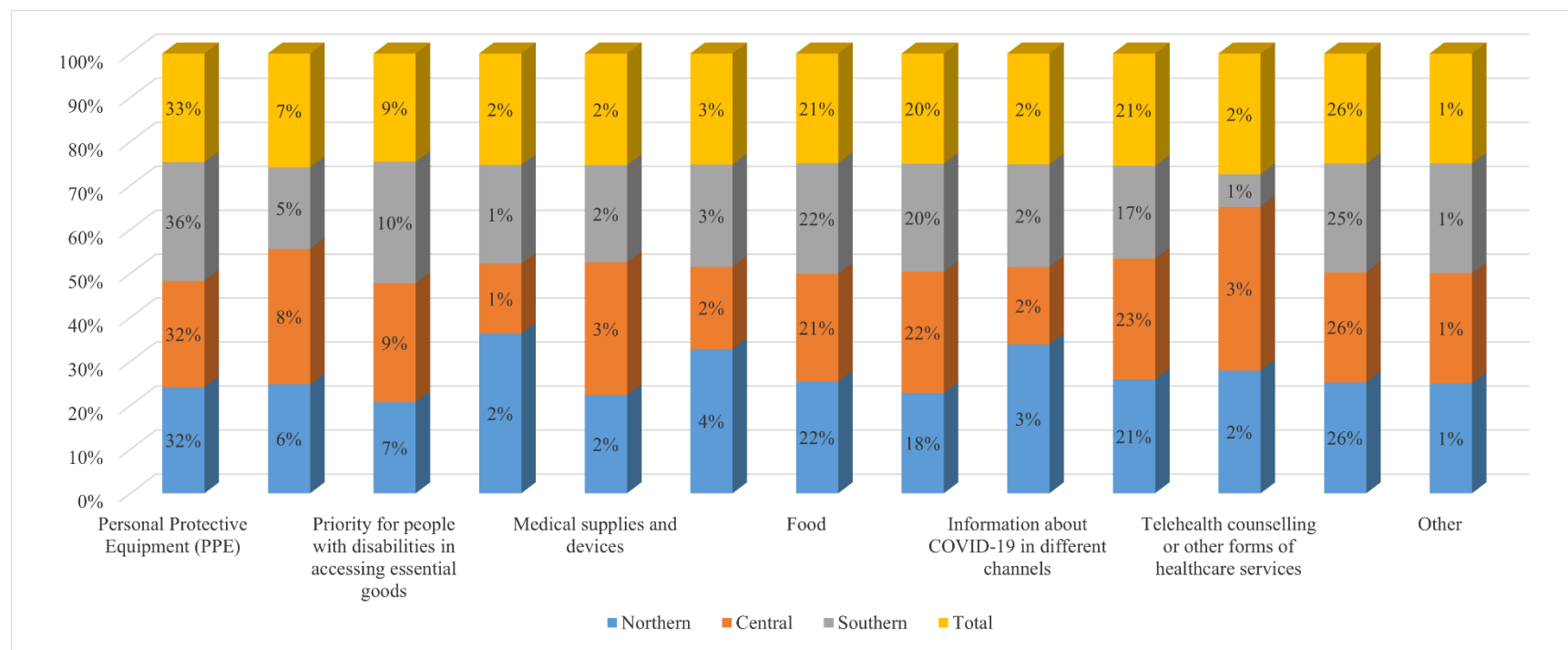
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 22. Support to respond to COVID-19 for PWDs by gender (% of recognition)**



