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**RESILIENCE IN PRACTICE: THE ROLES OF
VIETNAMESE CIVIL SOCIETY
ORGANIZATIONS IN EPIDEMIC
PREVENTION**

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Resilience in Practice: The Roles of Vietnamese Civil Society Organizations in Epidemic Prevention

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Abstract: This paper investigates the roles and resilience of Vietnamese Civil Society Organizations (CSOs) in response to the COVID-19 pandemic. While international literature highlights the crucial contribution of CSOs to public health crises, especially in the post-pandemic recovery phase, academic analysis of Vietnamese CSOs has remained scarce. Drawing on empirical data from two urban hubs- Hanoi and Ho Chi Minh City- this article explores how CSOs participated in epidemic prevention, what internal and external resources they mobilized, and how they evaluated their own impact. By examining organizational characteristics such as type, operational scope, field of activity, human resources, funding sources, and relationships with the state, the paper provides a multi-dimensional view of CSO engagement during crisis. The analysis identifies key factors influencing the capacity of CSOs to adapt, maintain operations, and respond effectively under extreme pressure. In doing so, it contributes to a deeper understanding of the civil sector's flexibility, responsiveness, and evolving role in epidemic governance in Vietnam.

Keywords: civil society organizations, COVID-19, resilience, Vietnam, epidemic governance

Subject classification: Sociology

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1. Introduction

The COVID-19 pandemic communities have created not only an unprecedented public health emergency but also a far-reaching social and institutional crisis that has tested the resilience of governments, systems, and globally. Vietnam's initial pandemic response in early 2020 was widely recognized for its decision and success. Through rapid containment strategies, coordinated coordination, and an intensive public communication campaign, captured in the slogan "fighting the pandemic like fighting the enemy", the country maintains low infection and fatality rates in the early stages. This state-led approach, grounded in public trust and mobilization, was initially effective in curbing viral spread.

Yet as the crisis evolved into a prolonged, multi-wave emergency, new challenges emerged. The emergence of novel variants and the socio-economic toll of extended restrictions expose the limits of a state-centric model. Vietnam, like many other countries, was forced to shift from top-down crisis containment to more adaptive, decentralized, and community-based forms of governance. In this context, the involvement of Civil Society Organizations (CSOs)- including mass organizations, professional associations, and non-governmental organizations- became increasingly vital in reaching vulnerable populations, sustaining community support, and supplementing public service gaps.

While global research has highlighted the critical role of CSOs in pandemic governance, the Vietnamese case remains underexplored in academic literature. Existing accounts are often anecdotal or media-based, lacking systematic analysis of how CSOs contributed, adapted, and evaluated their role. Vietnam presents a particularly compelling context for such inquiry: its civil society landscape is hybrid and semi-institutionalised, with some CSOs embedded within the state apparatus, others navigating more constrained and autonomous spaces. This ambiguity raises important questions about how structural position and internal resources influence organizational engagement in crisis contexts.

This article addresses that gap by examining how Vietnamese CSOs responded to the COVID-19 pandemic, using resource mobilization theory to analyze the internal participation factors shaping their resilience. Drawing on a structured survey of 262 organizations in Hanoi and Ho Chi Minh City, the study investigates (1) the forms of CSO engagement, (2) the types of resources they mobilized, and (3) how they assessed their own impact. By focusing on internal organizational characteristics- such as type, operational and geographical scope, staffing, and funding- the study contributes new empirical evidence on the adaptive capacity of CSOs in Vietnam, and offers theoretical insight into how resource-based variables shape CSOs' resilience under crisis.

2. Literature review: Organizational Resilience in Crisis Contexts

Shrinking Civic Space and Social Restriction

The COVID-19 pandemic has intensified longstanding concerns about the shrinking space for civil society, especially in Southeast Asia where states have increasingly imposed restrictions on CSOs (Lorch and Sombatpoonsiri 2020; Nixon 2020; Gomez 2020; Bethke & Wolf 2020). This trend is not new- it has been debated since the early 2000s under the "shrinking space" framework (Carothers & Brechenmacher 2014; Poppe & Wolf 2017). During the pandemic, state-enforced social distancing and restrictions on movement further curtailed civil society operations, limiting in-person activities and disrupting service delivery (Bethke & Wolf 2020). CSOs across different national contexts struggled to reach target populations, maintain services, and remain financially viable.

