



STUDY ON

**THE IMPACT OF THE COVID
LOCKDOWN ON THE RIGHTS OF
MIGRANTS WITH DISABILITIES
IN HO CHI MINH CITY**

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November 2021

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I. ABSTRACT

Although the impact of the Covid pandemic on people with disabilities has become a main concern of advocates for the rights of people with disabilities, there exists limited research on migrants with disabilities in big cities of Vietnam. Consequently, little is known about the fundamental barriers that greater influenced their existing challenges.

This study applied a qualitative approach to explore how 50 migrants with disabilities in Ho Chi Minh City, the biggest city of Vietnam and the most heavily affected by the pandemic. Data was obtained through an in-depth analysis of 50 responsive in-depth individual interviews. The study findings reveal the multiple-barrier causes of their vulnerability. This includes the participants' limited knowledge of the disability-related law and polices, the lack of disability inclusion in COVID-19 response efforts, difficulties in receiving social protection measures because of their temporary residence status.

Knowledge generated from this inquiry provides new insights of the barriers faced by migrants with disabilities in big cities and can inform disability-related programs and policies, especially in time of emergencies or crisis.

II. INTRODUCTION

The COVID-19 pandemic has brought inconceivable destruction and interruption to our lives, societies, and economies. The health crisis of the early days has quickly increased to become a social and economic crisis for many communities, especially vulnerable groups in developing countries, because measures to prevent the spread of the virus constrained people from going out of their house, especially those who work in informal sectors, giving them no chance to make daily earning for their basic needs. Indeed, the COVID-19's impact disclosed disheartening realities faced by the disadvantaged communities, with "people with disabilities are among the hardest hit by COVID-19", said the UN Secretary-General Antonio Guterres (UN, 2020a). Its damage influences the international effort to promote the rights of people with disabilities. On 17 August 2020, the UN Committee on the Rights of Persons with Disabilities shared the preliminary findings of the global survey on the impact of the pandemic on persons with disabilities around the world. One of the most concerns was States have overwhelmingly failed to take sufficient measures to protect the rights of persons with disabilities in their responses to the pandemic and as a result, responsible persons at many levels seem to have returned to treating persons with disabilities as objects of care or control, weakening the gains of recent years to enhance the disability rights-based model and inclusion (UN, 2020b). Vietnam is in the same situation.

Vietnam signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and ratified it in 2014 with no reservations. Much more advanced than the Ordinance on Handicapped Persons 1998 that used the charity and medical models, the Disability Law 2011 applies the rights-based approach with a relatively comprehensive regulatory framework for the protection of the rights and legitimate interests of people with disabilities. Specifically, in Vietnam "no one is subject to discriminatory treatment in political, civil, economic, cultural or social life" (Article 16(2) of the Constitution 2013) and "stigma and discrimination against PWDs are prohibited" (Article 14(1) of the Law on Persons with Disabilities).

Since 2011, disability-related policies have been improved in line with changes in the socio-economic development of Vietnam to ensure the full participation of people with disabilities in all spheres of society. Additionally, Vietnam established the National Committee on Disability in 2015 to take responsibility for implementing the Law on Persons with Disabilities nationwide. The Prime Minister also issued Decision No.1100/QĐ-TTg dated 21 June 2016 'Approving the plan to implement the United Nations' Convention on the Rights of Persons with Disabilities in Vietnam' with the establishment of provincial Committees on Disability to effectively implement the CRPD and the Disability Law at the local level. What is more, on 10 May 2017, the Prime Minister issued the 'National Action Plan for Implementing the 2030 Agenda for Sustainable Development' with projects to support people with disabilities have been developed at both the central and local levels that include important indicators relating to accessibility and social integration of people with disabilities (Vietnam, 2017).

Even so, there are big gaps between the written law and policies and their actual implementation (UNDP Vietnam, 2021a). People with disabilities still face discrimination (Nguyet-Ha, 2020). Many cannot find job in formal sectors because of their limited opportunities to access education or vocational training. Likewise, they cannot access the healthcare system due to many barriers such as inaccessible clinics and transportation systems, or the lack of capacity among health professionals to treat disability-related conditions (GSO & UNICEF, 2019). The requirement of a disability certificate and its application of the medical model has excluded many persons with disabilities from supporting policies and programs, most importantly social allowance and health insurance that are badly needed by most people with disabilities. In fact, only 18.7% people with disabilities have disability certificate (Nguyen, M.A., 2016).

Lack of social allowance and health insurance together with inaccessible environment made many people with disabilities more vulnerable in times of the Covid's lockdown. The recent Rapid Assessment of the Socio-economic impact of COVID-19 on persons with disabilities in Vietnam (UNDP Vietnam, 2021b) evidenced that challenges daily faced by persons with disabilities such as restricted access to health care, limited opportunities for income-generating activities, exclusion from public-paid services, etc. were aggravated in time of COVID-19's social distance.

Another survey carried out by the Centre for Analysis and Forecasting of the Vietnam Academy of Social Sciences (UNDP Vietnam, 2021c) pointed out that the Government's Covid-related supports reached only a limited part of the population, largely the beneficiaries listed in the traditional programs, while those who were hit hard by economic shocks, like informal workers and migrant-workers without residence registration, have been unable to access these supports. Even 10% of households that had received social assistance claimed that the support was insufficient for their basic needs such as food, the rent, etc. Among the three support packages of Ho Chi Minh City, only the third one mentioned those without residence registration that worked in informal sectors. No package had the provision of specific support for people with disabilities (Nguyen, H., 2021).

However, although the report on impact of COVID-19 on persons with disabilities gave us the general impact of the social distance on people with disabilities and the assessment of government's support for people affected by Covid-19 showed us the challenging reality of informal workers and migrant-workers without residence registration, it remains unknown the hardships faced by persons with disabilities who lived in Ho Chi Minh City, the biggest city of Vietnam, during the lockdown with no residence registration and far from their sweet home.

