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Executive Summary

Rapid assessment of the effects of the Covid-19 pandemic and associated lockdown measures on target groups of the project "Strengthening Health Systems and Improving Nutrition in Son La, Vietnam"

HealthBridge Vietnam
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1.1 Context: The project "Strengthening Health Systems and Improving Nutrition in Vietnam" was conducted in Son La province of Vietnam between 2016 and 2020. It was implemented in six communes of two mountainous districts, Thuan Chau and Yen Chau. The majority of project beneficiaries are ethnic minority people, who generally live in remote and mountainous villages and tend to experience poorer health, economic, and social conditions compared to their Kinh majority counterparts. The project partners included HealthBridge Vietnam, Centre for Creative Initiatives in Health and Population, and Son La Centre for Disease Control (CDC). Financial support was provided by Global Affairs Canada. The project aimed to improve the accessibility of and demand for essential health services for pregnant women, mothers, and children under-two. The project also targeted adolescents and introduced an adolescent reproductive health education intervention in schools and the community. Additionally, nutrition promotion was an important component of the project, with interventions such as promotion of breastfeeding, nutrition education, and home gardening. The COVID-19 lockdown began in early 2020 and some project activities were interrupted. The health system gave full priority to responding to COVID-19, which may affect routine health services including maternal and child health services.

Landscape of Son La province, Vietnam

1.2 Goal: This document is a summary of a section of a larger rapid assessment of the impacts of COVID-19 and the associated lockdown. The larger rapid assessment was conducted by a consortium of organizations that are part of the Child Rights Working Group (CRWG) in Vietnam. The CRWG was established in 2006 and includes more than fifteen national and international NGOs, experts, individuals, and other community groups in Vietnam. The group works to promote children's rights and strengthen implementation of children's rights in Vietnam. The rapid assessment focused on the effects of COVID-19 on children, especially groups of vulnerable children, including ethnic minority children, children with disabilities, and children living in social protection centers. It aimed to provide recommendations to ministries and other stakeholders on how to best protect children's rights in emergencies and, in particular, provide actionable measures for mitigating the long-term impacts of COVID-19 and the associated response measures such as lockdowns.

This summary document provides key background, methods, and findings of HealthBridge's contribution to the overall rapid assessment which focused on ethnic minority mothers, children, and adolescents in the project's working areas within Thuan Chau and Yen Chau Districts of Son La province, Vietnam.

1.3 Objectives:

- To understand the challenges related to accessing health services for pregnant women, mothers and fathers with children-under-2, and adolescents in the project areas.
- To understand the difficulties faced by pregnant women and mothers and fathers related to nutrition and food security in project areas.
- To identify recommendations for government stakeholders and donors regarding appropriate actions to mitigate the negative impacts of COVID-19 and the associated response measures, specifically related to health and nutrition of pregnant women, mothers, adolescents, and children under-2, living in the mountainous and remote areas of Son La province.

1.4 Methods: HealthBridge's section of the rapid assessment utilized phone interviews and online conversations using Facebook Messenger or Zalo (similar to WhatsApp and very popular in Vietnam) to gather qualitative data from participants. Interview questions focused on the experience of respondents during the three-week lockdown from March 31st -April 23rd, 2020 and the period of school closures from mid-January to early May, 2020. Data collection took place between the end of April and beginning of May, 2020. The telephone interviews were not recorded; rather detailed notes were taken by two trained qualitative researchers. The interviews conducted using Facebook Messenger and Zalo had a written record of the responses for analysis. Excel was used to record, organize and analyze the data. A purposive sampling method was used, see **Table 1.** For the adolescent respondents, local teachers provided the adolescent's name and phone number to enumerators. After the rapid assessment's objectives were explained, consent was obtained from adolescent respondents, and parents, where possible. Students were drawn from the six junior secondary schools, three in each district, where the Adolescent Reproductive Health Education intervention was implemented. Each school selected four students from one more central village (Kinh or Thai ethnic group) and from one more remote village (H'mong or Kho Mu ethnic group). Twenty-four students, between the ages of eleven and fifteen, were interviewed. These students were in school prior to the Tet holiday in early 2020. The pregnant women and mothers/fathers with children under-two were contacted by local village health workers (VHWs) and ethnic minority midwives (EMMs) who explained the study and obtained consent. Lastly, local health staff and stakeholders were interviewed and contacted by project staff with whom they work closely.