CSOs in COVID-19 Globally

Empirical studies from various countries, such as Turkey and Austria illustrate how the pandemic altered the functioning of CSOs- affecting service priorities, financial stability, and operational methods (Doğan & Genç 2021; Meyer et al. 2021). Larger CSOs with complex bureaucracies faced significant setbacks due to reduced mobility and disrupted funding. Conversely, grassroots networks and flexible community-based organizations were often quicker to recover and adapt. In China, the crisis encouraged the emergence of new CSO alliances and inter-organizational networks that functioned effectively even under strict state oversight (Hu 2020). Globally, many CSOs leveraged digital tools, restructured their service delivery models, and expanded their roles in mutual aid and local coordination (Nixon et al. 2020; Nampoothiri & Artuso 2021).

These international patterns highlight two critical shifts: first, a reorientation toward internal resource mobilization as reliance on international donors diminished; second, a growing emphasis on flexibility, localism, and digital transformation. These shifts are particularly relevant for analysing CSO responses in hybrid governance contexts like Vietnam.

Vietnam-Specific Insights

In Vietnam, social science research on CSOs during COVID-19 remains limited, despite the documented societal consensus in supporting state-led epidemic responses. Existing literature focuses largely on the role of state institutions, with little systematic attention paid to CSOs. Yet observations from media and public discourse indicate that CSOs- including mass organizations and informal volunteer groups- played diverse roles: distributing aid, raising funds, coordinating logistics, and disseminating information. For example, the Vietnam Fatherland Front mobilized nearly 160 billion VND during the first wave of the pandemic (Pham 2020), while grassroots initiatives like "rice ATMs" and 0-VND supermarkets proliferated across cities.

These activities point to a vibrant but underexamined sector whose contributions span both formal and informal domains. While mass organizations are closely aligned with the state, other CSOs operate in more constrained institutional spaces. This hybrid structure poses unique questions about resource mobilization, operational autonomy, and crisis resilience.

Despite the growing visibility of CSOs during the pandemic, no empirical research has yet systematically analyzed their internal resources, modes of participation, or perceived impacts. This study addresses that gap by examining how Vietnamese CSOs adapted to crisis conditions and mobilized their organizational capacities. In doing so, it contributes to broader theoretical discussions of resilience and resource mobilization while offering empirical insight into Vietnam's evolving civil society under pandemic stress.

3. Theoretical Approach and Research Method

3.1. Concepts

This study uses the term civil society organizations (CSOs) to refer broadly to voluntary, non-profit, and non-governmental entities (Bui The Cuong 2005; Bui Quang Dung 2007; Nguyen Duc Vinh 2013; Wischermann & Dang 2018; Dang Thi Viet Phuong 2021). In the Vietnamese context, these include mass organizations (e.g. including the Labor Federation, Women's Union, Farmers' Association, Youth Union, Veterans' Association), professional associations, non-governmental organizations, social organizations, and other voluntary groups. For analytical clarity, this study categorises CSOs into three groups based on their relationship with the state and functional activities: (1) mass organizations, (2) professional associations, and (3) NGOs as a whole rest of organizations. The research focuses on organizations with at least five years of operation to ensure stability and relevant crisis experience.

The term “resilience” comes from the Latin word “resilire” (which means to leap or jump back). It was first produced in the field of ecology (Holling 1973), and gradually has been developed in various social science disciplines. Since the beginning of the 21st century, together with major social challenges that has enhanced social awareness, the concept of resilience has become especially important (Folke, 2006). Folke argues that resilience should not be viewed as a state, but as an ongoing process: ‘Resilience is a dynamic concept that focuses on how to persevere with change [...], how to grow with change’ (Folke 2016 n.p.). That is, resilience is not focused on the issue of a stable order, but rather on considering the potential and resources to overcome problems, turning uncertainties into opportunities for innovation (see also Vogt and Schneider 2016; Hirschmann et al. 2020). This understanding sees resilience through processes of adaptation, learning, and innovation. This is especially true when a system not only endures (i.e. takes on) a challenging situation and maintains the status quo (recovers), but also continues to develop (moves forward). Adaptability or the capacity to act (adaptability or adaptability) is central to resilience (Kölbel & Erckrath 2023). A system or organization is resilient if its components are able to respond to changing conditions and disruptions by integrating experience and knowledge, developing innovative solutions, and learning from overcoming problems (Folke 2006).

