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DISABILITY PROJECTS REVIEW ASSESSMENT AND ANALYSIS REPORT

FINAL REPORT

JUNE 2013

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Final Report

DISCLAIMER

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ACKNOWLEDGEMENTS

The assessment team wishes to thank Vietnam Assistance for the Handicapped (VNAH), Catholic Relief Services (CRS), and Development Alternatives Incorporated (DAI Inc.) for generously providing documentation and information about the disabilities programs and activities in addition to logistical support for field visits to project sites, provincial offices, Disabled People's Organizations (DPOs) and people with disabilities (PWD), community facilities, and rehabilitation institutions. The team also thanks the many Vietnam central, provincial, district and commune officials who agreed to meet. Assistance by USAID and external donors (e.g., Irish AID), foundations NGO partners, and UN agencies for meeting and assembling information on short notice was greatly appreciated. The team extends special thanks to the Environment and Social Development Office (ESDO) staff for support throughout the assessment process, including provision of extensive background documents.

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ACRONYMS AND ABBREVIATIONS

ACDC	Action to the Community Development Center
ADA	Americans with Disabilities Act
AO	Assistance Objective
AO	Agent Orange
AusAID	Australian Agency of International Development
BOET	Bureau of Education and Training (district level)
BREC	Blue Ribbon Employer Council
CBR	Community Based Rehabilitation
CH	Central Highlands
CIDA	Canadian International Development Assistance
COPI	Children of Peace International
CRPD	Convention on the Rights of Persons with Disabilities
CRS	Catholic Relief Services
CWD	Children With Disability
CWOD	Children Without Disability
CWSD	Children with Severe Disability
DAI	Development Alternatives Inc.
DET	Disability Equality Training
DFID	Department for International Development (Great Britain)
DOET	Department of Education and Training (Provincial Level)
DPO	Disabled People's Organization
DRD	Disability and Resource Development
EMW	East Meets West
ESCAP	Economic and Social Commission for Asia and the Pacific
ESDO	Environment and Social Development Office
GDA	Global Development Alliance
GDP	Gross Domestic Product
GRC	German Red Cross
GVN	Government of Viet Nam
HCMC	Ho Chi Minh City
HEIC	Hanoi Employment Introduction Center
HILC	Hanoi Independent Living Center
HS	Hot Spot
HS-AI	Hot Spot Aspen Institute recommendation
ICF	International Classification of Functioning
ICT	Information Communication Technology
IDEA	Inclusive Development Action
IE	Inclusive Education
IEP	Individual Education Plan
IFES	International Foundation for Electoral System
ILO	International Labour Organization

INCLUDE	Promoting Decent Work for People with Disabilities through Disability Inclusion Support Services
ISDS	Institute of Social Development Studies
JAC	Joint Advisory Committee
MCNV	Medical Committee Netherlands - Vietnam
MDGs	Millennium Development Goals
MOET	Ministry of Education and Training
MOH	Ministry of Health
MOLISA	Ministry of Labour, Invalids and Social Affairs
MOJ	Ministry of Justice
MRD	Mekong River Delta
NCCD	National Coordinating Council on Disabilities
NGO	Non-Governmental Organizations
NORAD	Norwegian Agency for Development Cooperation
NTP	National Target Program
NW	Northwestern region
OFM	Office of Financial Management
PAPI	Public Administration Performance Index
PEDC	Primary Education for Disadvantaged Children
PEPDEL	Promoting the Employability and Employment of People with Disabilities through Effective Legislation
POF	Prosthetic Outreach Foundation
PROPEL	Promoting Rights and Opportunities for People with Disabilities in Employment through Legislation
PRS	Poverty Reduction Strategy
PWD	Persons with Disabilities
PWMD	People with Multiple Disability
PWOD	People without Disability
PWSD	People with Severe Disability
Project RENEW	Restoring the Environment and Neutralizing the Effects of War
RRD	Red River Delta region
SC	Save the Children
SE	Southeastern region
SHG	Self Help Group
SMCC	Sao Mai Computer Center for the Blind
SRC	Spanish Red Cross
SWD	Students with Disability
SWOD	Students without Disability
TA	Technical Assistance
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government

UXO	Unexploded Ordinance
VABED	Vietnam Association of Business Enterprises of Persons with Disabilities
VCCI	Vietnam Chamber of Commerce and Industry
VFD	Vietnam Federation on Disability
VHLSS	Vietnam Household Living and Standards Survey
VIETCOT	Vietnamese Training Center for Orthopedic Technologists
VNAH	Viet Nam Assistance to Handicapped
VNIES	Vietnam Institute of Educational Sciences
VVAF	Vietnam Veterans of America Foundation
WHO	World Health Organization

EXECUTIVE SUMMARY

The USAID/Vietnam Environmental and Social Development Office (ESDO) engaged an international and a national consultant to provide an overview assessment of the disability sector in Vietnam. The assessment team was asked to look at disabilities holistically, review the legal framework and the progress of implementation to identify gaps, and suggest opportunities for future investment both geographically and programmatically. The assessment is meant to provide a snapshot of what is happening now in Vietnam's disability sector. The current projects with implementing partners Catholic Relief Services (CRS), Viet Nam Assistance to Handicapped (VNAH) and Development Alternatives, Inc. (DAI) will complete by 2015. A closer review of these projects was conducted by two members of USAID/DCHA/DRG, Sue Eitel, Senior Rehabilitation Advisor and Leah Maxson, Disability Technical Advisor during the same time period as the fieldwork for this assessment and benefited from their expertise.

The assessment consisted of fieldwork in Hanoi and Da Nang where many stakeholders to include, USAID Implementing Partners (CRS, VNAH, DAI), international Non-Governmental Organizations (NGOs), key donors and multinational organizations, key Vietnamese ministry officials at the central and provincial levels, and most importantly disabled people's organizations and beneficiaries of USAID's projects, were interviewed. The interviews attempted to solicit information regarding the current status of disability policy and services to identify successes, challenges and opportunities. Additionally the assessment team examined the available data on disability prevalence presented in the 2009 Viet Nam Population and Housing Census, the level of public service delivery in the provinces as reported in the Viet Nam Provincial Government Public Administration Performance Index (PAPI) 2012, the poverty rate in the provinces based on data in the World Bank 2012 Vietnam Poverty Assessment, other relevant information, and recommendations from the three key ministries to help inform the strategic analysis for possible geographic concentration of United States Government (USG) future investment in disability.

Presentation of the information is structured to present the overall picture of disability and compare Vietnam's situation regionally and globally in terms of disability prevalence, cultural and attitudinal behaviors, and policy development. Roles and responsibilities of the three key ministries are presented along with their recommendations. Disability crosses a number of sectors and requires an integrated package of interventions. The assessment team reviewed health, education, livelihoods and empowerment at both the policy and service delivery levels. Information on what other donors and multinationals are currently doing and their future plans when available are also discussed. The USAID program is presented with suggested potential opportunities for future projects.

KEY FINDINGS

From the multiple interviews, meetings, and document review, the assessment team identified the following key findings listed here and further discussed in the report.

Overall

- Coordination enhancement, both within and between key ministries (Ministry of Health (MOH), Ministry of Education and Training (MOET), Ministry of Labour, Invalids and Social Affairs (MOLISA)), to better clarify the roles and responsibilities of each ministry and at the various levels of implementation to reduce overlap and improve effective use of limited resources. The coordination function of the National Coordinating Council on Disability (NCCD) is negatively affected by its placement in the Department of Social Protection in MOLISA given the need for it

to have sufficient convening authority across a number of ministries to be fully effective in ensuring the implementation of the Law on Persons with Disability.

- Human capacity building in leadership, organizational development and finance at all levels and across all sectors is needed and was requested by ministries, steering committees, institutions, universities, NGOs and Disabled People's Organization (DPOs). The NCCD recognized the need to train new members on disability issues and their roles and responsibilities; expand NCCD to the provincial level to assist with provincial action plans; and assistance with planning and budgeting. They also requested capacity building for social workers, training on mental health, assistance to expand the case management model being piloted in Da Nang, and assistance with establishing a monitoring and evaluation system. The MOET indicated a need for developing training of teachers in early identification of CWD. Vietnam Institute of Educational Sciences (VNIES) also indicated that support for implementing inclusive education (IE) is needed noting that the MOET does not have a department of IE as it is managed by steering committee members made up of various department heads who are not fully aware of the issues and responsibilities required to meet the needs of CWD. The MOH specifically requested technical assistance (TA) in policy development, capacity building of staff and managers of rehabilitation centers, and monitoring and evaluation of the disability program. The Da Nang DPO clearly stated a desire for assistance in finance and organizational development to become eligible for direct financing from USAID. Further examples were provided in the body of the assessment.
- The recently granted legal status and recognition of DPOs present an opportunity to improve the involvement of PWD in advocating for resources and full inclusion in society. According to Action to the Community Development Center (ACDC), a civil society organization established in 2011, there are 20 DPOs with legal status. This allows the DPOs to establish a bank account, receive funding for activities and become official members of the provincial steering committee and be recognized by the provincial People's Committee. In this position DPOs can more effectively advocate for improved policy and policy enforcement. Further development of DPOs both in number (at least one per province) and organizational capacity to carry out activities and enforce the Law on Persons with Disabilities will advance a more inclusive society.
- Equitable access to services and opportunities continues to be a challenge despite improved laws and policies. Beyond the central level many people are unaware of the Law on Persons with Disabilities and how it should be implemented. In addition to issues surrounding dissemination of the laws and policies there is also a lack of enforcement leading to inequitable access to public buildings (schools, health centers and hospitals, government buildings, etc.) and transportation making many services unavailable to PWD.
- The lack of monitoring and evaluation in all facets of the sector is negatively affecting the potential impact of programs and initiatives. The government doesn't require performance reports related to disability and there is lack of standard assessment tools. The projects aren't tracking impact indicators such as retention in employment or education programs.

Policy Development & Implementation

- Enactment of the Law on Persons Disability in 2010 has shifted Vietnam's policies from a charity and medical model of disability to a social and rights based model. When Vietnam ratifies the CPRD in 2015 they will need to harmonize the Law on Persons with Disability to the Convention. A feasibility report is underway and the Law will need to be modified to improve access to public buildings.

- The number of decrees and circulars (145 legal documents related to disability issued between 2006 and 2010) issued is overwhelming, the ability of the political system to effectively disseminate the information. The Summary of Key Findings for the National Baseline Survey of Disability Services System indicated that commune authorities and staff they interviewed are unaware of the policies on disability. They also found differences in interpretation and understanding of the Law on Persons with Disabilities and subsequent decrees at various levels. The Comparative Analysis of Secondary Data on Policies and Legislation Support for Persons with Disability in Vietnam also found that awareness and knowledge of staff and managers in some ministries and government agencies on disability issues are limited.
- The enforcement of the Law on Persons with Disability and subsequent decrees and circulars is not well defined. MOLISA is looking toward Vietnam Federation on Disability (VFD) and other DPOs to assume a monitoring role and VNAH is working with MOLISA and Ministry of Justice (MOJ) on developing a Penalty Decree that addresses violations of the disability law.
- Inclusion of disability issues in poverty reduction programs will help improve mainstreaming of PWD into all facets of life. Prior to 2005, DPOs and PWD rarely participated in any poverty reduction strategies (PRS).¹ Participation of DPOs leads to a very different approach to disability issues within PRS shifting the focus from a charity approach to education, training and employment.

Health

- Community Based Rehabilitation (CBR) is included in the Law on Persons with Disabilities but the implementation has questionable sustainability and many challenges. The existing CBRs are few with only 6 provinces reporting rehabilitation agencies at the commune level² and those are underutilized due to a perception that the quality of the services are substandard resulting in people bypassing the CBR and going directly to the next level facility to seek out specialized care. The National Baseline Survey on Disability Service System substantiated the perception that the facilities and equipment were not up to standard. Additionally, the survey discovered that 57 percent of PWD in the three surveyed provinces that have offered CBR over the past ten years had not heard of the services. To improve the sustainability of CBR the above must be addressed and cost recovery will need to be investigated. The National Baseline Survey provided Dak Lak CBR as a good model indicating they have developed and maintained rehabilitation technical assistance groups from provincial to community levels.
- Prosthetics and orthotics development has shown strong progress. With support from USAID, a rehabilitation network from central to provincial hospitals is established. There are 12 centers for orthopedics and rehabilitation under MOH. Additionally, there are 25 orthopedic workshops managed by MOLISA (9), MOH (8), DOLISA (6) and private (3). Approximately 200 physical therapists have graduated from three PT schools in Vietnam and 250 prosthetic/orthotic technicians have been trained at Vietnamese Training Center for Orthopedic Technologists (VIETCOT) or on the job. With USAID assistance, Vietnam Veterans of America Foundation (VVAF) established 7 clinics under a project that ended in 2006.
- Lack of clarity on responsibility for establishing a national disability determination and classification system that is central to the implementation of the Law on Persons with Disabilities and needs to be addressed. The MOH requested technical assistance to implement the

¹ Handicap International <http://www.making-prsp-inclusive.org/>

² Summary of Key Findings National Baseline Survey on Disability Service System. VNAH May 2013

International Classification of Functioning (ICF) in Vietnam. They are positioned to implement the classification of disability by examination and have requested assistance with this.

- Capacity strengthening of Government of Vietnam (GVN) and national organizations in: Early identification and intervention, physical therapy, speech therapy, assistive devices, autism and mental health. With increasing emphasis on vocational training and employment for people with disabilities, the lack of technical expertise in adaptive equipment and functional skills training and assessment (occupational therapy areas) is notable. Additionally, with only five Sign Language interpreters in the country, access to information and communication for the Deaf community will remain extremely limited. There was also note of Autism as an area of increased interest among service providers, parents and the GVN. Diagnostics and assessment for early intervention in this area is of need.³

Education

- Inclusive education model developed and endorsed by MOET will be implemented nationally but presents many challenges to include:
 - lack of trained teachers and an inadequate number of teachers (see page 39),
 - lack of knowledge of teachers and school managers regarding their responsibilities for IE (see pages 37-40, 62)
 - poor application of early detection and poor coordination between education and health as indicated by the MOH and in the baseline assessment,
 - limited access to educational structures with only 20.8 percent accessible to PWD (see page 40),
 - lack of assistive devices (see page 41), and
 - stigma and discrimination by parents of children without disability (CWOD), teachers, and fellow students (pages 25 & 41).
- Improved educational opportunity for PWD through information communication technology (ICT). The CRS project is employing ICT to facilitate implementation of inclusive education. However there are challenges such as lack of devices and limited capacity of the teachers to use the devices in the classroom setting. This project is in a pilot phase with limited implementation (one class for one term) and it is too early to assess the effectiveness of the initiative.
- Inclusion of PWD in the Vocational Training Targeted Program presents opportunity to increase training and employment opportunities to PWD. The targeted program has dedicated budget from the central level that can be leveraged to improve the training offered to PWD to better meet their abilities and skills to improve access to meaningful employment. Attention to the use of these funds can improve the trainings, which have been criticized in the past for providing trainings that do not meet the needs of the market place and do not lead to employment of the graduates.
- Need to improve the capacity and availability of specialized learning approaches and supports, such as in classroom aids, sign language interpretation, Braille, literacy and devices to meet the needs of persons who are deaf/hard of hearing, blind/low vision, and autistic. The Situational Analysis and Assessment of Education for Children with Disabilities in Bangladesh, South Asia, East Asia and South Africa Disability Knowledge and Research Program found that inclusive education in Viet Nam has the following shortfalls: Insufficient resource allocation; Inadequately

³ Information taken from - Etiel S., Maxson L. Vietnam Mission Report May 22-30,2013 United States Agency for International Development's Leahy War Victims Fund, DCHA/DRG, under contact #AID-OAA-M-10-00010, with New Editions Consulting Group, Inc p.6

trained Teachers; Inadequate supply of Braille books, equipment and other teaching/learning materials; Physical Inaccessibility; Inappropriate curriculum and improper planning.⁴ Additionally the CRS barrier assessment conducted Nov-Dec 2012 indicated these supports were lacking and there is a general lack of information among teachers and schools about IE. Discussion with VNIES identified the need for specialized resources mentioning a pilot conducted in Quang Ninh and Quang Nam in 2006 where resource rooms were established in secondary schools. A circular for resource rooms was issued last year but has not yet been acted upon.

Livelihoods

- Improved employment opportunities for PWD through Blue Ribbon Employer Council (BREC), ICT, and Hanoi Employment Introduction Center (HEIC). The efforts of VNAH's and CRS' USAID projects have created opportunity in IT and other non-traditional employment for PWD. This has broadened the options for PWD away from massage, handicrafts and embroidery.
- Significant obstacles to employment of PWD both in the formal and informal job markets remain and are a high priority for PWD. The obstacles include, but are not limited to, severe access issues, limited job markets, isolation, societal prejudice and cultural attitudes, and limited education opportunities at all levels for PWD.

Social/Empowerment

- Significant policy achievements need to be acted upon through dissemination and support for their enforcement. The National Baseline Survey on Disability Service System Summary of Key Findings described the communication and training challenges on enforcement of the policies to support PWD. They found differences in interpretation and understanding at various levels to the point that some commune authorities and staff were unaware of the policies that had been promulgated.
- Legalization of DPOs presents an opportunity to further strengthen civil society if they are supported and strengthened. The key contributing factors to successful implementation of programs for persons with disabilities are government commitment to disability issues as evidenced through legislation, policies and programs; presence of active civil society and Disabled Persons' Organizations (DPOs); linkages between primary health care and CBR; government-civil society collaboration; and availability of training and material resources.⁵ DPOs can more effectively advocate for improved policy and policy enforcement. Further development of DPOs both in number (at least one per province) and organizational capacity to carry out activities and enforce the Law on Persons with Disabilities will advance a more inclusive society.

OPPORTUNITIES FOR FUTURE PROGRAMMING

The USAID/Vietnam Strategy Assistance Objective, Improved Health of the People of Vietnam, includes Improved Health and Social Services for Persons of Disabilities. Given that at least 6 million of Vietnam's

⁴ Chadouri, MA. Situational Analysis and Assessment of Education for Children with Disabilities in Bangladesh, South Asia, East Asia and South Africa Disability Knowledge and Research Programme. Centre for Services and Information on Disability (CSID) Bangladesh 2005

⁵ Comparative Analysis of Secondary Data on Policies and Legislation Support for Persons with Disabilities in Vietnam. Emailed document from Van Le, Legal Analysis and literature review 6 9 12.doc

78.5 million persons aged five years or older live with one or more disabilities justifies this as a development issue. The following should be considered in future programming.

Coordination Opportunities

- The soon to be issued Inclusive Education 2015 from MOET requires technical assistance at many levels if it is to be successful. USAID should engage with other donors, potential interested foundations, and USG special initiatives to address areas that offer a comparative advantage for USAID.
- Decrease any duplication of efforts with social work training by creating opportunities for collaboration between VNAH and San Jose University/CISCO projects. If possible focus the general social work curriculum that San Jose University/CISCO project is implementing to include a focus on disability.
- Strengthen NCCD's coordination role and advocate for its elevation to the national committee. This will improve the ability of the council to convene high-level officials and continue to ensure coordination across ministries.
- Strengthen MOLISA's ability to enforce the disability law and policies. The MOLISA is receiving assistance to develop a penalty decree with VNAH but further assistance will be need to disseminate the decree and monitor the implementation of the disability law.
- The departure of Atlantic Philanthropies by 2015 will present a gap in support to mental health. Coordination with MOH and other donors should begin now to determine how this gap would be addressed. This presents an important challenge, with nearly nine million Vietnamese suffering from mental illness and only 17 centers offering treatment for mental illness meeting only five percent of the demand for services.⁶

Capacity Building Opportunities

- Capacity building was an expressed need from every level and across all sectors. The identified needs in education, health, economic development, infrastructure, and advocacy as described in the body of the assessment should be reflected and addressed in all Assistance Objectives: Economic Growth, Investing in People, and Governing Justly, of the USAID/Vietnam Mission Strategy. For example, work being done on strengthening private sector financing of infrastructure should be sure to include access for disabled, activities that focus on strengthening civil society should include strengthening DPOs, and projects that are working on health system strengthening should include strengthening rehabilitation and CBR.
- Engage an implementing partner who can provide technical assistance to the MOET Steering Committee in leadership and organizational development, planning and monitoring program implementation.
- Based on MOET requests USAID should look further analyze the assistance they have provided on teacher and school manager training to identify the specific gaps in implementing inclusive education. It was mentioned that there is a need for teaching aids and devices. Additionally,

⁶ <http://vietnambreakingnews.com/2013/06/vietnam-faces-great-challenges-in-mental-health-treatment/> sourced 7/15/13

with only 20.8 percent of educational structures are accessible to CWD, modifications to the structural environment to decrease barriers to access should be made.

- Continue efforts towards a comprehensive and integrated approach to addressing the needs of disabled populations. Expand the model approach implemented in Da Nang to other provinces. Assisting the province to develop a plan of action to ensure that there is government ownership of providing services for their own disabled population.
- Provide technical assistance to the MOH to adapt the ICF to the Vietnamese context to be used in the determination and classification of disability by physical exam to include curriculum development in the medical schools. This may also fit well with the further development of a web based disability information system similar to what VNAH/USAID has piloted in the current project.
- Provide technical assistance to the Vocational Training program to ensure relevance to the needs of the market. Consider leveraging USAID economic development programs to assist with microenterprise and skill training projects for PWD. Engage the USAID Economic Development office and their programs to develop microenterprise and skill training projects for PWD.

DPO Movement Opportunities

- Extend direct funding opportunities to local NGOs and DPOs. Begin with engagement of Office of Financial Management (OFM) of to audit select NGOs and DPOs to prepare them in qualification requirements. Create a grant making organization that can provide leadership, management and accounting capacity building to DPOs, national NGOs engaged with disability issues and the VFD as a first step toward direct funding. Focus assistance with VFD to strengthen their coordinating and supportive role of DPOs nationally.
- USAID projects should include Vietnamese PWD as staff in the planning and implementation of activities. At the very least projects should have inclusive policies in place and in practice.
- Strengthen DPOs and self-help groups (SHGs) ability to socially market inclusion of PWD. Further investigate how Irish Aid is assisting (Disability and Resource Development) DRD in HCMC to incorporate this into their activities and look for other opportunities to implement similar activities in other regions with other DPOs.

