PARTNERSHIPS FOR EQUITY AND INCLUSION

**MIGRANT WORKERS AND URBAN PLANNING IN VIETNAM**

**PILOT PROJECT REPORT**

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# Contents page

[Acknowledgements 2](#_Toc78150947)

[Contents page 3](#_Toc78150948)

[Executive Summary 4](#_Toc78150949)

[Introduction 5](#_Toc78150950)

[Methods 6](#_Toc78150951)

[Study setting 6](#_Toc78150952)

[Study population 6](#_Toc78150953)

[Study sampling and data collection 6](#_Toc78150954)

[Themes for qualitative interviews 7](#_Toc78150955)

[Examples of questions: 7](#_Toc78150956)

[Analysis 8](#_Toc78150957)

[Findings & Discussion 8](#_Toc78150958)

[Policy and social factors affecting migrant workers 8](#_Toc78150959)

[Organisation-level factors 10](#_Toc78150960)

[Community/individual-level 13](#_Toc78150961)

[Conclusion 16](#_Toc78150962)

[Recommendations 16](#_Toc78150963)

[References 18](#_Toc78150964)

# Executive Summary

The COVID-19 pandemic has triggered a health and a livelihood crisis at the same time worldwide. Already amongst the most vulnerable in normal times, migrant workers find themselves bearing the brunt of this economic and livelihood crisis due to limited accessibility to public services including health and education services. To minimise the consequences of COVID-19 on migrant workers, their voice should be heard; however, urban planning at District and Provincial level, follow primarily top-down approaches, and are not able to effectively target this vulnerable group. Our pilot project aims to explores the main stakeholders and key facilitators or barriers that could support migrant workers to raise their voice within urban planning. In addition, potential solutions are raised that would enable migrant workers to be empowered enough to include themselves within planning processes that could improve their access to health and social services in Vietnam.

The study was implemented at Phúc Sơn industrialised zone in Ninh Binh province, one of the typical industrialised zones in Vietnam. For the first step, nineIn-depth interviews (IDIs) and two Focus group discussions (FGDs)) were conducted. For the second step, we conducted a stakeholder workshop with 10 migrant workers and other relevant stakeholders (Department of Health, Department of Labour – Invalids and Social Affair, Labour Unions, Management Board of the Industrialised Zone) to present our preliminary results from the qualitative study. The workshop discussion was facilitated using a matrix ranking approach - participants listed and scored all the key problems to identify priority areas for future action and research. Further, participants also gave recommendations for further support from the Labour Unions, the representative organization for workers in Vietnam.

Our results highlight the importance of recognising migrant workers and considering their priorities in urban planning in Vietnam. Migrant workers are faced with significant livelihood and healthcare issues due to their insecure employment, lower work opportunities, especially during the pandemic, and lower salary payments. There have been, however, no livelihood and healthcare policies focusing on migrant workers to support them in dealing with the COVID-19 pandemic in Vietnam. Migrant workers are not recognised as an important group that is prioritised in urban, including health, planning in Vietnam. Both local and migrant workers are treated in the same way, despite the employment and economic disadvantages migrant workers face. No data or mechanisms for collecting information on migrant populations have been developed in such planning process. Migrant workers can only present their complaints and opinions via three main communication channels - an employer’s suggestion box, contacting the representative of Labour Unions in their companies, and expressing their opinions via social network (Zalo, Facebook). The research interviews and workshop highlighted the specific needs of this group.

Our results suggest that migrant workers should be trained and empowered with the knowledge and skills to raise their voice on healthcare and livelihood needs with support from organizations representing workers (the Labour Union and Women’s Union) during urban planning processes. Further, data and special channels for collecting information on migrant populations should be developed and migrant workers’ needs should be recognised and prioritised in urban planning process. Further research study with appropriate design should also be conducted to explore how to effectively involve migrant workers in the planning process.

# Introduction

The COVID-19 pandemic, similar to other previous pandemics, has exacerbated the livelihood and health inequalities for vulnerable people through lockdown and containment activities, threats of job losses, food insecurity, loss of family income, school closures and difficult access to healthcare. The crisis is not just a global health crisis but also a social and economic crisis that is impacting on the most vulnerable people in society (1), (2, 3). Nearly 1.6 billion workers in the global informal economy are suffering from a sharp decline in working hours, meaning an immediate danger of having their livelihoods destroyed (4).