3.2. Theoretical Framework

This study draws on interdisciplinary theoretical discussions of civil society and resource mobilization. While the global literature on civil society is often based on liberal democratic

assumptions- viewing civil society as a counterweight to the state and a space for autonomous participation- these concepts require careful adjustment in a context where civil society is embedded within state structures, and the boundaries between state and non-state actors are blurred (Wischermann, 2010).

Vietnam's civil society landscape is best described as semi-institutionalized and hybrid (Kerkvliet, 2003; Gainsborough, 2010), where CSOs do not exist outside the state, but operate within negotiated spaces shaped by party-state oversight, sectoral politics, and informal patronage networks. In such a context, civil society actors do not engage in outright opposition but through selective cooperation and institutional adaptation (Malesky & Schuler, 2010). This makes Vietnamese CSOs a compelling case study for studying how non-state actors overcome constraints while still creating public value, especially during crises.

This paper adopts resource mobilization theory as an analytical framework to examine the resilience and crisis response of CSOs in Vietnam during the COVID-19 pandemic. Originally developed in the 1970s by scholars such as McCarthy and Zald (1977), resource mobilization theory emphasizes that successful collective action depends on the strategic acquisition, management, and deployment of resources.

In the context of the COVID-19 crisis, resource mobilization theory provides a useful lens to analyze how different types of Vietnamese CSOs mobilized resources to sustain in the pandemic. This framework directs attention to internal organizational variables that shape an organization's capacity to act, including type of CSO, scope of operation, staff, human capital and financial resources. The framework also facilitates comparative analysis: Do CSOs with diversified funding bases respond more effectively than those reliant on a single donor? Does a broader operational scope enhance or constrain local responsiveness?

Combining these two elements- civil society theory and resource mobilization theory, this article positions Vietnamese CSOs not as static entities but as adaptive actors operating in the pandemic. The analysis pays particular attention to how factors such as organizational type (e.g. mass organizations, NGOs), scope of operations and other resources determine both the capacity and form of participation in crisis contexts.

3.3. Sampling and Survey Research Technique

Hanoi and Ho Chi Minh City were selected as study sites due to their high concentration of active CSOs. The research sample was developed using the sample of 711 CSOs from the 2021 national economic census as primary population, supplemented by a panel dataset of 300 CSOs surveyed in 2009. Organizations with at least five years of operation were included. After removing duplicates, the sample was stratified into three groups: Group 1 (mass organizations), Group 2 (professional associations), and Group 3 (NGOs). A total of 262 organizations were randomly selected through cluster sampling- 121 in Ho Chi Minh City and 141 in Hanoi. Data collection took place between June and September 2024 through direct interviews with CSOs'

representatives, using semi-structured questionnaires. The data used for analysis in this article include questions related to CSOs' participation in COVID-19 prevention and control.

4. Findings

4.1. Participation of CSOs in Epidemic Prevention

The survey reveals that approximately two-thirds of the 262 civil society organizations (CSOs) in Hanoi and Ho Chi Minh City confirmed their involvement in COVID-19 prevention efforts. community, mobilization and donation are the two most common forms of participation of these organizations. Among the primary forms of engagement were public awareness campaigns, fundraising and donations, volunteer mobilization, and participation in frontline efforts such as community COVID-19 teams. While nearly 80% had some form of prior experience with community initiatives, statistical testing indicates that such experience was not a significant predictor of participation during the pandemic, suggesting that the crisis elicited widespread mobilization regardless of organizational history.

A comparison of CSO participation in COVID-19 prevention between Hanoi and Ho Chi Minh City reveals a higher engagement rate in Hanoi. Specifically, nearly 76% of surveyed CSOs in Hanoi reported their involvement in epidemic prevention activities, whereas only 57% of CSOs in Ho Chi Minh City indicated such participation. In both cities, the most commonly reported forms of involvement were propaganda, community mobilization, and the dissemination of information related to epidemic prevention. Depending on their scale, scope of operations, and target populations, CSOs employed a variety of communication strategies. Many organizations proactively produced and distributed printed media materials to reach individuals at the grassroots level.

During periods of prolonged social distancing, numerous CSOs adapted by shifting to digital communication platforms, including social media, text and voice messaging tools with wide reach, to ensure timely and effective information dissemination. The content of these communications typically focused on regulations related to epidemic prevention and control, as well as maintaining public order and safety at quarantine facilities, field hospitals, and within communities and households. Through their communication and advocacy efforts, CSOs played a vital role in enhancing public awareness, fostering community consensus and compliance, and ultimately contributing to the containment of the disease.