Access to Key Needs Opportunities

- Provide technical assistance and equipment for the health sector to implement disability prevention such as preconception screening, post-birth early detection, and strengthening vaccination coverage for measles and rubella.
- Investigate how to improve the sustainability of CBR through improving the quality of services provided, leveraging work in USAID health system strengthening programs, fee based service provision, and privatization.
- Support to rehabilitation services should be continued coupled with partnership from the private sector to improve sustainability. The demand for rehabilitation services is much higher than the current supply presenting an opportunity for private sector engagement. The Hanoi Independent Living Center (HILC) could be expanded if they engaged in fee base services for

those who can afford to pay. This support should include attention to improve the human resources for physical therapy and occupational therapy. The assessment team found a lack of technical expertise in adaptive equipment and functional skills training and assessment.

- Determine an approach that will improve inclusion of deaf and hard of hearing people. Some options to consider are to support the development of a nationally useful sign language, or support sign language interpreter training programs. According to the Hanoi Deaf Club, there are only five qualified interpreters in the country.
- Continue to support and increase ICT as an alternative employment opportunity of PWD and search out opportunity of a Global Development Alliance (GDA) with a software enterprise.
- Improve access to basic devices such as eyeglasses, hearing aids, walking sticks through donations, GDA, private sector, or project funds subject to sufficient funding. This should also include improving access to repair and adjustment of these basic devices.

Improvements to M&E Systems Opportunities

- Provide technical assistance to develop plans for programming resources and monitoring the implementation and impact of the recently enacted laws and development of policies across the three ministries.
- Increase the reach, both geographically to other provinces and in more occupations, and the quality of BREC and Employment Introduction Centers to continue to improve access to meaningful employment for PWD. Institute a monitoring and evaluation plan to ensure matching of employment opportunities meets the desires, ability and skills of PWD, identifies improvements to the system, and provides impact data.
- Develop a system to monitor the progress of CWD from primary school to secondary school that will identify, assess and address the reasons for attrition and lead to an increase of CWD's graduation from secondary school.

I. INTRODUCTION AND BACKGROUND INFORMATION

U.S. Government assistance in the area of disabilities has amounted to over \$54 million since 1989.⁷ USAID/Vietnam has provided funding to capable US NGOs to implement model projects to provide comprehensive and integrated support to people with disabilities (PWD). The disability portfolio consists of a wide range of activities, covering medical (prosthetic and orthopedic, physical rehabilitation), education (inclusive education, special education), and social (support employment, vocational rehabilitation and the organizations of people with disabilities) sectors. The portfolio is also engaged in the development and support of disability policies in Vietnam. USAID/Vietnam programs assist people with disabilities, regardless of the cause of their disability.

As of March 2013, USAID/Vietnam's disability portfolio consists of three projects:

- One project, implemented by CRS, focuses on improving the quality and access to education for children with disabilities (CWD) and reducing barriers to secondary and higher education. It is piloting assistive technologies to support CWD's education, provides IT training and employment assistance for young people with disabilities. This activity will end in 2014.
- A second project, implemented by Vietnam Assistance to the Handicapped (VNAH), focuses on the development and enforcement of Vietnam disabilities policies, particularly in the areas of social work and employment. This activity will end in 2014.
- The third and most recently awarded project, implemented by Development Alternatives Inc. (DAI), focuses on the development of a social worker implemented case management system to ensure PWD' access to comprehensive, integrated quality service. The project seeks to develop a set of comprehensive and integrated activities that can be replicated throughout Vietnam. The regional focus is Da Nang, Dong Nai, Binh Dinh, Hue (birth defects activities), and possibly other regions where there is a high disability burden and the need is great. The performance period for the DAI-implemented project is from 2012 to 2015.

In May 2013 USAID engaged an international and a national consultant to conduct an assessment of its current disability projects in Vietnam and consider future programming opportunities. The assessment consisted of interviews with a broad range of key informants⁸; field visits to four provinces⁹ with high rates of disability to provide a regional context, presentations from the current three implementing partners, and extensive literature review. This report is designed to provide assessment and analysis of the current situation for persons with disabilities in Vietnam with recommendations to USAID for future investment.

The Team strove to gather key information critical to any future designs and an overview of the disability environment and the key policies to include any identified regional variation. The report will describe key government initiatives and the challenges and opportunities they present. The report is not an evaluation of USAID programs but we did review the very fine work that the current three partners are implementing and will describe the status of these programs to include their successes, challenges, and remaining gaps/opportunities given the information presented. We met with a number of key disability local organizations and government institutions and will assess their capacity and describe the key findings we identified. The recommendations in this report are based on the team's assessment (as best as could be determined in a two week visit) of the overall situation in Vietnam and where and how USAID might consider future investment to further support the implementation of the Law on Persons with Disabilities and to improve the lives of Vietnamese with disabilities.

⁷ USAID Website US Ambassador comments

⁸ See appendix 3 for a complete list

⁹ Da Nang, Quang Nam, Thai Binh, Dong Nai

Assessment Methodology

The assessment team consisted of an international consultant, as the team leader, a national consultant, with a strong background in the Vietnam disability sector, and the USAID/Vietnam Disability Program Management Specialist. A variety of approaches were utilized in an attempt to get as complete a picture of the situation as possible and to capture the perspectives of a broad range of stakeholders in the disability sector. We conducted an extensive review of available key documents and project reports from USAID implementing partners. Direct face-to-face interviews were held with as many persons as possible during the 11 days the international consultant was present in Vietnam.¹⁰ Additional telephone interviews were held with key informants when face-to-face meetings were not possible. The assessment was further informed by briefings provided by USAID's implementing partners and sub-partners of their activities.

The Team traveled together to Da Nang and met with USAID implementing partners, provincial officials and disabled persons organizations. The national consultant continued to make three independent field consultative visits to additional provinces to provide a regional perspective of the challenges, strengths and opportunities in provinces with high rates of disability as determined by the 2009 Viet Nam Population and Housing Census. In addition to Da Nang (9.1 percent overall disability prevalence) in the South Central Coast region he visited Quang Nam Province (9.68 percent overall disability prevalence); in the Southeastern Region he visited Dong Nai Province (8.16 percent overall disability prevalence) and Thai Binh Province (12.34 percent overall disability prevalence) in the Red River Delta. He met with provincial officials and when possible with USAID project beneficiaries.

Constraints and limitation of the assessment includes the short amount of time available for fieldwork limiting the ability to visit multiple provinces and meet with more informants. Information related to disability services was limited both in regards to available services and the needs of PWD.

II. OVERALL DISABILITY SITUATION IN VIETNAM

Disability Defined

The four models of disability include:

- 1) The *charity model* that sees PWD as victims of their impairment who should be pitied and assisted;
- 2) The *medical model* considers PWD to be persons with physical problems that need to be cured,
- 3) The *social model* regards disability to be the result of the way society is organized and the shortcomings of that structure mean that people with disabilities face discrimination and barriers to participation; and
- 4) The *rights based model* focuses on the fulfillment of human rights, for example, the right to equal opportunities and participation in society.¹¹ The Convention on the Rights of Persons with Disabilities (CRPD) definition of disability reflects the rights based approach and promotes the full integration of persons with disabilities in societies whereas the Vietnam Law on Persons with Disabilities reflects a medical approach.

United Nations CRPD includes the following definition in Article 1:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments that in interaction with various barriers may hinder their full and effective

¹⁰ Appendix 3 contains a complete list of all individuals the team interviewed

¹¹ Handicap International website: <http://www.making-prsp-inclusive.org/en/6-disability/61-what-is-disability/611-the-four-models.html> sourced May 2013.

participation in society on an equal basis with others.¹²

The Vietnam Law on Persons with Disabilities enacted in June 2011 provides the following definition in Article 2:

Persons with disabilities by definition of this Law are those who have impairment of one or more parts of their body, or functional impairment, which are shown in different forms of disability, and may cause difficulties in work, daily life and learning.

To date, 170 countries have signed the CRPD of which Vietnam is one and 130 of these have ratified it, which carries the force of national law. Vietnam referred and applied 25 of the 30 basic articles of CPRD to the National Law on Persons with Disabilities and anticipates ratifying CPRD by the end of 2014.

Comparability of Disability Prevalence

The World Report on Disability (WHO, 2011) describes the World Health Survey of 2003-2004, as a face-to-face household survey conducted across 70 countries of which 59 countries, representing 64 percent of the world's population, had weighted data sets that were used for estimating the prevalence of disability of the world's adult population aged 18 years and older. Across all 59 countries, the average prevalence rate in the adult population aged 18 years and over derived from the World Health Survey was 15.6 percent.¹³

When attempting to examine regional variations between countries there are many issues to consider. It is difficult to compare disability prevalence data between countries due to the variation in the definition of disability, different cultural context, as well as the variation in specifics of the survey and the number of domains measured.¹⁴ For example, the response to a person's ability to dress oneself is different for Indian women whose attire is a complicated sari compared to a Vietnamese woman whose normal dress may be a pair of slacks and shirt.

Country specific estimates of disability prevalence vary tremendously. Disability prevalence is found to be higher among women than men in every country.¹⁵ The Economic and Social Commission for Asia and the Pacific (ESCAP) Disability at Glance Report 2012 shows disability prevalence in South-East Asia ranging from one percent in Lao People's Democratic Republic to 7.8 percent in Vietnam. Of the 48 Asia-Pacific countries surveyed in 2011 Vietnam is the eighth highest.¹⁶ Chapter one of Disability at a Glance 2012 report discusses the many reasons behind the wide variation in regional and sub-regional prevalence data and has as a key finding that across countries, variations in disability prevalence stem from differences in the conceptualization and definition of disability as well as the purpose and method of collecting data.

Disability Prevalence in Vietnam

¹² UN General Assembly 61st session, Item 67(b) Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms. Final report of the Ad Hoc Committee on Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. 6 December 2006.

¹³ World Report on Disabilities p. 27

¹⁴ Mont, D 2007, Measuring Disability Prevalence. Social Protection The World Bank

¹⁵ Mitra S, Posarac A, Vick B. Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey April 11 p. 12

¹⁶ Disability at a Glance 2012 Strengthening the Evidence base in Asia and the Pacific, UN Economic and Social Commission for Asia and the Pacific.

The current population of Viet Nam is 85.6 million people (22.6 million households) (Socialist Republic of Viet Nam, 2010). This makes Viet Nam the third most populous country in Southeast Asia (after Indonesia and the Philippines) and the thirteenth most populous country in the world. The majority (70 percent) of the population lives in rural areas. Males and females are evenly divided among the population (49.5 percent versus 50.5 percent). The population of Viet Nam is disproportionately young; over two-thirds of the population is below the age of forty. Life expectancy at birth is 73 years, 70 years for males and 76 years for females. Viet Nam is an ethnically diverse country with 54 ethnic groups. The “Kinh” or “Viet” ethnic group is 86 percent of the population. The rate of disability is expected to continue to rise due to social development causes, accidents and environmental pollution.

There are two sources of population based disability prevalence, 2006 Vietnam Household Living and Standards Survey (VHLSS) and the 2009 Vietnam Population and Housing Census, additionally, there is administrative and service data from the Ministry of Labor, Invalids and Social Affairs (MOLISA), with which we can study disability prevalence within Vietnam. The World Report on Disabilities 2011 indicated that a strong integrated national information database can be developed with population data and administrative and service data based on the same basic concepts and frameworks. According to data from MOLISA, the majority of persons with disability have an impairment affecting their mobility (29.41 percent). Most types of impairment are derived from congenital causes (35.80 percent), diseases (32.34 percent) or war (25.56 percent). In the future the number of war invalids is expected to decline, but impairments caused through traffic accidents or HIV/AIDS will increase (CDC/Vietnam website). Unfortunately, there was not sufficient time to review MOLISA’s administrative database to determine what concept and measurement of disability was employed but the prevalence rates found in the 2009 Census are closely aligned to the 6 percent reported by MOLISA. Future attention to harmonize the administrative and service data collected by MOLISA with the concepts and framework to the World Health Organization (WHO) framework, International Classification of Functioning (ICF), could provide for a more robust database on disability.

The prevalence of disability found in the Vietnam 2009 Census, 7.8 percent is much lower than the rate of 15.3 percent presented in the 2006 VHLSS. The variations in the prevalence rates between the two surveys is explained by the use of two additional domains for measuring disability by the VHLSS as well as other factors such as found in disability-specific questions, length of the questionnaire, and the skill of interviewers¹⁷. In general, surveys, especially dedicated surveys, provide a more nuanced approach for capturing data on persons with disabilities. The choice of data collection method generally leads to differences in disability prevalence even within the same country, as is evidence here.¹⁸

Using the 2009 Census data, among the 78.5 million persons aged five years or older in Viet Nam in 2009, almost 6.1 million, or 7.8 per cent, live with one or more disability in seeing, hearing, walking or cognition. Of the 6.1 million population, 385,000 are persons with severe disabilities (PWSD).¹⁹

Regional and Provincial Disability Prevalence in Vietnam

Vietnam often groups the 58 provinces and five municipalities into eight regions: Northwestern (NW), Northeastern (NE), Red River Delta (RRD), North Central Coast (NCC), South Central Coast (SCC), Central Highlands (CH), Southeastern (SE), and Mekong River Delta (MRD) as was done in the 2009 Census report. The regional variation found in the 2009 Census indicated the North and South Central Coast have the highest prevalence of disability followed by the Red River Delta and the Northern

¹⁷ UNFPA People with Disabilities in Vietnam. Key Findings from the 2009 Viet Nam Population and Housing Census. p.12

¹⁸ Disability at a Glance 2012 Strengthening the Evidence base in Asia and the Pacific, UN Economic and Social Commission for Asia and the Pacific. p 11

¹⁹ UNFPA People with Disabilities in Vietnam. Key Findings from the 2009 Viet Nam Population and Housing Census. P 11

Midland and Mountainous Region.²⁰

The 21 provinces with the highest disability prevalence (8.68 percent to 12.34 percent), as detailed in Table 1, are representative of five regions with six provinces in the Red River Delta Region, five provinces in the Northeastern Region, five provinces in the North Central Coast, four provinces in the South Central Coast Region and one province in the Mekong Delta Region. USAID currently has disability programs in Da Nang and Quang Nam as indicated with an asterisk.

The total population of these 21 provinces/cities is 27,482,931 representing 32 percent of the Vietnam's total population. The two most populous provinces of the 21 provinces with high disability prevalence are in the North Central Coast. Thanh Hoa Province (6th highest overall disability prevalence mainly due to high disability prevalence in people over 60 years old) has the largest population of 3,400,595 with 10.4 percent of the people in urban areas. Nghe An has the 3rd highest disability prevalence (11.24 percent overall disability prevalence with high rates in all population categories) and is the second most populous 2,914,041 of these provinces with 12.9 percent of the population in an urban setting. Hai Phong city has the 20th highest disability prevalence (8.79 percent overall with a large proportion accounted for by people over 60 years old) has the third largest population of 1,837,173 people with 46.1 percent in an urban area and is located in the Red River Delta region.

Table 1: Highest overall disability prevalence

Province/City	Region	Provincial Prevalence	5-15 yo	16-59 yo	>60yo
Thai Binh	RRD	12.34	1.48	6.48	50.71
Ha Tinh	NCC	11.48	1.72	6.54	48.44
Nghe An	NCC	11.24	2.04	7.33	53.54
Cao Bang	NE	10.43	1.25	6.29	56.41
Ben Tre	MD	10.24	1.36	6.31	47.75
Thanh Hoa	NCC	10.22	1.56	5.87	49.11
Quang Ngai	SCC	9.96	1.62	5.42	47.26
Quang Tri	NCC	9.88	1.66	6.17	45.98
Phu Tho	NE	9.76	1.43	5.56	47.93
Lang Son	NE	9.68	1.33	6.68	52.52
Quang Nam*	SCC	9.68	1.97	5.53	45.55
Binh Dinh	SCC	9.66	1.47	5.36	48.51
Ha Nam	RDD	9.43	1.23	4.55	43.97
Thai Nguyen	NE	9.36	1.5	5.81	49.72
Da Nang (city)*	SCC	9.1	2.39	6	47.86
Hung Yen	RDD	8.86	1.16	4.55	42.73
Quang Binh	NCC	8.84	1.39	4.87	50.12
Bac Kan	NE	8.81	1.59	5.84	49.01
Nam Dinh	RRD	8.8	1.25	4.56	41.15
Hai Phong (city)	RRD	8.79	1.64	4.59	45.23
Ninh Binh	RRD	8.68	1.25	4.63	41.14

²⁰ IBID p.19-20

The provinces/cities with medium disability prevalence ranging from 6.99 percent to 8.5 percent are spread across all eight regions of the country with the Mekong Delta region representing one third of the 21 provinces/cities as detailed in Table 2. The total population of these provinces is 25,593,536 people representing 29.9 percent of the total Vietnamese population.

Dong Nai in the Southeastern Region has the highest population of the medium prevalence provinces with 2,486,154 people and 33.2 percent are in urban areas, it is also a province where USAID has disability programs. Dak Lak in the Central Highland Region has the second largest population with 1,733,624 people of which 24 percent are in urban areas. Hai Duong in the Red River Delta region is the third most populous of his group with 1,705,059 people 19 percent residing in urban areas.

Table 2: Medium Overall Disability Prevalence

Province/City	Region	Provincial Prevalence	5-15 yo	16-59 yo	>60yo
Tuyen Quang	NE	8.5	1.72	5.7	47.26
Phu Yen	SCC	8.37	1.35	4.7	48.61
Binh Thuan	SCC	8.36	1.65	5.9	48.48
Thua Thien-Hue	NCC	8.31	1.44	4.88	42.27
Khanh Hoa	SCC	8.25	1.61	5.55	44.7
Dong Nai *	SE	8.16	1.5	5.86	50.41
Tra Vinh	MD	8.12	1.08	5.54	44.49
Hau Giang	MD	8.05	0.72	4.96	48.9
Hoa Binh	NW	8.04	1.47	5.41	44.2
Long An	MD	7.9	1.2	5.05	43.05
Hai Duong	RDD	7.82	1.17	3.87	38.09
Bac Ninh	RRD	7.71	1.16	4.34	40.5
Kon Tum	CH	7.63	1.93	6.37	48.58
Can Tho (city)	MD	7.58	0.96	4.73	45.39
Soc Trang	MD	7.58	0.88	5.02	46.51
Quang Ninh	NE	7.55	1.45	4.3	42.45
Dak Lak	CH	7.53	1.48	5.69	52.86
Dong Thap	MD	7.45	0.85	4.71	42.59
Lao Cai	NE	7.29	1.74	5.17	50.02
Ca Mau	MD	7.1	1.26	4.85	44.44
Ninh Thuan	SCC	6.99	1.5	4.78	43.76

The provinces/cities with the lowest disability prevalence, ranging from 3.82 percent to 6.92 percent,

represent the remaining 32,770,520 people or 38.3 percent of the Vietnamese population as seen in Table 3. They are dispersed among 6 regions with the Mekong Delta and Southeastern Regions accounting for 10 of the 21 provinces. Two of the provinces are among those that have one of the top ten highest prevalence of children with disability (5-15 years old) one in the southeastern region and one in the northeastern region.

Table 3: Provinces/Cities with the lowest disability prevalence

Province/City	Region	Provincial Prevalence	5-15 yo	16-59 yo	>60yo
Bac Giang	NW	6.92	1.44	3.79	40.26
Dien Bien	NW	6.89	1.69	5.07	47.94
Vinh Phuc	RRD	6.79	1.14	3.56	36.98
Son La	NW	6.74	1.54	4.63	46.6
Vinh Long	MD	6.71	0.79	3.81	38.76
Kien Giang	MD	6.53	0.91	4.24	44.24
Tien Giang	MD	6.5	1.05	3.65	36.06
Ha Noi (city)	RRD	6.44	1.18	3.23	34.4
Lam Dong	CH	6.4	1.38	4.43	44.4
Dak Nong	CH	6.28	1.38	5.45	49.09
Ha Giang	NE	6.28	1.48	4.33	40.85
Ba Ria–Vung Tau	SE	6.17	1.75	3.99	38.91
Yen Bai	NE	6.17	1.36	3.83	35.76
Tay Ninh	SE	5.97	0.77	3.7	37.32
Lai Chau	NW	5.95	1.55	4.41	47.19
An Giang	MD	5.91	0.69	3.59	35.23
Binh Phuoc	SE	5.53	0.99	4.37	36.56
Gia Lai	CH	5.41	1.28	3.94	39.71
HCM (city)	SE	4.96	1.65	2.89	33.82
Binh Duong	SE	4.07	1.16	2.55	37.7
Bac Lieu	MD	3.82	0.52	1.84	31.34

Cultural and Attitudinal Behaviors Toward Disability

According to a report conducted by ISDS, Vietnamese traditional beliefs and cultural values attribute disability to be the result of bad deeds or sins committed by one’s ancestors. The author goes on to explain that though there is a general sense of pitiful sympathy towards PWD in the population, they can also be the target of social isolation and ridicule regarding their respective disabilities.²¹ The ISDS study provided evidence that PWD face widespread stigma from communities that ultimately leads to various forms of discrimination against their full participation in economic and social life in the mainstream of society. There are numerous accounts in chapter eight of the ISDS study on abuse and mistreatment of PWD by community members and sometimes by family members as well. It is well documented that PWD are less likely to marry than people without disability (PWOD) and more so for females than males. Additionally, there is less access to education and employment opportunities for PWD and this

²¹ People with Disabilities in Vietnam: Findings from a Social Survey at Dong Nai, Quang Nam, Da Nang and Thai Binh, Institute of Social Development Studies, Dec 2007

discrimination can also transfer to the families of PWD being stigmatized. This is especially so for families with members suffering from mental health problems, or were dioxin-infected, the stigmatization and discrimination were particularly severe. A high number of Vietnamese tend to associate disabilities in children with the parents' past exposure to dioxin during the war. The stigma and discrimination is severe when there is a belief that the disability is dioxin related or if it a mental disability. As in the areas of education, marriage, and childbearing, PWD were considered to be "abnormal", and should be treated differently in all areas of life.