In "A Disability-Inclusive Response to COVID-19", the UN stress "the inclusion of persons with disabilities in the COVID-19 response and recovery is a vital part of achieving the pledge to leave no one behind, and a commitment to the Convention of the Rights of Persons with Disabilities, the 2030 Agenda for Sustainable Development, and the Agenda for Humanity" (UN, 2020c). Therefore, to contribute to this ongoing and important work, the researcher, with support from Rosa Luxemburg Stiftung, carried out this qualitative study to gather additional and new information on the impact that the COVID-19 pandemic had on the rights of a special group of people with disabilities: those who had studied or worked in Ho Chi Minh City during the social distance and lockdown without residence registration.

This study aims to make known the voice of migrants with disabilities who were most affected by the lockdown and the unproductive implementation of support programs. The findings generated from this inquiry can also inform social policies and programs today and in the future, post-pandemic.

III. RESEARCH METHODOLOGY

1. Research Questions

The purpose of this study was to explore lived experience during the Covid lockdown of people with disabilities working in Ho Chi Minh City without permanent residence registration. The overall research question was: “What was the impact of the Covid lockdown on the right of migrants with disabilities with no household registration status in Ho Chi Minh City?”

In seeking to understand this overall question, this study addressed the five sub-questions:

1. How much were the participants’ understanding of their rights under the Law on Persons with Disabilities?
2. What were the supports they had received from the government before the Covid lockdown?
3. What were the supports they had received from the government during the Covid lockdown?
4. What did the participants see as critical elements that contribute to their vulnerabilities?
5. What did the participants see as important factors that can help secure their life during the social distance or lockdown as well as their future?

The study questions implicated the choice of the research paradigm, as discussed below.

2. The Paradigms Guiding this Study: Interpretivism

Choosing the research paradigm, or research assumptions, is a fundamental aspect of research because the assumptions provide guidance for conducting the research such as what is important to study, what can be identified, what research tools and design are appropriate, and what standards should be used to judge the quality of the research (Rubin, 2012, p. 15). Therefore, the researcher aligned her study interests with the interpretive paradigm as her intent was to develop a rich and comprehensive understanding of the complex lived experience of migrants with disabilities in the biggest city of Vietnam during the Covid lockdown. The researcher believed that a better understanding of this experience would allow responsible persons such as social workers, health workers, local officials, and policy makers to proceed from a more informed perspective in terms of design and facilitation of future programs supporting people with disabilities.

Based on interpretivism, the researcher operated from the assumption that there are multiple versions of reality (Merriam, 1998, p. 22) and that reality constantly changes and can be known indirectly through the interpretations of the study participants (Grinnell, Williams, & Unrau, 2014, p. 135; Rubin & Rubin, 2012, p. 14). The reality was then further interpreted by the researcher, delineating from those of the participants (Snape & Spencer, 2003, p. 21). In other words, the researcher played “the role of gatherer of interpretations” and reported her interpretation or knowledge that she had gathered through her investigation (Stake, 1995, p. 99). The core of understanding was learning what participants made of the world around them, how participants interpreted what they had encountered, and how they assigned meanings and values to events (Rubin, 2012, p.19; Snape & Spencer, 2003, p. 23; Yin, 2014, p. 17) and the goal of study was to rely as much as possible on the participants’ views of the situation (Creswell, 2007, p. 20; Ritchie, Lewis, Elam, Tennant, & Rahim, 2013, p. 13) to understand realities from their perspectives. What was known, therefore, was always subjective.

- In-depth Interviews: Semi-structured and Responsive, Appropriate Methodology to Study People with Disabilities

In the researcher’s view, the fundamental assumptions and key features what distinguish what it means to proceed from a qualitative stance fit well with this study. Therefore, qualitative research, particularly in-depth responsive interviewing, was used as it helps the researcher to explore things that we still do not know and there is a great need for us to uncover and understand them (Creswell, 2012, p. 16; Liamputtong, 2013, p. ix; Ritchie, 2003, p. 32).

The strength of in-depth responsive interviewing is to provide researchers with opportunities to form relationships with participants, which gradually leads to the establishment of trust and rapport (Liamputtong, 2009, p.8), enabling researchers to hear the voices of those who are silenced and marginalized by the dominant social order (Hesse-Biber & Leavy, 2005, p. 28; Rubin & Rubin, 2012, p. 24; Sofaer, 1999). It enables researchers to gain insight into people's attitudes, behaviors, concerns, motivations, aspirations, lifestyles (Joubish, Khurram, Ahmed, Fatima, & Haider, 2011; Kidd, 2002; Sofaer, 1999), and to acquire a deep understanding of a specific experience with a limited number of participants which can be missed in quantitative research. For these reasons, Aldridge (2014), Liamputtong (2009) and other researchers (Wieble, 1990; Lee, 1993; Miller 1997; Renzetti, 1997; Dunne, 2000; Dunne et al., 2002; Hutchinson et al., 2002; Melrose, 2002; Liamputtong and Ezzy, 2005; as cited in Liamputtong, 2009) contend that qualitative methods are flexible, and therefore, are suitable to understanding the meanings, interpretations and subjective experiences of vulnerable groups, especially, people with disabilities (Abbott & Porter, 2013; Hollomotz, 2013) who "lack the ability to make personal life choices, to make personal decisions, and to maintain independence" (Moore & Miller, 1999, p. 1034) as well as the contexts that play a crucial role in their lives (Liamputtong, 2013, p. xiii).