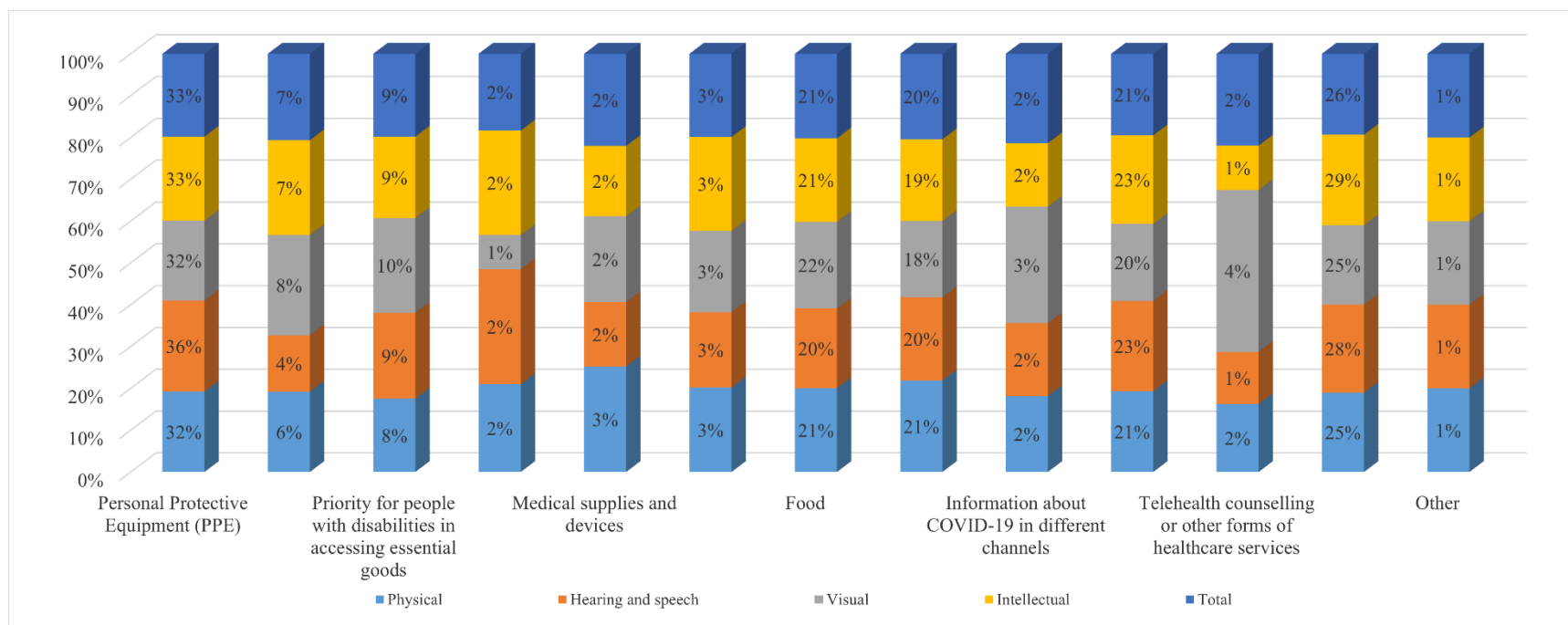
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 23. Support to respond to COVID-19 for PWDs by region (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 24. Support to respond to COVID-19 for PWDs by type of disabilities (% of recognition)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

As a result, up to 33% of PWDs received health protection supplies such as soap, hand sanitizers, clean water, and masks, among others, to significantly reduce the risk of infection. 22% of PWDs were supported with food. Additionally, 20% 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, to name a few).

Simultaneously, many PWDs received health care and protection packages that include vaccinations (21%), medications (3%), medical equipment (2%), remote counseling or other forms of health care (2%), and psychosocial support (2%).

The support mentioned above packages was widely available, with up to 3/4 of PWDs having received at least one sort of assistance from the State, community, local government, or social groups.