Table 1: Estimated number and sample selection

Interview subjects	87/87	Sample
Adolescents (junior secondary school students)	24	4 students/school * 6 schools: 1 female + 1 male from near village; and 1 female + 1 male from remote village; different ethnic groups (Thai (13), H'Mong (5), Kho Mu (3) and Kinh (3))
Pregnant women	12	Thai ethnic group: 11; H'mong ethnic group: 1
Mothers or fathers of children under-2	12	Thai ethnic group: 10; H'mong ethnic group: 1; Xinh Mun: 1
EMMs	12	2/commune
VHWs	12	2/commune: 1 from a closer village, 1 of a remote village
Commune Health Staffs	12	2/commune
District Coordinators	1	1 District Coordinator
CDC	2	1 Provincial Coordinator; 1 Vice Director of the CDC

1.5 Ethical considerations: Formal ethics approval was not obtained for this rapid assessment; however, generally accepted ethical principles and processes were used. Adult participants provided verbal consent after being given a detailed explanation of the study objectives and interview questions. Verbal consent was obtained from adolescent participants and their parents if they were available. No identifying information was recorded from respondents. Participants were free to withdraw at any time without consequences.

1.6 Limitations:

As interviewers and respondents were unable to freely travel during this time, phone interviews and online conversations using Facebook or Zalo were used to gather data. Not being able to see the respondent's face and body language is a serious limitation of this rapid assessment. As a result of the telephone/online forum, the interviews lacked the depth of an in-person discussion. Additionally, teachers tended to select older students for the interviews who generally have more autonomy within their families, compared to younger children. More Thai respondents were selected because they are easier to contact as they generally have cell phone service and access to the internet, compared to other ethnic minority groups, such as H'mong. Lastly, Thai people generally speak the Kinh language, spoken by the researchers, which makes communicating with them easier than with the H'Mong group which requires translation and therefore important nuance and meaning can be lost.

1.7. Findings: Findings are summarized by key themes that emerged from the qualitative research, along with supporting evidence and discussion. Where available, quotes are provided from respondents.

A. Child marriage & early childbearing

Adolescent respondents reported that two of their male classmates were recently married and two female classmates recently became pregnant. Lockdown measures coincided with the Lunar New Year, which is a time when marriages are often contracted. Although we cannot conclude that lock down measures increased the incidence of child marriage in the six communes, when we compared the number of adolescent marriages/pregnancies between 2018-2019 and 2019-2020, there were more than twice as many marriages/pregnancies in 2019-2020 (15 total) as compared to 2018-2019 (6 total). These estimates offer evidence that the incidence of marriages/pregnancies among adolescents increased during this school year, which included the Covid-19 lockdown, compared to the previous year. Child marriage is rooted in gender inequality and driven by factors such as level of education, traditional customs, pre-marital sex, poverty and gender norms [1]. Child marriage is both a risk factor for and a result of adolescent pregnancies. Adolescent birth rates are almost four times higher among ethnic minority groups as compared to the Kinh majority [2]. Additional risk factors of adolescent pregnancy include limited access to adolescent-responsive health services, limited access to education and economic opportunities, sexual and gender-based violence and lack of access to sexuality education [3]. Additionally, we know from the literature that events like COVID-19 that stress families financially increase the risk of all forms of sexual and gender-based violence, including child marriage which can lead to early pregnancy [4]. Stressors that exasperate the risk of child marriage include loss of income and lack of access to schooling, both of which are being experienced as a result of the pandemic and associated lockdown measures [4]. Generally, adolescent respondents expressed that marriage in the teenage years is normal as per cultural norms; marrying between 14 and 15 years of age is common. When children get married, they often drop out of school, especially girls.

> *"In my class, there were 2 girls who got married during the COVID-19 time, two friends who had a lover before, two guys in the next village. When two girls leave school, the two boys ask for marriage and their parents agree so they should stay together."* – Female Student, 16, H'mong ethnic group

B. Online Safety for Adolescents

As adolescents spend more time online and using social media to connect with friends, learn, or play, they experience risk of online sexual abuse, cyberbullying, risk-taking behaviours online, potentially harmful content, and risks to privacy [5]. In the rapid assessment, adolescent respondents reported some instances of bullying or online harassment and pornography and/or violent images being shared. Students confided in older siblings or friends for help with these situations and many were fearful to speak to an adult.