- Sampling in this Research: Purposive and Small

Although probability is usually believed to be the most rigorous approach to sampling for statistical research, it is not appropriate for qualitative research (Ritchie et al., 2013, p. 112). Qualitative research's objective is to develop in-depth exploration of a central phenomenon (the depth); therefore, members of a sample are chosen with a purpose (Ritchie et al., 2013, p. 113). Purposeful sampling is a method usually used for the identification and selection of relative small number (Flick, 2009, p. 123; Ritchie et al., 2013, p. 117) but information-rich cases for the most effective use of limited resources (Onwuegbuzie & Leech, 2007; Palinkas et al., 2013; Patton, 1990, p. 169; 2002, p. 230) because they can purposefully inform an understanding of the research problem and central phenomenon in the study (Creswell, 2007, p. 125; 2012, p. 205). This understanding allows people to learn about the phenomenon and provide voice to individuals who may not be heard otherwise (Creswell, 2012, p. 206) which was the goal of this qualitative study: to make known the lived experience of migrants with disabilities in the biggest city of Vietnam during the Covid's lockdown.

Having reviewed all the considerations, the researcher decided to use a small sample so that she could describe in depth the particular group (Patton, 2002, p. 235) because they possess a similar trait or characteristics (Creswell, 2012, p. 208; Ritchie et al., 2013, p. 114).

- Sampling in this Research: Purposive and Small

In this study, the researcher wanted to understand the lived experience of migrants with disabilities and the impact of the Covid lockdown to their life, therefore, the unit of analysis was each individual. The cases were selected because they called the Disability Research and Capacity Development Center (DRD) and asked for help, in particular, financial supports. In the researcher's view, they were unique and able to provide the researcher with opportunities to learn extensively about the experience she wished to examine (Liamputtong, 2013, p. 18; Patton, 2002, p. 243).

The selection criteria played the role of screening for this sample. This purposeful selection was also based on variation across certain distinguishing characteristics (Creswell, 2007, p.129; Creswell, 2012, p. 208; Merriam, 2014, p. 81) because there were differences among them in terms of age, gender, type of impairment, job, family background or where they are from. Through this sampling, the researcher constructed the phenomenon she studied (Flick, 2009, p. 126).

- Selection Criteria

The criteria for selection of participants were as follows:

1. All persons with disabilities in this study were those who were only the temporary residents of Ho Chi Minh City (i.e., they were not in household registration books in Ho Chi Minh City)
2. All persons with disabilities in this study were those who had been working to earn their living in Ho Chi Minh City

The participants were selected based on the selection criteria mentioned above. Although the researcher, as DRD director, had access to the contacts, she sought assistance from a colleague (as the second researcher), who did not work for DRD in Ho Chi Minh City, to recruit participants to avoid the power imbalance between the researcher and the participants.

- Selection Criteria

The migrants with disabilities participated in this study were 50 persons with 35 females and 8 males between the ages of 18-62 years, who shared the experience of a migrant with disabilities from a remote area of Vietnam. 22 of them are from the Mekong Delta, eleven from the middle of Vietnam, twelve from the up North, two from The Southeast, and three from the Central Highlands. 48 of participants are King, the majority ethnic group of Vietnam, and the other two are Khmer and Tay. All have mobility disabilities with three mild disabilities, 38 with severe disabilities and nine with significantly severe disabilities. Seven finished senior high school, 16 junior high school, 13 elementary school, and twelve only know how to read and write. 24 sell lottery tickets and goods in the street, 18 are workers for small factories or shelters, two are office staff, and the others are helpers for small restaurants. 31 participants have children and many of them had to leave their kids under the care of their parents as they tried to make money in the city and sent it home to support their kids.

3. Ethical Considerations

Although it was anticipated that no serious ethical threats would be posed to any participants or their well-being, this study employed various safeguards to ensure protection and rights of participants.

First, as mentioned earlier, the first researcher sought assistance from her colleague (the second researcher) who made the first contact with potential participants to reduce potential influence. Second, the researchers were committed to keeping confidential the names and other significant identity characteristics of the participants. Tapes and quotes were not labelled in ways which could compromise anonymity, and identifying information was stored separately from data. Cautionary measures were also taken to secure the storage of research-related records and data, and nobody other than the researcher could have access to this material.

Third, the researchers showed respect to the participants by letting them select the suitable time of interviewing, being in time for the interviews, making clear the appreciation of their participation in the study, asking permission to record the interview, demonstrating a real desire to understand from perspective of the participants, not pushing them to answer questions they are reluctant to answer, instead, presenting them with the choice of whether or not to answer questions that were too stressful. In addition, although the researchers provided participants with some counselling during the interview if needed, the researchers were alert to showing care of what they were saying instead of showing the researcher's knowledge, to not judging or entering into debate when the participant expressed a view with which the researcher strongly disagrees as well as to keeping with the researcher's role as independent questioners rather than advisers.

Furthermore, the researchers were also extremely careful to avoid raising any expectations or making empty promises that could allow the participants to feel disappointed.

4. Data Collection Method

This study employed in-depth responsive individual interviews through mobile phone. The data were collected over a period of one month of October 2021, right after the lockdown was partly removed. Given the limitation on movement and in person contact, we collected all data by phone. The second researcher had a hard time to contact and schedule individual interviews through mobile phone with persons with disabilities temporarily living in the city because not all of them had access to internet or afford telephone fees.

She called potential persons with disabilities, described the purpose of the study, and invited their volunteer for participation with the promise to keep their sharing confidential. Except three who said no, all other contacted persons agreed to participate and planed a convenient date, time and place for the interview.

Participants were compensated for their time (approximately 15 EUR per interview) sent to them after the interview.

- Selection Criteria

Before each interview commenced, the researcher repeated the promise to keep their sharing confidential. The telephone interviews ranged in length from 30 to 60 minutes and were audio-taped in their entirety with permission of the interviewees. All the interviews followed a consistent line of inquiry yet flexible to allow fluid flow of the interview, resembling guided conversations rather than structured inquiries (Yin, 2014, p. 110) as the researcher applied the in-depth responsive interview approach (Rubin & Rubin, 2012, p. 7), i.e., the researcher would revise questions in response to what she was learning, rather than depended exclusively on predetermined questions. An important advantage of responsive interviewing is that researchers learned to appreciate the lives and experiences of participants that could be very different from themselves, and this helped not only fill in missing pieces of history and social life but also gave voice to the participants, the voiceless (Rubin and Rubin, 2012, p. 24).

