REPORT

(SAPPHIRE-ASIA) GEDSI WORKSHOP

to explore interest in collectively establishing a Vietnam GEDSI Community of Practice

Summary Report of Discussion Points - GEDSI Workshop

SAPPHIRE Midterm Review - Ho Chi Minh City, Vietnam

Tuesday, 8 September 2026, 1:30 PM – 5:30 PM



Prepared for participants as a record of the discussion. This report synthesizes the presentations and open discussions and is intended to support continued exchange among organisations working on GEDSI in Vietnam.

ACKNOWLEDGEMENT

Participants in Attendance Representing the Following Organizations

- Asia Society for Social Improvement and Sustainable Transformation (ASSIST) - Vietnam
- CARE International in Vietnam
- Center for Community Health Research and Development (CCRD)
- Center for Creative Initiatives in Health and Population (C.CIHP)
- Center for Supporting Community Development Initiatives (SCDI)
- Disability Research and Capacity Development Center (DrD)
- Hội cấp thoát nước Việt Nam - The Vietnam Water Supply and Sewage Association
- Nha Minh Clinic/ Blue Sky Social Enterprise
- Resonance Global
- Save the Children Vietnam
- School of Public Health
- The Vietnam Women's Union (VWU) – Ho Chi Minh
- Tinh Than Foundation
- University of Social Sciences and Humanities, Vietnam National University Ho Chi Minh City
- University of Sydney Vietnam Institute (SVI)



1. BACKGROUND AND PURPOSE

SAPPHIRE is a partnership between the University of Sydney and leading public health, academic and policy organisations across the Asia-Pacific, with projects in Vietnam, Cambodia, Fiji and Kiribati. SAPPHIRE is funded by the Australian Department of Foreign Affairs and Trade (DFAT). In Vietnam, SAPPHIRE is implemented by the University of Sydney Vietnam Institute (SVI) and focuses on strengthening tuberculosis control, antimicrobial resistance (AMR) and One Health approaches, maternal and child health, non-communicable diseases, and AI-enabled early breast cancer detection with gender equality, disability and social inclusion (GEDSI) embedded as a cross-cutting theme.

Following the first two years of implementation, the SAPPHIRE Mid-Term Review Workshop brought together project leaders, researchers, policymakers and implementation partners to review progress, share achievements and lessons learned, and plan priorities for the next phase. Alongside the Mid-Term Review, a dedicated GEDSI workshop brought together organisations working in the GEDSI space in Vietnam, including SAPPHIRE partners, DFAT Partnerships for a Healthy Region (PHR) initiatives, and other organisations advancing GEDSI in the country and region. This workshop was intended to build collaboration among and to explore the value of establishing an ongoing, Vietnam-based community of practice.



2. WORKSHOP OBJECTIVES

- Bring together organisations integrating GEDSI principles into health research, policy and programme implementation to share practical experiences, lessons learned and implementation challenges in operationalising GEDSI.
- Identify shared priorities, gaps and opportunities to strengthen GEDSI practice and influence in Vietnam.
- Foster collaboration, peer learning and ongoing knowledge exchange within and beyond the SAPPHIRE network.
- If there is interest, lay the foundation for a more sustainable community of practice for continued learning, collaboration and innovation on GEDSI across the country.

3. OPENING AND FRAMING

Mr Duy Trinh Hoang (SVI) welcomed participants and introduced the idea of an ongoing Vietnam GEDSI Community of Practice.

He framed GEDSI as an approach that ensures everyone - including people from vulnerable groups - has equal opportunity to realise their potential, contribute to, and benefit from society.

He noted that not every organisation in the room frames its work explicitly under the “GEDSI” label, but that most share a common commitment to advancing equity, fostering inclusion and ensuring meaningful participation - which was the common ground the session aimed to build on.

4. SESSION SUMMARIES

4.1. Presentation 1 - Embedding GEDSI in Practice: Gender Equality and Social Inclusion

Dr. Vu Song Ha • *Center for Creative Initiatives in Health and Population (CCIHP)*

CCIHP is a scientific and technology organisation (established 2008, under VUSTA) working across five areas: health equity, gender equality, mental health and disability, sexual and reproductive health, and non-communicable diseases. Dr Ha presented GEDSI as a cross-cutting tool for analysing and addressing systemic barriers and for embedding equity considerations throughout the project cycle from design, implementation, monitoring and evaluation, to results rather than as a stand-alone add-on.