The second most common activity that CSOs reported participating in was donating money and supporting in kind for epidemic prevention. Our survey did not record the specific amount that each CSO has supported for epidemic prevention. However, the report on the results of mobilizing, managing, and using resources for Covid-19 prevention and control by the Central Committee of the Vietnam Fatherland Front shows that the organization has received abundant financial resources through fundraising campaigns throughout the epidemic periods. From the COVID-19 vaccine fund in the early stages to funding and support in terms of money, medical supplies,

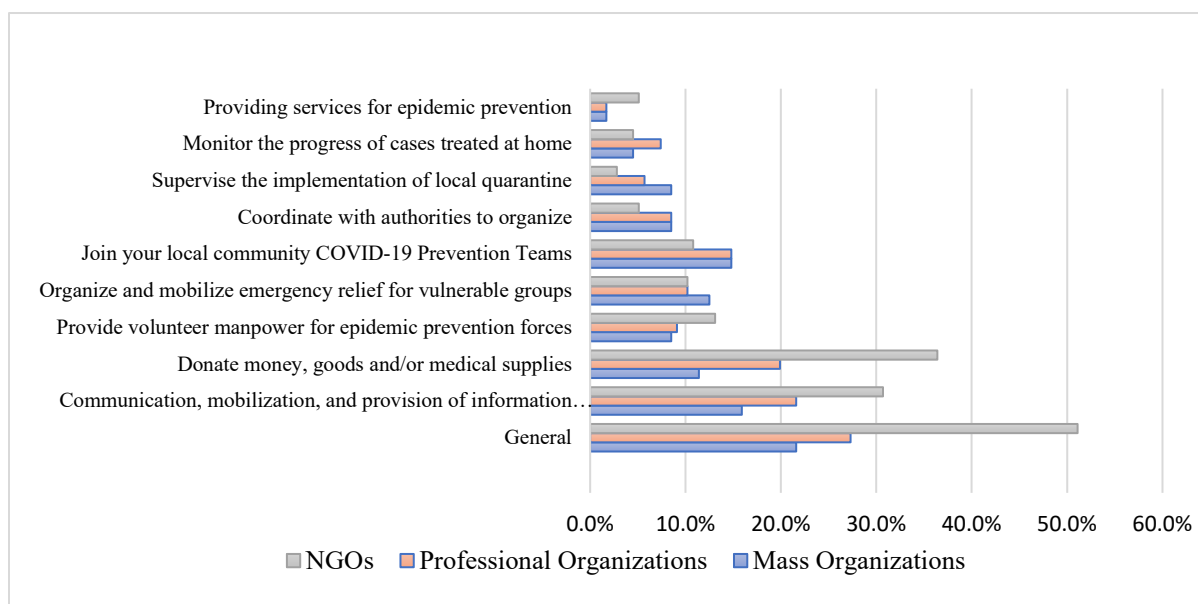
necessities, and food to directly support frontline forces or affected communities (Central committee of Vietnam Fatherland Front 2023).

In addition to the two popular activities above, CSOs in both cities also noted their participation in providing volunteer manpower for epidemic prevention forces, organizing and mobilizing emergency relief for vulnerable groups, and joining local community COVID-19 Prevention Teams. Below, we will examine the possible resource factors that organizations could or could not have mobilized that influenced their participation in epidemic prevention.

Organizational type

When disaggregated by organizational type, the findings show clear variation. NGOs made up the largest share of participating organizations (51.1%), followed by professional associations (27.3%), and mass organizations (21.6%). This distribution reflects both the relative abundance of NGOs in the sample and their agility in resource mobilization. NGOs were particularly active in communication, advocacy, and distributing essential goods, often capitalising on established community trust and access to donor networks. In contrast, mass organizations were more involved in on-the-ground, government-coordinated actions, such as contact tracing and monitoring quarantine compliance—tasks aligned with their administrative structure and proximity to local authorities.

Figure. CSOs' participation in epidemic prevention



Examining the participation in epidemic prevention activities of different types of civil society organizations, the survey results showed that three groups of organizations have different roles in preventing COVID-19. Chi-squared tests confirmed a statistically significant relationship between organizational type and forms of participation (Chi-squared = 32.37; df = 12; $p < 0.01$). This

confirms that different types of organizations tend to participate in different activities in response to the pandemic. Specifically, NGOs have a higher participation rate in communication, advocacy, and donation activities, reflecting their advantages in social mobilization experience and having an immediate and stable connection channel with beneficiaries. Meanwhile, mass organizations tend to play a more prominent role in local community activities such as participating in community COVID teams, providing emergency relief, and coordinating quarantine monitoring and tracing cases.