In addition, the researchers provided basic telephone counselling if a participant presented with anxiety or negative beliefs about themselves due to the situation. The basic counselling consisted of listening and showing empathy, providing information and challenging the possibly incorrect information the participant could have received about COVID-19, and replacing this with realistic information, and exploring coping strategies the participant could use to reduce the anxiety or negative beliefs they may have had. Most of the participants appreciated interviewers' actively listening to their sharing. They reported being heard helped release a great deal of their psychological pressure, stress, and anxiety caused by the prolonged lockdown when they had had no one to talk to. They said that sometimes just attention and caring could help them feel more positive in the complicated situation of the epidemic.

The interview data was transcribed and analyzed using thematic analysis.

5. Data Analysis and Synthesis

The study's data analysis consisted of three steps: (1) Manual initial coding with the three first interviews and developing the list of initial codes and categories, (2) Using excel chart to code all the interviews, and (3) identifying broader patterns of meaning (emerging themes) by searching for the nodes' connections and creating node trees (hierarchical coding).

The meticulous analysis leads to the findings or a whole picture of the participants' experience.

IV. FINDINGS

In normal times people with disabilities are often marginalized, economically disempowered, experience poor social conditions, lack access to health care, education, and social services. The Covid pandemic has significantly increased their daily challenges, especially when policy responses including isolation and social distancing measures, may in certain circumstances have a greater impact on some people with disability like people with disabilities who lived and worked without household registration certificate in Ho Chi Minh City, the most densely inhabited and the most seriously affected area of Vietnam.

The findings showed that persons with disabilities in this study had limited knowledge of the disability-related law and policies, experienced the lack of disability inclusion in COVID-19 response efforts, had difficulties in receiving social protection measures because of their temporary residence status. They also raised their expectations of government's future actions.

1. The participants had limited understanding of their rights under the Law on Persons with Disabilities and CRPD

Except 11 participants who had attended DRD's workshops or were the members of the clubs of people with disabilities had some knowledge of the Law on Persons with Disabilities, others obtained the information from radio or friends and vaguely knew that there was some disability-related law with no idea what it was about. The others had not heard about it at all.

According to the Law on Persons with Disabilities, people with disabilities of serious forms and degrees can obtain certificate of disability and use it to access certain public services such as free healthcare insurance, ticket exemption or reduction of prices when using public transportation, or free legal aid services. This kind of screening leaves many persons with disabilities with no disability certificate card.

Many persons with disabilities, who did not know anything about the disability-related law and policies, received monthly allowance and healthcare insurance card at the mercy of social workers in their villages. Otherwise, they did not know what to do. For example,

Thao, a person with severe disability, explained **"I thought I have a mild disability because I can manage to move around, thus I did not apply for the disability certificate. Others said I am so stupid!"**

Thang did not know how to use her healthcare insurance: **"I got the healthcare insurance card from my village, but I do not know if I can use it in the city, thus I do not use it!"**

With limited knowledge of the law, persons with disabilities easily accepted what they were told or given. Below are some quotes from participants' narratives:

"I had had the healthcare insurance card, but it was expired. Then I went back to renew it and was told that I could not have it because I was cut off from the list!" (Huynh, Ngan)

"I only knew about the disability certificate and its benefits when I had moved to the city and heard from other friends with disabilities. I went back to my home village to ask about it, but they said there was no kind of policy. Much later, they told me to go to the village office to get it!" (Huynh)

"When I had been in my village, I did not know anything about the disability certificate.

I came to the city to make a living and some friends told me about it and I did go to the medical center to assess my disability, but I have not had time to go back to my home village to apply for the disability certificate!" (Thuy)

"I heard it is very helpful, but I have not applied for it yet. You know, I know nothing about the procedure!" (Toan)

"I hear nothing about the law. Once I took a bus and I saw some people having their bus cards that I did not have. I asked and was told that I must join some organization of people with disabilities to have it!" (Dep, Phuoc)

"No, I don't know there is the law. When I need to go back home, I use the same bus. Sometimes, they give me some reduction of the price" (Hanh)

"I have the disability certificate and receive monthly allowance, but do not have the healthcare insurance card!". Phuong did not ask why she could not have healthcare insurance.

"I have the disability certificate, but I do not keep it. The village social worker keeps it!" Anh did not ask why she could not keep her card either.

"I have the healthcare insurance card with 100% coverage, but whenever I have a health check, I have to pay fees. No exemption!" (Uyen)

"I have the healthcare insurance card. When I gave birth to the first child at Tu-Du hospital I got 100% coverage, but to the second child at Thu-Duc hospital I was covered only 70%" (Mai)

"My parents used to ask (the village officials) for my disability certificate, but they said I was not an orange agent exposure thus I was not eligible!" (Thang)

"When I took the assessment for my disability certificate, they noted down I had severe disability. I thought it was unreasonable because I have more severe disability (He meant more monthly allowance). **You know, I had to rely on his wife for everything: eating, moving, bathing, etc. Thus, I asked for their reconsideration, but they turned me down. I accepted their decision"**. Toan did not dare to argue more **"Because I was afraid that they might cut me off!"**

Even worse, **"I have only had the disability certificate recently after my brother give the local official some money to avoid his trouble-making!"** (Ha)

"I know persons with disabilities can get bus card for free rides, but I did not apply for it because the procedure is very complicated. It is also not easy for people with disabilities to use buses, anyway. When they are happy, they stop to pick a passenger with disability. When they don't feel happy, they ignore us!" (Thang)

One exception was Phuoc who dared to fight for his right. Thanks to joining the club of people with disabilities he learned his rights from other members: **"When I came to this city to earn my living by selling lottery tickets, some friends told me about the disability certificate and its benefits. I went back to my home village and asked for it. They turned me down. I had to threaten them if they did not do it for me, I would send my complaints to higher authorities. At last, they gave me my certificate!"**

