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USAID/VIETNAM: DISABILITIES AND HEALTH ASSESSMENT

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ACRONYM LIST

ANC	Antenatal care
ADL	Activities of daily living
AEPD	Association for Empowerment of Persons with Disabilities
AIFO	Associazione Italiana Amici di Raoul Follereau
AO	Agent Orange
AOWG	Agent Orange Working Group
APS	Annual Program Statement (USAID)
ASCON	Asian Spinal Cord Network
CBCT	Community-based clubfoot treatment
CBR	Community-based rehabilitation
CDC	Centers for Disease Control and Prevention (U.S. Government)
COV	Children of Vietnam
CP	Cerebral palsy
CRP	Comprehensive Rehabilitation Plan
CRS	Congressional Research Service
CRSP	Comprehensive Rehabilitation Support Package
CWD	Children with disabilities
DAVA	Danang Association for Victims of Agent Orange
DCC	Danang Coordination Committee
DCG	Disability Coordination Group
DCH	Danang Cancer Hospital
DISLOW	Disability low threshold
DISHIGH	Disability high threshold
DOET	Department of Education & Training
DOFA	Department of Foreign Affairs
DOH	Department of Health (province)
DOLISA	Department of Labor, Invalids and Social Assistance
DPO	Disability People's Organization
DRD	Disability and Resource Development
EMW	East Meets West Foundation
ESSP	Economic stimulus support package
FF	Ford Foundation
GDO	General Development Office
GH Tech	Global Health Technical Assistance Project
GVN	Government of Vietnam
HIB	Handicap International Belgium
HRCS	Holistic Rehabilitation Coordination System
HHS	Department of Health and Human Services
ICF	International Classification of Functioning, Disability and Health

IDEA	Inclusive Development Action
IEC	Information, education, and communication
IOM	Institute of Medicine (U.S.)
IRS	Integrated Rehabilitation System
JAC	Joint Advisory Committee (on Agent Orange/dioxin-related issues)
JICA	Japanese International Cooperation Agency
KAP	Knowledge, attitudes, and practices
LOE	Level of effort
MCH	Maternal and child care
MCNV	Medical Committee Netherlands-Vietnam
M&E	Monitoring and evaluation
MOET	Ministry of Education and Training
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Assistance
MONRE	Ministry of National Resources and Environment
MOU	Memorandum of understanding
NAP	National Action Plan
NGO	Nongovernmental organization
NLR	Netherlands Leprosy Relief
ORH	Orthopedics and Rehabilitation Hospital
PC	People's Committee
P&O	Prosthetics and orthotics
PWD	People with disabilities
QA	Quality assurance
QI	Quality improvement
RC	Rehabilitation coordinator
RF	Result framework
RFA	Request for applications
SC	Save the Children
SHG	Self-help group
SN-PWD	Support Network for People with Disabilities
SOW	Scope of work
STI	Sexually transmitted infections
SW	Social worker
TCDD	2,3,7,8-Tetrachlorodibenzo- <i>p</i> -dioxin
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
U.S.	United States of America
USAID	United States Agency for International Development
USG	United States Government
VA	Veterans Affairs (U.S.)

VAVA	Vietnam Association for Victims of Agent Orange
VHLSS	Vietnam Household Living Standards Survey 2006
VN	Vietnam
VNAH	Vietnam Assistance for the Handicapped
VNRC	Vietnam Red Cross
VPHA	Vietnam Public Health Association
VSO	Voluntary Service Overseas
VVAF	Vietnam Veterans of America Foundation
WB	World Bank
WHO	World Health Organization
WV	World Vision

EXECUTIVE SUMMARY

Although the Vietnamese and U.S. governments have been moving toward normal bilateral relationships, the issue of Agent Orange and dioxin contamination remains a topic under discussion. Forums have been established to address the legacy of Agent Orange in Vietnam, including the U.S.-Vietnam Dialogue Group on Agent Orange/Dioxin (initiated and supported by the Ford Foundation) and the U.S. Government-Government of Vietnam Joint Advisory Committee (JAC) to provide guidance on scientific cooperation, technical assistance, environmental remediation related to Agent Orange and dioxin contamination, and health-related activities for communities adjacent to dioxin hotspots.