It is estimated that Vietnam’s informal economy accounts for up to 25% of its GDP and a majority of employees (70%) is classified as in informal employment (5). Already amongst the most vulnerable populations in normal times, migrant workers find themselves bearing the brunt of this economic and livelihood crisis (6), (7). The main problems prior to and during COVID-19 have been: 1) lack of household basic needs such as water, toilets, sewers, drainage, waste collection, space constraints; 2) often unsafe working conditions and low paid work; 3) often excluded from public policy, including healthcare and community services. In Vietnam, the migrant workers’ usual sources of income are insecure and many do not have any paid leave during lockdown time. Others are stranded in places away from their homes without proper shelter and supplies (8). In 2020 at the outbreak of COVID-19 in Vietnam, the lives of migrant workers were characterised by insecurity of work, income and food, as well as limited or no access to social security (9).

Vietnam’s urban plans at District and Provincial level follows a primarily top-down approach (10). Urban planners are not able to effectively target the most vulnerable, including rural-to-urban migrant populations, due to the lack of official required statistics (10). For example, the structured poverty assessment process in Hanoi which informs allocation of free government health insurance omits the rapidly increasing number of rural-to-urban migrant workers because these groups have temporary residence registration and are, therefore, ineligible for free government health insurance (11). The availability and accessibility of social services such as health and education is therefore limited for migrant workers, particularly during the COVID-19 outbreak. Our pilot project, therefore, aimed to empowermigrant workers to be to be included within urban planning and to improve their access to health and social services, particularly during the COVID-19 pandemic in Vietnam.

. This pilot project had three following objectives:

1) To understand the relationship between the migrant workers and the unions (Labour and Women Unions)

2) To work with migrant workers to identify the key issues that they wish to address to improve their livelihoods, health and wellbeing

3) To gain insights into the relationships between migrant workers and Unions, identifying the barriers and facilitators facing migrant workers in achieving change through union or other processes that they identified as important

# Methods

## Study setting

Our study was implemented at Phúc Sơn industrialised zone in Ninh Binh province, one of the typical industrialised zones in Vietnam. Due to interventions to control the COVID-19 pandemic in Vietnam in 2020, business services were closed and the lives of migrant/ daily-basis workers are characterised by insecurity of work and income, and food, as well as limited or no access to social security. Many destitute migrants remained in the city and worked for half of their salaries due to partial lay-offs.

## Study population

In line with the need for cross-sector collaboration (Partnerships for Equity and Inclusion 2020), our pilot project worked with key policy-makers and different stakeholders - local government agencies, the local management board of the industrialised zone, the Health Bureau and Labour Unions. Further, our project focused on gaining insights into the relationships between migrant workers and unions and how migrant workers could be included in the urban planning process at local level to support equitable participation and equal access to public services.

## Study sampling and data collection

The project explored the main stakeholders that need to be involved and key facilitators/barriers that could influence the ability of migrant workers to have a voice within urban planning. As a first step, we conducted qualitative interviews with the following stakeholders (9 In-depth interviews (IDIs) + 2 Focus group discussions (FGDs))

|  |  |
| --- | --- |
| **Interviewees** | **Number** |
| **Stakeholders** |  |
| Provincial/district Department of Labour – Invalids and Social Affair | 01 IDI |
| Provincial/district Department of Health Bureau | 01 IDI |
| Provincial/district General Confederation of Labour | 01 IDI |
| **Industrial zone** |  |
| Management Board of the industrialised zone | 01 IDI |
| Representative of Labour Unions of 2 companies | 02 IDIs |
| Representative of Women Union | 01 IDI |
| Migrant workers (newly arrived from rural areas, single-women households, daily migrant workers) | 02 IDIs + 02 FGDs |
| **Total: 9 IDIs + 2 FGDs (use ranking matrix of issues)** | |

For the second step, we conducted dissemination workshops with 10 migrant workers and other stakeholders (Department of Health, Department of Labour – Invalids and Social Affair, Labour Unions, Management Board of the Industrialised Zone) to present our preliminary results. After presenting the results, we asked participants to have a general discussion to add further information or their comments to our preliminary results. After the discussion, all participants were divided into two different groups for discussion: Group 1 with migrant workers, to allow a safe space for them to express their opinions, and Group 2 with all other stakeholders. This discussion focused on how to improve the participation of migrant workers in the urban planning process. We facilitated the discussion by using a matrix ranking approach in which participants listed and scored all the key problems and potential support sources (12).