Thao also had to ask around for his support package: **“I saw that information from Labor Newspaper, and I cut that piece off, brought it with me to the ward office. When they saw the news, they agreed to give me the package!”**

45 participants had disability certificates of severe or extremely severe disability and so received a small monthly support from the social protection program, ranging from 540,000VND (23.47USD) to 700,000VND (30.43USD), and free health insurance. Even though, five participants reported that they rarely used their health insurance because of the complicated administrative procedure and inaccessible hospitals or clinics with no support. If having serious health problem, they preferred private hospitals because although it was much more expensive (and they had to pay 100% of the fee); however, medical workers were friendly and supportive. Nhuan even exclaimed: “I have the health insurance, but I do not dare to go to hospital. I am so much afraid if a health check reveals that I have a serious problem as I have no money for the treatment!”

The medical-based assessment for disability certificate has left behind many persons with disabilities. Four participants who were assessed as having mild disabilities were neither qualified for monthly allowance nor covered under the national health insurance program. This confirms another study (DRD, 2021) that many persons with mild disabilities out of the social protection program earned their living by selling lottery tickets in the street or working for informal sectors with small wages and no insurance. Doing such a living, they had unstable daily income and, therefore, could not afford health insurance on their own. Without health insurance, this group would not be able to take good care of their health and might create burden for the community and the health sector in the long run.

22 of participants worked for small factories. All felt unhappy about their unsecured jobs and low wages. Some had labor contract. Others were with neither labor contract nor insurance. Uyen said that **“I feel so disappointed. As seasonal worker, I received very low wages and have no insurance”**. When there were social distancing and then lockdown, six of them did not receive any payment or financial support from their employers.

Even a few participants with labor contract as well as social insurance had to make a hard life decision to not to pay their share for the social insurance so that they could make their ends meet.

“I have labor contract and social insurance. But I decided not to pay my share for the social insurance. You know, my salary is too low. If I pay my share, I do not have enough for my family’s daily needs!” (Hanh)

“I have labor contract, but I ask to take the full salary. I know the benefits of paying social insurance, but I have no choice. My salary is only 3 million VND. If I pay my share, the rest is not enough to cover our basic needs!” (Thang)

Among the community of people with disabilities there was a concern that increased demand for Covid treatment had put extraordinary pressure on national health systems, stretching human and medical resources beyond endurance and, as a result, health workers might make medical care decisions based on stereotypical biases and baseless assumptions on the potentially “invalid” position of people with disabilities. Therefore, the researchers tried to find out participants’ views or observation on this matter.

The participants were asked **“If doctors have to make a choice to provide treatment for either a person with disability or a person without disability, who do you think they would prefer?”**, except some had no idea, 9 out of 50 thought **“Doctors would give more chance for those who are in more serious conditions!”**. The others’ responses showed the participants’ charity mindset and inferiority complex:

“Doctors would choose the person with disabilities because they feel pity for his or her misery” (21/50 participants)

“I think they would choose the person that could be useful to society. People with disabilities have little contribution to society!” (Thang, Tu)

Other responses suggested their disappointment with the discrimination they often faced:

“They would not choose the person with disability because in normal times they already discriminate against people with disabilities” (Phuong)

“They would choose the person without disability because people without disabilities usually have ‘better relationship’ with doctors” (Thuy referred money or presents for health workers)

“I used to be in hospital, and I know they in more favor of those who have money. They paid no attention to me because I am disabled!” (Thanh)

“They would not choose the person with disability because people with disabilities do not have money” (Uyen)

“It’ better if you have money. No money, nothing can be done!” (Phuoc, Thao)

Their day-to-day challenges were increased in times of social distance and lockdown.

2. The lack of disability inclusion in COVID-19 response efforts

From their narratives, all participants, particularly those who earned money on a daily basis such as selling lottery tickets or snacks in the street, were not possible to continue their daily income-generating work.

- Greater concern for food security and rent

Financial constraints made them unable to meet the family needs, especially food and the rent. Consequently, the COVID pandemic made them more vulnerable to a threat of a disease, but, in fact, much more was that of family survival.

All participants reported they feared virus affection, but what they had been afraid most were:

“I cannot make money to feed my child/children” (9/50 participants)

“My children have eaten only instant noodles for months!” (Thang)

“I am afraid to be kicked out because I do not have money to pay the rent” (6/50 participants)

“I am afraid I cannot pay back my piling up debt after quarantine!” (Hien, Quy)

“I am so much worry if I cannot go out to make a living, we don’t have food to put on the table!” (Phuong, Trang, Ngoc)

Several participants who had children struggled with home schooling and worried about their children’s education.

“I am scared that the pandemic might continue longer, and the lockdown prolongs,

then I cannot have money for my children schooling!” (Phuong, Huyen, Thanh)

“In general, we are facing all types of difficulties. No job. No income. Now my child takes online learning, and we have no computer!” (Uyen, Hien, Thuy, Vy)

All participants had compromised their daily humble standards of living. Only 8 out of fifty participants had some savings, but they had to use it all for daily basic needs. The others explained, **“Nothing left to save. We have earned not enough for our daily expense!”**

Ten participants reported they did not receive food from the city support program. Anh lamented, **“I have seen no food from the government. Sometimes I wish I could receive just a little to self-comfort that the government still pay me some attention!”**

Others said they had received some rice from the ward officials or soldiers who were sent to local areas to help people in need. 46 out of 50 participants said they relied mainly on local charity organizations for their food. This is important since many persons with disabilities were unable to leave their homes while government officials easily skipped houses with persons with disabilities who were not on their administrative lists.