In 2008, as part of the broader joint effort between the Government of Vietnam (GVN) and the U.S. Government to address the environmental contamination near former Agent Orange/dioxin sites, USAID/Vietnam awarded three grants to provide assistance to people with disabilities (PWD) living in communities adjacent to the airport in Danang. The USAID/Vietnam-supported program, Strengthening Services for the Disabled in Danang, has an overall goal of providing comprehensive medical and social rehabilitation services for PWD, responding to health, education, livelihood, and social integration needs, with a total budget of \$2.9 million over three years. Although focused on areas adjacent to the hotspot, the program assists PWD regardless of the cause of disability, as it is difficult to determine conditions directly caused by dioxin contamination. This program is implemented by three nongovernmental organizations (NGOs): Vietnam Assistance to the Handicapped (VANH), East Meets West Foundation (EMW), and Save the Children (SC). Funding for this program was from a congressional earmark for environmental remediation of dioxin and health-related activities. Program funding ends in September 2011.

The purpose of this assessment is: 1) to conduct a review of the current disability program in Danang; 2) assess other public health needs in communities adjacent to dioxin hot spots; and 3) provide recommendations on potential future (follow-on) assistance for interventions that address on-going disability and public health issues in communities surrounding dioxin hotspots.

The external assessment was conducted in December 2010 for a period of three weeks in Danang and Hanoi by a team of two international consultants with expertise in disabilities and public health. The main sources of information were extensive document reviews, focus group discussions, field visits to visit project sites and meet beneficiaries, and consultations with major stakeholders at the central, provincial, district, and commune level, including Office 33, the Ministry of Labor, Invalids and Social Assistance (MOLISA), Ministry of Health (MOH), members of Parliament, Danang People's Committee, Department of Labor, Invalids and Social Assistance (DOLISA), Department of Health/province (DOH), and residents in dioxin-contaminated communities, in addition to U.S. Government and other donor and international organizations (UNICEF, UNDP, WHO) and foundations (Atlantic Philanthropies, Ford Foundation). The collected data were analyzed, including triangulation of the gathered information, and the report prepared.

REVIEW OF THE USAID-FUNDED DISABILITY PROGRAM IN DANANG

Despite the delayed start and challenges encountered by each NGO related to providing the proposed services and activities, the team found that there were many accomplishments, including the following:

Key Program Achievements

- The overall program addresses identified needs of PWD and beneficiaries' requests for services, and contributes to the number of PWD receiving support and training. PWD especially appreciated training for livelihoods, job seeking, etc., as economic opportunities are a priority need.
- The staff of each NGO is committed to improving the lives of PWD and has been resourceful in utilizing resources to help meet this objective.
- The NGOs work closely with all levels of government (provincial/municipal, district, and commune), and program activities are in line with the Danang Provincial Disability Action Plan. Close collaboration with government has contributed to increasing the visibility and awareness of PWD and the challenges they face.
- Rehabilitation services at the Orthopedic Hospital, district, commune, and community level were strengthened. Training was provided to local providers (e.g., DOLISA, DOH, community collaborators) to deliver rehabilitation services.
- The Disabilities Coordination Committee for all stakeholders (NGOs, UN/international organizations, and government) has been established and plans are in place for more regular meetings to be organized by EMW and UNICEF in 2011.
- Coordination among the three implementing NGO partners has improved and a mechanism is in place for monthly meetings to facilitate the exchange of information and collaboration.
- NGO partners are each addressing MOLISA/DOLISA's plan to establish a system of social work and address the need for improved counseling and rehabilitation management.
- Specific achievements include: registering 8,294 PWD in the program and screening 5,208. By September 2010, rehabilitation supports and services, corrective surgeries, assistive devices, and medical treatment had been provided to 2,857 PWD. Community-based rehabilitation units were started in several communes. Technical and capacity-building training was provided to 861 local service providers. Students with disabilities (301) were given multiyear educational assistance to continue in school. Support was given to 20 PWD to repair homes. Training on disability policies, care, and community-based rehabilitation techniques was given to 385 disabled people and caregivers. In addition, several forms of assistance were given to increase economic opportunities for PWD. Support was also given to establish the first Disabled People Organization (DPO) in Danang and self-help groups (SHGs).
- GVN officials interviewed in Hanoi and Danang (including the People's Committee) expressed appreciation for the U.S. Government's remediation program to clean up the airport as a way to prevent future contamination. At the same time, the GVN and most other interviewees said they value USAID's assistance for the disabilities program in dioxin-contaminated areas. Interviewees also said they look forward to working together with USAID to plan and implement follow-up programs for people in these areas, in addition to continue covering all seven districts, as people frequently migrate from dioxin-contaminated communes to other parts of the city.