Statistical analysis of each type of activity separately showed that three activities had a very strong association with the type of organization, including (i) participating in community COVID teams ($p < 0.001$), (ii) organizing emergency relief ($p < 0.001$), and (iii) coordinating tracing cases ($p < 0.001$). In all three activities, mass organizations and professional associations played a dominant role, reflecting their strong connectivity and presence at the local level. Meanwhile, activities such as donations, communication, and human resource mobilization did not show significant differences between types of organizations, suggesting that these activities could be flexibly implemented by all types of CSOs.

Organizational Scope, Staff, and Scope of Operation

While the data analysis showed clear differences in organizational type, we did not find any correlation between geographic scope or whether CSOs had leaders who had worked in the public sector and their participation in the response to the pandemic. This suggested that in the context of an emergency, civil society organizations have stepped outside their usual scope of activities to participate in emergency response activities. Both “state-sponsored” organizations and other CSOs have been able to flexibly participate in community support. This reflected the high flexibility and cross-sectoral mobilization capacity of CSOs during the crisis.

Examining the participation of CSOs by scope of operation showed that organizations operating at the local level have significantly higher levels of participation in frontline activities such as tracing, monitoring quarantine, monitoring home treatment, and participating in community COVID teams. National-level organizations, by contrast, tended to focus on donations and public communications. These differences underscore how scope conditions influence CSO capacity to act: organizations embedded in local communities are better positioned to engage in relational and labor-intensive interventions, while those operating on a broader scale often have the infrastructure to deliver services or information at scale.

Staffing size also played a critical role. Small organizations (fewer than six staff members) primarily engaged in low-resource activities like advocacy or informational outreach. Meanwhile, larger organizations (20+ staff) were significantly more likely to participate in multi-actor collaborations and high-effort initiatives such as contact tracing, community response coordination, and emergency relief. Examining the correlation between participation in epidemic prevention and the size of the organization's staff also showed a statistically significant relationship (Chi-squared = 47.63; $df = 27$; $p < 0.01$), confirming the relevance of human capital as a predictor of organizational resilience.

Financial Structure and Strategic Engagement

The study also explored the link between funding structure and CSO participation during the pandemic. All surveyed organizations had at least one source of funding. Almost 60% of organizations received funding from the state to carry out tasks assigned by the state, more than half of the organizations got their operating funding from activities providing services, consulting, implementing programs, projects, and topics; nearly 40% of organizations had revenue from fees and membership dues of members. Meanwhile support from domestic individual donors (7.4%) and international sources (1.7%) remained limited.

Table 1. CSOs' participation in epidemic prevention by financial sources

Types of participation	CSO's financial sources					
	State funding to carry out assigned tasks	Membership fees	Funding from providing services, etc.	Funding from Viet individuals/institutions	Funding from individuals/institutions abroad	Total
1. General	59.4%	38.9%	50.3%	7.4%	1.7%	100.0%
2. Communication, mobilization, and provision of information on epidemic prevention	44.0%	27.4%	30.3%	4.6%	0.6%	68.0%
3. Donate money, goods and/or medical supplies	38.3%	28.0%	37.1%	6.3%	1.1%	67.4%
4. Provide volunteer manpower for epidemic prevention forces	20.6%	12.6%	12.6%	1.7%	0.6%	30.3%
5. Organize and mobilize emergency relief for vulnerable groups	24.0%	12.0%	13.7%	1.1%	0.0%	33.1%
6. Join your local community COVID-19 Prevention Teams	30.9%	9.7%	12.0%	2.9%	1.1%	40.0%
7. Coordinate with authorities to organize disease tracing and close contacts	19.4%	5.1%	4.6%	2.3%	1.1%	22.3%
8. Supervise the implementation of local quarantine	15.4%	1.7%	1.7%	1.7%	1.1%	17.1%
9. Monitor the progress of cases treated at home	14.9%	4.0%	3.4%	2.3%	1.1%	16.6%