**Table 23. Organizations/individuals participating in support to respond to COVID-19 for families of persons with disabilities by gender (unit: %)**

	Government	Organizations of /for people with disabilities	Local social associations	Commercial banks, via financial and conditional support	Enterprises, professional associations, partners, via business support	Social security programmes and insurance	Financial support from family and relatives	No support received	Other
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
<b>Total</b>	39	26	19	1	5	4	15	31	3

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 24. Organizations/individuals participating in support to respond to COVID-19 for families of persons with disabilities by region (unit: %)**

	Government	Organizations of /for people with disabilities	Local social associations	Commercial banks, via financial and conditional support	Enterprises, professional associations, partners, via business support	Social security programmes and insurance	Financial support from family and relatives	No support received	Other
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
<b>Total</b>	39	26	19	1	5	4	15	31	3

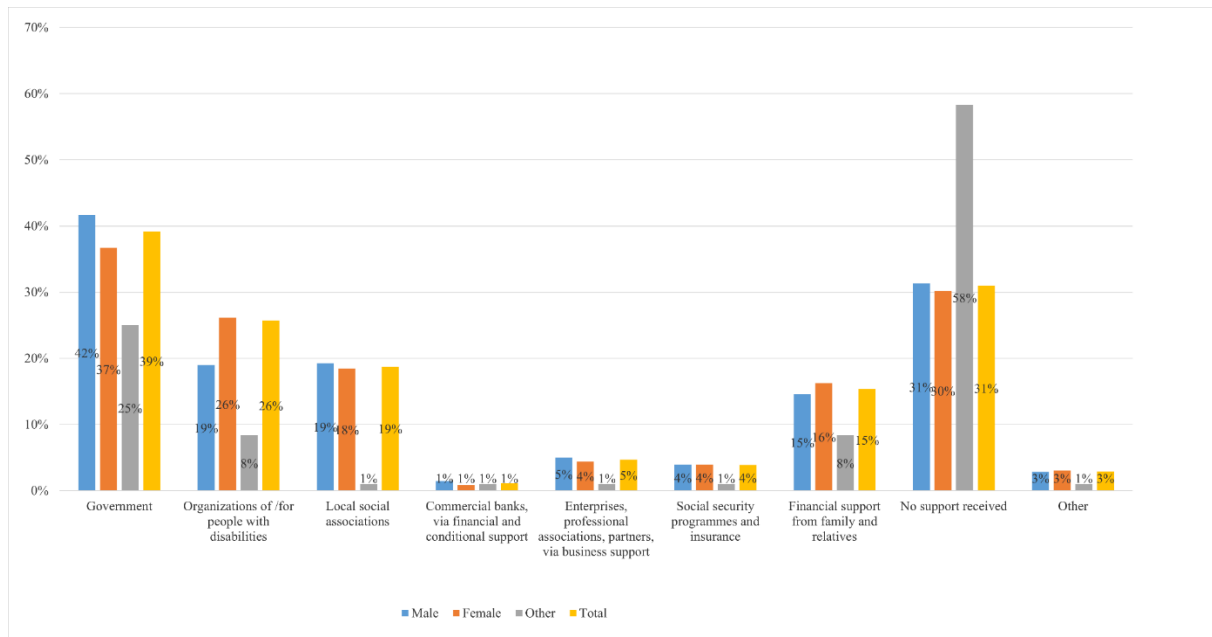
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Table 25. Organizations/individuals participating in support to respond to COVID-19 for families of persons with disabilities by type of disabilities (unit: %)**

	Government	Organizations of /for people with disabilities	Local social associations	Commercial banks, via financial and conditional support	Enterprises, professional associations, partners, via business support	Social security programmes and insurance	Financial support from family and relatives	No support received	Other
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
<b>Total</b>	39	26	19	1	5	4	15	31	3