Discussion points

- Tools used to embed gender equality and disability inclusion include gender analysis, sex- and gender-disaggregated data, barriers analysis, stakeholder mapping, intersectionality analysis, participatory and art-based methods, and documentation of lived experience.

- A concrete example illustrated how deep social norms run: despite organising sports events for children, girls' participation in swimming activities remained very low (around 5–7 out of every 100 children), largely because coaches are usually male and families felt this was not a safe environment for girls, a barrier that training alone does not resolve quickly.

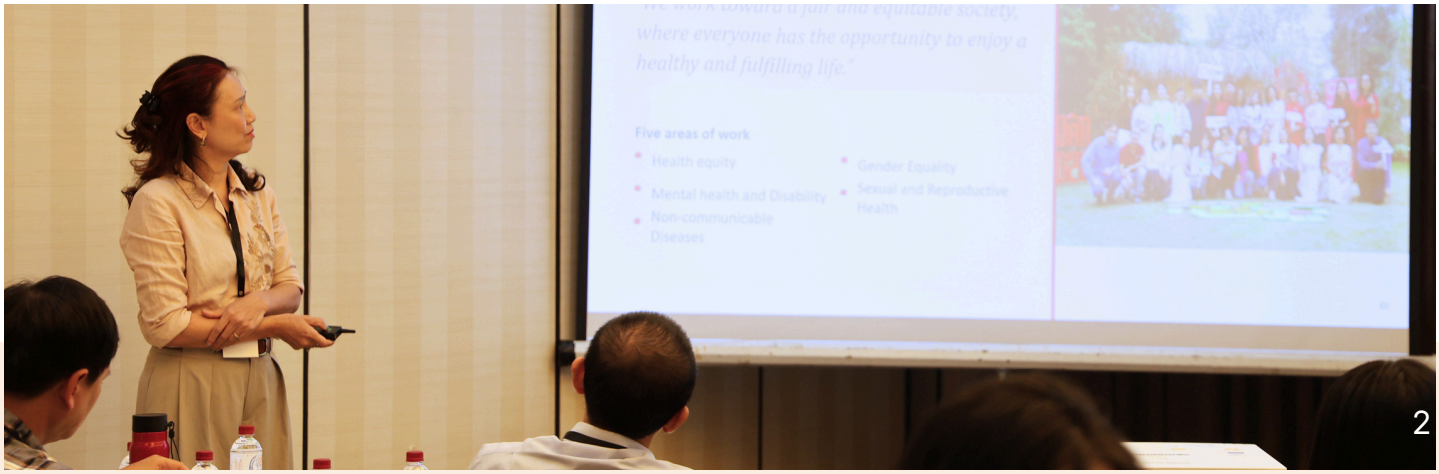
- On engaging men and boys to support more equitable caring responsibilities : CCIHP set a modest target of 10% male participation in parenting/caregiving skills training. Men who attend often face social pushback ("this is women's work"), but those who participate report greater empathy for their partners, stronger father–child bonds, and a gradual shift in how they see their own role - small, everyday actions (e.g. a father taking a child out) were highlighted as meaningful entry points, more than large campaigns.

- **Key lesson 1:** Design stage matters most: GEDSI is far more effective when embedded from the earliest design phase, including inviting relevant specialists in (e.g. on disability) before, not after, a programme is designed, because disability needs are highly diverse.

- **Key lesson 2:** Continuous training is essential, because staff and partner turnover is constant (including within CCIHP itself); training therefore needs to run continuously, combining short (around 9-month) and longer (around 2-year) formats.

- **Key lesson 3:** Both quantitative and qualitative data matter: quantitative indicators show what is happening, but qualitative stories are needed to understand the real barriers behind the numbers.

- **Key lesson 4:** Learning and sharing across organisations is valuable in itself; their enthusiasm for this workshop and contributing to a Vietnamese GEDSI CoP session were cited as two direct examples of that value.



4.2. Presentation 2 - Embedding GEDSI in Practice: Sexual and Reproductive Health and Gender-Based Violence

Ms. Huynh Nguyen Anh Mai • *Y-PEER Vietnam*

Ms Mai is a gender and development researcher/consultant and gender-justice advocate with experience in sexual and reproductive health and rights, GBV prevention and climate change, and participation in international policy forums (e.g. Beijing+30, CSW). Y-PEER Vietnam is a youth peer network on sexual and reproductive health and rights, gender equality, diversity and inclusion, connected to a regional Southeast Asian platform on GBV prevention.