“We did not have enough food, thus, we had to call for help thru social media” (6/50 participants)

However, to receive the free food, one had to go to distributing places and get it. With the limited accessible transportation means, people with disabilities had a lower chance of obtaining assistance from their community:

“Sometimes we heard about some food distribution from charity groups, but we had no way to travel to the distributing place!” (Hien)

The majority (32/50) expressed their thankfulness to the landlords for the rent reduction during the lockdown and food on occasion.

- Government financial support packages with no direct provision for people with disability

Ho Chi Minh City had provided three financial support packages for people affected by the social distance and lockdown (Nguyen-Ha, 2021). The first package was only for those who had a household registration certificate or a temporary residence certificate certified by the police. Only the second package mentioned people with disabilities but on condition that they were on the local administrative list and lived in a poor household with more than 3 members. Until the implementation of the third package, temporary residents (who were with no household registration certificate) that lived in underprivileged neighborhoods and were in much difficult circumstances were listed.

That’s why most participants of this study, who were self-employed or worked for informal sector without household registration or residence certificate, faced difficulty in accessing support packages. The main obstacle was unclear instruction with little guidance from the city authorities for local officials who were responsible for the implementation. As a result, in emergency situations with limited human resource, they provided the support packages based more on their mercy or notice than on provision criteria.

Five out of fifty participants said they had not received any support packages. Eleven participants got all three packages, others got two or only the third package. The support coverage, though,

was modest as compared to their needs.

Some participants had to fight for their needs,

“If we had not done evil, we would have not received any support package. When we went to the ward officials to ask about it, they pointed down to the neighborhood unit. We went to the neighborhood unit, they told us to ask the ward. You know, we were kicked around like a ball. We had to threaten we would go to higher authorities if they did not give us some support. Then we got all three packages!” (Phuoc)

“I have had to fight fiercely for the support packages. Finally, I received two of them while many people with disabilities in this area got nothing!” (Thuong)

“When I did not see any support package, I called 1022 and was informed that I was in the eligible list. Then they called the ward officials to help me solve this problem. The ward officials did blame my landlord for my call. But, weeks later I got all three packages!” (Thao)

While the others gave up, **“I was called to go to the local office to get the support package, and I have gone to that place several times, waiting but then getting nothing (He meant the shortage of money). I was so upset that I went there no more!”** (Hang)

As poor migrants working in low-wage jobs or in informal sectors, many participants lived in substandard housing on the outskirts of the city where the rent was much cheaper but gave them more barrier. Uyen was bitterly disappointed, **“I have not seen anyone giving us anything. You know, few people know this area. It’s located at the far end of a narrow and twisting alley, so few people approach us!”**

3. No household registration and difficulty in accessing social service and supports

Vietnam’s administration system based on the household registration books prevented migrants without permanent registration status (temporary residents) from accessing the local government support or social services (UN, 2021b).

“When you live in the city without household registration status, you face lots of difficulties but do not receive any support!” (Hien)

“Without household registration status, it is hard for you to get approval of loans from the banks!” (Thuong)

“When I need to verify any personal document or paper for social services, I had to go back to my home village for the local authority’s verification. (You know, traveling is really hard for me!)” (12/50 participants)

“I am a temporal resident, and it was challenging for me to find school for my child.” (7/50 participants)

“It was so complicated for me to find school for my child without household registration status that I had to send my child back home for her education!” (Tinh)

“If you have household registration status in the city, your monthly allowance is much higher, and you do not need to go back regularly to the village to get the money. On Tet

(New Year Holyday), you also receive more supports!” (Trang)

In times of social distance and lockdown, it was much harder for people with disabilities without household registration status. They were often the last ones to access the support packages or even vaccines.

“I was told that I must have disability certificate and household registration to be eligible for the financial support packages. I do not have anything, thus, were given nothing!”
(Thuy, Ngoc)

“We saw the bus full of vegetables and asked for some. We were told to wait for our turns. We waited and lastly got some but could not use it because it was already rotten. You know, they provided food first for local people. We were only temporary residents!”
(Phuoc)

“If you do not have household registration status, it was hard for you to get supports. They took no notice of temporary residents!” (Thuy, Thao, Mai, Doan, Giang)

“Without household registration status, we are not on the administration list; therefore, the local officials did not have any information about us. I think, in times of Covid people with household registration status have received more supports than us!” (Hung, Thuong)

“People with household registration certificate were provided with the supports first, those without household registration certificate went after!” (14/50 participants)

“When we asked them for help, they required our household registration certificate. How can we have it?” (Thang)

“People with household registration certificate were vaccinated first. We were the last!”
(Dep, Phuong)

“I heard that people with disabilities would have Pfizer or Astra, but my shots were Vero Cell!” (Hanh)

“If we had not been members of the sport club of people with disabilities, we would have not been registered for vaccination!” (Phuoc)

“We are mere temporary residents! Of course, people with household registration certificate have more benefits than us. You see, it is the same in times of social distance and lockdown!” (Ha, Hanh)

Participants also raised some expectations for the government’s future actions.

4. Participants’ expectations

Several participants articulated their sympathy for the government’s efforts to support those affected by social distance and lockdown; therefore, they did “not dare to ask much/more”. Still, their main concerns were support for the rent and jobs or income generating activities.