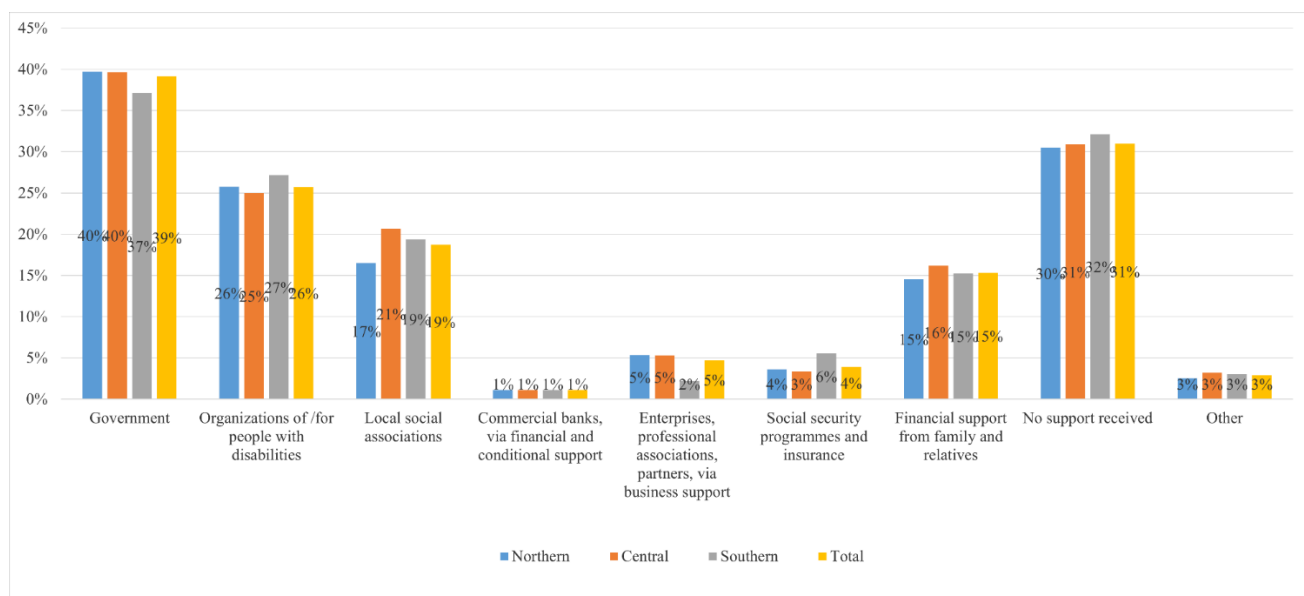
(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 25. Organizations/individuals participating in support to respond to COVID-19 families of persons with disabilities by gender (unit: %)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

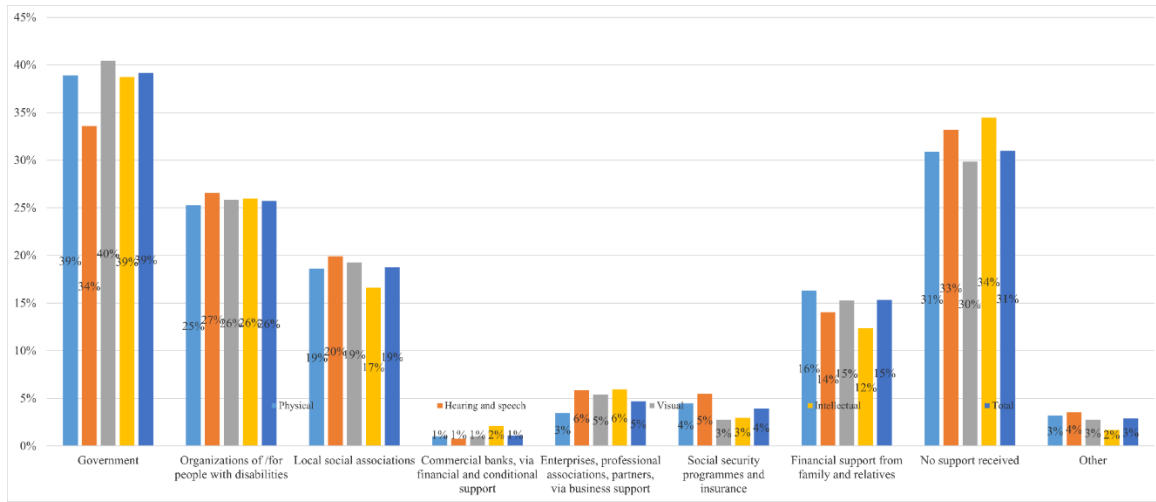
**Diagram 26. Organizations/individuals participating in support to respond to COVID-19 for families of persons with disabilities by region (unit: %)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)