## Themes for qualitative interviews

We followed the first three steps of the 6SQuID intervention development model (13a)

1. *Defining and understanding the problem and its causes:*
2. To what extent are migration workers e included in the urban planning to ensure their access to health and social services?
3. To what extent can migration workers participate/ raise their voice and their capacity (understand the planning process, to articulate and express their needs) to take part in the urban planning, particularly through their engagement with the unions, to ensure their access to health and social services?
4. What are current policies/ mechanism, including activities of the unions, to include migration workers in the urban planning to ensure their access to health and social services
5. Are there any other groups or organisations that advocate for migrant workers rights and are trusted by them?
6. *Identifying which causal or contextual factors are modifiable:*
7. What are the informal community/representative structure that the migrant worker use to be included in the urban planning ensure their access to health and social services?
8. What is the current motivation for inclusion of migrant workers within existing planning process
9. how do the unions currently include migrant workers and their views in their activities?
10. *Deciding on the mechanisms of change*

## Examples of questions:

*For stakeholders at provincial/district level:*

* Tell us about the migrant workers in this province? How are their problems during COVID-19 pandemic in Vietnam, 2020?
* How are these needs addressed within current planning and how are migrant workers views represented? What are the challenges to this?
* To what extent migration workers could be included in the urban planning? (Probe on their voice of migrant worker health, how they are heard within the union processes and how they raise their voice during the process)?
* Are there other community representatives involved in urban planning and how does this work?
* What would be the facilitators/barriers of including migrant workers representatives in the planning process? How much influence could they really have?

*For migrant workers:*

* What are the key issues that you wish to address to improve your livelihoods, health and wellbeing?
* Please list all of the key problems that you faced during COVID-19 pandemic in Vietnam, 2020?

|  |  |  |
| --- | --- | --- |
| **Problems** | **Details** | **Rank** |
| Lost job |  |  |
| Healthcare |  |  |
| Livelihood |  |  |

* Are there any migrant workers here who struggle more than others? Why is this? (e.g. probe on gender, insecurity etc.)
* Please list all of the community groups that support the needs of your living here? If so how do they work? Who runs them? Who is included/excluded?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Ask/listen to our views | Provide material assistance | Can influence planning process | Support us if we have a grievance/complaint |
| Labour union |  |  |  |  |
| Women’s Union |  |  |  |  |
| Commune groups |  |  |  |  |
| Neighbourhood group |  |  |  |  |
| NGO |  |  |  |  |

* Do you have any representatives, e.g. Labour Union, Women’s Union or others that link with official planning processes or monitoring of services? What are you experiences of this? Can you give any examples of issues that have been addressed through the unions?
* What would be the facilitators/barriers of including some migrant workers as your representatives in the planning process? How much influence could they really have?

## Analysis

The analysis process followed the framework method for the analysis of qualitative data in multi-disciplinary health research (12). All interviews were transcribed in Vietnamese and then coded and organised within an analysis framework. We performed double coding with both the Vietnamese and translated version of the three most informative IDIs/FGD transcripts to improve the inter-reliability of the qualitative analysis. Further, summaries of all themes and key quotes were translated into English for further discussion.

# Findings & Discussion

## Policy and social factors affecting migrant workers

In Vietnam, urban plans are produced following a primarily top-down approach, that is, district plans follow the guidance from the provincial-level policies. Some existing studies report that plans are claimed to be informed by data from mainstream information systems, though the extent of data-informed planning appears limited (10). Our data showed that government staff did not recognise the importance of collecting data on migrant workers and there was no data or information on migrant populations as this was not required by the statistical system. Further barriers to collecting data separately for migrant and non-migrant workers were resource shortages (including financial and human resources) and no priority for migrant workers by provincial-level policy makers.