“The heavy impact of the epidemic has already caused the government a really hard time. Therefore, if they can give anything, I will accept it. I don’t dare to ask more for myself. But, if possible, persons with disabilities like us should be helped with the rent. You know, when I wake up in the morning, I worry about 30,000 VND (about 1,4 USD)

for one day rent. I have not been able to make any money these days!" (Nhuan)

"Anyway, the government has already taken care of us, thus, I do not dare to ask more. However, temporary residents like us are really in need of rent support!" (Thua, Thuy)

"We do not dare to ask much because there are so many people in miserable conditions also in need of support. We only need jobs so that we can live on our income!" (Thang)

"I do not dare to ask. You know, the pandemic prolongs, and I am not sure if the government have money! But if any, I expect to increase our wages and help with our social insurance." (Thuong, Hang)

One participant explained, **"I have made no contribution to society; thus, I am not in a position to ask for more. But, if possible, persons with disabilities should be supported with loans with no interest so that they can self-employ and earn their own living!"** (Quy)

Other participants expressed their concerns on policies and ways of implementation and suggested there should be particular attention to people with disabilities:

"If the government has any support program, there should be listed all people with disabilities in local areas so that no one is left out. I saw many persons with disabilities who were in really bad situation during the times of social distance and lockdown but got no support!" (Thuy, Tinh, Nhi, Thao)

"There should be a support package specific for people with disabilities! Our monthly allowance should be increased as well" (Nhut, Phuong)

"There should be more attention for people with disabilities. I saw little care for people with disabilities, especially in times of Covid pandemic!" (Phuong, Thanh)

"We have heard a lot about care and support for people with disabilities, but we saw little in reality. I expect there were less discrimination against people with disabilities, more attention and more support for their employment and income!" (Uyen, Chung) because they **"do not want to be burdens of society!"** (Chung)

"In times of emergency, people with disabilities will be the first to suffer. Thus, think of them first!" (Chung)

"I wish all people with disabilities could have monthly allowance as it is very important. You know, many persons with disabilities are miserable without any financial support!" (Thuong)

A few participants seemed pessimistic about prospects for government support:

"In general, I have seen little attention from the government; thus, I cannot think of anything we can expect!" (Phuong)

"I don't think we can have more support. You know, I have received no care or concern so far. Indeed, no one called. No one cared about us! Thus, I do not know what to expect!" (Vy)

One participant raised the alarm about harassments faced by women/ girls with disabilities who earned their living by selling lottery tickets.

“If it is a temporary support, it should be money. But long term, women/girls with disabilities should be supported to have stable employment. Many women/girls selling lottery tickets have been harassed when they tried to sell tickets in restaurants!” (Tu)

In sum, the study findings give an overall picture of the impact of COVID-19 on the rights of migrants with disabilities in Ho Chi Minh City. The participants’ accounts show not only the barriers they had faced in normal time due to their limited knowledge of their rights based on the Vietnam Law on Persons with Disabilities and the CRPD, responsible officials’ spontaneous implementation of disability-related law/ policies, together with the barriers caused by the administration system based on the household registration books, but also increased challenges they confronted in times of Covid’s social distancing and lockdown. In addition, although expressing sympathy and understanding of challenges the government has dealt with, most participants appealed for increased monthly allowance, support for the rent, secured employment, and specific provision of support in times of emergency or crisis.

V. CONCLUSION

The study gathered qualitative information on the experiences of migrants with disabilities who were making their living in Ho Chi Minh City of Vietnam in both normal time and time of Covid pandemic, and on how the city and community responded to emergency situations in relation to this specific population.

Findings of this study illustrate the lack of consideration of people with disabilities in government and community actions, particularly in times of emergency. In response to the spread of Covid-19, Ho Chi Minh City took a number of preventive and precautionary measures, including closures of public places, movement restrictions, social distancing, and then lockdown. These measures had worsened the existing situation of persons with disabilities, especially migrants without household registration status.

In fact, the city's support packages were deployed and reached many disadvantaged and vulnerable persons, including migrants with disabilities. Yet, there were many people in need being left out because of such limitations as unclear guidance, bottlenecks in administrative procedures and complex beneficiary identification process, requirement of household registration status, and government's lack of budget even for permanent residents. As a result, many of migrants with disabilities were left behind on their own to struggle with their daily existence.

The CRPD 2006 is a key international human rights treaty that transforms people with disabilities from subjects of pity and charity into "rights holders" and "subjects of law" who can participate fully in all aspects of social, political, economic, and cultural life.

Since the passage of the Law on Persons with Disabilities in 2010, followed by the ratification of the CRPD in 2014 and the adoption of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), Vietnam have witnessed a positive development and change in the lives of persons with disabilities. Slowly, societies began to move away from the traditional charity and medical model approaches to inclusion, towards a social and human rights approach, granting persons with disabilities more rights than ever before. However, the Law neither reflects the spirits of the Situations of Risk and Humanitarian Emergencies of the CRPD's Article 11 nor incorporates considerations for the needs of people with disabilities in situations of risk and humanitarian emergencies.

This means people with disabilities are treated the same as those without disabilities in times of emergencies such as the current COVID-19 outbreak. The crisis by Covid pandemic proved the one-size-fits-all standard and lack of disability lens in responsive measures led to overlooking the rights of people with disabilities and in certain circumstances might jeopardize their life. Indeed, the majority of people with disabilities live on their daily or weekly incomes, therefore, cannot afford the storage of extra food and the rent. When the social distance and lockdown came unpredictable, shutting down all public services left persons with disabilities lower chance to get assistance from community and feeling of exclusion and isolation.

VI. RECOMMENDATION

While the COVID-19 pandemic threatens all members of society, it had more adverse impact on persons with disabilities due to attitudinal, environmental, and institutional barriers that were reproduced in the COVID-19 response. As the inclusion of persons with disabilities in the COVID-19 response and recovery is both an essential part of realizing the promise that no one will be left behind and a commitment to the CRPD and the 2030 Agenda for Sustainable Development, it is crucial that the barriers and difficulties faced by people with disabilities are well understood by the government, social service providers and the general community so that their needs can be supported with adequate policies.

This can only be achieved by creating open opportunities to actively listen to life stories of people with disabilities and supporting the development of organizations of people with disabilities (OPWD) because it was evidenced in recent emergency situations like flood and lockdown that OPWDs have played an indispensable role of the bridge between persons with disabilities and government or community support programs. OPWDs checked on their members, disseminated information in accessible formats, and shared prevention tips. OPWDs also distributed food, secured social benefits for members as well as provided peer counselling for their members.