Discussion points - a three-lens analytical framework

- **Lens 1:** Intersectionality: overlapping identities (e.g. being a woman, LGBTQ+, and a person with a disability at the same time) create distinct, compounded barriers. The framework pushes practitioners to keep asking: who exactly are we talking about, and what specific barriers do they face?

- **Lens 2:** Responsive and transformative approaches, applied in parallel: "responsive" work addresses immediate needs (e.g. GBV hotlines, shelters); "transformative" work addresses the root causes and power structures that produce the harm. Responsive support alone, without transformative work, means violence keeps recurring, the two must move together, not in sequence.

- **Lens 3:** Locally led and community-led approaches: when young people are directly involved in research and design, not only consulted, programme sustainability improves, because the community itself understands its own barriers and can sustain the effort over time.



- Four underpinning values applied alongside the three lenses:

1. *Do no harm (community safety first);*
2. *Rights-based and dignity-protecting;*
3. *Locally/community-led;*
4. *Participatory, co-creative design.*

- Practical constraints and adaptation: working with limited time and resources (typical for youth-focused organisations), Y-PEER adapted broader GEDSI frameworks into three guiding questions used at the design stage:

1. *We must ask at the start: Which group is currently being left out, and what are their real barriers? Raising it later leaves little room or resources to change course;*
2. *Who actually holds voice and decision-making power, is the community genuinely co-creating, or only being consulted? (this gap is hard to close in practice, though partnering with community-based/youth-led organisations helps bridge it);*
3. *Does integrating gender, disability and inclusion genuinely shape the project's design and impact, or does it only show up in monitoring indicators, if the latter, it is usually already too late.*

- Example: building a directory of LGBT-friendly health facilities and engaging young people directly in consultations with the Ministry of Health on relevant standards/questions.



Open Discussion (following Presentations 1 and 2) - Telling the Story of Change

- A participant asked the panel to reflect on how organisations can tell compelling stories of successful change - since shifting social norms takes significant time and resources, and resourcing itself often depends on first capturing people's attention and then helping them own the change, not just informing them of it.

- CCIHP (Dr Ha) described using storytelling widely in practice: closing sessions in training courses where participants share their own experiences; encouraging beneficiaries to share their stories on social media themselves; producing short videos documenting change. This approach was described as empowering for participants themselves, not only for external audiences, because it lets them feel proud of what they achieved. A related tactic: breaking large goals into small milestones and celebrating small, everyday wins (e.g. a father taking his child out on a bicycle) rather than only large-scale outcomes.

- Y-PEER (Ms Mai) added that centring people with lived experience as the storytellers, rather than speaking on their behalf, was central to their approach, echoed by the LGBT-friendly facility directory example.

- CCIHP also noted the use of participation quotas in some projects (e.g. targets that ~30% of trained health staff and ~30% of leadership positions be women), typically starting from a lower baseline (around 10–20%) and increasing over time; and cited an example where gender-inclusive workforce practice was used as a bid-evaluation criterion for contractors/vendors, so that "who wins the contract" itself reinforced the norm.

- Reflection shared: gender as a topic of open discussion in Vietnam has become markedly more accepted over roughly the last 20 years, and disability inclusion appears to be on a similar, gradually opening trajectory but collectively our work should contribute to accelerating this emerging momentum.

4.3. Presentation 3 - Embedding GEDSI in Practice: The Water Sector

Dr. Ha Thuy Hanh • *Vietnam Water Supply and Sewerage Association (VWSA)*

Dr Hanh is Deputy Director of the Institute of Water Supply, Sewerage and Environment (VWSA) and Vice Chair of the Women in Water Sector Club, with over 30 years of experience in rural development and gender mainstreaming. This was the most data-intensive presentation, drawing on a joint ADB-VWSA Gender Equality Assessment (GEAR) survey of 45 water and sanitation enterprises across 45 of Vietnam's provinces, conducted between 2023 and 2025.

Sector context

- Demand for clean water is projected to grow by 32% by 2030, driven by industrialisation and urbanisation; without intervention, climate-related risks (drought, flood, saline intrusion) could reduce GDP by up to 6% per year by 2035.
- Women are disproportionately affected by climate and water stress because they typically bear primary responsibility for household water management; women's fuller participation is linked to better urban water governance, service quality and system resilience, and aligns with SDG 5 and Vietnam's 2045 development goals.