> *"1-2 people sent the pornographic pictures or movies to me, I blocked them. A few close friends with me have the same situation. I did not tell anyone. I didn't know them, so I didn't know how to tell them, so I just blocked them."* – Female Student, 15, Thai ethnic group

C. Equitable Access to Education

Most adolescents expressed worry about not learning enough or being able to understand lessons on their own during the lock down. Students reported using a variety of methods for learning at home, including Son La TV/VTV7 (a national television channel focusing on education for children), YouTube, lessons sent by teachers via Zalo, Facebook, and printed lessons prepared/printed by teachers and distributed by village leaders. Students reported studying a few hours per day, usually at night. Frequent power outages impede learning as students use the TV and internet for learning. Some teachers conducted 15-30 minute live-streamed lessons for students with internet access. Students noted studying alone or with a group of friends; they sometimes asked older siblings or friends for help and some students reported calling the teacher to ask questions. Several students mentioned that they were shy and reluctant to ask questions. Generally students noted that learning alone at home was challenging and they often didn't understand the material.

The experience of students varies across ethnic groups and geography. H'mong and Kho Mu students live in more remote and hard-to-reach areas, and require printed lessons from teachers due to lack of electricity/internet access. These students expressed that they did not have books or forgot them at school, and did not often receive lessons from teachers during the lockdown; therefore, they learned very little during this time. Some enthusiastic teachers travelled to remote villages to distribute lessons. Even if students received lessons, some expressed that they did not understand the lessons on their own.

A clear theme emerged from speaking with adolescents from various ethnic minority groups – there is unequitable access to education and educational resources for certain groups, especially those living in the hardest-to-reach areas. Students from more remote H'mong and Kho Mu villages are most disadvantaged as they generally do not have access to internet, TV, or electricity. Access to education is essential to the healthy development of children and adolescents and research demonstrates that education has a protective role in reducing vulnerabilities to early and unintended pregnancy and sexual and gender-based violence, including child marriage [6].

Generally, parents were noted as being unable to help with school work and many adolescents expressed that their parents did not encourage or remind them to study, but rather asked them to work in the fields in the mountains to assist with harvest season. Most students expressed worry about forgetting knowledge from school and did not understand the material at home. Students clearly felt strongly about wanting to be in school to learn and were worried about falling behind or dropping out.

> *"I'm only at home to do farm work, no television, and no phone, and I don't receive printed lessons ...I have no books, but I study at the afternoon. I borrow books from a friend, but he lives far away, I've borrowed three times, in Pa O Village (5 students in the same village have no books)."* – Male Student, 15, Kho Mu ethnic group

Adolescents participating in a school reproductive health education event

D. **Food Security & Nutrition**

Most respondents reported that generally the number of meals they consumed had not changed because families are self-sufficient with livestock and crops; however, some noted changes in the frequency of meals. A key theme emerged from all respondent groups (adolescents, pregnant women, and mothers/fathers) related to food insecurity and limited protein sources as a result of the lockdown. Many of the respondents noted that they had reduced protein intake during COVID-19 lockdowns from foods such as meat, fish, and eggs (items that often need to be purchased) due to limited funds and/or increased price of protein foods, parents unable to work and earn income, and limited supply because vendors were not travelling to villages. The lockdown caused further challenges for some ethnic minority students who regularly receive food support from their school (rice or money), programs which were suspended during the lockdown. Most respondents indicated that children and pregnant women were usually given priority for food in the family and most pregnant women purported to be taking iron supplements. The changes in access to protein sources are alarming because these changes in access to nutritious food occurred over a very short time and prolonged lockdowns may cause devastating impacts on food security in remote villages. Women and adolescent girls have unique and essential nutritional needs, particularly during pregnancy; therefore malnutrition, including micronutrient deficiencies, during this time can have profound effects on a woman's own health and the health and potential of her children. As a result of the COVID-19 outbreak, nutrition experts predict steep increases in child malnutrition globally due to declines in household income, changes in availability and affordability of nutritious foods, and interruptions in services [7]. Therefore, nutrition and food security, especially in these vulnerable communities, must be monitored and prioritized.