The negative attitude towards PWD may be slowly changing in the urban areas if the articles in the English language newspaper are at all representative of the national attitude. On April 15, 2013 an article in Viet Nam News quoted President Truong Tan Sang, "The Party, State and people wholeheartedly support orphans and people with disabilities, no matter what the circumstances. This noble job requires the united efforts of the Party and political system as well as the whole of society."

While gathering information for this assessment a ministry official mentioned that in the past it was common to throw stones at disabled persons but that things are now changing and people can recognize the abilities that PWD have to offer. He also mentioned his own attitude toward disabled persons had recently changed when he watched a televised program of Mr. Nick Vujicic, a world renowned motivational speaker from Australia, who has no arms or legs and recently toured Vietnam. More importantly is the enactment of the Law on Persons with Disabilities that includes 25 of the 30 articles of the CPRD thus providing a strong rights-based framework on which the disability sector can build and overcome the stigma and discrimination that has been a barrier preventing PWD from enjoying equitable participation in society. This is a first step and will take more effort and close attention to begin to change the pervasive stigma and discrimination against PWD in Vietnam.

III. LEGAL FRAMEWORK

Key Disability Legal Documents

This is a chronological list of the most important legal documents to be enacted beginning with the 1998 Ordinance on Disabled Persons which set the framework for the subsequent documents.

- 1998 Ordinance for Handicapped
- 2002 The Barrier-Free Access Code & Standards establishes national accessibility standards for construction
- 2005 The National Action Plan to Support People with Handicap for 2006-2010
- 2006 The Vocational Training Law includes tax provisions for organizations providing training for people with disabilities
- 2011 Law on Persons with Disability
- 2011 The National Action Plan to Support People with Disabilities for 2012-2020
- 2012 Decree 28/2012/ND-CP provides guidance for a number of articles of the Law of Persons with Disability, emphasizes the importance of care and support for PWD.
- 2012 The Labor Code. Section III of the Code contains regulations on the employment of people with disabilities.
- 2012 Circular 26/12/TT-BLĐTBXH provides guidance for Decree 28/2012/CD-CP
- 2012 Inter-ministerial Circular 34 /2012/TTLT- BYT-BLĐTBXH provides guidance for determination of disability level by medical council

Progress on Implementing the Law on Persons with Disability

Key Government Initiatives

In many countries around the world, including Viet Nam, views on disability have evolved considerably over the past two decades. The protection of people with disabilities is enshrined in Articles 59 and 67 in the Country's Constitution, which is adopted in 1992 and amended in 2001 by the National Assembly.

From being treated as objects of charity, medical services and welfare, there is now more general acceptance of people with disabilities as citizens with legal rights. This human rights approach is increasingly being reflected in many new legal documents and social policies. The term "handicap" was commonly used before has been replaced by "person with disability" since the National Law on Persons with Disabilities was enacted on 17 June 2010 and came into effect on 1 January 2011.

The new Law on Persons with Disabilities mandates equal participation in society for people with disabilities through accommodation and access to health care, rehabilitation, education, employment, vocational training, cultural services, sports and entertainment, transportation, public places and information technology. This Law is the country's first comprehensive legal document guaranteeing the rights of persons with disabilities. The origins of this Law can be traced back over a decade to the passage of the national Ordinance on People with Handicap in 1998 and a series of initiatives to advance the rights and interests of people with disabilities, including:

- National Coordinating Council on Disabilities of Vietnam (NCCD) was established in January 22nd 2001, following Decision 55/2001/QD/BLDTBXH by the MOLISA to act as the agency to coordinate the activities of Ministries, sectors, organizations and relevant agencies in implementing the policies and programs for persons with disabilities.²²
- Enactment of the barrier-free access code and standards for public construction (2002)
- Enactment of barrier-free access standards and regulations for public transport (2005)
- The Vocational Training Law includes tax provisions for organizations providing training for people with disability (2006)
- Decision 239 of the Prime Minister for implementation of a five-year National Action Plan on Disability (2006-2010) (2006)

The Law on Persons with Disabilities has shifted the term use from "handicap" to "persons with disability" in all legal documents. These achievements in policy reform and implementation have the potential to directly benefit more than the official 6 million Vietnamese with disabilities.

The Vietnamese government has already begun work to develop a regulatory framework and implementation guidance for the Law on Persons with Disability. Decree 28/2012/ND-CP provides guidance for a number of articles within the Law. The National Action Plan to Support People with Disabilities for 2012-2020, approved in August 2012, will provide vocational training and suitable jobs to 250,000 working-age persons with disabilities. The project works on various issues such as accessibility to public buildings and transportation, early intervention, inclusive education, medical services, and legal services. The Labor Code (2012) updates regulations on the employment of people with disabilities in Section III. Inclusive Education by 2015 aims to provide inclusive education for all children with disabilities by 2015 is currently under development. Activities are expected to be done quickly in the next years to give effect to the Law on Persons with Disability.

²² Comparative Analysis of Secondary Data on Policies and Legislation Support for Persons with Disabilities in Vietnam. Emailed document from Van Le, Legal Analysis and literature review 6 9 12.doc

International development partners such as Vietnam Assistance for the Handicapped (VNAH), CRS, ILO have provided significant support to the Vietnamese government in bringing about these pivotal reforms through a series of grant initiatives funded by international donors, including the United States Agency for International Development (USAID). They have been at the forefront of the disability law effort, providing technical assistance to the legal drafting team, promoting the alignment of Viet Nam's disability law with the U.N. Convention on the Rights of Persons with Disabilities, the U.S. ADA, supporting grassroots review and input to the law's development, as well as exposing Vietnam's policy-makers and legislators to international good practices on disability rights through international exchange.

Challenges

- Enforcement of the Law on Persons with Disability and Construction Code
- Gap between policies and the implementation due to under developed policies lacking in evidence to give justification.
- The implementation is not monitored or evaluated systematically.
- Lack of awareness and dissemination of the policies and the related requirements.
- Lack of involvement of beneficiaries and implementing staff in policy development.
- Limited capacity of the disability service support system.
- Limited multi-sectoral coordination.

Opportunities

- Assist the key ministries to develop strategies and implementation plans to decrease duplication and improve coordination.
- Create an opportunity for the three Ministers to collaborate together and with NGOs and DPOs to establish a disability service support model that is integrated and addresses all levels across all three key sectors.
- Compliment the current assistance provided to MOLISA by VNAH on the penalty decree to further empower the DPOs to assume a monitoring role of the Law on Persons with Disabilities.

IV. GOVERNMENT OF VIETNAM

Roles and responsibilities of the three key ministries in disability sector

Article 50 of the Law on Persons with Disabilities lists the responsibilities of each of the Ministries Decree No. 28 elaborates a number of articles of the Law on Persons with Disabilities and provides guidance on the roles of the involved ministries.

Ministry of Labour - Invalids and Social Affairs (MOLISA) is responsible for the implementation of the Law. They are also charged with overseeing many of the articles of the Law:

- Article 17 - Regulate, in detail, the operation of the Council on Disability Classification in cooperation with MOH and MOET.
- Article 49 indicates MOLISA is responsible to the Government for executing the role of the state management on disability
- Article 50 Further details MOLISA's responsibilities:
- Develop and submit to authorities for promulgation, or to promulgate within their responsibility, legal documents, programs, proposals, plans on disability;
- Lead and coordinate with Ministries, ministerial agencies, People's Committees of cities and provinces under central management for enforcement and implementation of legal documents on disability; projects, proposals, and plans on disability;

- Develop and submit to the Government for approval of the procedures, documents, time duration and process for provision of monthly social allowance, funeral fee; procedures, process and documents for receiving persons with disabilities, conditions for discontinuing the nursing and taking care of persons with disabilities in Centers to support persons with disabilities;
- Develop and submit to the Government for approval of regulations on support staff working on disability, civil servants and staff involved in nursing and providing rehabilitation for persons with disabilities, and full-time staff of organizations of persons with disabilities;
- Set up professional qualification requirements for staff involved in taking care of persons with disabilities in Centers to support persons with disabilities;
- Provide professional training to staff and workers working on disability and taking care of persons with disabilities in families, communities and centers to support persons with disabilities;
- Develop and implement the awareness raising programs on disability.
- Inspect and monitor the enforcement and implementation of disability laws and policies;
- Carry out international cooperation in disability area;
- Develop and submit to the Prime Minister for approval of the National Action Plan to support persons with disabilities;
- Implement baseline survey on disability, develop and manage disability database and information, periodically publish report on disability;
- Perform the planning and management of orthopedics and rehabilitation establishments as well as centers to support persons with disabilities.

Ministry of Health (MOH) Article 50 of the Law on Persons with Disability provides the following responsibilities for MOH:

- Carry out state management on providing health care for persons with disabilities;
- Lead and coordinate with the Ministry of Labor, Invalids and Social Affairs to stipulate in details orthopedics and rehabilitation activities for persons with disabilities; to provide training on orthopedics and rehabilitation; to implement disability prevention programs; and provide guidance for the implementation of community-based rehabilitation programs for PWD.

Ministry of Education and Training (MOET) is responsible for Article 27 Education for Persons with Disability in cooperation with MOLISA and the Ministry of Finance. Additional responsibilities are described in Article 50:

- Carry out state management on education for persons with disabilities;
- Regulate national standards on sign language and Braille for the persons with disabilities;
- Do planning on special education system for persons with disabilities and the system of inclusive education support and development centers
- Provide training for teachers and supporting staffs; develop training programs, curricula and books for students with disabilities; provide teaching equipment and tools suitable for each type and level of disabilities;
- Lead and coordinate with the Ministry of Labor, Invalids and Social Affairs and MOH to implement special education programs for children with disabilities

Inter-ministerial Coordination

The assessment team met with the National Coordinating Council on Disability (NCCD) that is chaired by the Vice-Minister of MOLISA who was not present for the meeting. The NCCD was founded in 2001, and consists of 23 representatives from 13 ministries, two organizations for people with disabilities, and three organizations of people with disabilities. The key ministries are MOLISA, MOH and MOET. The ministries present at the time of the meeting included MOLISA, Ministry of Information and Communication, and Ministry of Construction.

The NCCD played an important role in the development and finalization of the Law on Persons with Disability that indicates the responsibilities of each ministry for implementation of the Law. The future role of the NCCD is questionable as membership has decreased and key ministries, such as the Ministry of Finance, have not named replacements for recently retired members. The NCCD is not placed high enough in government to attract the participation of high-level officials with sufficient authorities in the other ministries. More than one of the people the team interviewed mentioned the need to raise the NCCD to the Office of the Prime Minister, which would provide the NCCD a level of authority to convene high-level government officials. The NCCD recognizes this issue and in an effort to revitalize the committee they have requested all ministries to nominate a representative to serve on the NCCD. Their focus is now on MOLISA's need to achieve the national target for vocational training program that now includes vocation training for PWD.

The Summary of Key Findings for the National Baseline Survey of Disability Service System conducted by the three key ministries: MOH, MOET, MOLISA and supported by VNAH/USAID indicated that the multi-sectoral coordination needs to be strengthened among the staff and agencies providing services in health, education and social work. There was evidence of coordination between health and social sectors concerning disability identification but coordination for rehabilitation, community participation and inclusion was reportedly low with only 2.9 percent of the provinces surveyed indicating there was coordination. There is also evidence of coordination between education and social sectors in providing services to PWD with 14 percent of the 75 special education schools/centers reporting coordination to ensure CWD received support and 11 percent of the schools coordinated to transfer older CWD to vocational training centers. Coordination between education and health sectors had more challenges in key areas of assessment, early intervention and practice of special skills.

The need for continued close coordination and collaboration among key ministries is apparent if the Law on Persons with Disability will be fully implemented. During our discussion with the MOH we were informed that there is disagreement between MOLISA and MOH regarding the important issue of determination and classification by health examination as promulgated in MOLISA decision no. 34. MOLISA approved an interagency circular on classification at the commune level but it did not clearly indicate responsibility for determination and classification. Until this is resolved implementation of the Law is stalled.

All of the ministries we interviewed requested technical assistance to better understand disability issues and the application of the law. They need to work more closely with the Ministry of Finance and government partners to enhance the budget for disability in the key ministries. Technical assistance at all levels of the ministries is needed and becomes more intense the closer one gets to the communal level. The Baseline Assessment²³ indicated that commune authorities and staff are unaware about the policies on disability. As per the recommendation from the Baseline Assessment, all three sectors need to develop strategies on implementing the Law on Persons with Disabilities and provide clear policy guidance to every level of government, all service providers, DPOs, communities and PWD.

Provincial Implementation and Budget Flow

Vietnam's administrative structure consists of four levels of government: central, provincial/municipal (called provincial), district/precinct/city under provincial authority (called district) and commune/ward/township (called commune).

²³ Summary of Key Findings National Baseline Survey on Disability Service System. May 2013

As of 2013, Vietnam had five municipalities (Hanoi, Ho Chi Minh City, Hai Phong Can Tho, and Da Nang) under direct control of the central government, and 58 provinces. In 2011, there were 643 districts and 11,121 commune-level units nationwide.

Each level of state administration at the province, district and commune has their respective People's Council and People's Committee, with the People's Committee being the executive agency of the People's Council at that level. The Provincial People's Committee has the authority to support various programs and the implementation of the Law on Persons with Disability is dependent on the understanding of each department's responsibilities and the People's Committee prioritization of the provincial needs and resources.

The planning and fiscal system in Vietnam has been organized in accordance with four governmental levels: Central, Provincial, District, and Commune levels. Budgetary system in Vietnam shows a tight hierarchy among various budget tiers. Also, the budgetary system has been organized in a "Matruska doll" model. State budget comprises central and local budgets. Local budget includes provincial-level budget, district-level budget and commune-level budget. Budgets of lower levels are integral elements of budgets of high-levels. The higher-level budget contains not only its own level budget but also direct subordinate budgets. The commune budget is built into district budget, which is in turn built into provincial budget. The provincial budget, then, becomes a part of the state budget.

Given the "Matruska doll" nature of the budgetary system, State Budget Law 2002 has tried to arrange the budgetary relationship between central and local tiers in a direction of increasing managerial decentralization to local authorities, especially to the provincial level. More than 50 percent of the country's annual budget is decentralized to provinces. There is no earmarked budgetary funding for PWD at any level.

Besides the regular budgetary system, there is another earmarked transfer from upper to lower budgetary tiers through national targeted programs (NTPs), to ensure adequate funding resources for local government tiers to fulfill their administration responsibilities. Both the National Action Plan and the NTPs are legally effective at the same level. The NTP is associated with targets and government budget to achieve those targets within a determined time period (usually five years). Earmarked supports to PWD in existing NTPs in vocational training, primary education and health are limited. The National Action Plan is associated with targets but lacks clear regulations on funding. However, the National Action Plan could be quickly converted into a NTP if funding is available for them.

Regional Variations

The country's limited budget leaves gaps in funding for services to meet the needs of PWD across sectors. The support currently provided is predominantly from donor (mainly international) resources. Therefore, the provinces that successfully attract international support for PWD have more services available for PWD resulting in wide regional variations of available funding and activities.

Da Nang is an example of a province that has successfully leveraged USAID's financial support for PWD together with the remediation program at the Da Nang Airport. There are several programs, trained providers, advocacy and activities to address the needs of PWD. It is often referred to as the model for the country. However during a visit to the CBR located in the community club room the national consultant found only one client. The staff informed the consultant that the citizens of Da Nang could afford better equipment than what was provided at the CBR and was not attracted to use the resource.

The national consultant visited Quang Nam, a neighboring province of Da Nang. Even though Quang Nam has the same overall prevalence (9.68 percent) of PWD to Da Nang (9.1 percent), programs,

providers, advocacy and activities for PWD are very scarce. PWD of Quang Nam feel the international community has unfairly treated them and overlooked their needs for support. However, they were not able to articulate what their needs were beyond the feeling of being unjustly treated. In the past, Quang Nam was a bigger province with Da Nang as its provincial city. The current Quang Nam province is comprised of more rural poor with a population density of 136.3 and poverty rate of 23.47 compared to the urban, much richer Da Nang with population density of 705.8 and poverty rate of 2.39. Some training devices provided by USAID/VNAH to rehabilitation centers in Da Nang are underutilized where only 30 km away in Quang Nam PWD go without any access to these devices.

Thai Binh is another province of high PWD prevalence that we visited. In the past there were some programs supported by Provincial Red Cross through East Meets West (EMW) for PWD. The support for these programs has unfortunately ended and it is unlikely they will continue without external assistance. Any support for PWD is strongly dependent on donor financing. Due to high poverty rates among PWD the use of cost recovery to sustain the programs difficult. Programs and services for PWD are therefore dependent on charity funding. If funding stops, programs and services stop too. Thai Binh couldn't specify additional needs for PWD more than what the legal documents indicate what PWD need and should have.

Dong Nai is a province that may be part of the remediation program of the US Government. Dong Nai is an industrial, rich province in southern Vietnam that allocates some limited resources to maintain provincial schools for CWD. They have one public special school for CWD and one private school for young CWD. Both are in Bien Hoa, Dong Nai. By 2015, Dong Nai will allocate 56 billion VND (about 2.6 million USD) for PWD. Targets are:

- Examine medically all CWD for identification and need assessment.
- Support of all costs for operations of new-born defects
- Provision of devices for 600 families with CWD.
- New-construction of special facilities for CWD in all kindergartens and primary schools in the province (it is a clear support for inclusive education)
- 75 percent of CWD could go to kindergartens and primary schools
- Vocational training for CWD for better job access

Further comprehensive services for PWD in Dong Nai are depending on donor support. As a province in the remediation program, they hope for US support for PWD in the province.

The National Baseline Survey on Disability Service System Summary of Key Findings described the communication and training challenges on enforcement of the policies to support PWD. They found differences in interpretation and understanding at various levels to the point that some commune authorities and staff were unaware of the policies that had been promulgated.

V. SERVICES FOR PERSONS WITH DISABILITY

Health Sector

The Law on Persons with Disability provides PWD equal access to health care services. In Vietnam, health care for PWD is the responsibility of MOH, which is to collaborate with other ministries and branches to develop and implement health care programs for PWD. The MOH is responsible for determining disability levels by health examination but there is a lack of guidance on how this is to be implemented. Some of the important policies related to health services for PWD are as follows²⁴:

²⁴ NCCD Annual Report 2010

- Community-based functional rehabilitation strategy
- Law on Health Insurance No. 25/2008/QH12 dated 14th November 2008
- Law on Medical Care, which was rectified by the National Assembly and has come into effect since January 1, 2011.

The health care needs of persons with disability include early intervention and detection of disability coupled with referrals for appropriate interventions, rehabilitation and accessible integrated health services available in the community.^{25,26,27,28,29} Without comprehensive community-support programs, many children with disabilities will lack opportunities to become independent adults. The team met with Parents of Autistic Children groups in both Hanoi and Da Nang where we learned of the difficulty the parents have in finding services and getting referrals. This is an emerging issue throughout the world and Vietnam as well.

The health services are not integrated requiring patients to return to facilities multiple times for each type of service. The Law on Persons with Disability affords persons with disability the equal right to health care and orthopedics and rehabilitation. It also indicates that the state will train physicians and medical staff for specialization in orthopedics and rehabilitation and will train families and community based rehabilitation workers. Article 12 provides for free health insurance to PWD who are living in difficulty. With the strong correlation between disability and poverty most of the PWD are poor and even with the free health care they experience barriers to access because of associated costs. While official policies of providing community based rehabilitation for people with disabilities exist, there is a great shortage of such services generally, as well as a complete lack of services targeted for children with disabilities.

This lack of services is due to inadequate funding, poor implementation, expansion, and lack of maintenance.³⁰ The number of children using rehabilitative aids is very low with only one-fifth of children with disabilities using prosthetics, orthotics, hearing and vision aids, or wheelchairs. Rehabilitation services are not available in many communities, and often the health care staff does not receive adequate training, or they do not have an incentive to work with the families of children with disabilities. Many families of children with disabilities also do not receive the support that they need to raise a child with a disability. Currently, there is no systematic identification, professional assessment, or provision of support to vulnerable families that will help children with disabilities to remain with their families. Also, the number of support programs at school and in the community for children with disabilities is limited. Families do not benefit from mentoring programs, adolescent counseling services, life skills programs, drop-in centers, or recreational activities. Additionally, there is a lack of trained, professional social workers. Because social work is a new profession, designated and trained social workers have not been appointed.³¹

²⁵ Scherzer AL, et al. (2012). Global perspective on early diagnosis and intervention for children with developmental delays and disabilities. *Developmental Medicine & Child Neurology* 54.12: 1079-1084.

²⁶ Millennium Development Goals and Inclusive Development Fact Sheet WHO http://www.who.int/disabilities/cbr/mdg_cbr_infosheet.pdf sourced 7/15/13

²⁷ Disability Sixty-Sixth World Health Assembly WHA66.9 agenda Item 13.5 27 May 2013. http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R9-en.pdf sourced 7/15/13

²⁸ WHO 2012 Early childhood development and disability: discussion paper. WHO Library Cataloguing-in-Publication Data ISBN 978 92 4 150406 5

²⁹ Community-based rehabilitation guidelines. Geneva, World Health Organization, 2010 (<http://www.who.int/disabilities/cbr/guidelines/en/index.html>), Sourced 7/15/13

³⁰ International Disability Rights Monitor (IDRM)—Regional Report of Asia: Country Reports, Viet Nam 140 (2005), http://www.idrmnet.org/pdfs/CIR_IDRM_Asia_05.pdf (last visited June 19, 2013).