**Diagram 27. Organizations/individuals participating in support to respond to COVID-19 for families of persons with disabilities by type of disabilities (unit: %)**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2)

The social actors most actively involved in providing the above support packages for PWDs are local authorities (39%), OPDs (28%), and local socio-political organizations, such as the Vietnamese Fatherland Front, Ho Chi Minh Communist Youth Union, Vietnam Women's Union (19%).

In addition, support for PWDs during the pandemic also came from other businesses/professional associations/partners (5%), employment funds/social insurance fund, unemployment insurance, government health insurance (4%), commercial banks, in the form of the loan repayment schedule, revolving loan and interest rate reduction (1%); and lastly, as well as from family and relatives (15%).

### **5.3. Level of need to support products and services for people with disabilities**

*Economic support is the greatest need of PWDs, followed by the need for support for protective measures and health care. The need for support skills in disease prevention and psychological intervention is ranked last.*

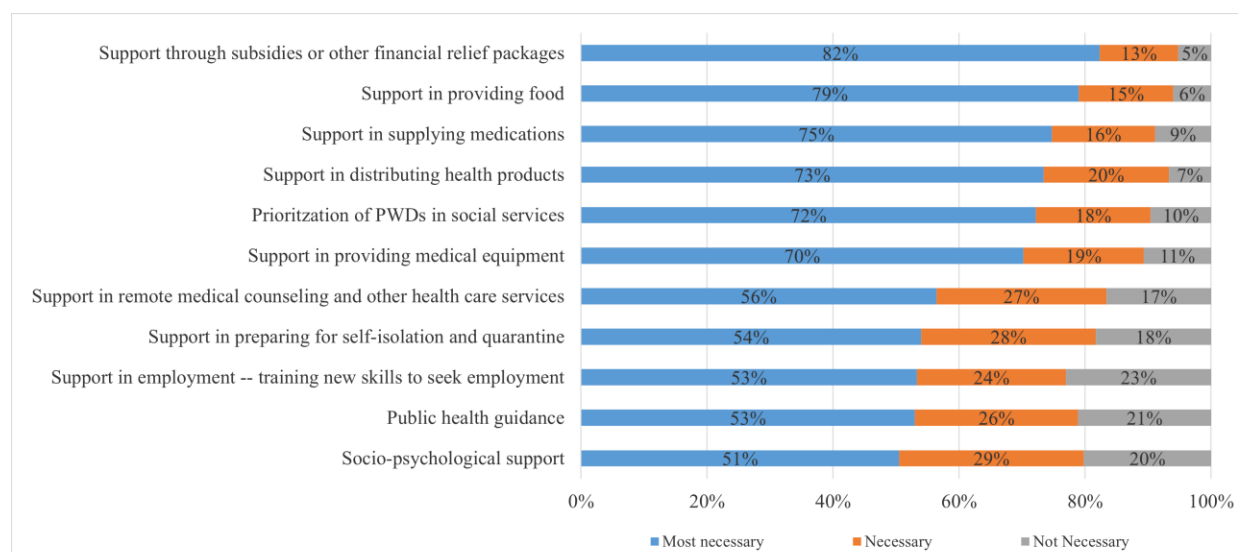
With practical experience during the pandemic, PWDs seem to prioritize the support packages they want to receive from the country and society.

**Table 26. The level of social support to cope with the Covid-19 pandemic (unit: %).**

	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

(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

**Diagram 28. The level of social support to cope with the Covid-19 pandemic (unit: %).**



(Source: 2<sup>nd</sup> Rapid Assessment Survey, 2021)

According to the list mentioned above, PWDs were most interested in receiving subsidies or other financial support (such as tax reductions of low-interest loans) during the pandemic (82%) and receiving food (79%). These relief packages assisted PWDs in overcoming economic barriers and improving their ability to adjust to the aftermath and adapt to changing social context caused by the outbreak.