*“Regarding healthcare, we also do not distinguish whether they are local residents or migrant workers. We are required to manage all health data of employees in companies. And not only migrant workers in the industrial zone, we do not collect data for migrant workers in the entire province.” (IDI with representative of Department of Health)*

The migrant workers were not recognised as a vulnerable group by policy-makers in the study settings despite the evidence that there is a need for urban planners to effectively target such populations (13). As data on migrant workers are not collected for any official reports, these workers are omitted from being prioritised in planning. As a result, there were no livelihood or healthcare policies focusing on migrant workers. This raises concerns about the reliability of population denominators and the effectiveness of planned activities in urban areas in Vietnam (14). Our results highlight the importance of recognizing this vulnerable group and considering their priorities in urban planning as the number of migrant workers is increasing rapidly in all industrialised zones and urban areas in Vietnam. One estimate by the General Statistics Office suggests that up to five million people could be migrants, about half of them women. Despite this some participants underestimated the need for particular support, apart from accommodation needs:

*“Ninh Binh province is developing many industrial zones with increasing number of labour from outside the province but migrant workers account for small part (about 5,000-8,000 workers). The province has no support for migrant workers. Every worker is considered similarly. There is no special remuneration policy for migrant workers outside the province. All workers are the same and the treating mechanism is the same. But in the next 2 years, an accommodation zone is [being] built to support migrant workers’ lives” (IDI with representative of Labour Union)*

To deal with the urgent consequences of COVID-19, the government issued the following policy solutions: (1) extension times for payment of tax and other duties (social insurance, trade union fees, etc.); (2) financial assistance through policies that required lending institutions to reduce lending rates, facilitate debt rescheduling, provide liquidity for businesses affected by COVID-19; (3) monetary allowances and 0% interest loan for those having their employment affected by the pandemic; and (4) promoting of the domestic market and stimulating domestic consumption (15). In addition, some solutions such as suspension of social insurance premiums, reductions to union fees by 50% and 15% land rent reduction policies should apply to all businesses affected by the pandemic, some of which are possibly operating but facing many difficulties (16).

However, migrant workers. were not covered by the government’s cash and social assistance package for COVID-19 as they were involved in non-agricultural work (mostly construction workers, ferryman/boatman, fishing tool makers, hairdressers, etc.), working in companies that were not eligible for assistance, and/or having no permanent registration documents. Despite the fiscal package to support poor people and businesses affected by the COVID-19 pandemic in 2020, therefore, most migrant workers had difficulties in receiving the support because of the eligibility criteria. Others also failed to receive support because of the complicated application process. Even after the COVID-19 was well-controlled in Vietnam, many said that they could not seek any part-time work or do extra hours to compensate for their reduced income.

While Vietnam is acclaimed as one of the most successful countries in preventing and controlling the outbreak of COVID-19, measures such as isolation and social distancing had serious impacts on the livelihoods of a majority of its population, especially the most vulnerable people. As highlighted above, policies attempting to mitigate inequalities before and after the pandemic were often inaccessible to migrant workers, who are living in more vulnerable contexts than many other population groups. Despite their greater risk of being below the poverty line they had lower chances of accessing capital and financial support from the government.

Our results confirm previous studies that government policy approaches to migrant worker issues have often come from the point of view of managing migration flows and related social problems rather than supporting a dynamic labour source and providing protection (17). The lack of attention to social issues for migrants themselves means that the specific challenges faced by migrant workers were neglected and there is no specific channel of communication for migrant worker needs to be raised or through which their voice can be heard.