10. Providing services for epidemic prevention	4.6%	5.1%	2.9%	1.1%	1.1%	8.6%
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Different funding sources corresponded with distinct engagement profiles. The research results show that the most common activities were carried out mostly by organizations that received funding from government agencies or from service providers. These are the two largest sources of funding for most organizations, which were the basis for their participation in epidemic prevention. These organizations confirm their participation in epidemic prevention activities such as communication, money/ goods donations, and volunteer manpower. Organizations that received funding from domestic individuals/organizations participated more in communication and relief activities. The statistical test results show a significant relationship between the organization's main funding source and the type of epidemic prevention activities they participated in (Chi-squared = 69.87; df = 36; $p < 0.01$). Organizations that received funding from the state budget or from service provision tended to participate more in direct activities such as: corona virus tracing, monitoring quarantine, mobilizing human resources, participating in community COVID teams, etc. Meanwhile, those CSOs that received funding from membership fees or from domestic individuals/organizations tend to focus on activities such as communication, donations and social support. This trend reflects the specific roles and advantages of different types of resources in the context of the epidemic, thereby suggesting a more appropriate direction for assigning roles in mobilizing and providing financial support among organizational blocks.

The above analysis shows that the internal resources of the organization such as the type of organization, the scope of the organization's activities, the size of the staff and the source of funding were factors that had a great influence on the participation of CSOs in epidemic prevention activities. These findings reinforce the resource mobilization theory claim that resource availability, and more importantly, the structure and type of those resources, plays a determining role in shaping how organizations respond to crisis. Not only does funding affect scale and scope, but the nature of resource flows (state-linked versus independent) influences alignment with different response functions, whether community-oriented or state-coordinated.

4.2 Organizational Self-Assessment of Strengths

Surveyed CSOs were also asked to reflect on what they considered their organizational strengths during the pandemic. Responses varied by organizational type. Mass organizations cited administrative mandate and strong human resources as key enablers, with 81.6% indicating they acted under directive or state coordination. Professional associations pointed to institutional stability (70.2%) and relevance of professional expertise to epidemic prevention (44.7%) as their advantages. NGOs, by contrast, reported strength in financial autonomy (36.0%) and operational flexibility (59.3%) as enabling factors.

These patterns reflect the institutional embeddedness and operating mechanisms of each organizational group. Mass organizations were structurally advantaged in state-led efforts but

limited in flexibility. NGOs operated with more autonomy but lacked scale in personnel. Professional associations occupied a middle ground, leveraging both sectoral knowledge and sustained operations.

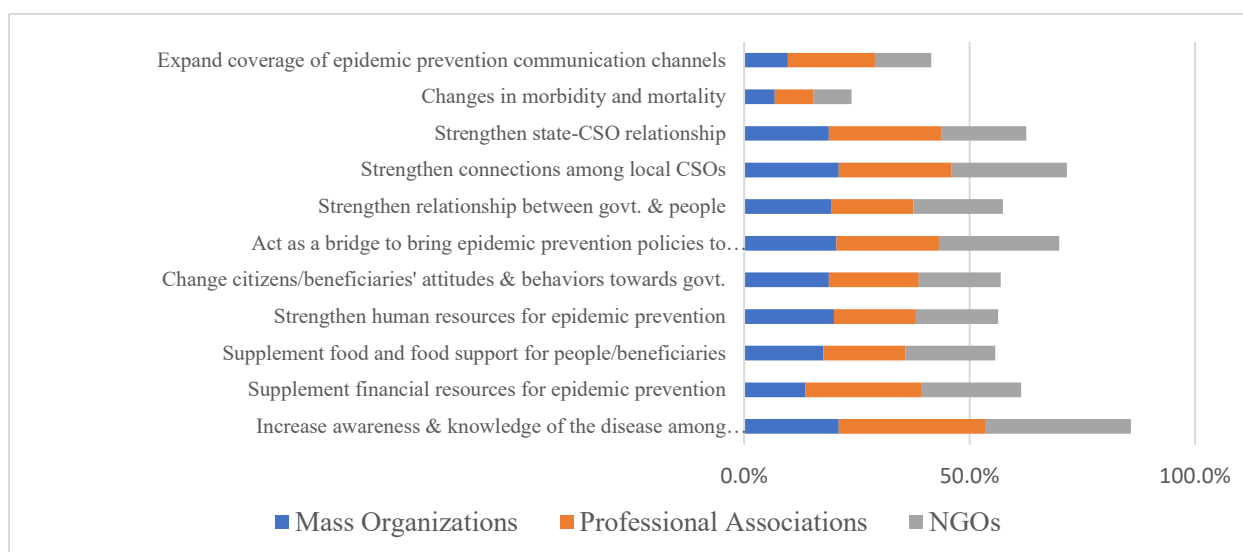
4.3 Perceived Impact of CSO Activities

Finally, CSOs were asked to assess their own impact across 11 thematic areas. The most highly rated impacts included: raising public awareness (85.8%), strengthening inter-CSO coordination (71.6%), communicating policy to the public (69.9%), improving state & CSO cooperation (62.5%), and supplementing financial resources for relief (61.4%). These responses highlight the dual role of CSOs as both direct service providers and intermediaries between communities and formal institutions.