Medicine support (75%), protective products (73%), and medical equipment (70%) are the PWDs' second priority category. These relief packages aid PWDs in strengthening their resolve to protect themselves and their families.

The need for support through remote health consultation and other health care services (56%), preparatory instructions for self-isolation and mandatory isolation (54%), public health guidance (how to wash hands, how to use a mask, keep a distance in social communication...) (53%), and psychological support (51%), all of which are rated in the third group in the priority list system that PWDs expect. These methods support PWDs in taking proactive precautions to avoid COVID-19 infection and psychological trauma.

#### **IV. Conclusion**

PWDs have experienced numerous challenges due to the Covid-19 epidemic. In response, there have been active support and widespread communication from the State and society to most PWDs to help them become aware of their vulnerability. The effects of Covid for PWDs are that jobs are lost, salaries are reduced, and many PWD households are compelled to cut back on expenses, including ones on basic needs.

Many PWDs have found it challenging to protect their health due to the Covid-19 outbreak. While one half of PWDs experience the necessary attention, respect, and protection from society, which has resulted in an optimistic and trusting attitude, the other experienced anxiety, fear, depression, and despair about the future.

The most basic coping strategies for the pandemic adopted by many PWDs are compliance with 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 include hoarding wages, eating, and relying on savings and support from family, the community,

and society. A diverse number of social actors and the State have worked tirelessly to assist PWDs in overcoming the pandemic. In response, PWDs have offered their need for more excellent economical assistance, followed by health protection relief packages and public health guidance.

This fact necessitates future collaboration between the State and society to provide intervention and support for PWDs.V. Recommendations to governments, OPDs, CSOs, communities, UNDP, and other UN agencies

This brief report aims to make recommendations to governments, OPDs, CSOs, communities, UNDP, and other UN agencies. The report also provides solutions to protect the rights of PWDs in the context of the COVID-19 pandemic and other possible pandemics in the short, medium, and long term. Therefore, the research team makes the following recommendations:

### **1. Recommendations to the government on policy issues**

- COVID-19 has had a significant impact on the lives of many PWDs in Vietnam and highlighted several systemic flaws in the economy, health care, and social security. Therefore, it is recommended that the government conduct a complete analysis of the micro- and macro-impacts of COVID-19 on PWDs (given that they have more disadvantages in social and economic protection than others).
- Establish medium- and long-term plans for assisting PWDs in integrating into socio-economic development programs.
- In an epidemic, the health insurance law should be revised, reinforced, and expanded to cover medical assessment and treatment for PWDs (COVID treatment and other diseases). Additionally, design specific support requirements for PWDs during the infection and recovery process.
- Government social security packages should prioritize expanding options and reaching for PWDs while meeting their fundamental needs as efficiently as possible throughout the pandemic.
- Government stimulus packages for economic development should prioritize enterprises that employ PWDs and reserve a particular amount of labor market development for PWDs.

### **2. Recommendations to OPDs**

- Strengthen PWDs specific communication activities on care and health protection during the pandemic; connect PWDs with enterprises and employers; connect PWDs with organizations that provide counseling, health protection, and psychological therapy.
- Strengthen the mobilization of social resources for PWDs through health care services, educational access, vocational training; consultancy services, job placement, and job creation for PWDs; and link severely PWDs in challenging circumstances with social charity organizations and donors.
- Advise the government on caring for and preserving the safety of people with disabilities during a pandemic.