“*If I could suggest, I would like that in times of the COVID-19 pandemic, the Labour union should sometimes come down and support or organise workshops like what we have today. We could talk what we need and suggest what is good for us*” *(FGD with migrant workers)*

## Organisation-level factors

There was also limited or no company-based support for healthcare and livelihood for migrant workers*.* Only on special festivals such as New Year festival in Vietnam (Tết), a list of workers known to be in the most-difficult-situations, including migrant workers, was collected and they received travel reimbursements from the Provincial Labour Union. In some companies, migrant workers were supported through presents during big festivals and through monthly house renting and travel support:

*“During the Tet holidays, we collect the list of people with difficult lives. And for migrant workers, some companies support house renting or traveling. The workers must prove their living status as they are far from their hometown. Some are not 100% supported for tickets but they also get a part of the total”* *(IDI with representative of Labour Union)*

The General Confederation of Labour (or Labour Union) is the sole national trade union centre in Vietnam. It is also a social political organization under the control of the government to cooperate with other socio-political organizations and operate in the framework of the Constitution and laws in Vietnam. The Labour Union is an organization established to represent and protect workers’ legitimate concerns and legal rights. The Union participates in state and socio-economic management, performing inspection, examination, monitoring of activities regarding staff rights in all state agencies, organizations, establishments and enterprises. It also supports and encourages workers to study, improve qualifications and professional skills:

“*In fact, Provincial Labour Union and Unions in companies have many meaningful activities in every month. For example, if there are any programs, we are very excited to bring about discussions to agree on how these can be best operated. There are some activities for migrant workers such as travel and house renting support in our company. And the Provincial Labour Union keeps an eye on all activities we do. They often supervise, remind and support us” (IDI with Labour Union)*

Labour Union officials are responsible for keeping close contacts with its members to collect and respond to their complaints and opinions. They can report such information to company managers and communicate to higher-level Labour Union authorities to seek solutions. They also organise dialogue between workers and employers in companies. Labour Union officials are thus considered the workers’ key representatives.

*“We are in charge of ensuring the legitimate and legal rights of workers. Currently, we focus on supervising the social insurance premiums for workers. Next is supporting workers with basic needs and workers in difficult situations such as housing, traveling, and occupational accidents. We care the working condition and normal life of the workers. We also supervise and ensure the basic salary, minimum salary of all workers”* *(IDI with Labour Union)*.

Labour Union officials said that they treated both local and migrant workers equally and no special focus was given to migrant workers. This could, however, mean that migrants were unable to take advantage of support that workers with more resources or networks could access. For example, in Ninh Binh one of the highlighted aspects of support for both local and migrant workers was the financial support for house building by the Labour Union. Once workers proved ownership of an estate, they could be supported with around $2000 to build a house (about 1/5-1/10 of the total cost for a one-floor house building). Migrant workers, however, found it very difficult to apply for this housing support due to having no money to buy an estate in the first place

“*All migrant workers and local workers have been treated equally. We care for all workers in in Ninh Binh and being a member of our Labour union. If they got sick, we visit them at home, even if we have to travel far such as coming to Thanh Hoa. We do not have any special policies for migrant workers*” *(IDI with Labour Union)*.

Labour Union officials were often staff members of the company whilst also working for the Labour Union. As a result, their representations could be influenced by the decisions of the company managers and not entirely independent or whole-heartedly for the rights and needs of workers. The Labour Union officials were thus often working as agents for information transfer rather than supervisors and protectors of company respect for workers’ rights.

*“We have quarterly plans for our work. But the plan depends on the situation of the company. The support [we offer] is the same. Last year, no healthcare check was performed although we tried to plan it. This is due to COVID-19 but also due to the priority of the Board Directors of the company. For the last two years there has been a New Year reunion program for employees, but there was none during last year. The company has no financial resources for these activities*” *(IDI with Labour Union)*.

For female migrant workers, the Vietnam Women’s Union (WU) is also relevant as a socio-political organization that represents and defends the legal and legitimate rights and interests of women in Vietnam. The WU promotes women’s affairs, voice, economic empowerment and the development of women’s groups (18). At present, the WU has a membership of above 13 million members including local WU in communes and villages throughout the country. The organizational system of WU is divided into 4 levels, comprising the Central level, the Provincial level, the District level, and the Commune level. WU is also an important organisation in relation to local programs on healthcare and livelihood in Vietnam. For example, during the COVID-19 outbreak in Vietnam, its main tasks were related to: 1) providing health information for locality residents to comply with preventive measures; 2) chasing-up at-risk people and notifying to the local Steering Committee for COVID-19 Prevention for further action; 3) mobilizing resources for preventive work. WU recruits local women as members and migrant workers in our study were involved in WU local branches within their companies. WU officials work as critical reviewers for urban plans[[1]](#footnote-2), co-ordinators in implementing these plans (through mobilizing and communicating them to women), and as overseers and protectors of the lawful and legitimate rights of female workers. WU is considered an all-encompassing organization for problems experienced by women in Vietnam, with many female leaders of other organizations being members, including leaders of provincial Labour Unions. This network and official role helps WU to easily participate in a comprehensive range of activities on behalf of women.