³¹ THE RIGHTS OF CHILDREN WITH DISABILITIES IN VIET NAM Bringing Vietnam's Laws into compliance with the UN Convention on the Rights of Persons with Disabilities December, 2009 Prepared for UNICEF By Eric Rosenthal And Mental Disability Rights International. P13

Vietnam has a system of orphanages and other institutions that is costly to run and there are reports of some children remaining in them for their entire lives. There has been discussion of alternative approaches to institutionalization such as foster care and improved supportive services to allow families to care for the children at home and become included in society. Additionally, the Vietnamese and US Governments are currently in discussion to restart adoptions of special needs children. Vietnam is a party to the Hague Convention on Inter-country Adoption therefore; all adoptions between Vietnam and the United States must meet the requirements of the Convention and U.S. law implementing the Convention. The Convention aims to prevent the abduction, sale of, or traffic in children, and it works to ensure that inter-country adoptions are in the best interests of children. Careful thought must be put into place if inter-country adoption with Vietnam and the US is reinstated for special needs children. Because of significant irregularities, fraud, and the lack of legal safeguards in Vietnam's adoption process, adoptions between the US and Vietnam were suspended on October 15, 2008. The Government of Vietnam has worked to improve their system but there is a chance that individuals could attempt to maim or injure a child to make a child eligible for an adoption program focused on special needs children. Care must be taken to safeguard children from this possibility.

The assessment team met with the MOH Deputy Director of Administration of Medical Services who spoke at length about the MOLISA #34 Decree that promulgated the determination and classification by health examine of disabilities. The main issue discussed concerns which ministry, MOH or MOLISA, should conduct the determination of disability by health examination. The Law on Persons with Disabilities classifies disabilities into: mobility impairment, hearing impairment, speaking impairment, visual impairment, mental impairment, multi-disabilities, and other. It was unclear what type of classification is being used but appeared to be functional at the commune level (minor – able to self-care, medium –activities of daily living difficult but able to self-care, severe- unable to perform self-care), whereas the provincial level appears to be applying the traditional classification system of percentages. He requested technical assistance to adopt WHO's International Classification of Functioning, Disability and Health, known more commonly as ICF, a classification of health and health-related domains. The MOH is also very interested in developing a web-based disability information system similar to what VNAH/USAID has piloted in Da Nang, Ba Ria- Vung Tau and Bac Giang.

The MOH outlined four priority areas to focus on:

- 1) Policy Development
- 2) Technical Assistance (i.e. rehabilitation, classification system following ICF)
- 3) Reference documents for training (staff and managers in rehabilitation; study visits to neighboring countries)
- 4) Implementation of programs; Allocation of resources

The Deputy Director spoke at length about MOH responsibility to implement community based rehabilitation (CBR) throughout Vietnam. He was surprised at the preliminary results of the Baseline Survey on Disability Service System that showed only 50 percent of the PWD surveyed knew about the rehabilitation programs implemented by the MOH. The Deputy Director considered MOH to be the best placed of the ministries to provide CBR because they have 5-7 personnel in every commune. Vietnam scores very well on health care indicators with 100 percent of communes reporting the presence of a health center. However the service quality provided is uneven and the level of inequality is high from basic to higher quality of health care services. Although health care at the grassroots level, such as medical stations at the level of the commune or ward, has been available nationwide, the service quality and infrastructure are frequently poor, especially in rural areas and lower-income provinces.³² The Deputy Director envisions the following steps to address the shortcomings of CBR:

³² Vietnam Competitiveness Report 2010 source: http://www.isc.hbs.edu/pdf/Vietnam_Competitiveness_Report_2010_Eng.pdf

- Focus on policy improvement
- Enforcement of implementation of the Law on Persons with Disabilities
- Rehabilitation network established
- Training and science research on rehabilitation
- Investment in facility improvements
- Systematic coordination from the central to the lower levels
- Management and capacity building for rehabilitation hospital managers
- Raising awareness to avoid accident & how to prevent disability. Early detection and interventions.
- International cooperation to mobilize needed resources
- Monitoring & evaluation of disability program

Additional suggestions provided by UNICEF staff during a separate interview included early identification of CWD and support of efforts by MOH to incorporate disability into the National Targeted Program on Health Care 2012 -2020 and include ionization and vaccination (rubella). Vietnam experienced an outbreak of rubella with more than 6,000 affected in 2010 and outbreaks occurring continually. Vietnam is discussing adding rubella to the national Expanded Program on Immunization.

The limitations and challenges in the health sector are many. The community based rehabilitation model has been heavily medicalized. Based on a training of trainers' model the professionals at the central rehabilitation hospitals train the provincial level who in turn trains the districts and finally the commune level health centers and village health workers. This has not produced the intended results for many reasons to include the heavy demands on the village health worker, lack of devices, and the unwillingness of the population to work their way through the system. People requiring services go directly to the provincial or central hospitals and by pass the commune and district levels where the doctors are thought to be less qualified and the equipment is not up to date.

The Baseline Assessment of Disability Services Survey indicated that rehabilitation services mainly focus on physical therapy for people with mobility disability and that speech therapy is provided the least. In many of the interviews the team held with ministry officials, implementing partners and PWD it was noted that there is a need to develop the technical areas of physical therapy, occupational therapy, speech therapy and interventions for people and children with development disabilities. The World Health Organization estimates that 10 percent of the world population has mental health issues. The 2009 census found that 3.52 percent of the population aged 5 years or older has at least some difficulty with cognition. There is a gap in mental health and intellectual disability services and with the departure in 2015 of Atlantic Philanthropies, who fund two hospitals in central Vietnam, there is a risk that gap will increase.

The Baseline Assessment Survey found that five groups of rehabilitation services do not meet the needs of PWD namely, orthopedic services and surgery, speech therapy, child disability screening, and CBR. Additionally the survey indicated that there is no speech therapy and staffs do not know how to communicate with cognitively impaired and autistic children. The staff working in rehabilitation lack expertise and this is reflected in the number of staff working in the rehabilitation area in some provinces: Provincial Level: 8; District Level: 28; Commune Level: 136

The average number of staff with expertise in rehabilitation in 51 provinces: Doctor Specialist I: 2.8; Orientation Doctor: 2.9; Doctor of Physical Therapy: 3; Physical Therapist: 17; Activity Therapist: 0.7; Speech Therapist: 0.4 and nurse: 17.4. The survey did not mention the state of occupational therapy.

The current USAID project is working to better integrate CBR across all sectors and place the focus on social services. This requires trained social workers and a system that provides for referrals. There are

efforts to develop training for social workers both in disability and other sectors. MOLISA's plan of action calls for 60,000 trained social workers by 2020. The implementation of the project is complicated and it is too early to assess at this time.

The sustainability of the CBR model would be improved if it was based on cost recovery. However, the target population of PWD is closely associated with poverty and will have difficulty paying for the services. It is likely that external support will be needed for the medium term and further advocacy with the People's Committee at all levels for additional resources targeted to essential services for PWD.

Education Sector

Vietnam has made great strides on universal primary education and literacy and has achieved Millennium Development Goals (MDGs) and targets related to primary education ahead of time. However access to services varies considerably among different groups of population and different regions.³³ Significant barriers to education for children with disabilities are present throughout Vietnam despite efforts by the government of Vietnam to promote inclusive education. From 2003 – 2010 MOET executed the Primary Education for Disadvantaged Children (PEDC) program that was funded by the Government of Vietnam, the International Development Association ("World Bank"), and the Government of the United Kingdom (DFID), Norway (NORAD), Canada (CIDA) and Australia (AusAID). It was focused in 40 provinces with a subcomponent of the project focused on Inclusive Education (IE) for CWD. The program evaluation conducted in 2010 recognized that child-centered instruction and IE is a new approach and teachers have difficulty recognizing, identifying and recording children with special needs.³⁴ More support is needed from central, provincial and district education departments.

CRS' 2010 Final Evaluation of Inclusion of Vietnamese with Disabilities USAID project that began in October of 2005 discusses the environment of inclusive education in Vietnam. Though education for all is in the Vietnam Constitution and has been reinforced by the 2005 Education Law, and the more recently passed Law on Persons with Disabilities and other MOET decrees, specifically Decree 23 of May 2006 that refers to inclusive education for people with disabilities, the practice of accommodating CWD and mobilizing them to schools has been lacking. There are many reasons why CWD are not attending school or dropping out. They include the attitudes of family, communities, and educators that CWD were not able to learn. In addition to this barrier is the inaccessibility to the structures and lack of trained teachers. Vietnam's educational system has a shortage of teachers and there is no specific benefit to motivate teachers who teach at inclusive schools.³⁵ Constrained economic situation and unavailability of service, particularly for the level higher than primary education, are among the key barriers.

The 2009 census demonstrates a much lower literacy rate among adult PWD (76.3 percent) and PWSD³⁶ (45.4 percent) than adult PWOD (95.2 percent). This difference is likely due to PWD not attending school. The youth literacy rate, which is the eighth indicator of the MDGs, for PWD compared to PWOD, has a wide gap (69.1 percent to 97.1 percent). A finding of the 2009 census, that the literacy rate of youth PWOD is higher than adult PWOD population and the literacy rate of youth PWD is lower than adult PWD, indicates that more attention and support is needed in education for youth PWD. The data from the census also shows significant disparities in PWD aged 16 years or older

³³ Vietnam Competitiveness Report 2010 source: http://www.isc.hbs.edu/pdf/Vietnam_Competitiveness_Report_2010_Eng.pdf

³⁴ World Bank. Implementation Completion and Results Report Primary Education for Disadvantaged Children Project. Report No: ICR00001564 June 29, 2011 p11.

³⁵ Dexter A. Research Report on Children with Disabilities and their families in Da Nang. UNICEF November 2009.

³⁶ UNFPA People with Disabilities in Vietnam. Key Findings from the 2009 Viet Nam Population and Housing Census. Defines persons with severe disability (PWSD) including those who 'cannot do at all' in at least one of the four functioning domains (seeing, hearing, walking, and cognition/remembering or concentrating).

having completed primary school compared to PWOD and the disparity grows for secondary and tertiary school completion rates. The impressive result that Vietnam has made in gender equality is not as great when we look at literacy ratios of women to men with disabilities (0.8 for PWD and 0.6 for PWSD). School attendance data of children aged 6-17 years show distinct disadvantage in education of CWD.

The most important policy document in regards to inclusive education is MOET Decision 23, the Issuance and of Regulation on Inclusive Education (IE) for handicapped/disabled people, May 2006), which regulates the duties, responsibilities and rights of the CWD, the teachers and the educational institutions. The Decision stipulates a number of arrangements facilitating IE such as: IE classes, academic groups, IE support centers, early intervention, individual education plans (IEP), inclusive education environment, education profiles (which also include the overall records including health), and IE support rooms.³⁷ The MOET reported to the assessment team that they are challenged by the high expectations and limited funding with which to implement IE. There are 98,000 CWD enrolled in inclusive schools and approximately 10,000 children with severe disability (CWSD) enrolled in special schools. Those children in special schools include children who are deaf, blind, intellectually impaired, and those with multiple disabilities. According to the MOET officials the special schools are better equipped to accommodate CWSD and will continue to function. The MOET recognized that it is better for the child to enroll in mainstream classes when possible using an IE approach but they face many challenges with implementing IE. Special education services was reported as the most stable approach and most used in providing services to PWD in the Baseline Survey.³⁸

Overcoming the traditional ways of thinking that PWD should remain apart and separate from society takes time. In the past it was thought that the best place for children with disabilities was in a special school or classroom, separated from their peers. Today subject matter experts and PWD agree that IE in the local community with non-disabled peers offers the best opportunity for social integration and self-sufficiency.³⁹ The use of special schools to educate children with disabilities is thought by some to be redundant and expensive. However, many subject matter experts in deaf education and blind education would disagree, arguing that schools for the deaf and schools for the blind offer opportunities for deaf/blind children to learn sign language and Braille and develop a sense of community with their deaf/blind peers. This is a hot topic in the US currently, particularly with deaf education.⁴⁰ The Law on Persons with Disabilities affords every child the right to equitable education but the challenges to achieving this are many.

The Baseline Survey describes the education system of the 41 surveyed provinces. At the provincial level they found 7 Centers of Inclusive Education Support, 11 special education schools, and 140 IE schools. At the district level there were 177 semi-inclusive education schools, 1,820 inclusive education school and 33 special education schools. The human resources, facilities and equipment were all found to have limitations. Assistive devices such as hearing aids, wheelchairs, eyeglasses are provided by the students or through charity and assistive and special devices were not available to provide to PWD⁴¹. The education sector is slowly improving with the percentage of provinces providing education services for PWD gradually increasing. However, inclusive education without the correct environment and supports established will not serve the students or teachers well.

³⁷ CRS IVWD Final Evaluation Report 2010. P16

³⁸ Summary of Key Findings National Baseline Survey on Disability Service System May 2013

³⁹ Inclusive Education for Children with Disabilities, CRS/Vietnam source:

<http://www.crin.org/docs/CRS%20VN%20Matrix4%20Web.pdf>

⁴⁰ Communication from Leah Maxson, Disability Technical Advisor, USAID/DCHA/DRG Democracy Fellow – See the US National Association of the Deaf's position statements related to Deaf Education (much in line with the World Federation of the Deaf): <http://www.nad.org/issues/our-position-statements>

⁴¹ Summary of Key Findings National Baseline Survey on Disability Service System May 2013

To illustrate this point we can look at the briefing provided by Ms. Nguyen Thanh Binh to the assessment team on her recent assessment of barriers to education of children with disabilities conducted for the CRS project. Her data clearly demonstrated that teachers lack of knowledge on how to engage CWD in the classroom with 78 percent of the teachers not receiving any training and many teachers and administrators assuming that all disabled students have learning difficulties regardless of the type of disability. There was also evidence presented that half the teachers doubted the relevance of IE and consider CWD as distractions to classmates. Alarming, 70 percent of students reported that teachers do not encourage students with disabilities (SWD), as was clearly depicted in a



powerful photo of a SWD looking at the back of the room while the rest of the class was engaged with the one teacher in the front of the class. Other barriers the assessment identified included a lack of devices as basic as hearing aids and eyeglasses, barriers in the psychological environment where SWD are bullied, parents of students without disability (SWOD) discriminate against SWD and barriers to the physical environment as most all mainstream schools have not yet improved access for mobility impaired students. More than one parent of a CWD interviewed reported that the public schools do not allow parents to send a helper to school with their child. This has resulted in parents forming private schools when resources are available but in poorer communities this approach would likely be impossible.

The 2010 NCCD annual report recognized the limitations of CWD access to education in terms of quality and quantity. They note that children with disabilities in rural and mountainous areas and children with mental disabilities have the lowest attendance rates. Additionally, the dropout rate of the CWD who do attend is unacceptably high.⁴² The reasons for dropping out of school need to be understood and addressed by the school system to ensure the quality of IE and support provided to the CWD is tailored to their development.

There are a number of challenges in the education sector that need to be addressed as IE becomes more fully incorporated in the education system:

- Awareness of PWD and their families on the benefits of educating CWD
- Awareness of PWD and their families on the existing policies and laws.
- Lack of a standardized sign language as well as a lack of sign language interpreters. However, most culturally deaf individuals prefer to be educated in deaf schools where teachers themselves use sign language.⁴³
- Inadequate physical structure of schools for access of mobility impaired and sight impaired students
- Human resources for IE needs to be improved
- Expansion to districts of IE support centers
- Lack of assistive devices and providers to maintain adjustment and repairs.
- Improved access to secondary schools for SWD
- Improved guidance on implementing IE at all levels
- State budget allocations are insufficient to meet the needs of CWD
- Improved data and information to inform program implementation, monitoring and evaluation within programs and across sectors
- A system review to identify barriers that are created by the system (prohibiting child helpers) that could be removed

⁴² 2010 VCCD Annual Report on the Status of People with Disabilities in Vietnam

⁴³ Communication from Leah Maxson Disability Technical Advisor, USAID/DCHA/DRG Democracy Fellow

MOET identified priorities included:⁴⁴

- Train teachers in early intervention and pilot a model for all grades and all subjects for dissemination nationwide.
- Increase the number of disabled children attending primary school. The Ministry does not have a good survey to monitor progress. Many children with disabilities are attending primary school, fewer are completing primary school and even fewer are in secondary school.
- In the past two or three years, the priority focus has changed to secondary education. In order to achieve this goal, they need to raise awareness so that families will bring the children to school and the schools will accept the children
- Developing a circular on education policy that indicates targets for PWD enrollment from primary to university level
- Diversify types of services to include counseling center, resource room, assistive devices and training. Circular 2012 describes establishing resource centers to support CWD and support to teachers on IE in the surrounding schools
- Strengthen the roles of Bureau of Education and Training (BOET) and (Department of Education and Training) DOET to support IE implementation

Livelihoods

Very few of the 6.1 million Vietnamese living with one or more disabilities have stable employment and regular incomes even though this is one of the top priorities of PWD. Data from 2009 Census show that PWD population has a lower participation in the labor force and higher unemployment rates in both the rural and urban areas. Discrimination and negative attitudes coupled with mistaken assumptions about the abilities of PWD makes formal employment for many PWDs an unattainable goal. The International Labour Organization (ILO) conducted a study in 2009 that estimated the cost of excluding PWD from society at three percent of Gross Domestic Products (GDP). The study concluded that approximately two thirds of the losses are linked to productivity losses caused by a disabling environment. About one third of the losses are linked to higher unemployment and/or higher labor market inactivity of PWD. Through improved policies the untapped potential of this group could be mobilized.⁴⁵

The government has guided the implementation of the issue of vocational training and employment for PWD. The 2006 Law on Vocational Training Chapter VII states that vocational training for PWD must be aimed at PWD to acquire job skills suited to their ability to create their own jobs or find jobs to ensure a stable life and community integration.⁴⁶ The MOLISA is incorporating vocational training for disabled people into national target programs (NTP) on employment. VNAH/USAID is working to improve the vocational rehabilitation model that traditionally were not well managed, did not address the needs of any of the trainees, and were considered to be ineffective. A comprehensive model that includes a continuum of services, case management, PWD participation and choice has been designed and implemented in Da Nang. It is too early to assess if this pilot will be successful and sustainable beyond the project and will be able to be replicated in other provinces.

There are to date few specific initiatives to promote employment for persons with disabilities in addition to the National Targeted Vocational Training Program. Job placement and preparation training and services are limited. The Vietnam Chamber of Commerce and Industry (VCCI) coordinated with VNAH and the USAID in 2007 to establish the Blue Ribbon Employer Council (BREC), and provided technical

⁴⁴ Some of the priorities were adapted from the VNAH Review Team notes Sept 2011.

⁴⁵ ILO 2009 Employment Sector Employment Working Paper No.43 page 15

⁴⁶ NCCD Annual Report 2010

assistance for employers who recruited those with disabilities. From an initial 25 businesses and organizations in and outside the country, the BREC has now 160 members providing stable jobs for 2,000 disabled people nationwide. However retention of PWD who are hired is not tracked. Also for some companies, the jobs offered still remain with manual labor such as working on assembly lines.

In addition to BREC, the Spanish Red Cross implemented a project from 2003 to 2005, to support 950 people with disabilities by providing professional training and microcredit programs (revolving fund), and creating self-help groups. Their success inspired a second project to support the socio-economic integration and employment for people with disabilities in Lam Dong and Hung Yen Provinces that is currently being implemented through 2014. Activities include vocational training, job mediation, access labor market and/or to start up own businesses, medical support, raising public awareness and strengthen capacity of project staff. The project provides a good model for possible replication in other provinces especially in rural areas.

The ILO, in partnership with Irish Aid, supports two projects, Promoting the Employability and Employment of People with Disabilities through Effective Legislation (PEPDEL), and Promoting Decent Work for People with Disabilities through Disability Inclusion Support Services (INCLUDE).⁴⁷ The Disabled Peoples' Organization (DPO Hanoi) implements INCLUDE promoting disability inclusion through the Disability Equality Training (DET). The project's two objectives are to provide disability awareness raising for non-disabled participants and to facilitate development of concrete action plans to break down barriers that hinder participation of disabled people in relation to their own work and daily lives. This complements other trainings and services offered by DPO Hanoi such as micro-financing through the Social Policy Bank, working with the Hanoi Employment Center to include PWD in job fairs. This project will expand to HCMC with DRD as the implementing partner.

The USAID-CRS project is using technologies to empower PWD. They are providing training in marketable skills in information technologies in Hanoi, Da Nang and HCMC through 3, 6 and 12-month training programs in collaboration with local universities. The program also offers employment counseling and assists with job placement. CRS has been successful in promoting the program and has received international recognition. It was unclear if the project plans to track students after job placement to determine retention and to address reason for not staying in the position. It was also not clear if a formal process was in place to gather feedback from employers to improve the project.

To attain an inclusive society and secure employment opportunities for PWD, improved access to basic education, vocational training relevant to the market needs and jobs suited to their skills, interests and abilities are required. Additionally other barriers both physical and perceived will need to be addressed. The Barrier-Free Access Code & Standards established national accessibility standards for construction in 2002. Since then, there are no significant new policies or initiatives to improve the accessibility of PWD to public transportation and buildings. Table 4, Accessibility of Mobility Impaired Persons with Disability, below shows the type of building and low percentage and that is accessible for PWD.

Table 4: Accessibility of Mobility Impaired Persons with Disability
(MOLISA Assessment Report 2010)

Kind of Structure	% Accessible for PWD
Medical care buildings	22.6 %
Education buildings	20.8 %

⁴⁷ ILO Case Story: Moving Towards Disability Inclusion, July 2011.

Exhibitions and fairs	13.2 %
Convention centers and Offices	11.3 %
Post offices, train stations, border stations	7.5 %
Markets, supermarkets	5.7 %
Sport facilities	3.8 %
Homes for elderly and pensioners	3.8 %
Bank	1.9 %
Public transportation	Nearly 0%

No funding is targeted to address accessibility issues. Barriers to modes of public transportation and many buildings create further difficulty for PWD to access employment, inclusive education and medical services. Changing attitudes and misconceptions about PWD is also necessary to equitably open the doors of opportunity to PWD.

Social/Empowerment

Social Work

MOLISA is committed to developing a social work profession and has created a vocational position status approved by the Ministry of Home Affairs. They plan to place 1-2 social workers in every commune who will devote 30 percent of their time to working with disabled persons by 2020. A job description was not available to the assessment team. USAID is working with four universities to develop general social work curriculum through the SWEEP Program and is also supporting VNAH to work with the same universities to respond to MOLISA circular on case management for PWD and develop programs for social work that focus on disability. Plan 32 has a budget for the social workers in 50 provinces and the richer provinces are expected to fund their own. The social workers at the commune level will be recruited from rehabilitation workers and commune health workers. They will work with people in need to identify and coordinate the social, health and education services they require.