### **3. Recommendations to civil society and local community organizations**

- Strengthen the implementation of programs that assist persons with disabilities in overcoming the pandemic and increasing their capacity to recover with assistance packages for viruses, medicines, food, and other necessities.
  - Conducting activities to visit, encourage, and compile a list of PWD homes needing unexpected and long-term help; linking individuals with disabilities with businesses and organizations that provide illness prevention and treatment counseling, health counseling, and psychological counseling.
- 4. Recommendations to UNDP and other UN agencies**
- Provide resources to assist organizations of and for people with disabilities in strengthening their ability for policy advocacy, mobilizing resources to promote the implementation of programs to assist PWDs in recovering from COVID 19.
  - Support for 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 people with disabilities, 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.
  - They advise and assist the Ministry of Labor, Invalids, and Social Affairs in expanding and increasing the number of persons with disabilities receiving disability certification and improving the process's transparency.
  - Provide 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./.

### Appendix 1

<b>Table 1. Sources of advice on how to prevent the spread of COVID-19, methods to minimize contact in public areas, and disease preventive services (% of recognition)</b>												
	Gover nment websit es	Onlin e news paper	T. V.	Ra dio	Newsp apers	Au dio	Bra ille	Wo rd of mo uth	Mess ages	Offical Applic ation: Bluezo ne	Social Media (Face book, Zalo, Viber)	Ot her
Gender												
Male	24	42	65	50	3	4	1	34	34	29	45	4
Femal e	24	42	64	47	3	3	1	30	34	29	54	2
Other	42	42	50	33	0	0	0	17	33	58	67	0
Region												
North ern	24	41	65	47	2	3	1	29	34	29	47	7
Centr al	21	41	65	53	4	3	1	36	34	26	48	1
South ern	30	48	59	43	4	4	1	29	34	36	55	0
Type of disabilities												
Physi cal	24	44	66	52	3	5	1	36	33	30	48	4
Heari ng and speec h	30	45	59	37	3	2	0	25	35	31	54	3
Visual	23	39	63	46	3	2	1	28	34	29	51	2
Intelle ctual	22	41	64	51	4	3	1	33	34	26	43	5
<b>Total</b>	24	42	64	48	3	3	1	32	34	29	49	3

Table 2. Current Occupational Status of PWDs (Unit: %)						
	Currently working	Work, and Study	Study, not work	Neither enrolled in school nor working	Retired	Other
Gender						
Male	46	3	3	38	4	7
Female	41	2	3	39	4	11
Other	83	0	0	17	0	0
Region						
Northern	37	3	3	47	3	7
Central	48	2	2	35	4	9
Southern	51	2	2	27	5	13
Type of disabilities						
Physical	47	3	2	36	4	8
Hearing and speech	39	2	4	41	4	10
Visual	43	2	2	40	3	10
Intellectual	43	3	2	42	3	7
Total	44	2	3	38	4	9
Table 3. The average number of working days per month for PWDs (unit: % )						
	Under 1 weeks	2 weeks	3 weeks	4 weeks		
Gender						
Male	4	6	15	75		
Female	0	3	18	79		
Other	14	0	0	86		
Region						
Northern	2	5	17	76		
Central	2	6	19	73		
Southern	1	4	11	84		
Type of disability						
Physical	2	6	14	78		
Hearing and speech	3	8	12	77		

Visual	1	3	21	75
Intellectual	3	1	18	78
<b>Total</b>	2	5	16	77

<b>Table 4. Working forms (Unit: %)</b>					
	Official work job / Labor contract	No job/ Working without a contract	Self- Employment	Business Owner with a business license	Small business, without a business license
Gender					
Male	43	13	37	3	4
Female	44	16	31	3	6
Other	56	22	11	0	11
Region					
Northern	45	16	27	5	7
Central	31	15	46	2	6
Southern	62	11	23	2	2
Type of disabilities					
Physical	44	16	35	3	3
Hearing and speech	45	17	34	2	2
Visual	45	10	31	4	10
Intellectual	44	15	32	2	7
<b>Total</b>	44	14	34	3	5



## Appendix 2: Stories of PWDs

Mr. H, 32, is a person with mobility and physical disability who lives in the Buu Hoa ward of Bien Hoa, Dong Nai province (the Red zone during the COVID-19 outbreak because of many infections). 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 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%, 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 wasn't 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, 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.