Key survey findings

- Women make up roughly one-third of the sector workforce but are markedly under-represented in leadership and technical roles: only 7.3% of surveyed companies have a female board chair, and 18 of the 45 companies surveyed have no women at all on their board of directors.
- Clear horizontal occupational segregation: men dominate engineering, plant operations and maintenance (in many companies, 100% of pump-station operators are male); women are concentrated in administration, accounting and support roles (83% of women surveyed work in support functions).
- A "leaking pipeline" pattern: female representation shrinks at each successive level : from general workforce, to middle management, to the board, to executive leadership.
- The "protectionist paradox": well-intentioned protections that exempt women from hazardous work and night shifts inadvertently exclude them from the hands-on technical/operational experience that leads to promotion - reinforcing the belief that "technical leaders must be men." Underlying this is a systemic flaw: informal promotion criteria value technical background over general management capability, effectively filtering women out of the leadership track.
- Working conditions matter concretely: 74% of surveyed pumping stations lack separate restrooms for men and women; dedicated breastfeeding/changing rooms are essentially absent; lighting at remote stations is often inadequate for female night-shift workers' safety; and protective equipment is typically sized only for men.
- Institutional gaps: most companies have no dedicated gender-equality committee or mechanism, although leadership interest is rising. Women's Union committees run annual events (8 March, 20 October) but have limited influence on business strategy. Only 1 of the 45 companies surveyed has its own independent gender-equality strategy. Most apply "gender-neutral" HR policies that, by not accounting for women's different starting points, allow the existing gap to persist. A few localities (e.g. Quang Ninh, Da Nang, Quang Tri) have begun prioritising people with disabilities and children from disadvantaged families in recruitment.
- Positive signs: flexible work arrangements (adjusted shift hours, piece-based work, flexible leave) are beginning to appear and are associated with higher job satisfaction and productivity for both men and women.

Recommendations - integrating GEDSI across the whole (business) value chain

Dr Hanh stressed that GEDSI in the water sector should not be a stand-alone activity but should be integrated across policy, planning, investment, project design, service delivery, corporate governance, human resources, and monitoring and evaluation.

- For water enterprises: increase women's share of technical roles; build female-leadership pipelines; embed GEDSI targets into company KPIs; ensure gender-neutral recruitment; upgrade restrooms, changing rooms and working conditions; implement work–life balance and anti-sexual-harassment policies; create employment pathways for people with disabilities; and track women's representation by management level.

- For service users ("leave no one behind"): tailor service indicators to women and girls, older people, people with disabilities, poor/near-poor households, rural and disadvantaged communities, ethnic minorities, migrants and renters, and other groups at risk of exclusion from decision-making so that access, safety and affordability of water and sanitation services are genuinely universal.

- Physical accessibility: wheelchair-accessible water points and public facilities, toilets designed for all user groups, satisfaction assessments for people with disabilities, and tracking of disability employment rates within the sector.

- Institutional levers: embed gender/GEDSI indicators into official policy and regulation; strengthen gender-sensitive training capacity; build stronger gender/GEDSI data and reporting systems; and deepen international cooperation and experience-sharing.



A working model - the Women in Water Sector Club

- Quarterly (mostly in-person) meetings to share management experience and discuss shared challenges such as digital transformation; online formats have seen lower uptake so far.

- **Mentorship:** senior leaders directly coach promising younger women to help them navigate barriers to advancement.

- **Recognition:** an industry-wide Gender Equality Award to celebrate outstanding female leaders, which has also helped unlock member-company funding for related training and promotion activities once companies are engaged.

- **Business-case framing that resonated with leadership:** research cited (via ADB reporting) links strong gender-equality practice to roughly 65% higher operational effectiveness; simply conducting the sector-wide survey itself functioned as an awareness-raising exercise, and peer pressure within the sector's regular network meetings helped normalise expectations - leaders began to feel that not acting on gender equality would put their company "outside the network."

Open Discussion (following Presentation 3) - Digital transformation and Who is left behind

- Discussion turned to how digital transformation intersects with GEDSI. Dr Hanh noted that digitalisation (e.g. smart water meters replacing manual meter reading) is necessary for efficiency and for meeting growing transparency requirements (financial reporting, tax), but risks leaving women and less digitally able staff behind unless paired with dedicated digital-skills training.