Implementation of this initiative is complicated and difficult with three ministries trying to coordinate and agree to a referral system and determine the most appropriate training program. USAID is supporting government of Da Nang to pilot this model but it is not ready to be shared or replicated.

In many communes disabled persons are considered by the community to be “unsuitable” for marriage, as they will not be able to support their own family; have and raise children; and may create further “burdens” for their spouses and other family members. For PWD with congenital disability, mental health problems, or those considered having a dioxin-related disability, there was even a fear that their disability would be transmitted across generations.⁴⁸ There is disparity in marital status between male and female with much higher proportions of married males with disabilities compared to married females with disabilities. The never married rates in the 2009 census are much greater in adult PWD than adult PWOD.

⁴⁸ People with Disabilities in Vietnam: Findings from a Social Survey at Dong Nai, Quang Nam, Da Nang and Thai Binh, Institute of Social Development Studies, Dec 2007 p36

Disabled Person Organizations

The Law on Persons with Disabilities defines Disabled Person Organizations in Article 7:

An organization of Persons with Disabilities (DPO) is a social organization established and operates according to the laws. DPOs represent legitimate rights and interests of persons with disabilities. DPOs shall be responsible to participate in planning, monitoring the implementation of disability laws, policies, programs and plans;
 Organization for Persons with Disabilities is a social organization established and operates according to the laws of Vietnam in order to carry out supporting activities for persons with disabilities.

The National Coordinating Council on Disability (NCCD), an umbrella organization established by the Government in 2001, with support from international organizations, to represent all types of disabilities and coordinate efforts of the various disability organizations. The NCCD is now a part of the government budget and charged with enforcing the national disability policies and programs and sits in the Department of Social Protection of MOLISA.

The oldest organization that has been working on disability issues is the Vietnam Blind Association that was established on April 16, 1969. Most other Disabled Person Organizations (DPO) have been established over the past decade mainly in response to inadequate state welfare combined with the promotion of “self-help” rather than charity based welfare⁴⁹. The general aim of the organizations is to foster equal participation of PWD in society based upon action by the disabled rather than for the disabled. An umbrella body, the Disability Forum, was established in 2000 to promote cooperation, collaboration and better communication among DPOs and government ministries. The mandate of the Disability Forum includes rehabilitation and health services, employment, inclusive education, awareness of the rights of PWD and barrier free access to public places. There are now other forums for disability issues. The DPOs operate independently of each other but with the recent establishment of the Vietnam Federation on Disability (VFD), formed in March 2011 with the assistance of VNAH/USAID, as an umbrella coordinating organization there is hope for improved networking. VFD will develop a network with all of the DPOs in the country and assist them in development of advocacy and leadership skills.

The focus of the established DPOs, range from a geographic focus to the type of disability. The Provincial and small city based DPOs/SHGs tend to be more involved in member networking and socialization. The DPOs in the larger cities, Hanoi, Da Nang, Hochiminh city are more involved in advocacy. Any funding they receive may also influence the focus. The following two tables, List of Known DPOs, briefly describe the focus and support of the DPOs and SHGs that we are currently aware.

Table 5: List of Known DPOs

PROVINCE	DPO Name	Focus	Support
Binh Dinh	Qui Nhon self-help groups - (Suc Song, Niem Tin, Doan Ket, Nguyen Nga, Nhan Ai, Quy Nhon, An Nhon)	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	Capacity building Establishment by VNAH from 2008 to now

⁴⁹ Vasiljev 2003 The Disabled and Their Organizations – The Emergence of New Paradigms

PROVINCE	DPO Name	Focus	Support
Ba Ria-Vung Tau	Vung Tau City DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	
Can Tho	Can Tho DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	Advocacy (input to Disability Law), Supports promoting employment for PWD by VNAH in 2008 and 2009
Da Nang	Da Nang DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	Support for establishing the operation, capacity building, advocacy (inputs to Disability Law...) by VNAH from 2008 to now
Da Nang	Hoa Vang district self-help group	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the district	Support for group development, Awareness raising through special events by VNAH from 2009 to now
Da Nang	Cam Le district self-help group	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the district	Support for rehabilitation ward in district health center by VNAH 2006 to present
Da Nang	Nine commune parents/ caregivers mutual support groups in Hoa Vang District, Da Nang Cit	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the commune	
Ha Giang	Ha Giang DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	
Ha Nam	Ha Nam DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	Advocacy (input to Disability Law, labor code, ICT law), Supports promoting employment for PWD by VNAH from 2007 to

PROVINCE	DPO Name	Focus	Support
			now
Hanoi	Hanoi DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	Capacity building training Advocacy (input to Disability Law, labor code, ICT law), Supports promoting employment for PWD by VNAH from 2009 to now
Hanoi	Vietnam Blind Association	Umbrella organization of provincial blind organizations, representative of more than one million blind Vietnamese, policy advocacy for the blind, education, communication and self-help to and among the blind, fund raising for activities	- Japan embassy supported 89233 USD for buying sign printers in 2006 Capacity building training Advocacy (input to Disability Law, labor code, ICT law) by VNAH in 2009
Hanoi	Hanoi Blind Association	Policy advocacy, communication, raising awareness, helping blind, raising funds for activities for blind PWD in Hanoi	
Hanoi	Mobilizing Committee of the National Disabled Federation	Policy advocacy, communication, raising awareness, helping PWD, raising funds for activities for PWD in Hanoi	Support for establishment by VNAH in from 2008 to now
Hanoi	Hanoi Club for Parents	Policy advocacy, communication, raising awareness, helping PWD in the group, raising funds for activities in Hanoi	Support for group development Awareness raising through special event by VNAH in 2010
HCMC	Ho Chi Minh city DYA		Support for establishment and operation by VNAH 2006-2008
HCMH	DPO for Young Adults	Policy advocacy, communication, raising awareness, helping young PWD of all kinds of disability, raising funds for activities for young PWD in HCM city	
Nam Dinh	Nam Dinh DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds	

PROVINCE	DPO Name	Focus	Support
		for activities for PWD in the province	
Nam Dinh	DPO for Young Adults		
Ninh Binh	Ninh Binh DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	Support for establishment, equipment and operation, Capacity building, Advocacy (input to Disability Law) Supports promoting employment for PWD by VNAH in 2009
Thai Binh	Club for Young PWD	A club activity group	
Thai Nguyen	Thai Nguyen DPO	Policy advocacy, communication, raising awareness, helping PWD of all kinds of disability, raising funds for activities for PWD in the province	Legal initiative project supported by EU, Sweden and Denmark in 2011 Capacity building training Advocacy (input to Disability Law) by VNAH
Thanh Hoa	Thanh Hoa DPO	A group of mobile PWD. Besides meeting, cultural and sport activities, groups for stitching, computer, English and gold smith are formed. Their next target is to establish production groups for income, in order to raise living conditions of their families	NA.
Quang Nam	Quang Nam DPO	Provincial policy advocacy for PWD, education, communication and self-help to and among PWD, fund raising for activities	Support for establishment, equipment and operation, capacity building Advocacy (input to Disability Law) by VNAH

Table 6: DPOs/Parents association received USAID/Vietnam assistance

#	Name of organization	Location	Date of foundation	Number of members	NGO provide TAs	Assistance activity	Time of assistance
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#	Name of organization	Location	Date of foundation	Number of members	NGO provide TAs	Assistance activity	Time of assistance
1	Ninh Binh DPO	Tan Trung, Tan Thanh, Ninh Binh	Sep. 2007	450	VNAH	Support for establishment Support for equipment and operation Capacity building Advocacy (input to Disability Law) Supports promoting employment for PWD	from 2006 to 2009
2	Quang Nam DPO	Tan Ky, Quang nam	2010	60	VNAH	Support for establishment Support for equipment and operation Capacity building Advocacy (input to Disability Law)	from 2006 to now
3	Hanoi DPO	Thai Thinh, Dong Da Ha Noi	Jan 2006	2,000	VNAH	Support for establishment Support for equipment and operation Capacity building Advocacy (input to Disability Law, labor code, ICT law) Supports promoting employment for PWD	from 2006 to now
4	Hanam DPO	Ninh Lao, Duy Minh, Duy Tien, Ha Nam.	Apr. 2005	320	VNAH	Advocacy (input to Disability Law, labor code, ICT law) Supports promoting employment for PWD	from 2007 to now
5	Can Tho DPO	Hung Loi, Ninh Kieu, Can Tho	May 2001	203	VNAH	Advocacy (input to Disability Law) Supports promoting employment for PWD	from 2008 to 2009
6	Thai Nguyen DPO	Dong Quang, Thai Nguyen	Dec.2005	250	VNAH	Capacity building training Advocacy (input to Disability Law)	2009
7	Vietnam Blind Association	Nguyen Thai Hoc, Dong Da, Hanoi	Apr. 1969	56,000	VNAH	Capacity building training Advocacy (input to Disability Law, labor code, ICT law)	2009
8	Hanoi Blind Association	Ly Thai To, Hoan Kiem, Ha Noi	Jul.1970	12,000	VNAH	Capacity building training Advocacy (input to Disability Law, labor code, ICT law) Supports promoting employment for PWD	from 2009 to now

#	Name of organization	Location	Date of foundation	Number of members	NGO provide TAs	Assistance activity	Time of assistance
9	Mobilizing Committee of the National Disabled Federation	Dinh Le, Ba Dinh, Hanoi	Dec.2008	15	VNAH	Support for establishment	from 2008 to now
10	Mobilizing Committee of the National Association for Youth with Disabilities (NPYA)	Nguyen Luong Bang, Dong Da, Hanoi	Dec.2008	15	VNAH	Support for establishment Advocacy (inputs to Disability Law)	From 2008 to now
11	Da Nang DPO	131 Ly Tu Trong str., Thanh Binh Ward, Hai Chau District, Da Nang city.	Apr. 2010	250	VNAH	Support for establishment Support for operation Capacity building Advocacy (inputs to Disability Law...)	From 2008 to now
12	Hoa Vang district self-help group	Hoa Vang, Da Nang	Sept.2009	130	VNAH	Support for group development Awareness raising through special events	Sept.2009 to now
13	Cam Le district self- help group	Cam Le, Da Nang	Apr. 2010	26	VNAH	Support for group development Technical support for group meetings Advocacy (policies on PWD, NAP...) Group formation and leadership trainings	From Nov. 2009 to now
14	Nine commune parents/ caregivers mutual support groups in Hoa Vang District, Da Nang City	Hoa Vang, Da Nang	From Aug.2009 to Apr 2010	91	VNAH	Support for establishment, regular group meetings Train on caring PWD, provide updated government policies on PWD, available health and social support resources in community.	From 2009 to now
15	Ho Chi Minh city DYA	No 5, Dinh Tien Hoang, District 1. HCMC	Nov. 2000	400	VNAH	Support for establishment and operation	From 2006 to 2008

#	Name of organization	Location	Date of foundation	Number of members	NGO provide TAs	Assistance activity	Time of assistance
16	Qui Nhon self-help groups - (Suc Song, Niem Tin, Doan Ket, Nguyen Nga, Nhan Ai, Quy Nhon, An Nhon)	Qui Nhon	From 1991 to 2010	495	VNAH	Capacity building Support for establishment	From 2008 to now
17	Hanoi Club for Parents of Children with Autism	Dong Da, Hanoi	Oct. 2002	350	VNAH	Support for group development Awareness raising through special event	2010

Communications among the various DPOs is very varied without an established network. Most communication is by regular meetings, email, Internet and some networking organizations such as IDEA, a disability information forum and the Disability Forum. There is regular government interaction with the DPOs that have been established by Government's initiative. However the DPOs who are self-organized have difficulties with gaining attention and support from the Government due to their self-help categorization and low prioritization. The DPOs are seeking capacity building and funding for advocacy from limited governmental resources. Priorities of the DPOs are to provide direct services and activities for disabled persons and to support inclusive development. The capacity of most DPOs is limited with a couple of exceptions such as DRD in HCM City, Hanoi DPO, VFD and possibly the Da Nang DPO. Technical assistance is needed to build their capacity to manage programs, complete reporting requirements and finances.

The finances available to the DPOs are mainly through donations and voluntary membership fees, which are difficult to collect due to the poverty of most members. DPO Da Nang received a sub grant from VNAH and clearly stated they would prefer to move to direct financing with USAID and is willing to comply with any requirements as long as some training was provided. Under a joint UN program, Strengthen the Role of DPO to Advance Disability Rights, UNDP, ILO and UNICEF are supporting 20 DPOs.

The DPOs licensed by the Government must have mission statements, strategic plans and a Board of Directors. Their structure includes full time and part time staff, a permanent office and democratic processes for decision-making and selection of the executive committee but this varies depending on the size of the organization. To our knowledge no DPOs have gone through an audit process and only Hanoi DPO, Da Nang DPO, Quang Nam DPO and VFD have a history of receiving funding from USAID Implementing Partner VNAH. Irish Aid is providing small grants to five national disability organizations per year coupled with financial management and organizational development support.

Parent Associations for autistic children is an emerging issue due to an increase in awareness and demand for services that are lacking.⁵⁰ We met with the president of the Parents Association of Autistic Children in both Hanoi and Da Nang. There is a linkage with the Parents Association of Autistic Children in Hanoi, also part of Hanoi DPO, and ASEAN Autism network established.

⁵⁰ <http://www.thanhniennews.com/index/pages/20130313-autism-increases-among-vietnam-children-conference.aspx>. Sourced 7/15/13

VI. DONOR ASSESSMENT AND OVERVIEW

Bilateral and Multilateral Organizations' Engagement in the Disability Sector

Irish Aid is a widely known donor supporting disabilities in Vietnam. The current strategy focuses at the community level and addresses stigma, however, there is no specific geographic focus. They are working to strengthen civil society organizations and are working with local NGOs. They support DRD in partnership with Atlantic Philanthropies to provide an employment pathway for students with disabilities, strengthen DRD as a model, work with the media to brand CSO and fight stigma and discrimination. In Da Nang they are working on early detection and intervention for childhood disabilities, first modeled in Vinh Long with Viet Health.

Atlantic Philanthropies has been engaged in population health to improve the health system in Vietnam but has announced it will be stopping support at the end of this year. The foundation provided funding to the Aspen Institute in 2010 to support the Agent Orange dialogue. Among the grants they founded in 2012 was the US Fund for UNICEF and the International Center/VVAF for the Mental Health Consortium Project and MOLISA for Mental Health TA Project. The foundation has committed its entire endowment and will complete all of its work worldwide by 2020.

AusAID has no specific disability program and no bilateral engagement. The regional office at times funds disability programs that may include Vietnam. Their programs have a broad approach on mainstream integration, inclusivity across all sectors, social development to improve the lives of PWD, avoidable blindness, with UNICEF and UNFPA working on ending violence against women with a disability component, and will participate in a UN consultation in September on disability inclusive development. The Ambassador has a small fund (\$100,000) that he uses to highlight disability issues. There are 80 volunteers in Vietnam with some of them working on disability issues.

ILO has two regional programs in partnership with Irish Aid that were previously described on page 28.

UNICEF is working in child protection, inclusive education, social policy and early identification of disability. They work with MOLISA, MOET, MOH and civil society development. The geographic locations of their subnational work are in eight provinces Dien Bien, Lao Cai, two central provinces and four southern provinces. They recently released a request for a consultant to conduct a study on the readiness of children with disabilities in eight provinces. They will look at school readiness to provide inclusive education to children with disabilities, in doing so, the overall education system at all levels will be also examined; (b) readiness of children with disabilities to go to school and to have education; and (c) readiness of community to support children with disabilities to go to school and have education. The study will focus at pre-primary and primary education level in eight UNICEF focus provinces of An Giang, Kon Tum, Ninh Thuan, Dien Bien, Ho Chi Minh City, Lao Cai, Gia Lai and Dong Thap. UNICEF along with VNAH assisted with the development of the MOLISA issues circular on early detection and is now working with MOH to determine how to implement it. In social policy, the UNICEF team we met with expressed two challenges to be addressed. One is that the data available is insufficient for effective programming. The 2009 Census only had two questions on disability that were medially focused. They are interested in conducting a baseline assessment. The second challenge concerned shifting the approach from the medical model to the social model to come into alignment with the CPRD. The focus with MOH is developing national targets on health care 2012-2020 and advocating for disability inclusion in the National Target Program to increase funding for ionization and vaccination. The UNICEF team also works with NCCD to strengthen their role and define their terms of reference and

is advocating elevating the NCCD to the Prime Minister's Office. The UNICEF team encouraged USAID to continue developing the Da Nang model and consider the development of a national registry.

UNDP is working on leadership and managerial development of 20 DPOs using ACDC as the local implementing partner.

Spanish Red Cross supports the implementing agency, the Vietnamese Red Cross, with technical support, monitoring and evaluation and budget support. They have provided direct support to NCCD for National Disability Day activities, a study in vocational training that targeted three provinces and a review of the Vocational Training Law. The project aim is the social and economic inclusion of PWD access to employment through vocational training.

Germany is providing support to Vocational Training: Viet Bac – Vinacomin vocational training school and four others in the provinces of An Giang, Long An, Ninh Thuan and Bac Ninh. They are upgrading teaching equipment and providing training for it. The German Red Cross (GRC) has pledged to continue humanitarian projects in Vietnam during the 2013-2015 period to promote charitable activities that benefit disadvantaged people. The focus of bilateral cooperation during the period will be on continuing projects related to environmental protection, climate change and capacity building for VRC staff in Cao Bang, Lang Son, An Giang, Kien Giang, Bac Lieu and Dong Thap provinces.

The assessment team heard that the Danish, Norwegian and Swedish were supporting projects in human rights and that South Korea and Japan have engaged in infrastructure projects that have a disability component but due to time constraints details were not gathered during the field visit. It is clear that USG has been the lead in addressing the needs of the disabled Vietnamese population and there is a lack of other donors with concentrated programs. The resources previously available from foundations such as Ford Foundation and Atlantic Philanthropies peaked in 2009 and now demand the resources of governments.

Strong donor coordination is needed to continue the progress made to date on policy, inclusive development and provision of services to PWD in Vietnam. There did not appear to be a formal donor coordination group that meets regularly, includes PWD, and engages high level GVN on priority issues to ensure there is a strategic approach and the comparative advantage of each donor organization is well leveraged. With the end of Atlantic Philanthropies' and Ford Foundation's engagement in disability issues there are gaps in developing programs most markedly in addressing mental health impairments.

Other groups providing support to disability groups or inclusive development: There are other groups providing support to disability groups to include religious organization, private sector and advocacy groups. During the field work the team heard that Microsoft was engaged with some DPOs and that some businesses involved with BREC have adopted inclusive policies. The USAID/Vietnam Mission met with Microsoft Corporation in the past to discuss grassroots social funds support using IT for disability issues. Attempts to contact Microsoft via email from the US were unsuccessful. University of San Jose is working to develop university level curriculum, as is VNAH with four Vietnamese Universities. Extensive in-depth information to allow for a mapping of services and support was not possible given the time constraints. A review of organizations assisting PWD in Vietnam provided the following information.

Action to the Community Development Center (ACDC)⁵¹ was established in 2011 to offer free legal advice to PWD, empower DPOs to help them with legal status issues, support livelihoods, and work with Best Buddies program. The organization is registered as a civil society organization and not as a DPO (a conscious choice), but is led by a dynamic woman with a disability who has participated in the Mobility International USA “WILD” leadership training. ACDC is the implementing partner under UNDP to provide leadership and managerial development of 20 DPOs.

Children of Peace International (COPI) is a humanitarian organization dedicated to helping the people of Vietnam develop the capability to help themselves. Through the financial and material support of 14 orphanages, hospitals, and clinics, as well as two medical and dental care missions each year to poor rural areas, COPI offers hope and help, to those in need; over 6,000 children. COPI also provides scholarships, vocational training and medical training. The children of Vietnam are those most in need of help in this developing country still mired in poverty and recovering from many years of war. Children were the beginning and still are the primary focus for aid efforts of COPI.

Disability Resource and Development (DRD) is located in Ho Chi Minh City, Vietnam. This organization is headed by Ms. Vo T. Hoang Yen, who has a Master’s Degree in Human Development from the U.S., and is steadily gaining a voice and a role as an advocate for programs for persons with disabilities. This group is organized as a non-profit organization with a mission to promote the full participation of, and equal opportunities for, people with disabilities in all spheres of society. People with disabilities have the same rights as other citizens to participate in their communities and to live a full and valued life, are in the best position to determine their own needs and goals for the future and given equal opportunities, can be effective community-builders. The DRD is interested in enhancing the disability - equality awareness of society members and people themselves, building groups/organizations of persons with disabilities and paving the way for the development of the training course on Social Work with people with disabilities at Ho Chi Minh City Open University. DRD has been successful in domestic fund raising and attracting investments from donors such as ILO, Irish Aid, AP and others.

East Meets West Foundation’s (EMW) core program work is in the areas of education, healthcare, clean water and sanitation, and infrastructure. Their programs reflect our commitment to removing the barriers that prevent people from enjoying life’s fullest opportunities. Their primary mission is to serve the poor and the disadvantaged in Asia.

In Vietnam, they have been an implementing partner of USAID’s disability program with their primary effort focused on facilitating medical rehabilitation, including establishing a network of community based rehabilitation centers. This project completed in 2011.

They currently have two projects in disabilities in Vietnam:

- 1) INSPIRE Sports program aims to improve the health, wellbeing and self-esteem of disabled individuals through the power of sports and recreational activities. It was launched as a pilot program in Quang Tri Province.
- 2) Support Network for People with Disabilities (SN-PWD) was established in 2006 through a grant from the Ford Foundation and works in Da Nang and Thai Binh provinces. It has two key goals: To assist as many people with disabilities as possible with direct support; and, to improve the long-term capacity of the health care system and local infrastructure to assist people with disabilities.

⁵¹ Information taken from - Etiel S., Maxson L. Vietnam Mission Report May 22-30,2013 United States Agency for International Development’s Leahy War Victims Fund, DCHA/DRG, under contact #AID-OAA-M-10-00010, with New Editions Consulting Group, Inc .p 13

Hanoi Association of People with Disabilities is a social organization of people with disabilities in Hanoi City area, who come from any background, ethnicity, religion, gender, social status, causes of disabilities, and who are voluntarily willing to participate in any activities of the disabled and for the disabled. This organization provides assistance in overcoming difficulties in education, vocational training, and employment and raises awareness for an inclusive, barrier-free and equal-based society.