> *"Now I eat less because the seller no longer comes to the market, money is available but no one sells meat or vegetables. My family has no food hoard, only have veggies, bamboo shoots. We raise only a few chickens and ducks, but no eat them, we have no eggs available in the house, no green beans, black beans, peanuts, and daily we eat only with vegetables. Rice is enough to eat. The last two months I have not been eaten meat, eggs."*- Female Student, 15, Thai ethnic group

A cooking demonstration as part of nutrition education

E. Health Communication Efforts

Awareness raising and health education efforts about COVID-19 prevention were extremely successful in achieving behavior change, and therefore present an opportunity for using similar channels to increase awareness of other important health topics. The Village Head (a local leadership position at the grassroots level, they are unpaid but receive a monthly allowance) broadcasts were almost exclusively about COVID-19 during the lockdown, with limited information on health and nutrition. The government provided information to Village Heads, EMMs, and VHWs, and they disseminated the information to community people via daily village announcements and handouts.

In addition to local awareness raising efforts, the national government engaged in a very rigorous public education campaign with clear, consistent, and creative messages using a variety of channels such as social media, SMS text messages, and television. Findings from this rapid assessment indicate that community people have high awareness of the COVID-19 outbreak and prevention measures. As a result of heightened awareness of the oubreak, community people were very compliant with various prevention efforts including mask wearing, hand washing, physical distancing and isolating after being away for work. Numerous respondents noted that they stayed away from people, especially those who had recently returned to the village after working in urban areas or abroad.

Increased worry and anxiety about COVID-19 was also a consistent message from respondents of all ages. Of particular concern is the anxiety and fear expressed by adolescents - many said that they were very worried about getting infected, or a family member getting infected, and especially from people returning to the village from working in more urban centres or abroad in China or Laos. Adolescents reported limiting exposure with such people and took preventive measures.

The apparent effectiveness of the awareness raising efforts regarding COVID-19 present a possible opportunity for increasing community awareness of other key topics such as nutrition, vaccination, and maternal and child health topics using similar channels of communication.

F. Village/Commune-level health services are essential

Most pregnant women and mothers reported that there was no impact on the availability of or access to essential health services such as antenatal care (ANC) during the lockdown. A few mothers reported delays in vaccination but only by a month or so. According to health workers, demand for reproductive and maternal health services was reduced during the lockdown as people were afraid to go out; however, generally, women reported seeking services when they had worsening conditions or the onset of danger signs. The lockdown in Son La province lasted for only three weeks, and there were never any cases of COVID-19 during this time; therefore, the health system did not become overwhelmed and regular services were not interrupted. A longer lockdown and/or a significant number of COVID-19 infections could greatly impact essential health service provision as resources are diverted to deal with the pandemic.

Commune health stations appear to have been running well during the lockdown. Pregnant women were still receiving care at home and giving birth at the commune health station or district hospital, with support and referral from VHWs/EMMs. It is important for awareness raising messages to emphasize that essential health services, specifically reproductive, maternal, and child health services, are always available and community members should seek services as needed.

Fear of infection may deter some community people from seeking care. VHWs and EMMs maintained household visits for counselling about maternal and child health, although some families were afraid to allow visits due to fear of infection with COVID-19. The majority of pregnant women reported some contact with VHWs and EMMs who provided health information, health checks, counselling, and referral services. Respondents mentioned nutrition communication activities before the pandemic and they noted that during the lockdown EMMs and VHWs came to their homes to provide health information because group gatherings were not permitted.

VHWs and EMMs were generally not assigned to tasks related to COVID-19 prevention; the Village Head mainly took on this responsibility. Select VHWs and EMMs were trained on COVID-19 prevention and communication strategies. The VHWs and EMMs involved in the COVID-19 response used loud speakers to communicate with villagers about disease prevention; villagers were most interested and concerned about COVID-19, rather than other health topics. The majority of VHWs and EMMs were not involved in COVID-19 prevention efforts and did not receive payment; therefore, they felt very discouraged. During this time, the majority of health communication efforts were about the virus and less about maternal health and nutrition.