- On scaling: rather than attempting to roll out reforms everywhere at once, Dr Hanh suggested piloting in a small number of representative provinces or companies (e.g. drawing from North, Central and South) and allowing successful models to be replicated organically by peer companies within the network - an approach VWSA has used successfully in prior sector-wide initiatives.

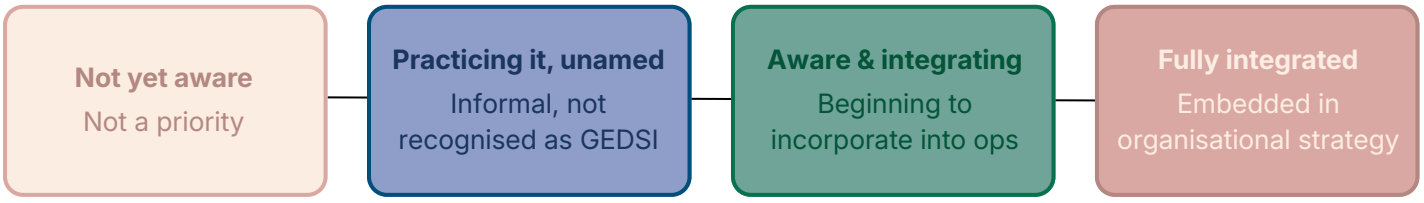
4.4. Presentation 4 - Embedding GEDSI in Practice: Small and Medium Enterprises (SMEs)

Ms. Jolly Nguyen • *Resonance Global - SME Strategy Advisor, GEDSI Specialist*

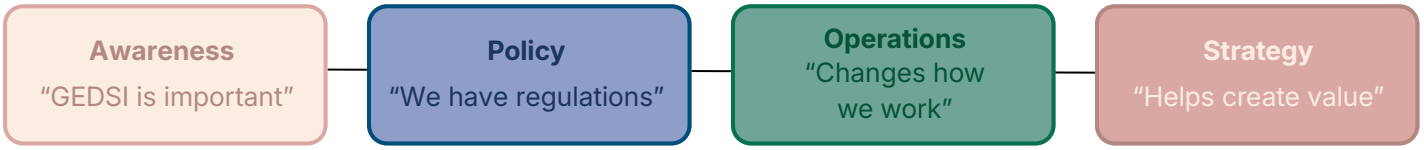
Ms Nguyen has over 10 years of experience founding her own business and advising/mentoring SMEs across Vietnam and Southeast Asia.

Discussion points

- The "GEDSI journey" for SMEs was framed in four stages:



- A related "from awareness to value" progression:



- The value GEDSI creates for SMEs spans five areas:

1. *People (stronger attraction and retention of staff),*
2. *Safety (better working conditions),*
3. *Capability (improved employee wellbeing and capacity),*
4. *Partnerships (greater access to funding and collaboration, since funders increasingly assess how a business treats its workers),*
5. *Innovation (new ways of doing business).*



- Five practical lessons for integrating GEDSI into SMEs:

1. *start with a real business problem, not an abstract framework - a "grand" framework that doesn't solve a concrete problem has little transformative value;*
2. *speak the language of business, not technical jargon - many SMEs are already practising inclusive behaviours (e.g. working with ethnic-minority communities or employing people with disabilities) without ever using the word "GEDSI," and leading with heavy terminology can alienate rather than engage them;*
3. *equity does not mean sameness - solutions must be tailored to different groups' different barriers;*
4. *design to match the SME's actual capacity - small, sustainable changes outperform large one-off interventions that exceed available time and resources;*
5. *build together with partners, since SMEs typically cannot solve every barrier alone (e.g. helping women workers access insurance or ID documentation required partnering with specialised providers).*