Inclusive Development Action (IDEA) is an information network, the registered implementer of the Disability Forum Vietnam. A local NGO working in the field of disability with the overall goal of promoting inclusive and barrier-free national development by providing information, advice and training to people with disabilities, NGOs and international agencies.

Hanoi Independent Living Center (HILC) is led by Nguyen Bich Thuy and Hong Anh and has received support from Nippon Foundation, International Foundation for Electoral System (IFES), USAID, and the General Election Network for Disability Access (AGENDA), and the World Bank. The Center produced a report on Election Access for Persons with Disabilities in Vietnam in 2013, has worked to lift the ban on tricycle registration and provides care to people with severe mobility disability.

It is a community-based non-profit organization where disabled persons raise awareness and give consultation to disabled person on independent living, encourage their peers to work and integrate, and provide intensive assistance to people of different disabilities. The project duration is 2009 – 2016 and is supported by the Nippon Foundation. Its objectives include: Help every disabled individual, so that they can develop their potential, as much as they can, but in family and in community and advocate for the rights of PWD to access accommodation, employment, transportation, public buildings, entertainment facilities, health and social services, as equally as non-disabled persons.

Activities include peer-counseling, program of training on IL skills, capacity building for PWD, training and provide personal assistants, Other supports (for instance: providing information on Vietnamese welfare system, how to get the house modified for accessibility, transportation with lift van to PWD) To become a member of HILC and be provided assistive services, PWD have to be 18 to 60 years old, have one of the following cerebral palsy, spinal injuries and be a wheelchair user, live and work in old urban districts of Hanoi area, and participate in elementary course on independent living skill. They have 7 office staff, 50 PWD service users, 65 Personal Attendants who are mainly university students. Another ILC is being established under DRD in HCMC and they are disseminating to Da Nang and Hai Phong. They have interest in joining the CBR program. The team discussed the idea of establishing a fee base for the service to those who can pay. This could be a possible GDA but the ILC would need to be supported with technical assistance and staffing to consider this.

Medical Committee Netherlands – Vietnam (MCNV) founded in 1968 to provide practical and material medical aid to the people of Vietnam. Current focus is in training and teaching workers in local health organizations. They are active in eight provinces. They are involved in CBR and IE and have a model project at the School of Hope in Dak Lak. They also established Cao Bang Provincial Rehabilitation and Inclusive Education Centre for Disabled Children in 2007. They have also produced manuals on CBR for the MOH. The MCNV has been active in policy and law development and direct services to PWD.⁵²

⁵² Nghi NQ. MCNV's Forty Years in Vietnam Assessment of the Impact. Hanoi Institute for Socio-Economic Development Studies 09/2008. http://www.mcnv.nl/uploads/media/Impact_of_MCNV_after_40_years_in_Vietnam_01.pdf sourced 7/15/2013.

Prosthetic Outreach Foundation (POF)⁵³ began utilizing Ponseti method for treatment of clubfoot in Vietnam in 2007. POF also facilitated training for ICRC in the treatment of clubfoot from 2007-2008. Currently POF collaborates with/supports clinics in 17 provinces (provincial and children's hospitals, and satellite clinics). There are roughly 30 clinics in the country utilizing Ponseti method – an estimated 1500 kids / year are born with clubfoot. Unfortunately the MOH does not reimburse for treatment of clubfoot – it is considered cosmetic.

The Vietnam Orthopedic Association and the Pediatric Orthopedic Society both have endorsed the Ponseti method for the treatment of clubfoot. Ponseti method is not really taught in schools⁵⁴; surgery is still encouraged although application of plaster and splints are also utilized. Parents groups are not well organized and advocacy work is still needed. “Clubfoot: Ponseti Management” was translated to Vietnamese. A key website for clubfoot care in Vietnam is www.vnclubfoot.org; a key resource is Dr. Nhi (orthopedic surgeon at the Hospital of Trauma and Orthopedics in HCMC) – huynhmanhnhi@gmail.com.

Project Renew (Restoring the Environment and Neutralizing the Effects of War) Established and launched in August 2001, Project RENEW is a cooperative initiative that brought together the government of Quang Tri Province and international NGOs in an unprecedented humanitarian partnership. This endeavor is based on shared goals for peace and understanding, and our mutual responsibilities to make Vietnam safe for future generations. It seeks to prevent accidents and injuries from explosive remnants of war (ERW), making Vietnam safe for future generations. The team met with Chuck Searcy the International Advisor for Project RENEW. He is interested in establishing a response system when EWR are identified recognizing they will never be able to fully recover all of the ordinance that was dropped on Vietnam.

Sao Mai Computer Center for the Blind (SMCC) was established to provide computer education and computer services to the blind in Vietnam. They are fighting the digital divide and providing know-how and access to knowledge through: computer education for the Blind, research on information technology and development of computer applications for the Blind, coordination with other institutions and concerned agencies to enhance the information technology standard of the Blind and establishment of information technology facilities and services. They offer free computer training, research, software development, preparation and implementation of projects, conferences, coordination and development of the Distance Computer Training for the Blind, promotion of ICT as a tool to improve the standard of living of the blind in Vietnam. For more information, contact this organization in Ho Chi Minh City, Vietnam via e-mail info@saomaicenter.org.

Save The Children (SC)- Has been working in Vietnam since 1990. They work in Maternal, Newborn and Child Health, HIV and AIDS, Early Childhood Development, Hunger and Livelihoods, Disaster Preparedness and Response. They were an implementing partner of the USAID Disability project and worked to empower PWD through increased economic opportunities and services. The project completed in 2011.

Vietnam Association of Business Enterprises of Persons with Disabilities (VABED) has, in the five years since it was established, created jobs for more than 10,000 people, 70 percent of whom are disabled. The association has provided free vocational training at three training centers in Hanoi, Ha Tinh and Ho Chi Minh City for more than 1,600 war invalids and the disabled. To date, 80 percent of

⁵³ Information taken from - Etiel S., Maxson L. Vietnam Mission Report May 22-30, 2013 United States Agency for International Development's Leahy War Victims Fund, DCHA/DRG, under contact #AID-OAA-M-10-00010, with New Editions Consulting Group, Inc.

them have gained stable employment. The association has also contributed to the amendment of numerous government policies regarding the disabled.

Vietnam Blind Association has established 43 chapters in provinces and cities with a total of 60,000 members. It offers loans to its members and has established 318 workshops attracting over 4,000 members in employment. It offers workshops in IT. This organization examines and develops social policies for the disabled. Their focus is to encourage businesses to recruit disabled people, create suitable vocational training programs for visually impaired people and raise public awareness of measures to reduce poverty among them. Although all people who are blind benefit from health insurance and other state welfare programs, people who are blind and members of this organization, especially those living in rural and remote areas, have low living standards and poor skills, earning incomes lower than the state's minimum salary. The association has focused on creating 1,000 new jobs per year to ensure that 80 percent of its trained members get jobs with a stable income.

Vietnamese Training Center for Orthopedic Technologists (VIETCOT)⁵⁵ opened in 1997 and works in partnership with MOLISA and ULSA. VIETCOT offers a 3-year professional training and education course (Category II) based on the standards of the International Society for Prosthetics and Orthotics (ISPO). Since 1997 there have been roughly 150 graduates – maximum class size is 15. The German Technical Cooperation laid the foundation of VIETCOT from 1994-2006. There are an estimated 250 P&O technicians in the country – roughly half are VIETCOT graduates, others were trained on the job prior to VIETCOT. There are roughly 25 orthopedic workshops in the country managed by MOLISA (9), MOH (8), DOLISA (6) and 3 private.

VIETCOT has about 24 staff (nine instructors: three Cat I and six Cat II). The 3-year course costs roughly \$3,700 per year (or \$24,000 for all inclusive costs – living stipend etc.). ISPO has provided the majority of scholarships and this is due to end in 2014. VIETCOT is uncertain of continuation in light of potential end of scholarships.

Vietnam Veterans of America Foundation (VVAFF) Founded in 1978, VVAFF is a humanitarian organization that addresses the consequences of war through advocacy and service programs in Vietnam. In 1997, VVAFF co-founded the International Campaign to Ban Landmines, for which it received the Nobel Peace Prize. In 2009, the Vietnam Veterans of America Foundation (VVAFF) began working under The International Center. Since 2006, VVAFF has focused on four main project areas. These areas of interest include: Mental Health, School Redevelopment Programs, Landmine/ Unexploded Ordinance (UXO) removal and Dioxin Resolution Initiative in Vietnam (DRIVE).

VII. USAID/Vietnam

USAID History in the Disability Sector

USAID's work in the disability sector began after relations between USG and GVN normalized in 1989, starting with medical supports and later expanded to include social services and policy support programs to assist PWD in Vietnam. This has evolved to a comprehensive, holistic approach of a case management services system for PWD that combines health with social and education interventions to facilitate the full inclusion of PWD into the society. USAID activities have benefited tens of thousands PWD in Vietnam.

In 2008, USAID/Vietnam issued an Annual Program Statement to solicit innovative concept papers from qualified NGOs capable of designing and implementing model projects to provide support to people with

⁵⁵ IBID

disabilities in Da Nang. The program assisted PWD regardless of the cause of their disability.

Programs and activities of the project could have included, but were not limited to, enhancing early interventions for people with disabilities, providing support to existing rehabilitation clinics and services, expanding access to essential health and education services, initiating or strengthening community based rehabilitation services and support, improving income generation and employment opportunities, strengthening the capacity of local organizations to provide services, improve community based information on reducing risk exposure, and surveillance and prevention of disability.

Because of pressure to move quickly and the fact that there was no single application able to address all aspects of a comprehensive program, three NGOs were given separate grants, each to address different components to meet the needs of people with disabilities and their families. However, the three grantees were requested to closely coordinate their activities. Vietnam Assistance for the Handicapped (VNAH) focused on rehabilitation services and socio-economic support; East Meets West's (EMW) primary effort was to facilitate medical rehabilitation, including establishing a network of community based rehabilitation centers; and Save the Children (SC) worked to empower people with disabilities through increased economic opportunities and services.

The USAID/Vietnam-supported program, Strengthening Services for the Disabled in Da Nang and Surrounding Areas, had an overall goal of providing comprehensive medical and social rehabilitation services for people with disabilities, responding to health, education, livelihood, and social integration needs, with a total budget of \$2.9 million over three years. The three grantees were granted a three-month no cost extension making the effective end date for the grants December 2011.

In December 2010, USAID/Vietnam carried out an independent external program assessment with the purpose of 1) conducting a review of the current disability program in Da Nang; 2) assessing other public health needs in communities; and, 3) providing recommendations on potential future (follow-on) assistance for interventions that address on-going disability and public health issues.

Based on that assessment and in consultation with other USG agencies a program was designed in November 2011 and awarded to DAI with VNAH as a sub-grantee.

At the time of this assessment USAID has three grantees working on disability issues as was described in the introduction, DAI, VNAH and CRS.

Current USAID Disability Program

The assessment included intensive discussions with the three USAID Implementing Partners, the three key ministries, and other stakeholders in the disability sector. It was an optimistic time to be in Vietnam and assess the progress made in disability policy and programs given the recent enactment of the Law on Persons with Disability and the intense number of circulars and decrees that have been and are in the process of being developed. This coupled with the launch in Da Nang on May 28th of the UN Report on The State of the Child focused on disability brought disability issues to the forefront. This is not to say the needs of PWD have been appropriately responded to and are met. The reality is that the needs are great and more investment is needed to realize an inclusive environment in Vietnam for people with disability.

Key Achievements

Many achievements have been realized across the three projects and of those the following have helped to improve the lives of PWD:

Policy Achievements:

- Established the NCCD in 2001 in coordination with other donors
- Assisted with the Ordinance on Disabled Persons that was the framework for the Law on Persons Disability that was enacted in 2010.
- Completed the National Action Plan 2011-2020
- Developed 5-year Disability Action Plan with Da Nang
- Disability provision in Vocational Training Law and revised labor Code
- Accessibility codes and standards for public construction
- Transportation related decrees and circulars
- Information and Communication Technology
- National Baseline Survey on Disability Service System conducted with MOH, MOET, MOLISA

Service level achievements

- Developed and piloted the integrated service model in Da Nang
- Developed a web based Disability Information System
- Established the Vietnam Federation of Disabled to serve as a national umbrella and coordinating DPO for DPOs in provinces, districts and communes.
- Prosthetics and orthotics development has shown strong progress with a rehabilitation network from central to provincial hospitals is established and 200 physical therapist trained
- Built, upgraded, and equipped four rehabilitation centers
- Developed and implemented ICT training for PWD with employment placement assistance.

Key Findings

Following are the key findings from the assessment:

Overall

- Coordination both within and between key ministries (MOH, MOET, MOLISA) to better clarify the roles and responsibilities of each ministry and at the various levels of implementation to reduce overlap and improve effective use of limited resources. The coordination function of the National Coordinating Council on Disability (NCCD) is negatively affected by its placement in the Department of Social Protection in MOLISA given the need for it to have sufficient convening authority across a number of ministries to be fully effective in ensuring the implementation of the Law on Persons with Disability.
- Human capacity building in leadership, organizational development and finance at all levels and across all sectors is needed and was requested by ministries, steering committees, institutions, universities, NGOs and Disabled People's Organization (DPOs). The NCCD recognized the need to train new members on disability issues and their roles and responsibilities; expand NCCD to the provincial level to assist with provincial action plans; and assistance with planning and budgeting. They also requested capacity building for social workers, training on mental health, assistance to expand the case management model being piloted in Da Nang, and assistance with establishing a monitoring and evaluation system. The MOET indicated a need for developing training of teachers in early identification of CWD. VNIES also indicated that support for implementing inclusive education (IE) is needed noting that the MOET doesn't have a department of IE as it is managed by steering committee members made up of various department heads who are not fully aware of the issues and responsibilities required to meet the

needs of CWD. The MOH specifically requested technical assistance in policy development, capacity building of staff and managers of rehabilitation centers, and monitoring and evaluation of the disability program. The Da Nang DPO clearly stated a desire for assistance in finance and organizational development to become eligible for direct financing from USAID. Further examples were provided in the body of the assessment.

- The recently granted legal status and recognition of DPOs present an opportunity to improve the involvement of PWD in advocating for resources and full inclusion in society. According to Action to the Community Development Center (ACDC), a civil society organization established in 2011, there are 20 DPOs with legal status. This allows the DPOs to establish a bank account, receive funding for activities and become official members of the provincial steering committee and be recognized by the provincial People's Committee. In this position DPOs can more effectively advocate for improved policy and policy enforcement. Further development of DPOs both in number (at least one per province) and organizational capacity to carry out activities and enforce the Law on Persons with Disabilities will advance a more inclusive society.
- Equitable access to services and opportunities continues to be a challenge despite improved laws and policies. Beyond the central level many people are unaware of the Law on Persons with Disabilities and how it should be implemented. In addition to issues surrounding dissemination of the laws and policies there is also a lack of enforcement leading to inequitable access to public buildings (schools, health centers and hospitals, government buildings, etc.) and transportation making many services unavailable to PWD.
- The lack of monitoring and evaluation in all facets of the sector is negatively affecting the potential impact of programs and initiatives. The government doesn't require performance reports related to disability and there is lack of standard assessment tools. The projects aren't tracking impact indicators such as retention in employment or education programs.

Policy Development & Implementation

- Enactment of the Law on Persons Disability in 2010 has shifted Vietnam's policies from a charity and medical model of disability to a social and rights based model. When Vietnam ratifies the CPRD in 2015 they will need to harmonize the Law on Persons with Disability to the Convention. A feasibility report is underway and the Law will need to be modified to improve access to public buildings.
- The number of decrees and circulars (145 legal documents related to disability issued between 2006 and 2010) issued is overwhelming, the ability of the political system to effectively disseminate the information. The Summary of Key Findings for the National Baseline Survey of Disability Services System indicated that commune authorities and staff they interviewed are unaware of the policies on disability. They also found differences in interpretation and understanding of the Law on Persons with Disabilities and subsequent decrees at various levels. The Comparative Analysis of Secondary Data on Policies and Legislation Support for Persons with Disability in Vietnam also found that awareness and knowledge of staff and managers in some ministries and government agencies on disability issues are limited.
- The enforcement of the Law on Persons with Disability and subsequent decrees and circulars is not well defined. MOLISA is looking toward VFD and other DPOs to assume a monitoring role and VNAH is working with MOLISA and MOJ on developing a Penalty Decree that addresses violations of the disability law.

- Inclusion of disability issues in poverty reduction programs will help improve mainstreaming of PWD into all facets of life. Prior to 2005, DPOs and PWD rarely participated in any PRS.⁵⁶ Participation of DPOs leads to a very different approach to disability issues within PRS shifting the focus from a charity approach to education, training and employment.

Health

- Community Based Rehabilitation (CBR) is included in the Law on Persons with Disabilities but the implementation has questionable sustainability and many challenges. The existing CBRs are few with only 6 provinces reporting rehabilitation agencies at the commune level⁵⁷ and those are underutilized due to a perception that the quality of the services are substandard resulting in people bypassing the CBR and going directly to the next level facility to seek out specialized care. The National Baseline Survey on Disability Service System substantiated the perception that the facilities and equipment were not up to standard. Additionally, the survey discovered that 57 percent of PWD in the three surveyed provinces that have offered CBR over the past ten years had not heard of the services. To improve the sustainability of CBR the above must be addressed and cost recovery will need to be investigated. The National Baseline Survey provided Dak Lak CBR as a good model indicating they have developed and maintained rehabilitation technical assistance groups from provincial to community levels.
- Prosthetics and orthotics development has shown strong progress. With support from USAID, a rehabilitation network from central to provincial hospitals is established. There are 12 centers for orthopedics and rehabilitation under MOH. Additionally, there are 25 orthopedic workshops managed by MOLISA (9), MOH (8), DOLISA (6) and private (3). Approximately 200 physical therapists have graduated from three PT schools in Vietnam and 250 prosthetic/orthotic technicians have been trained at VIETCOT or on the job. With USAID assistance, VVAF established 7 clinics under a project that ended in 2006.
- Lack of clarity on responsibility for establishing a national disability determination and classification system that is central to the implementation of the Law on Persons with Disabilities and needs to be addressed. The MOH requested technical assistance to implement the International Classification of Functioning (ICF) in Vietnam. They are positioned to implement the classification of disability by examination and have requested assistance with this.
- Capacity strengthening of GVN and national organizations in: Early identification and intervention, physical therapy, speech therapy, assistive devices, autism and mental health. With increasing emphasis on vocational training and employment for people with disabilities, the lack of technical expertise in adaptive equipment and functional skills training and assessment (occupational therapy areas) is notable. Additionally, with only five Sign Language interpreters in the country, access to information and communication for the Deaf community will remain extremely limited. There was also note of Autism as an area of increased interest among service providers, parents and the GVN. Diagnostics and assessment for early intervention in this area is of need.⁵⁸

⁵⁶ Handicap International <http://www.making-prsp-inclusive.org/>

⁵⁷ Summary of Key Findings National Baseline Survey on Disability Service System. VNAH May 2013

⁵⁸ Information taken from - Etiel S., Maxson L. Vietnam Mission Report May 22-30,2013 United States Agency for International Development's Leahy War Victims Fund, DCHA/DRG, under contact #AID-OAA-M-10-00010, with New Editions Consulting Group, Inc p.6

Education

- Inclusive education model developed and endorsed by MOET will be implemented nationally but presents many challenges to include:
 - lack of trained teachers and an inadequate number of teachers (see page 39),
 - lack of knowledge of teachers and school managers regarding their responsibilities for IE (see pages 37-40, 62)
 - poor application of early detection and poor coordination between education and health as indicated by the MOH and in the baseline assessment,
 - limited access to educational structures with only 20.8 percent accessible to PWD (see page 40),
 - lack of assistive devices (see page 41), and
 - stigma and discrimination by parents of CWOD, teachers, and fellow students (pages 25 & 41).
- Improved educational opportunity for PWD through information communication technology (ICT). The CRS project is employing ICT to facilitate implementation of inclusive education. However there are challenges such as lack of devices and limited capacity of the teachers to use the devices in the classroom setting. This project is in a pilot phase with limited implementation (one class for one term) and it is too early to assess the effectiveness of the initiative.
- Inclusion of PWD in the Vocational Training Targeted Program presents opportunity to increase training and employment opportunities to PWD. The targeted program has dedicated budget from the central level that can be leveraged to improve the training offered to PWD to better meet their abilities and skills to improve access to meaningful employment. Attention to the use of these funds can improve the trainings that have been criticized in the past for providing trainings that do not meet the needs of the market place and do not lead to employment of the graduates.
- Need to improve the capacity and availability of specialized learning approaches and supports, such as in classroom aids, sign language interpretation, Braille, literacy and devices to meet the needs of persons who are deaf/hard of hearing, blind/low vision, and autistic. The Situational Analysis and Assessment of Education for Children with Disabilities in Bangladesh, South Asia, East Asia and South Africa Disability Knowledge and Research Program found that inclusive education in Viet Nam has the following shortfalls: Insufficient resource allocation; Inadequately trained Teachers; Inadequate supply of Braille books, equipment and other teaching/learning materials; Physical Inaccessibility; Inappropriate curriculum and improper planning.⁵⁹ Additionally the CRS barrier assessment conducted Nov-Dec 2012 indicated these supports were lacking and there is a general lack of information among teachers and schools about IE. Discussion with VNIES identified the need for specialized resources mentioning a pilot conducted in Quang Ninh and Quang Nam in 2006 where resource rooms were established in secondary schools. A circular for resource rooms was issued last year but has not yet been acted upon.