*“In fact, the workers could participate in the grassroot-branch of Women’s Union in their current companies. I mean, if there is a branch of Women's Unions in the company, migrant workers could participate in our activities and other activities of the Labour Union. We try to go and ensure women’s rights, such as labour mechanism, maternity leave, food safety and hygiene and other things. We actively organise our oversight*” (*IDI with representative of Women Union)*

As with the Labour Unions, however, support from the Vietnam Women’s Union (WU) was restricted for migrant women. For example, WU is seen as the key actor in supporting poor women or women with low income due to COVID-19 to start their own business, distributing loans for women from the Vietnam Bank of Social Policy and Vietnam Bank for Agriculture and Rural Development. However, the migrant workers in our study could not borrow money from this source as this required permanent registration documents (hộ khẩu).

*“Loans to individuals or households and to our (WU) members are from Bank of Social Policy and Vietnam Bank for Agriculture and Rural Development. You could get loans to invest in business ideas on technical activities, economic models, organic rice production and many things. But loans are mainly for workers who have permanent registration documents, not for migrants”* (*IDI with representative of Women Union)*

***Livelihood and healthcare of migrant workers***

Migrant workers said that they got social and health insurance if they signed a labour contract with the company after 2-3 months of probationary. Companies committed to safety as “the first priority”. All companies organised system to ensure the worker’s health report through electronic form (NCOVI/BlueZone) and performed many preventive measures (daily temperature measurement, wearing face masks, washing hand before entering company). Healthcare communication for COVID-19 were performed in different channels such as social network (Zalo, Facebook), posters, leaflets, workshop, internal radio, etc. All companies complied with regulations on COVID-19 prevention including distancing for production lines, traveling, eating, meeting etc. They prepared plans and set up systems for ensuring the wearing of face masks, use of handwashing liquid and adapted equipment for production lines.

Again, however, there was no special COVID-19 prevention activities for migrant workers although many company leaders said that they understood migrant workers were at higher risk of getting diseases. Many migrants said that they were not regularly health checked in 2020 and did not receive full company health checks. The reasons were: (1) social distancing due to COVID-19 (2) inadequate medical equipment on company premises (X-ray, ultrasound) if the healthcare examinations were organised outside the healthcare centre (3) the company had not signed the contract for regular healthcare examination.

“*Company owners should perform periodically healthcare for employees, but some businesses do not do this or are not able to do this well*” *(IDI with representative of Labour Union)*

“*Now, we focus on ensuring occupational safety and ensuring the prevention of COVID-19 epidemics by working distance, limiting direct contacting while working. There have no special activities for migrant workers. They are treated similarly to local workers. No different*” *(IDI with representative of Labour Union)*

## Community/individual-level

**Health:** During the pandemic, migrant workers found it difficult to seek and access essential healthcare. This has been also highlighted in other studies in Vietnam as the number of patients in hospital and community health centre levels decline substantively in many cities during COVID-19 outbreak (19). There were multiple underlying reasons for reduced health-seeking behaviour, including not wanting to access health facilities due to the increased health risk (“social” reasons), healthcare system stresses and reduced access to health facilities, due to limited public transportation and travel restrictions (“physical’’ reasons), or reduced household income (“financial”). Our findings reflect other evidence of reduced health-seeking behaviour during the pandemic, which could have life-threatening consequences, especially for women and children. Despite experiencing symptoms, some people avoid contact with the health system by choosing to remain at home or take medicine without prescriptions. In some cases, symptoms deteriorated, and patients were rushed to hospital emergency units that could result in a higher economic burden for both patients and health system and require longer treatment times (20).

Regarding mental health***,*** some migrant workers said that they felt worried about losing their jobs and anxious for their future due to the lack of work and financial means for their daily needs.