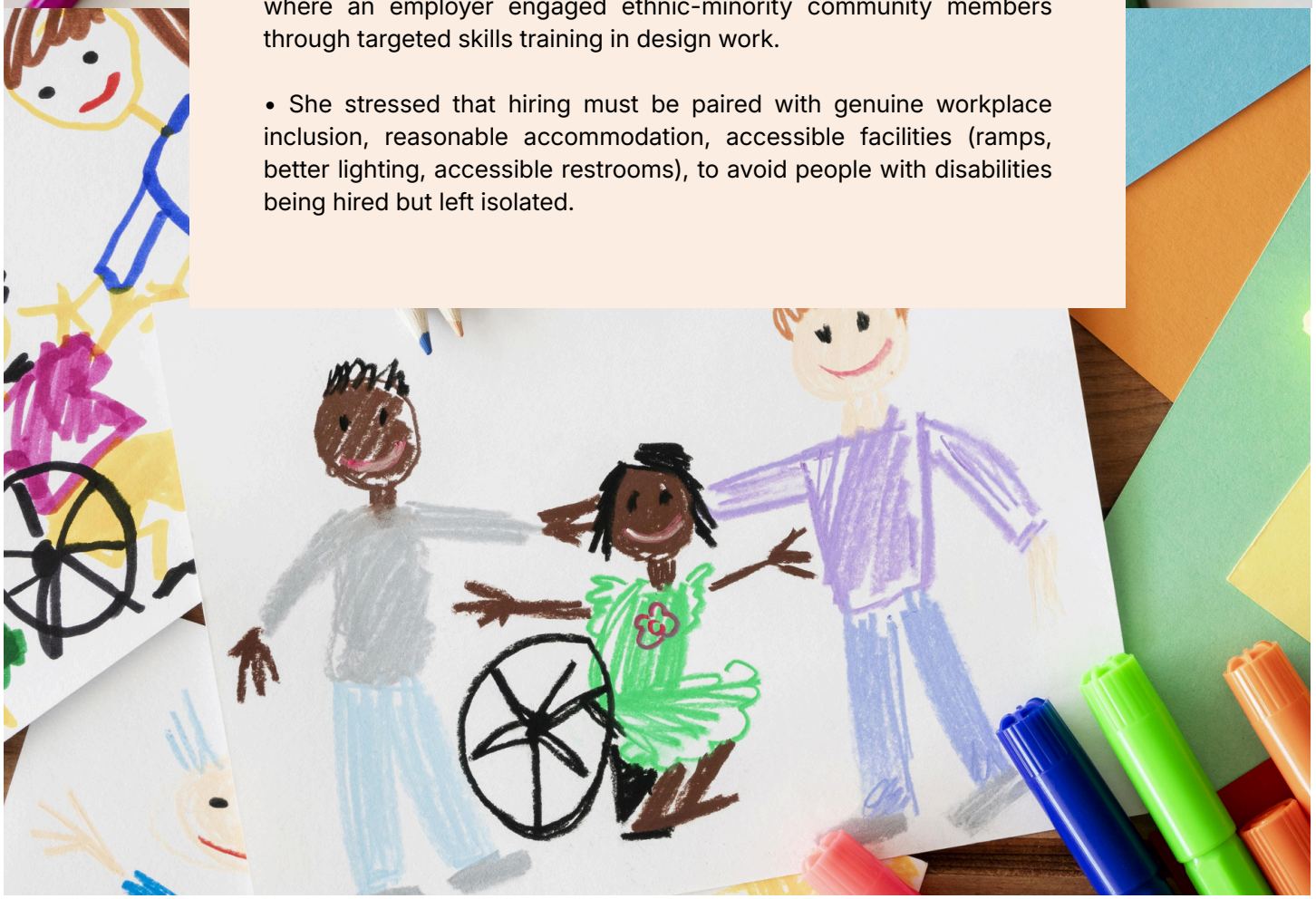
Closing message: GEDSI should be seen as integral to business, not a "nice to have", because it can improve productivity, retention and staff mental wellbeing, and open access to a broader range of customers and partners. Integration should match an SME's capacity and local context, starting with a small, co-designed, achievable change, guided by a Test → Validate → Adjust → Scale mindset. Abandoning efforts midway wastes time, resources and partner trust.



Discussion - hiring people with disabilities in practice

• Asked about the practical cost and complexity of employing people with disabilities (e.g. where an intellectual disability requires accompanying support), Ms Nguyen noted that feasibility depends on matching the role to the disability type, e.g. sorting/processing tasks suited to certain physical disabilities, seated or stationary roles for those with mobility impairments, and cited an example from Laos where an employer engaged ethnic-minority community members through targeted skills training in design work.

• She stressed that hiring must be paired with genuine workplace inclusion, reasonable accommodation, accessible facilities (ramps, better lighting, accessible restrooms), to avoid people with disabilities being hired but left isolated.