Livelihoods

- Improved employment opportunities for PWD through Blue Ribbon Employer Council (BREC), ICT, and Hanoi Employment Introduction Center (HEIC). The efforts of VNAH's and CRS'

⁵⁹ Chadouri, MA. Situational Analysis and Assessment of Education for Children with Disabilities in Bangladesh, South Asia, East Asia and South Africa Disability Knowledge and Research Programme. Centre for Services and Information on Disability (CSID) Bangladesh 200

USAID projects have created opportunity in IT and other non-traditional employment for PWD. This has broadened the options for PWD away from massage, handicrafts and embroidery.

- Significant obstacles to employment of PWD both in the formal and informal job markets remain and are a high priority for PWD. The obstacles include, but are not limited to, severe access issues, limited job markets, isolation, societal prejudice and cultural attitudes, and limited education opportunities at all levels for PWD.

Social/Empowerment

- Significant policy achievements need to be acted upon through dissemination and support for their enforcement. The National Baseline Survey on Disability Service System Summary of Key Findings described the communication and training challenges on enforcement of the policies to support PWD. They found differences in interpretation and understanding at various levels to the point that some commune authorities and staff were unaware of the policies that had been promulgated.
- Legalization of DPOs presents an opportunity to further strengthen civil society if they are supported and strengthened. The key contributing factors to successful implementation of programs for PWD are government commitment to disability issues as evidenced through legislation, policies and programs; presence of active civil society and Disabled Persons' Organizations (DPOs); linkages between primary health care and CBR; government-civil society collaboration; and availability of training and material resources.⁶⁰ DPOs can more effectively advocate for improved policy and policy enforcement. Further development of DPOs both in number (at least one per province) and organizational capacity to carry out activities and enforce the Law on Persons with Disabilities will advance a more inclusive society.

OPPORTUNITIES FOR FUTURE PROGRAMMING

The USAID/Vietnam Strategy Assistance Objective, Improved Health of the People of Vietnam, includes Improved Health and Social Services for Persons of Disabilities. Given that at least 6 million of Vietnam's 78.5 million persons aged five years or older live with one or more disabilities justifies this as a development issue. The following should be considered in future programming.

Coordination Opportunities

- The soon to be issued Inclusive Education 2015 from MOET requires technical assistance at many levels if it is to be successful. USAID should engage with other donors, potential interested foundations, and USG special initiatives to address areas that offer a comparative advantage for USAID.
- Decrease any duplication of efforts with social work training by creating opportunities for collaboration between VNAH and San Jose University/CISCO projects. If possible focus the general social work curriculum that San Jose University/CISCO project is implementing to include a focus on disability.

⁶⁰ Comparative Analysis of Secondary Data on Policies and Legislation Support for Persons with Disabilities in Vietnam. Emailed document from Van Le, Legal Analysis and literature review 6 9 12.doc

- Strengthen NCCD's coordination role and advocate for its elevation to the national committee. This will improve the ability of the council to convene high-level officials and continue to ensure coordination across ministries.
- Strengthen MOLISA's ability to enforce the disability law and policies. The MOLISA is receiving assistance to develop a penalty decree with VNAH but further assistance will be need to disseminate the decree and monitor the implementation of the disability law.
- The departure of Atlantic Philanthropies by 2015 will present a gap in support to mental health. Coordination with MOH and other donors should begin now to determine how this gap will be addressed. This presents an important challenge, with nearly nine million Vietnamese suffering from mental illness and only 17 centers offering treatment for mental illness meeting only 5 percent of the demand for services.⁶¹

Capacity Building Opportunities

- Capacity building was an expressed need from every level and across all sectors. The identified needs in education, health, economic development, infrastructure, and advocacy as described in the body of the assessment should be reflected and addressed in all Assistance Objectives: Economic Growth, Investing in People, and Governing Justly, of the USAID/Vietnam Mission Strategy. For example, work being done on strengthening private sector financing of infrastructure should be sure to include access for disabled, activities in Governing Justly that focus on strengthening civil society should include strengthening DPOs, and projects that are working on health system strengthening should include strengthening rehabilitation and CBR.
- Engage an implementing partner who can provide technical assistance to the MOET Steering Committee in leadership and organizational development, planning and monitoring program implementation.
- Based on MOET requests USAID should look further analyze the assistance they have provided on teacher and school manager training to identify the specific gaps in implementing inclusive education. It was mentioned that there is a need for teaching aids and devices. Additionally, with only 20.8 percent of educational structures are accessible to CWD, modifications to the structural environment to decrease barriers to access should be made.
- Continue efforts towards a comprehensive and integrated approach to addressing the needs of disabled populations. Expand the model approach implemented in Da Nang to other provinces. Assisting the province to develop a plan of action to ensure that there is government ownership of providing services for their own disabled population.
- Provide technical assistance to the MOH to adapt the ICF to the Vietnamese context to be used in the determination and classification of disability by physical exam to include curriculum development in the medical schools. This may also fit well with the further development of a web based disability information system similar to what VNAH/USAID has piloted in the current project.
- Provide technical assistance to the Vocational Training program to ensure relevance to the needs of the market. Consider leveraging USAID economic development programs to assist

⁶¹ <http://vietnambreakingnews.com/2013/06/vietnam-faces-great-challenges-in-mental-health-treatment/> sourced 7/15/13

with microenterprise and skill training projects for PWD. Engage the USAID Economic Development office and their programs to develop microenterprise and skill training projects for PWD.

DPO Movement Opportunities

- Extend direct funding opportunities to national NGOs and DPOs. Begin with engagement of OFM to audit select NGOs and DPOs to prepare them in qualification requirements. Create a grant making organization that can provide leadership, management and accounting capacity building to DPOs, national NGOs engaged with disability issues and the VFD as a first step toward direct funding. Focus assistance with VFD to strengthen their coordinating and supportive role of DPOs nationally.
- USAID projects should include Vietnamese PWD as staff in the planning and implementation of activities. At the very least projects should have inclusive policies in place and in practice.
- Strengthen DPOs and SHGs ability to socially market inclusion of PWD. Further investigate how Irish Aid is assisting DRD in HCMC to incorporate this into their activities and look for other opportunities to implement similar activities in other regions with other DPOs.

Access to Key Needs Opportunities

- Provide technical assistance and equipment for the health sector to implement disability prevention such as preconception screening, post-birth early detection, and strengthening vaccination coverage for measles and rubella.
- Investigate how to improve the sustainability of CBR through improving the quality of services provided, leveraging work in USAID health system strengthening programs, fee based service provision, and privatization.
- Support to rehabilitation services should be continued coupled with partnership from the private sector to improve sustainability. The demand for rehabilitation services is much higher than the current supply presenting an opportunity for private sector engagement. The Hanoi Independent Living Center could be expanded if they engaged in fee base services for those who can afford to pay. This support should include attention to improve the human resources for physical therapy and occupational therapy. The assessment team found a lack of technical expertise in adaptive equipment and functional skills training and assessment.
- Determine an approach that will improve inclusion of deaf and hard of hearing people. Some options to consider are to support the development of a nationally useful sign language, or support sign language interpreter training programs. According to the Hanoi Deaf Club, there are only 5 qualified interpreters in the country.
- Continue to support and increase ICT as an alternative employment opportunity of PWD and search out opportunity of a GDA with a software enterprise.
- Improve access to basic devices such as eyeglasses, hearing aids, walking sticks through donations, GDA, private sector, or project funds subject to sufficient funding. This should also include improving access to repair and adjustment of these basic devices.

Improvements to M&E Systems Opportunities

- Provide technical assistance to develop plans for programming resources and monitoring the implementation and impact of the recently enacted laws and development of policies across the three ministries.
- Increase the reach, both geographically to other provinces and in more occupations, and the quality of BREC and Employment Introduction Centers to continue to improve access to meaningful employment for PWD. Institute a monitoring and evaluation plan to ensure matching of employment opportunities meets the desires, ability and skills of PWD, identifies improvements to the system, and provides impact data.
- Develop a system to monitor the progress of CWD from primary school to secondary school that will identify, assess and address the reasons for attrition and lead to an increase of CWD's graduation from secondary school.

Potential Provinces to Consider for Future Projects

The criteria used to select provinces for consideration of future USAID engagement in disabilities includes:

- 1) The prevalence rate of disability per province from the 2009 Census.
- 2) The poverty rate in the province based on data in the World Bank 2012 Vietnam Poverty Assessment
- 3) The level of public service delivery in the province as reported in the Viet Nam Provincial Government Public Administration Performance Index (PAPI) 2012.
- 4) Age categories were also considered to determine where the investment would have the most impact to positively impact the lives of PWD. The importance of early detection, early intervention and prevention activities are more relevant to the younger category of five to 15 year olds.
- 5) The war legacy and location of 'hot spots' (HS) also factored into the analysis. We drew from the Hatfield assessment reports that list 28 HS and Aspen Institute recommendations of other areas (HS-AI) for consideration.
- 6) We also gathered recommendations from the three key ministries.



- | | |
|---|-----------|
| 1 | Vinh Phuc |
| 2 | Ha Noi |
| 3 | Bac Ninh |
| 4 | Hai Duong |
| 5 | Hung Yen |
| 6 | Ha Nam |

The MOET recommended provinces based on three criteria:

1. Number of CWD (using 2009 Census)
2. Capacity of the Provincial Education Department
3. Commitment of the province to disability (There is a higher commitment in the provinces that already established Resource Center for Education for Children with Disabilities)

Their recommendations include

Central Region: Da Nang, Quang Nam, Dak Lak and Phu Yen

Northern Provinces: Bac Kan, Cao Bang, Thai Nguyen, Phu Tho

Southern Provinces of Vinh Long, Tien Giang, Dong Thap, Long An, and Dong Nai.

The MOH recommended provinces based on high poverty rates stating the rich provinces and cities would not receive central funding.

Northwestern: Son La, Dien Bien,

Northeastern: Ha Giang, Cao Bang, Bac Kan

North Central Coast: Ha Tinh, Quang Tri

South Central Coast: Quang Nam, Quang Ngai,

Central Highlands: Kon Tum, Dak Lak

Southeastern: Tay Ninh

Mekong Delta: Ben Tre, Soc Trang

The criterion applied by the Ministry of Labour Invalids and Social Affairs (MOLISA) of provinces to consider consists of:

1. High number/prevalence of targeted beneficiaries
2. Having political-will and commitment to disability issues
3. Possibility for integrating with ministry's relevant program, such as Mental health, Poverty Reduction, Vocational Training for Rural Provinces or Social Work Development Programs

They strongly suggested that USAID consider working in provinces that have a strong Social Work foundation as a gauge of their commitment to social issues. These provinces include:

Northeastern: Quang Ninh,

North Central Coast: Thanh Hoa,

Red River Delta: Hanoi

South Central Coast: Da Nang, Hue, Khanh Hoa

Southeastern: HCMC, Ba Ria-Vung Tau

Mekong Delta: Can Tho, Long An, Ben Tre

Given that most of these provinces are more well off, excluding Thanh Hoa and Ben Tre, the Ministry also provided a second list of disadvantaged provinces (with the note that the capacity of these provinces might be low and there may be a lack of political will to engage with disability activities). These are designated as MOLISA2 in our analysis:

Northwestern: Dien Bien, Son La

Red River Delta: Hung Yen, Hai Phong

South Central Coast: Quang Nam, Binh Dinh, Phu Yen

Southeastern: Binh Phuoc

Mekong Delta: Ca Mau, Soc Trang, Kien Giang

It is interesting to note that some provinces were selected by two of the three ministries but there is only one province that was selected by all three of the ministries, Quang Nam. It is also of interest that Nghe An Province has the highest disability rate in 5-15 and 16-59 year olds, the second highest disability rate in the over 60 year olds, and is in the top ten highest for PWSD but was not suggested by any of

the ministries. Their PAPI score for service delivery is relatively good at 7.33 (ranked 6th) and they have a relatively high poverty rate of 26.74 ranking 20th among the poorer provinces.

The following table (Table 1) provides data of the ten provinces with the highest rates of disability in five to 15 year olds. The table shows that children five to 15 years old have disability rates from 2.39 with disability are found in 4 provinces that have dioxin “hot spots” located in the North Central Coast (1), South Central Coast (2) and in the Central Highlands (1) Regions. The poverty rates of these 10 provinces range from one of the highest (Dien Bien 71.06) to one of the lowest (Da Nang 2.39)

Table 7: Highest Disability Prevalence in 5 to 15 year olds

HS	Province/City	Region	Ministry Rec	Population	Poverty Rate	PAP I	All DIS	5-15yo	PWS D	PWD M	
HS	Da Nang (City)	South Coast	Central	MOET+MOLISA	887,435	2.39	7.650	9.1	2.39	0.65	3.87
	Nghe An	North Coast	Central		2,912,041	23.47	7.331	11.24	2.04	0.63	5.89
HS	Quang Nam	South Coast	Central	MOET,MOH+MOLISA 2	1,422,319	26.74	7.572	9.68	1.97	0.76	4.88
HS	Kon Tum	Central Highlands		MOH	430,133	9.97	7.042	7.63	1.93	0.41	3.59
	Ba RiaPVD– Vung Tau	Southeastern		MOLISA	996,682	47.58	7.270	6.17	1.75	0.42	2.59
	Lao Cai	Northeastern			614,595	56.77	7.003	7.29	1.74	0.35	3.47
	Ha Tinh	North Coast	Central	MOH	1,227,038	29.55	6.546	11.48	1.72	0.72	5.87
	Tuyen Quang	Northeastern			724,821	21.55	6.791	8.5	1.72	0.56	4.03
	Dien Bien	Northwestern		MOH+MOLISA2	490,306	71.06	6.763	6.89	1.69	0.27	3.52
HS	Quang Tri	North Coast	Central	MOH	598,324	21.44	6.510	9.88	1.66	0.68	4.89
	Binh Thuan	South Coast	Central		1,167,023	39.95	6.989	8.36	1.65	0.62	3.85

Looking at PWSD across all provinces (Table 2) we see PWSD have prevalence rates from 0.76 (Quang Nam) to 0.27 (Dien Bien) across all provinces. The provinces with the highest rate of severe disability include five provinces with hot spots (Quang Nam, Binh Dinh, Quang Tri, Da Nang, Khanh Hoa) three of which are included in the high prevalence provinces for 5-15 yo with two in the South Central Coast not in the top ten for 5-15 yo. Comparing the poverty level in these provinces shows a range similar to the 5 -15 year old category (29.55 Quang Tri to 2.39 Da Nang). Age specific data for PWSD was not available.

Table 8: Highest Disability Prevalence in Person With Severe Disability

HS	Province/City	Region	MINISTRY REC	Population	Poverty Rate	PAPI	All DIS	5-15yo	16-59yo	60+yo	PWSD	PWDM
HS	Quang Nam	South Central Coast	MOET, MOH&MOLISA2	1,422,319	23.47	7.572	9.68	1.97	5.53	45.55	0.76	4.88
	Quang Ngai	South Central Coast	MOH	1,216,773	23.65	6.955	9.96	1.62	5.42	47.26	0.72	5.53
	Ha Tinh	North Central Coast	MOH	1,227,038	21.55	6.546	11.48	1.72	6.54	48.44	0.72	5.87
HS	Binh Dinh	South Central Coast	MOLISA2	1,486,465	16.68	7.110	9.66	1.47	5.36	48.51	0.72	4.86
	Thai Binh	Red River Delta		1,781,842	18.95	5.916	12.34	1.48	6.48	50.71	0.69	7.28
HS	Quang Tri	North Central Coast	MOH	598,324	29.55	6.510	9.88	1.66	6.17	45.98	0.68	4.89
HS	Da Nang (City)	South Central Coast	MOET&MOLISA	887,435	2.39	7.650	9.1	2.39	6	47.86	0.65	3.87
	Thanh Hoa	North Central Coast	MOLISA	3,400,595	26.84	6.655	10.22	1.56	5.87	49.11	0.64	5.68
HS	Khanh Hoa	South Central Coast	MOLISA	1,157,604	15.51	6.815	8.25	1.61	5.55	44.7	0.64	3.67
	Nghe An	North Central Coast		2,912,041	26.74	7.331	11.24	2.04	7.33	53.54	0.63	5.89

Given the criteria previously described and the data available USAID should consider further investigation into the following five provinces:

South Central Coast: Quang Nam

North Central Coast: Nghe An, Quang Tri

Central Highlands: Kon Tum

Southeastern: Ba Ria–Vung Tau

Quang Nam is ranked 26th for poverty and has a PAPI score, 7.572 points, which is above the national mean score of 6.9 for public service delivery in 2012. It also has designated dioxin ‘hot spots’ and is one of the 16 provinces with unexploded ordinance (UXO). All three ministries recommend it for consideration.

Quang Tri is a poor province on the North Central Coast ranked 17th, has a PAPI score of 6.510 points and has dioxin ‘hot spots’ and UXOs. The MOH suggested this province for consideration.

Nghe An is also in the North Central Coast Region and because of the reasons discussed previously as well as being affected by UXOs it is included in the suggested provinces for further investigation.

The Central Highlands was heavily involved in the war and Kon Tum Province ranks as the most poor in the central area but enjoys a relatively high PAPI score of 7.042. MOH suggested it for consideration.

The fifth province Ba Ria–Vung Tau, in the Southeastern Region, meets our criteria with high poverty of 47.58, high prevalence of disability on 5-15 year olds of 1.76, a strong PAPI score of 7.27 and is a province suggested by MOLISA.

The USAID/Vietnam Mission may also want to consider Dong Nai considering they have been supporting the province. The follow-up assessment at the provincial and district levels of these suggested provinces should ascertain strong commitment by the People’s Committee to support disability work, to form a steering committee inclusive of Displaced Person Organizations and key departments, to support inclusive education and to focus the vocational training activities to assist PWD to attain gainful and meaningful employment.

APPENDIX I: STATEMENT OF WORK

I. Identification of the Task

USAID/Vietnam requests the technical assistance of an International Consultant to lead a team and serve as technical resource for an assessment of existing USAID/Vietnam disability activities and propose future programmatic recommendations based on that assessment, related analytical work and other parameters in accordance with USAID's project design practices in ADS 201. USAID/Vietnam requests that this work be commenced on or about May 15, 2013.

II. Background

From 1998, USAID/Vietnam has provided funding to capable US NGOs to implement model projects to provide comprehensive and integrated support to people with disabilities (PWD). The disability portfolio consists of a wide range of activities, covering medical (prosthetic and orthopedic, physical rehabilitation), education (inclusive environment and special education), social (support employment, vocational rehabilitation and the organizations of people with disabilities). The portfolio is also engaging the development and supports the enforcement of disabilities policies in Vietnam. USAID/Vietnam programs assist people with disabilities, regardless of the cause of their disability.

As of March 2013, USAID/Vietnam's disability portfolio consists of three disabilities projects:

- Implementing partner Catholic Relief Services (CRS) focuses on improving the quality and access to education for children with disabilities (CWD). The project also pilots assistive technologies to support CWD's education, provides IT training and employment assistance for young people with disabilities. This activity will end in 2014.
- Implementing partner Vietnam Assistance to the Handicapped (VNAH) focuses on the development and enforcement of Vietnam disabilities policies. This activity will end in 2014.
- DAI Inc. manages the third project with a focus on the development of a social worker-implemented case management system to ensure PWDs' access to comprehensive, integrated quality service. The project seeks to develop a set of comprehensive and integrated activities that can be replicated throughout Vietnam. The regional focus is Da Nang, Dong Nai, Binh Dinh, Hue (birth defects activities), and possibly other regions where there is a high disability burden and the need is great. The performance period for the DAI-implemented project is from 2012 to 2015.

In 2013, USAID plans to conduct an assessment of its current disability projects in Vietnam and consider future programming opportunities. The assessment and analysis will contain key information critical to any future designs, such as the overview of the disability environment in Vietnam, key policies; regional variation, government initiatives; key challenges and opportunities; the status of USAID's Vietnam disability programs (successes, challenges, remaining gaps/opportunities); the assessment of key disability local organizations and government institutions' capacity; and, key findings (programmatic recommendations for existing projects, best practices/lessons learnt, remaining gaps, key challenges and opportunities).

III. Purpose

The purpose of this Statement of Work (SOW) is to support the Mission in examining future programming opportunities based on the assessment. The consultant will serve as a technical resource and provide guidance to the local consultant conducting the disability assessment.

IV: Deliverables

In the course of carrying out the assessment and project design, the consultant is expected to produce the following deliverables:

1. Final Vietnam Disability Projects Review Assessment and Analysis Report. The International consultant will serve as a technical resource for the assessment, providing guidance, comments and edits to local consultant.
2. An Options Paper for new activities
3. A draft Logical framework (LF) of ongoing and any proposed future programs

Deliverable timeline (2013):

May 31: Outline of Vietnam Disability Projects Review Assessment and Analysis – key findings due.

June 30: Final Vietnam Disability Projects Review Assessment and Analysis Report

July 30: Draft Options Paper with Log-frame (LF)

August 30: Final Options Paper with Log-frame (LF)

V. Methodology

Illustrative methodologies include but not limited to the following:

Document Review: USAID/Vietnam will provide the consultant with key documents for review prior to consultant's departure for Vietnam.

Team Planning Meeting The consultant will have planning days upon arrival in Hanoi. During this period, the team will produce a work plan, timeline, methodologies and schedule.

Meeting stake-holders Meeting with USAID management, technical staff, collaborative Agency (CDC, Embassy, HHS), GVN ministries, NGOs partners and CSOs including DPOs in Hanoi and possibly in Da Nang to collect inputs/recommendation for the review and the recommendations for new project.

Written Documents the consultant will be responsible for producing all written documents outlined in the deliverables section. A Template for the Options Paper is attached.

VI. Place of performance

Hanoi and one province of project sites (TBD)

VII. Tasks to be accomplished:

Below is a list of the specific tasks to be accomplished by the international consultant, with an estimated level of effort for each task.

Background document review and meetings/calls with USAID/W	3 days
Develop methodologies, complete designing schedule	2 days
Review current disabilities projects (in-country)	10 days
Finalize the assessment report	5 days
Draft Options Paper and log-frame	12 days
Consult with USAID, revise and submit final Options Paper and log- frame to USAID/Vietnam	13 days
TOTAL	45 days

VIII. Team Composition, Participation, and Selection Criteria

Contractor, with expert experience in health program assessment and in disability programming will lead the assessment team. Team leader must have a minimum of 15 years professional health experience. Vietnam country experience is a must. Team leader will ultimately be responsible for the projects assessment, the development of Options Paper for new project, and the production of deliverables.