Furthermore, it is also strongly recommended that lawmakers should be aware of the inadequacies of the Law on Persons with Disabilities, particularly Situations of Risk and Humanitarian Emergencies and the lack of specific provision for people with disabilities in emergencies or crisis, making the necessary modifications through lens of the rights-based disability model reflected in the CRPD and with the active participation of organizations of people with disabilities as in line with Article 4(3) of the CRPD.

Additionally, it is critical to remove the traditional administrative system based on household registration books to apply a national population database. This new administrative system can create more equal opportunities for all citizens, especially migrants with disabilities.

Finally, it is a must to train responsible persons on right-based disability model and how to work with people with disabilities and their families so that they can recognize barriers faced by people with disabilities and their specific needs./.

1. Acknowledgements

We would like to thank the migrants with disabilities in Ho Chi Minh City who participated in this study. We also thank our colleagues at DRD for their support.

2. Disclosure Statement

The authors have no competing interests to declare.

3. Funding Details

This work was supported by The Rosa-Luxemburg-Stiftung. The funder was not involved with the study design, data analysis, or manuscript preparation.

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VIII. ANNEX - STUDY PROTOCOL

A. Overview of The Study:

The intent of this qualitative study is to provide detailed understanding of experiences in time Covid lockdown of migrants with disabilities in Ho Chi Minh City.

In this study, the exploration is lived experience during the Covid lockdown of people with disabilities working in Ho Chi Minh City without permanent residence registration. The unit of analysis is each person with disability. The criteria for selection of participants were as follows:

- a. All persons with disabilities in this study were those who were only the temporary residents of Ho Chi Minh City (i.e., they were not in household registration books in Ho Chi Minh City)
- b. All persons with disabilities in this study were those who had been working to earn their living in Ho Chi Minh City

B. Research Questions:

The overall research question was: "What was the impact of the Covid lockdown on the right of migrants with disabilities with no household registration status in Ho Chi Minh City?"

To cast light on the phenomenon, the operational questions are addressed:

6. How much were the participants' understanding of their rights under the Law on Persons with Disabilities?
7. What were the supports they had received from the government before the Covid lockdown?
8. What were the supports they had received from the government during the Covid lockdown?
9. What did the participants see as critical elements that contribute to their vulnerabilities?
10. What did the participants see as important factors that can help secure their life during the social distance or lockdown as well as their future?

Remember, this is more a conversation than an interview. Therefore, the following questions are only used as a guidance rather than sticking rigidly to them.

Individual Interview Guides

Participant (made-up name): _____

Date Interviewed: _____

- Please tell me a little about yourself
- How long have you been in the city?

1. Name:

2. Gender:

3. Year of birth:

4. Your home village/town:

5. It is:

- City
- Town
- Remote areas
- Mountainous areas

6. Current address:

7. You are:
 - Kinh
 - Minority group:

 8. Type of disability
 - Mobility:
 - Hearing/speech
 - Visual
 - Others:

 9. Cause of disability:
 - From birth
 - After sickness
 - Traffic accident
 - Work accident
 - Landmine
 - Orange agent
 - Others:


 10. Level of disability:
 - Mild
 - Serious
 - Significantly serious
 - Not know. Why?

 11. Disability certificate
 - Yes
 - No. Why not?

 12. Other health problems?
 - No
 - Yes:

 13. Healthcare insurance?
 - No. Why not?
 - Yes. Which one?

 14. Education:
 - Not know how to read and write
 - Know how to read and write
 - Finish elementary school
 - Finish junior high school
 - Finish senior high school
 - 3 years of vocational school
 - 3-year college
 - University degree
 - Post education

 15. Job:
 - Yes
 - No. Why not?
- 

16. If yes:

- Work in formal sector with work contract
- Work in informal sector without work contract
- Independent job:

17. Monthly allowance from government:

- No
- Yes. How much/month?

18. Financial support from individual or charity organization:

- No
- Yes:
 - How much/month?
 - Unregular support:

19. How many people in your family?

20. Any other member with disability?

- No
- Yes, how is his/her disability?
 - Mild
 - Serious
 - Significant serious
 - Don't know

21. In normal time, how much do you save/month, if yes?

- Nothing. Not enough for daily expense
- Less than 1,000,000 VND
- More than 3,000,000VND

22. Your place is accessible?

- No
- Yes. How does it look?

23. Any family member is with you?

- No
- Yes. Who?

24. If not with family member, is there anyone roommate?

- No
- Yes. If yes,
 - How many persons?
 - Anyone with disability?

25. Do you know/hear about the Law on Persons with Disabilities?

- No
- Yes

26. If yes, who did you hear from?

- Newspaper/Radio/ TV
- Website on laws/policies:
- Apps on laws/policies:
- Organizations of people with disabilities:

• Others:

27. Rights declared in the Law on Persons with Disabilities?

28. Did you have any support from the government?

• No

• Yes. What were they?

29. Did you have any difficulty accessing these supports? If yes, how was it?

30. Tell me about your life and work before Covid

31. Tell me about your life and work in times of social distance and lockdown

How did the pandemic affect your life and work?

How did you get preventive information on Covid?

Did you get any financial support or food from the government in times of social distance and lockdown? What were they?

Did you get any financial support or food charity organizations or good people in times of social distance and lockdown? What were they?

Have you vaccinated? How was it like?

32. In times of social distance and lockdown, what made you worried most? Why?

33. When you need anything, you did you call/ ask for help?

34. In emergency situations such as covid affection, if doctors must choose between a patient with disability and a patient without disability, whop do you think they would choose? What make you think so?

35. What do you think about the disability certificate? Is it helpful?

36. Did you have any difficulty living and working in the city with no household registration books? If yes, how was it?

37. In your opinion, what challenges will persons with disabilities face in the new normal time? Why?

38. Do you have any plan for the new normal time? If yes, what is it?

39. If you could "whisper to the ears of the government", what would you want them to hear?

40. You have anything more to tell me? Or any question for me?

Thank you very much for your time and your story! All information you have given will be kept confidential!

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