4.5. Presentation 5 - Embedding GEDSI in the SAPPHIRE Programme: Public Health Research

Mr. Duy Trinh Hoang • *Sydney Vietnam Institute (SVI)*

SAPPHIRE Asia in Vietnam works across TB, AMR/One Health, maternal and child health, non-communicable diseases, and AI-enabled breast cancer detection, with GEDSI embedded as a cross-cutting theme across all streams. SVI's responsibility is to support sub-projects to identify not only who participates, who does not, and who may be left behind, but also why exclusion occurs, how participation decisions are actually made, and what programmes should change as a result.

Discussion points

- To make the approach more concrete and actionable for teams, SVI reframed GEDSI internally as "AIRE" - Accessing, Including and Reaching Everyone.



- AIRE was embedded at three levels:

1. *for SVI/SAPPHIRE project managers and teams, training on why GEDSI matters for programme effectiveness and equity, and how to integrate community engagement and evidence generation into implementation;*
2. *for sub-project local partners and implementers (e.g. TB screening), training on GEDSI-disaggregated data collection, standardised video-based training materials for large-scale roll-out, and disaggregated data-collection tools, developed in consultation with local civil-society organisations (e.g. CCIHP) on appropriate questions and language covering age, sex, gender, disability and socio-economic status, following a "do no harm" principle;*
3. *within sub-projects - qualitative research, community engagement (community advisory boards, community consultations) and co-design workshops.*

- Case example - TB screening: the programme faced an overall low participation rate, with particular non-participation (both missed and declined) among working-age men. Applying AIRE meant systematically asking "who are we missing?" and "why are they missing?" rather than only tracking aggregate screening numbers.

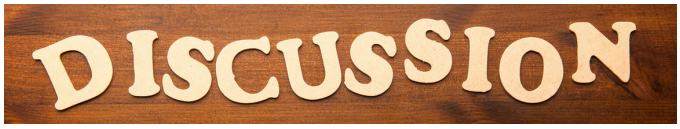
- Findings from this case: no single outreach approach fits everyone, messaging needed to shift from mass, linear communication toward multiple, flexible and targeted channels to maximise reach; some communities face genuine physical-access barriers (e.g. remote areas in Ca Mau lacking bridges/infrastructure); generic messaging about the benefits/risks of screening was less effective than messages tailored using a decision framework of information, trust and relevance; and structural factors such as expanding health-insurance coverage over time (e.g. among near-poor households in Ca Mau) materially change participation, meaning barriers are context- and time-specific, not fixed.

- What worked: acting on both halves of AIRE ("who is missing" and "why") shifted the team from simply counting participants to understanding lived experience; documenting barriers with evidence rather than assuming them produced durable, adaptable resources (training materials, data tools, explainer films) usable beyond the original sub-project; and recognising that the same outcome (e.g. low screening uptake) can have different underlying causes in different places led to more targeted messaging and engagement, and to a broader recognition that "one-size-fits-all" solutions rarely work.

- Challenges: GEDSI risks being treated as a donor compliance/reporting requirement rather than something that genuinely changes practice - "talking about the issue is easier than changing practice"; understanding why exclusion happens is inherently complex, since quantitative data alone rarely explains the "why," and barriers are context-specific and shift over time (e.g. as insurance policy changes); qualitative and intersectional research requires specialised capacity that not all staff or partners currently have, and needs dedicated time and resourcing; and genuine community engagement depends on whether communities themselves have the time and capacity to participate - a resourcing constraint that is often overlooked.

4.6. Plenary Discussion - Participation vs. Consultation, and Partnering for Genuine Disability Inclusion

The closing discussion opened with a cross-cutting challenge from a participant, echoing a theme raised throughout the day: across all the presentations, there was a great deal of discussion about "participation", but is this genuine participation (shared decision-making, inclusion in managing programmes and projects) or still consultation (gathering the views of marginalised groups so that others decide on their behalf)?



The participant noted that Vietnam already has laws on gender equality and disability, and that GEDSI/mainstreaming has been discussed for over a decade, raising the question of what is genuinely different in practice today. He extended this to digital transformation specifically (referencing recent national leadership statements on inclusive digital transformation, i.e. "no one left behind"), asking how older people and others facing barriers actually access and benefit from digital services, what the real barriers are, and what role they should play in shaping digital-inclusion policy, rather than being treated only as passive beneficiaries.