It is essential to adequately train and support village-level workers to have basic knowledge about COVID-19, as well as the necessary personal protective equipment, so that they can continue their work. The roles of VHWs and EMMs are incredibly important, especially in difficult-to-reach and marginalized ethnic minority communities. EMMs and VHWs are essential for providing services and education to community people; they also serve as an essential link with higher levels of care when needed. If essential services and life-saving interventions are disrupted, mothers, newborns, and children are at risk of suffering or dying of treatable and preventable causes [8].

The main difficulty faced by local level staff such as VHWs and EMMs is the lack of understanding among government stakeholders of their essential role in the health system. This is illustrated by a lack of steady remuneration and limited training/supplies. *Resolution 120/2019* of the Son La Provincial People's Committee, came into effect in early 2020, states that VHWs (including EMMs) will no longer receive monthly allowances but will receive compensation at a rate of no more than VND 30,000/person/session. For context, this amount is equivalent to approximately $1.30USD. This change has led to VHWs resigning because the remuneration offered is far too low to be worthwhile. In response to the outcry from VHWs, the policy was reversed but the workers have not yet been paid. Despite their essential role, the sustainability of their services is in jeopardy from minimal and untimely pay and lack of government support.

Ethnic minority women & their babies

1.8 Recommendations:

Child marriage and early childbearing:

- Child marriage and early childbearing should be addressed by comprehensive sexuality education curriculum in schools and the community, as well as through engagement with the broader community.
- Adolescents should always, and especially during a lockdown, be encouraged to access reproductive health services for counselling and contraceptives; health services should be monitored to ensure they are responsive to the unique needs of adolescents.

Food security and nutrition:

- Village leaders should track households to identify those in greatest need so that they can respond accordingly, especially during and after lockdown.
- Local government must ensure the continued provision and distribution of micronutrient supplementation during lockdown including iron, folic acid and vitamin A, to prevent deficiencies.
- Closely monitor the situation of food security in remote villages in order to be prepared to respond. This issue should be reported on and discussed at regular monthly village meetings.
- Food support programs should be offered at the village level rather than at upper levels, for easier access by children and families who require the support. Even reaching the commune health station can be extremely time-consuming and difficult from some remote villages.

Education:

- Support ethnic minority adolescents, especially in the most difficult-to-reach villages, to learn from home, whether it is through the use of mobile, television and internet technology or distribution of paper lessons, materials and homework in the more remote villages. Specifically, academic lessons from Son La TV/VTV7 could be distributed on DVDs to the Village Heads in the more remote communities to be played for local children in a common area, while practicing physical distancing.
- Provide training for and improve the capacity of teachers to use information technology to effectively organize interactive and engaging online or distance learning activities for students.
- Where possible, teachers should be encourged to reach out to and engage with students to ensure they are keeping up with their school work and understanding the lessons.

Health communication:

- Communication and awareness raising efforts about COVID-19 have been exceptionally effective, even in remote villages. Stakeholders from the village to provincial level should consider the use of these channels and tactics for community education about other topics including nutrition, meal diversity, improving local food sources, and maternal, newborn, and child health.
- At all levels of the health system, communication efforts to the public need to emphasize that essential health services, specifically reproductive, maternal and child health services, are always available and community members should seek services as needed.

Online safety for adolescents:

- Online safety curriculum should be integrated into school and community education efforts for adolescents. Additionally, awareness-raising about potential risks and mitigation strategies for parents and caregivers is essential.

Village/Commune-level health services:

- Village health workers, including EMMs, should be fully mobilized and supported to continue providing essential MNCH and nutrition care throughout the COVID-19 crisis. They must be equipped with the essential skills, knowledge, and personal protective equipment to continue their work safely as they provide essential services and information to villagers, as well as link community people with higher levels of care when needed.
- Commune health stations (midwives, specialized staff) should consider mHealth (a term used for the practice of medicine and public health supported by mobile devices) or telephone consultations for pregnancy management and health and nutrition counselling when travelling and in-person visits are challenging or not advised. Telephone management of cases and counselling can help identify early danger signs and ensure timely intervention.
- Provincial government should ensure appropriate allowances, training and resources for VHWs and EMMs; especially in the hardest-to-reach locations, in order to ensure essential health services are available to the most vulnerable.
- Village and Commune-level health services should prepare to respond to increasing anxiety and worry among adolescents by collecting resources and offering appropriate supports and promotion of mental wellbeing.

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