The team will consist of the contractor and a local program specialist with practical program experience in disability. These individuals will serve as team members and be responsible for producing the draft assessment report.

APPENDIX 2: SCHEDULE
USAID/VIETNAM
DISABILITY PROJECTS ASSESSMENT
HANOI, VIETNAM | MAY 28, 2013
(INTERNAL VERSION)

When	Who	Where	What	Notes / POC / Participants	Objectives
Thursday May 16, 2013					
14:30	Ellen Lynch	RI	Telephone discussion	EL with Charles Baily	Discuss Action Plan, recommended organizations/people to speak with, solicit input regarding priorities.
Sunday					
12:00	Ellen Lynch	Metropole	Informal discussion	EL meet with Chad Martin, CDC/Atlanta	Gather input from CDC field visit to Hue
Day 1 - Monday May 20, 2013					
9:00-12:00	Ellen Lynch Kiet Pham	USAID/Vietnam	In briefing	MD/ESDO/PD Van Le 0986-24-80-27	- Review the SoW - Get additional guidance from PDO
13:00-14:00	Ellen Lynch Kiet Pham USAID	USAID/Vietnam	Team planning	EL, KP, VL	- Develop assessment's methodologies - Agree on report outline - Divide roles and responsibilities
14:00-15:00	EL, KP, ESDO	USAID/Vietnam	Presentation Social Work University needs assessment	VL	- San Jose State Team presentation
15:30	EL, KP	USAID/Vietnam	Meeting USAID/Health	Separate interview or invited to in brief?	- Gather input from health sector perspective
Day 2 – Tuesday May 21, 2013					
08:45 – 09:30	EL, KP	Floor 2, Sentinel Place, 41A Ly Thai To	Meeting Irish AID	EL, KP, USAID Irish Aid POC: Mr. Cuong (84-4-39387808)	- Gather input from donors active in disabilities
10:00–11:00	EL, KP	Café Verve	Meeting Chuck Searcy Project RENEW	EL, KP, USAID	
11:00 – 12:00	EL, KP	15 Thien Quang	Meeting Spanish RC	EL, KP, USAID SRC POC: Ms. Marta Alejano – SRC Representative	- Gather input from donors active in disabilities

When	Who	Where	What	Notes / POC / Participants	Objectives
14:00 – 15:00	EL, KP	F2, La Thanh Hotel, 218 Doi Can	Meeting Handicapped International	EL, KP, USAID. HI POC: Ms. Ngoc Anh (0913128174)	- Gather input from other stakeholders active in disabilities
15:30 – 17:00	EL, KP	81A Tran Quoc Toan	Meeting UNICEF	EL, KP, USAID UNICEF POD: Ms. Duyen (0912098992)	- Gather input from donors active in disabilities
19:00	EL, KP	Da Nang	Flt VN7501	EL, KP	
Day 3 – Wed May 22, 2013 – Da Nang DAI/VNAH/GVN and other stakeholders					
Da Nang – KP and EL					
08.30-10.00	EL, KP	DSP office, 5 th FL, 104-106-108 Nui Thanh str, Da Nang	DAI & VNAH project briefing	DSP project team	Review DAI Project objectives, progress to date, and challenges.
10.30-12.00	EL, KP	DPO office 37 Lê Văn Long street, Da Nang	Meet with Da Nang DPO	- Da Nang DPO - Parent group in Hòa Vang (VNAH former project) - Club for Parents of Autism Children	- Gather input on success, challenges & priorities in disabilities
14.00-16.30 TBD	EL, KP	DOLISA	Meeting with Da Nang Disability Steering Committee (DSC)	- Da Nang DOLISA - Da Nang DOET - Da Nang DOH - Da Nang DOFA - Da Nang Social work service center - DAI & VNAH staff	- Gather input on success, challenges & priorities in disabilities for each area
16.30-17.00	EL, KP	Social work service center	Meeting director of SW service center		
18.30-19.30	EL	Hanoi	Return to Hanoi	EL	
22:00	SE, LM	Hanoi	SPANS Team Arrives	Sue Eitel & Leah Maxsen	
Day 4 – Thursday May 23, 2013- Da Nang DAI/VNAH/GVN and other stakeholders					
Da Nang - KP					
8.00-	KP	EMW CRB	Visit CBR unit funded by	DOLISA	

9.00		model	EMW prior project through DOLISA		
9.30-11.00	KP	Cam Le Health Clinic	Visit Cam Le Rehab clinic, meeting with Clinic management and CBR workers	-Cam Le Rehab clinic - CBR workers in ThanhKhe - VNAH	Review/observe activities, solicit input
13.30-15.30	KP	Inclusive Education Resource Center	Inclusive Resource Center- Meeting I.E and S.E teachers	DOET	Meet teachers, solicit input
16.00-17.00	KP	VBPO	Company hiring PWD	VNAH	
Hanoi – EL					
8:45-9:15	EL, SE, LM	Hanoi	Meeting SPANS staff		-
9:30-10.30	EL, SE, LM	Hanoi	Meeting POF and VIETCOT	50 Le Duan street	-
11:00 - 12:30	EL, SE, LM	Hanoi	Meeting with Ca Van Tran	2 Ngo Quyen	- Collect perspective of Ca on Vietnam's progress on disability in terms of services, policy, inclusion, legal and HR framework, and advocacy
When	Who	Where	What	Notes / POC / Participants	Objectives
14.00-17.00	EL, SE, LM	Hanoi Social Protection Department 35 Tran Phu Street	Social Protection Department/MOLISA, Legal Department/MOLISA NCCD director and members (Ministry of Transportation and/or Ministry of Information and Communication)	EL, SPANS, USAID	Meeting with MOLISA departments and NCCD members on disability policy and national programs
Day 5 – Friday May 24, 2013 – VNAH project review					
Quang Nam province - KP					
7:00-9:30	KP	Travel from Da Nang to Quang nam			

10:00-12:00	KP		Meeting DOFA, DOLISA, DOH, DOET		
13:30-15:30	KP		Meeting Quang Nam DPO and parents association		
Hanoi – EL, SE, LM					
8.30	EL, SE, LM	Hanoi Ministry of Health 138A Giang vo street	Meeting with Medical Service Administration on current partnership between MOH and USAID/VNAH	Deputy Director/MSA-MOH VNAH	Review progress and identify needs
10.30	EL, SE, LM	VNAH 101 A Nguyen Khuyen street	Meeting with partners involve in Vocational Rehabilitation component	Department of Employment (MOLISA) Hanoi Medical University Hanoi Employment Introduction Center VNAH	Review progress and identify needs
14.00	EL, SE, LM	VNAH 101 A Nguyen Khuyen street	VNAH disability programs briefing	VNAH's team (President, Country Director, IVWD's Acting COP and team leaders)	Review VNAH activities and progress, solicit input of needs
Day 6 – Sat May 25, 2013 – VNAH project review					
8.00	EL, SE, LM	PROTEC Member of BREC Board of Directors	Visiting a company which is a BREC member that hire persons with disabilities; interviewing PWD and BREC team	BREC office coordinator VCCI representative VNAH representative Donkey Donuts Bakery owners PWD working at Donkey Donuts Bakery	Observe activity, discuss achievements, needs
11.30	EL, SE, LM	Trang Vi Da Restaurant 89 Nguyen Khuyen street	Lunch meeting with DPOs	Representatives from Vietnam Federation on Disabilities (VFD) Hanoi Disabled People Organizations Club of Parents of Kids with Autism VNAH	Discuss progress and future needs
14.00	EL, SE, LM	VNAH office 101 A Nguyen	Meeting with Social Work universities partnering with	University of Social Science and Humanity (USSH)	Discuss progress and future needs

		Khuyen street	USAID/VNAH in developing training curriculum on social work with disabilities	University of Labor and Social Affairs (ULSA) VNAH	
Day 7 – Sun May 26, 2013 – No program					
Day 8 – Monday May 27, 2013 – CRS project review					
9:00-11:00	EL, SE, LM, KP	CRS Office 1, Lane 7, Nguyen Hong Street	Project briefing	CRS Project Staff, SPANS, EL, KP	Review project
11:00-12:00	EL, SE, LM, KP	CRS Office 1, Lane 7, Nguyen Hong Street	Briefing: Barriers to Education of CWD	CRS Project Staff, SPANS, EL, KP	Review education initiatives, solicit input
14:00-15:00	EL, SE, LM, KP	MoET 49 Dai Co Viet Street	Meeting GVN - MoET, NIES	SPANS, EL, KP	Review disability initiatives, solicit input
15:30-17:00	EL, SE, LM, KP	ESTIH Campus 2 1, Lane 75, Dang Van Ngu Street	Meeting ESTIH, Employers, Students and Alumni	SPANS, EL, KP	Meet beneficiaries, solicit input
Day 9 – Tue May 28, 2013 – CRS project review					
Hanoi – EL, KP					
8:30 – 9:30	EL, KP	CRS Office 1, Lane 7, Nguyen Hong Street	Meeting Blind Association and Deaf Association		Meet beneficiaries and solicit input
10:00-12:00	EL, KP	VNIES Office 101 Tran Hung Dao Street	Meeting with VNIES and teaching universities		Review education initiatives, solicit input
Da Nang – SE, LM					
10:00	SE, LM	Arrive Da Nang		SPANS	
10:30-12:00	SE, LM	Dong A University 63 Le Van Lung	Visit ITTP Da Nang	SPANS, CRS CoP Zhao Chenguang 0944-219-355. Email:cheng.zhao@crs.org	Review project and meet beneficiaries

14:00-16:00	SE, LM	Da Nang Rehabilitation Hospital – Truong Sa street,	Meeting Da Nang Rehab Hospital	SPANS, Toan Bui 0945-663-699	
16:00-17:30	SE, LM	DPO office 37 Lê Văn Long street, Da Nang	Meeting Da Nang DPO and district DPOs		
TBD	SE, LM	Return to Hanoi			
Day 10 – Wed May 29, 2013					
8:30-9:30	SE, VL	VietCOT 50 Giai phong	Visit P& O workshop and club-food program		
10:30-12:00	SE, VL	Bach Mai Hospital (78 Giai Phong)	Meeting Dr. Chau re VR and Rehab activities		
10:30-11:00	EL	U.S Embassy	Meet Eric ESTH Officer		
11:15-12:00	EL	Rose Garden	Meeting Debi Fairman		
9:00-12:00	LM	HEIC- 287 Trung Kinh (new number 215 Trung Kinh).	Meeting Hanoi Employment Center	Pham Lien, VNAH Officer 0989-746-796.	
1:30-2:30	Team	Sofitel Plaza	Meeting ACDC – PWD legal aid DPO		
3:30-5:00	Team	USAID/Vietnam	Working session on key findings		Identify key findings of assessment
Day 11 – Thur May 30, 2013 – Review finding and recommendation (cont') – presentation to USAID					
8:30-10:00	TBD	TBD	TBD		
10:00-12:00	SE, LM, VL	USAID/Vietnam	USAID team meeting		
8:00-12:00	EL, SE, LM, KP		Review findings and recommendation	EL, KP, SE, LM	Identify recommendations
14:00-16:00	EL, SE, LM, KP		Presentation of key findings and recommendation	EL, KP and USAID	Not a big presentation more of a working session on key findings
23:00	SE, LM,		SPANS Staff depart		

Day 12 – Friday May 31, 2013 – Finalization of report outline and findings					
TBD	EL, KP	AusAID			
10:30 -11:30	EL, KP	ILO (48-50 Nguyen Thai Hoc)		Ms. Vu Thi Binh Minh	
14:30 – 15:30	EL, KP	Independent Living Center – 38 Kim Ma Thuong, Hanoi			
19:50			Ellen Departs		
Day 13 – June 4th –Visit to Dong Nai province					
7:00-9:30	KP	Travel to Dong Nai			
10:00-12:00	KP		Meeting DOFA, DOLISA, DOH, DOET		
13:30-15:30	KP		Meeting DPO and parents association		
Day 14 – TBD – Visit to Thai Binh province					
7:00-9:30	KP	Travel from Da Nang to Quang nam			
10:00-12:00	KP		Meeting DOFA, DOLISA, DOH, DOET		
13:30-15:30	KP		Meeting Quang Nam DPO and parents association		

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APPENDIX 5: DATA BASE

HS	Province/ City	Population	% Urban	Region	Poverty Rate	PAPI Pub Serv Del Mean	All	5-15yo	16- 59yo	60+yo	PWSD	PWD M	MOET	MOH	MOLISA
	An Giang	2,142,709	28.4	Mekong Delta	18.22	6.870	5.91	0.69	3.59	35.23	0.44	2.75			
	Ba Ria- Vung Tau	996,682	49.9	Southeastern	9.97	7.270	6.17	1.75	3.99	38.91	0.42	2.59			MOLISA rec
	Bac Giang	1,554,131	9.4	Northeastern	23.83	6.581	6.92	1.44	3.79	40.26	0.43	3.36			
	Bac Kan	293,826	16.1	Northeastern	45.97	6.769	8.81	1.59	5.84	49.01	0.51	4.22	MOET rec	MOH rec	
HS	Bac Lieu	856,518	26.1	Mekong Delta	23.3	6.985	3.82	0.52	1.84	31.34	0.31	2.09			
	Bac Ninh	1,024,472	23.5	Red River Delta	10.19	6.917	7.71	1.16	4.34	40.5	0.44	3.85			
HS-AI	Ben Tre	1,255,946	9.9	Mekong Delta	10	6.958	10.24	1.36	6.31	47.75	0.58	4.72		MOH rec	MOLISA rec
HS	Binh Dinh	1,486,465	27.7	South Central Coast	16.68	7.110	9.66	1.47	5.36	48.51	0.72	4.86			MOLISA 2
HS-AI	Binh Duong	1,481,550	29.9	Southeastern	7.82	7.242	4.07	1.16	2.55	37.7	0.27	1.55			
HS	Binh Phuoc	873,598	16.5	Southeastern	17.2	6.374	5.53	0.99	4.37	36.56	0.37	2.4			MOLISA 2
	Binh Thuan	1,167,023	39.3	South Central Coast	21.44	6.989	8.36	1.65	5.9	48.48	0.62	3.85			
	Ca Mau	1,206,938	20.4	Mekong Delta	26.36	6.134	7.1	1.26	4.85	44.44	0.45	3.7			MOLISA 2
HS	Can Tho (city)	1,188,435	65.9	Mekong Delta	11.7	6.766	7.58	0.96	4.73	45.39	0.43	3.31			MOLISA rec
	Cao Bang	507,183	16.9	Northeastern	53.11	6.388	10.43	1.25	6.29	56.41	0.51	5.35	MOET rec	MOH rec	
HS	Da Nang (City)	887,435	86.9	South Central Coast	2.39	7.650	9.1	2.39	6	47.86	0.65	3.87	MOET rec		MOLISA rec
	Dak Lak	1,733,624	24	Central Highlands	30.32	6.694	7.53	1.48	5.69	52.86	0.42	3.41	MOET rec	MOH rec	
	Dak Nong	489,382	14.7	Central Highlands	32.5	5.953	6.28	1.38	5.45	49.09	0.28	2.87			
	Dien Bien	490,306	15	Northwestern	71.06	6.763	6.89	1.69	5.07	47.94	0.27	3.52		MOH rec	MOLISA 2
HS	Dong Nai	2,486,154	33.2	Southeastern	11.73	6.920	8.16	1.5	5.86	50.41	0.48	3.57	MOET rec		
	Dong Thap	1,666,467	17.8	Mekong Delta	15.58	6.673	7.45	0.85	4.71	42.59	0.41	3.32	MOET rec		
HS	Gia Lai	1,274,412	28.6	Central Highlands	43.34	6.269	5.41	1.28	3.94	39.71	0.35	2.53			

	Ha Giang	724,537	11.6	Northeastern	71.46	6.809	6.28	1.48	4.33	40.85	0.42	2.98		MOH rec	
	Ha Nam	784,045	9.5	Red River Delta	16.56	6.609	9.43	1.23	4.55	43.97	0.61	5.31			
	Ha Noi (city)	6,451,909	41	Red River Delta	4.94	7.020	6.44	1.18	3.23	34.4	0.4	3.1			MOLISA rec
	Ha Tinh	1,227,038	14.9	North Central Coast	21.55	6.546	11.48	1.72	6.54	48.44	0.72	5.87		MOH rec	
	Hai Duong	1,705,059	19	Red River Delta	14.84	7.143	7.82	1.17	3.87	38.09	0.53	4.07			
	Hai Phong (city)	1,837,173	46.1	Red River Delta	7.93	7.439	8.79	1.64	4.59	45.23	0.52	4.44			MOLISA 2
	Hau Giang	757,300	19.6	Mekong Delta	19.68	6.935	8.05	0.72	4.96	48.9	0.38	3.59			
	Hoa Binh	785,217	15	Northwestern	47.31	7.517	8.04	1.47	5.41	44.2	0.4	3.46			
	Hung Yen	1,127,903	12.1	Red River Delta	12.87	6.850	8.86	1.16	4.55	42.73	0.53	4.83			MOLISA 2
HS	Khanh Hoa	1,157,604	39.9	South Central Coast	15.51	6.815	8.25	1.61	5.55	44.7	0.64	3.67			MOLISA rec
	Kien Giang	1,688,248	27	Mekong Delta	24.02	6.628	6.53	0.91	4.24	44.24	0.37	3.19			MOLISA 2
HS	Kon Tum	430,133	33.5	Central Highlands	47.58	7.042	7.63	1.93	6.37	48.58	0.41	3.59		MOH rec	
	Lai Chau	370,502	14.2	Northwestern	76.41	6.941	5.95	1.55	4.41	47.19	0.29	2.88			
	Lam Dong	1,187,574	37.8	Central Highlands	21.96	6.867	6.4	1.38	4.43	44.4	0.37	2.95			
	Lang Son	732,515	19.2	Northeastern	45.69	6.994	9.68	1.33	6.68	52.52	0.48	4.67			
	Lao Cai	614,595	21	Northeastern	56.77	7.003	7.29	1.74	5.17	50.02	0.35	3.47			
	Long An	1,436,066	17.4	Mekong Delta	10.97	6.519	7.9	1.2	5.05	43.05	0.48	3.63	MOET rec		MOLISA rec
	Nam Dinh	1,828,111	17.6	Red River Delta	14.04	7.009	8.8	1.25	4.56	41.15	0.62	4.65			
	Nghe An	2,912,041	12.9	North Central Coast	26.74	7.331	11.24	2.04	7.33	53.54	0.63	5.89			
	Ninh Binh	898,999	17.9	Red River Delta	15.28	6.553	8.68	1.25	4.63	41.14	0.61	4.41			
HS	Ninh Thuan	564,993	36.1	South Central Coast	34.52	6.778	6.99	1.5	4.78	43.76	0.53	3.03			
	Phu Tho	1,316,389	15.8	Northeastern	23.62	7.334	9.76	1.43	5.56	47.93	0.55	4.95	MOET rec		
HS	Phu Yen	862,231	21.8	South Central Coast	22.08	6.589	8.37	1.35	4.7	48.61	0.57	4.27	MOET rec		MOLISA 2
HS-AI	Quang Binh	844,893	15	North Central Coast	23.2	6.681	8.84	1.39	4.87	50.12	0.52	4.66			
HS	Quang	1,422,319	18.6	South Central	23.47	7.572	9.68	1.97	5.53	45.55	0.76	4.88	MOET rec	MOH rec	MOLISA 2

	Nam			Coast											
	Quang Ngai	1,216,773	14.6	South Central Coast	23.65	6.955	9.96	1.62	5.42	47.26	0.72	5.53		MOH rec	
	Quang Ninh	1,144,988	51.9	Northeastern	12.12	6.586	7.55	1.45	4.3	42.45	0.37	3.74			MOLISA rec
HS	Quang Tri	598,324	27.4	North Central Coast	29.55	6.510	9.88	1.66	6.17	45.98	0.68	4.89		MOH rec	
	Soc Trang	1,292,853	19.4	Mekong Delta	27.28	7.156	7.58	0.88	5.02	46.51	0.45	3.63		MOH rec	MOLISA 2
	Son La	1,076,055	13.8	Northwestern	63.6	6.745	6.74	1.54	4.63	46.6	0.33	3.34		MOH rec	MOLISA 2
HS-AI	Tay Ninh	1,066,513	15.6	Southeastern	11.78	6.433	5.97	0.77	3.7	37.32	0.42	2.74		MOH rec	
	Thai Binh	1,781,842	9.7	Red River Delta	18.95	5.916	12.34	1.48	6.48	50.71	0.69	7.28			
	Thai Nguyen	1,123,116	25.6	Northeastern	21.99	6.882	9.36	1.5	5.81	49.72	0.45	4.54	MOET rec		
	Thanh Hoa	3,400,595	10.4	North Central Coast	26.84	6.655	10.22	1.56	5.87	49.11	0.64	5.68			MOLISA rec
HS	Thanh pho Ho Chi Minh (city)	7,162,864	83.3	Southeastern	2.94	7.026	4.96	1.65	2.89	33.82	0.39	2.11			MOLISA rec
HS	Thua Thien-Hue	1,087,420	36	North Central Coast	19.43	7.045	8.31	1.44	4.88	42.27	0.63	4.07			MOLISA rec
	Tien Giang	1,672,271	13.7	Mekong Delta	9.53	6.741	6.5	1.05	3.65	36.06	0.5	2.73	MOET rec		
	Tra Vinh	1,003,012	15.3	Mekong Delta	22.28	6.560	8.12	1.08	5.54	44.49	0.43	3.77			
	Tuyen Quang	724,821	13	Northeastern	39.95	6.791	8.5	1.72	5.7	47.26	0.56	4.03			
	Vinh Long	1,024,707	15.3	Mekong Delta	11.76	7.234	6.71	0.79	3.81	38.76	0.51	3.21	MOET rec		
	Vinh Phuc	999,786	22.4	Red River Delta	11.99	6.794	6.79	1.14	3.56	36.98	0.41	3.46			
	Yen Bai	740,397	18.8	Northeastern	45.33	6.317	6.17	1.36	3.83	35.76	0.41	2.85			