Medium-rated impacts included provision of food aid (55.7%), human resource support for crisis response (56.3%), and fostering trust in government (57.4%). Less frequently cited impacts involved reducing infection rates and changing the trajectory of the pandemic—suggesting that while CSOs were critical in shaping social resilience, their influence on epidemiological outcomes was viewed as indirect.

Overall, these self-assessments validate the view that CSOs played a multifaceted role: disseminating information, connecting stakeholders, delivering support, and enabling governance outreach. These roles are all resource-intensive and context-sensitive, aligning with the broader theoretical argument that adaptive capacity is tied to an organization’s ability to strategically mobilize what it has—whether financial capital, human talent, community trust, or logistical flexibility.

Figure 2. Self-assessment of CSOs’ impacts on epidemic prevention by types of CSOs (%)



Taken together, these findings provide robust empirical support for the hypothesis that internal organizational resources, type, staffing, funding, and scope, are key determinants of CSO resilience in crisis. They also illustrate the differential strategies employed by organizations based

on their resource base and institutional affiliations, confirming the relevance of Resource Mobilization Theory as a framework for understanding civil society action in public health emergencies.

The mid-level impacts, accounting for more than 50% of self-assessed organizations, are related to CSOs helping to supplement human resources for epidemic prevention (56.3%), changing people's attitudes and behaviors towards the government (56.8%), helping to strengthen the relationship between the government and the people (57.4%) and providing food support during the epidemic prevention period (55.7%). These contributions reflect the operational role of CSOs in the community during the epidemic.

The impacts that CSOs rated in a lower group is the potential to change the incidence and mortality rate and expand the epidemic prevention communication channel. Representatives of CSOs basically considered themselves to have an indirect, intermediary role in supporting epidemic prevention, rather than roles that demonstrated direct impacts related to epidemic control, even for professional organizations whose professional activities were relatively suitable for epidemic prevention work.

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5. Conclusion

This study aims to understand how Vietnamese civil society organizations (CSOs) have responded to the COVID-19 crisis, with a particular focus on the internal organizational factors that have shaped their engagement and resilience. Drawing on Resource Mobilization Theory and set against the hybrid and semi-institutionalized context of the Vietnamese civil society context, the paper hypothesizes that organizational resilience is closely related to CSOs' ability to strategically mobilize internal resources. These resources include CSO type, scope of operations, human resources, financial structure, and human resource capacity.

The empirical findings confirm this hypothesis. Organizational type plays a decisive role in determining how CSOs engage in pandemic preparedness, with mass organizations primarily active in state-led local initiatives, while NGOs and professional associations are more likely to be involved in communication, policy advocacy, and resource allocation. The scope of activities and

human resources also influence the scale and nature of engagement, with larger state-funded organizations taking on more labor-intensive responsibilities, and smaller community-based or member-funded groups focusing on awareness raising and social support. Funding structures further shape engagement patterns, with different funding sources associated with distinct activities.

These findings reinforce the analytical utility of Resource Mobilization Theory in explaining the differential capacities and strategies of civil society organizations (CSOs) in crisis conditions. Importantly, they show that resilience in this context is not simply about endurance but also about adaptability through the strategic use of resources. Vietnamese CSOs demonstrate remarkable flexibility, often going beyond their usual roles to respond to urgent needs, thereby acting as complementary partners within the broader public health governance framework.

The study also contributes to filling a significant gap in the literature on civil society in Vietnam by providing empirical evidence on the effectiveness of CSOs in public health emergencies. The study calls for supportive and coordinated crisis policies that are sensitive to the internal capacities and institutional positions of different types of CSOs. As countries and regions prepare for future crises, understanding the heterogeneity of civil society and tailoring support mechanisms accordingly will be critical to building inclusive and resilient systems.

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