*“The companies have no services for psychological support. But we felt a bit worried and anxious during COVID-19 outbreak. Luckily, it is only in the short term.” (FGD with migrant workers)*

This was seem as short term at the time of data collection, however, COVID-19 restrictions and impacts are likely to persist in the longer term and migrant workers could suffer significantly from related anxiety and distress. After interviews had been completed for the pilot study, migrant workers were locked down and forced to remain on company premises. There is, therefore, a clear need for support from community mental health programmes and a need to involve local authorities and health services in dealing with this issue (21).

**Education:** for migrant workers’ children, nation-wide social distancing triggered school drop-outs as the migrant workers stopped sending their children to school due to reduced incomes. Migrant children are often obliged to use private schools with higher fee as they can not access the public education system without household registration, which relies on long-term residency. Other studies have also reported that many children could not go to school because they accompanied their parents seeking employment opportunities at new locations (20). Provision of online and distance learning programmes did not achieve nation-wide coverage as in many rural areas many learners live in remote regions with limited internet coverage, cannot afford devices required for online learning or do not have teachers confident to facilitate such learning (20). There were no companies with policies supporting childcare and/or schooling for migrant workers’ children.

**Income:** migrant workers who travelled far from home sought better income not for themselves only but for their family members. Seasonal income or domestic remittances are a second essential income source for farmer families living below or on the poverty line (20). These income sources, therefore, are vital for nutritious diets, paying for essential items and utility bills. During the three waves of COVID-19 outbreak in Vietnam, migrant workers with limited daily incomes have had to changes their daily spending using different adverse coping mechanisms, such as skipping or reducing meals, prioritizing children’s food or sales of productive assets (22). There had only some companies supporting migrant workers with traveling and staying expenses but almost all companies had no further support for income compensation during the COVID-19 outbreak. Again the rationale of keeping the same policies for all workers adversely affected migrants who had worse conditions than other employees:

*“The companies have the same policies for all workers and no special treatment for migrant workers. Maybe, there are few migrant workers in our province. They will pay more attention if the number of migrant workers is high. And there is no special assistance for migrant workers during COVID-19 [although] many migrant workers had lower salary but kept staying through all holidays and Tet festival in their rented house as they were afraid of getting or transmitting diseases to their family members when they came home” (FGD with migrant workers)*

**Participating in urban planning processes:** Labour Union officials in charge of collecting complaints and opinions from workers about their working conditions and living situations said they used three mains channel of data collection: (1) Suggestion box in all companies; (2) the heads of sub-Labour Unions (a group of 20-30 workers often set up a sub-Labour Union with a head); (3) regular and occasional meetings/ workshops/ conferences such as annual workshops of all staff. Recently, some companies were using social network to collect complaints, opinions, and comments from workers such as Zalo group, Facebook group, etc.

*“We collect opinions from grass-root Labour Union in company. We organise regular and occasional conferences to get opinions. We will invite the representative of the Labour Union to participate and raise their comments. These should be actual comments from the employees and we make notes. In addition to these conferences, we have exchange talks and dialogues. Last two years, we invited both the Head of the Provincial People's Committee and all company owners, representatives of Labour Union, some workers in a dialogue. Employees could raise complaints, comments, and recommendations directly to the leaders of the province. That is, we force businesses to exchange dialogue with workers in the month of workers” (IDI with Labour Union)*

**Provincial stakeholders:**

- No mechanism

- No priority for migrant workers

**Low involvement / voice in planning process**

**Labour Unions**

- Dependent on company

- Working as an information transfer agency

**Company policy**

No special mechanism for migrant workers

**Individual**:

- Lack of skills and knowledge

- Lack of support/ encouragement

- Lack of appropriate channels

Figure 1. Challenges in voice raising in planning process of migrant workers

Further, migrant workers found no specific channels to raise their needs. The traditional way was that they talked and discussed concerns with the head of the sub-Labour Union. The head then transferred the information to the head of the Labour Union. This lengthy chain of communication could lead to delays in response or even no response to the migrant workers’ opinions.