Discussion points

- Mr Duy Trinh Hoang (SVI) acknowledged this tension between consultation and genuine participation as one that everyone working in this space grapples with, and described SVI/SAPPHIRE's current practice of establishing community advisory structures including a person with disability as a community representative directly involved in shaping project design and policy, not only providing input as an informant.

- Dr Vu Song Ha (CCIHP) agreed this is a genuine, ongoing tension rooted in power: being asked for input is not the same as holding decision-making power, and noted it is an area CCIHP continues to actively study and reflect on.

- A participant working in the disability sector offered a detailed, practical response on how to move from consultation toward genuine, sustainable partnership: choose partners who will continue the work regardless of whether project funding continues, for example, partnering with disability associations or clubs that will carry the mission forward with or without external funding — rather than training individuals with no connection to a disability-focused organisation, which tends not to be sustainable.



- He shared an example from a livelihoods project: staff initially assumed that people with disabilities could not manage the livelihoods-support model being introduced, but after training, mentoring and pairing with peer disability organisations, disabled community outreach workers ultimately reached and engaged their own communities more effectively than professional staff because of trust, lived proximity and empathy. He stressed, however, that this kind of outcome requires sustained, adequately resourced investment (dedicated budget, structured training and mentoring), not a one-off short-term project.

- He also emphasised tailoring the "why GEDSI matters" message to the specific audience: SMEs tend to respond to bottom-line, cost-benefit framing (what a specific candidate's strengths and productivity offer), while large exporters and corporations tend to respond to CSR commitments, GRI reporting standards and brand/compliance requirementsm, meaning there is no single pitch that works for every type of organisation. He noted that most employer hesitation around hiring people with disabilities stems from unconscious bias and unfamiliarity rather than deliberate discrimination, for example, assuming a communication difficulty automatically rules someone out of a role and that once employers see a concrete demonstration of a candidate's strengths, hiring decisions follow.

- **A recurring closing principle across contributions:** organisations doing GEDSI work should centre the voices of people with disabilities (and other affected groups) themselves in defining what they actually need, rather than deciding on their behalf based on external assumptions.



5. CROSS-CUTTING THEMES AND KEY TAKEAWAYS

- **Embed early, not late:** GEDSI is consistently more effective, and cheaper to course-correct, when built into project design from the outset, rather than added at the monitoring/reporting stage.

- **Pair responsive and transformative work**: addressing immediate needs (services, hotlines, shelters) without also addressing root causes and power structures leaves the underlying problem unresolved; the two need to move together.

- **Consultation is not the same as participation**: nearly every sector represented flagged the same gap between gathering input and sharing real decision-making power - closing it requires structural choices (e.g. community advisory boards with genuine authority, partnering with community-led organisations) rather than good intentions alone.

- **Intersectionality changes the barrier, not just its size:** overlapping identities (gender, disability, ethnicity, poverty, age, migration status) produce distinct, compounded barriers that single-axis approaches (e.g. "gender only") will miss.

- **Data needs both halves:** quantitative, disaggregated data shows what is happening and at what scale; qualitative research and storytelling are needed to understand why, and are also powerful tools for mobilising resources and shifting leadership attitudes.

- **Message the business case to the actual audience:** SMEs respond to concrete cost/productivity arguments; large corporates respond to CSR, reporting standards and compliance; policymakers respond to legal/institutional framing, a single generic pitch under-performs across all three.

- **Sustainable inclusion needs sustained investment**: genuinely effective partnerships with people with disabilities, ethnic minorities and other communities require ongoing budget, training and mentoring, not one-off, short-term projects and work best through partnership with organisations that will continue the mission regardless of project funding cycles.

- **Digital transformation is not automatically inclusive:** efficiency gains (e.g. smart metering, digital reporting) can exclude women and other groups unless paired deliberately with digital-skills training and accessible design.

- **Cross-sector learning has real value:** health, water, private-sector and SME practitioners face strikingly similar challenges (resourcing, norms change, participation vs. consultation, data gaps) and offer each other complementary, transferable solutions which is a strong rationale for continued exchange.

- The meeting closed with enthusiasm and commitment to initiating a Vietnamese GEDSI Community of Practice (CoP) to continue and extend the learning opportunities, and potential of forming a coalition to strengthen advocacy for transformative and integrated equity action. The design, form and frequency of these CoP meetings would be developed through a poll to be shared with this summary, and through further discussion.

Contact us

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