“*The biggest difficulty is no priority for migrant workers from both government organisations and companies. Some companies could have some priorities for migrant workers but most are treated as equivalent to the local workers. And our voices do not easily come to the managers of the companies. The Labour Union should propose ways how could we easily speak out!* ” *(FGD with migrant workers)*

“*We use Zalo and/or Facebook group to comment but this is not officially communication channel. Nobody guarantees that our complaints from these groups will come to the managers. I think, official channels are yearly meeting or suggestion survey.* ” *(FGD with migrant workers)*

While Provincial Labour Unions and Women’s Unions participate in reviewing and suggesting urban planning policies, other stakeholders are not specifically targeted. Previous studies also highlight that there is a lack of clear references to specific local stakeholders or civil society organisations in urban health planning processes in Vietnam and other Low and Middle Income countries (10). The roles of migrant workers are, therefore, limited or do not exist in such planning processes.

“*All they (migrant workers) have done so far is raising their complaints and comments. They have never participated in any of the planning process either at company-level or at any other levels such as industrialized-zone-level or district-level. Migrant workers are changing daily. Most of them work for a company 2-3 years then they move to another company or move to other province. All they care about is making money*” *(IDI with Labour Union)*

“*The problem is that the Labour unions in companies work only as a centre for collecting comments and complaints then reflecting these to the managers. They do not actively explore the problems, plan for changes, and fight for workers. Staff of the Labour Unions are paid by managers of the companies. So I think, their support for raising the voice of migrant workers is not significant. They are very inactive!!!* ” *(IDI with Labour Union)*

Further, migrant workers were not familiar with raising their voices and lacked the knowledge and skills to participate in planning:

“*In my opinion, the role of migrant workers is important because they should know their rights and how they should act to fully access their rights. But they themselves do not have enough knowledge and they do not understand their rights or have the skills to raise their voice. If you do not cry, your mother will not feed you. They [migrants] don't know how to access their rights*” *(IDI with Labour Union)*

# Conclusion

Migrant workers are faced with many significant livelihood issues due to income reduction from losing jobs, reduced working time and lower salary payments. These economic issues are linked to health and education issues for them and their families. The limited support available to them for traveling and accommodation is inadequate, particularly in the context of support offered to local workers who are not migrants.

During COVID-19 outbreak, access to essential healthcare is limited and access to mental healthcare is likely to be a growing need in this population. No special COVID-19 prevention measures have been developed for migrant workers although they are at higher risk of contracting the virus and of mental health stressors. Migrant workers are not even receiving routine healthcare checks due to the COVID-19 outbreak.

Policymakers, company officials and the two main organizations representing the rights of the workers, the Labour Union and the Vietnam Women’s Union (WU) do not currently recognise migrant workers as an important group that should be prioritised for involvement in urban and health planning in Vietnam. Treating local and migrant workers equally with no account taken of the disadvantages faced by migrant workers has the consequence of making their needs and disadvantage invisible to policymakers. There are no livelihood and healthcare policies focusing on migrant workers to support them despite their increased exposure to COVID-19 and greater mobility restrictions. No data exists on their needs or specific mechanisms for collecting information or supporting them to influence data planning processes. Migrant workers could potentially present their complaints and concerns about their working and living situations via existing communication channels in their companies and social networks (Zalo, Facebook), meetings and workshops, they need support to use such channels and understand their rights. Further, migrant workers lack of skills to raise their voice and support and encouragement to be involve in urban planning process.

# Recommendations

Following the stakeholder workshop at which the above findings were presented, the following recommendations were formulated by participants (using a problem matrix of key problems and potential support) in relation to involving migrant workers in Vietnam’s urban planning process:

1 - Migrant workers should be trained with the knowledge and skills to help raise their voice on healthcare and livelihood during urban planning processes.

2 - The Labour Union and The Vietnam Women’s Union - should be involved in developing interventions to support migrant workers’ voice within urban planning and the mechanisms for collecting regular data on their needs

3 - Company managers should conduct regular research and discussions to deal with the needs of the migrant labour force

4 - Government organizations should recognise and prioritise migrant workers’ needs in urban planning process. Specific channels for collecting data and information on migrant populations should be developed.

5 - Further research studies with appropriate design should be conducted to explore how to effectively involve migrant workers in planning processes that affect their lives.

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