The Following Challenges Were Identified:

- The three-year time period is very short for meeting program objectives, which often require establishing new services and upgrading existing facilities.
- NGO partners are confronted with competing demands, e.g., strengthening systems versus addressing the needs of individuals and families; and increasing the number of beneficiaries versus addressing issues related to service quality.

- Social assessments are conducted but are often fragmented because of limited resources, addressing only certain aspects of the rehabilitation process. Some program staff, community collaborators, and local/commune government staff have inadequate disability training and experience.
- The DPO has received legal status and SHGs have been established, but are new and not yet fully functional.
- Each NGO partner has a system of follow-up, but this is limited and would benefit from more technical expertise to assess appropriateness and quality of services.
- All implementing partners work with collaborators at the commune and community level. The involvement of collaborators is in line with GVN's approach to support at the community level, but presents challenges related to experience, training, and coordination/supervision, in addition to sustainability.
- Financial support in the form of grants and/or loans to establish home businesses is a priority among beneficiaries, but also presents many challenges and problems. Access to microcredit is limited for PWD.
- Detailed transition strategies were not included in the initial project proposals and planning, as they were NGO proposals and were not negotiated in detail with government institutions.

Assessment of Health-related Issues

The assessment team looked at broader public health issues and needs primarily in communities adjacent to dioxin hotspots in Danang, including extensive review of relevant documents and consultation with major stakeholders. Health services are vertical and not integrated, requiring people to make repeated visits to health centers for each type of care needed. Most program beneficiaries are poor and therefore qualify for health insurance, but many still have to pay associated costs for care. Other financial challenges include transport costs, drugs from the private sector, and costs not covered by health insurance, among others. Referral to the district and provincial level for specialized services also poses challenges, as the referral system is weak. It was also noted that working between GVN ministries and departments is challenging, e.g., coordinating activities between MOLISA and MOH and between DOLISA and DOH, which could pose greater problems if support for initiatives related to health are increased in the future and therefore will need to be addressed in the planning process.

Health Issues Related to Dioxin Contamination

The assessment team made efforts to collect information from a number of sources on health issues related to dioxin contamination. These included the Institute of Medicine (IOM) report *Veterans and Agent Orange: Update 2008*, Office 33's draft National Action Plan on *Comprehensive Overcoming of Consequences of Toxic Chemicals Used by the United States During the War in Vietnam to 2015 and Orientation Towards 2020*, scientific research papers, the Declaration and Plan of Action of the U.S.-Vietnam Dialogue Group on Agent Orange/Dioxin, minutes of the U.S.-GVN Joint Advisory Committee, and advocacy materials from Vietnam Assistance for the Handicapped (VAVA), among other documents. Although it was difficult to obtain information on disease-specific conditions related to dioxin, (e.g., the health information system/database is weak and GVN did not respond to requests for information), there were several key findings:

- Most people interviewed in districts adjacent to the airport said they did not know much about Agent Orange and did not recall any health information campaigns. However, Hoà Khê Commune Health Facility recently received pamphlets and brochures on the risk of dioxin-contaminated food, which could be part of the Vietnam Public Health Association's

planned knowledge, attitudes, and practices (KAP) survey and health education intervention in Danang.

- The first health examination of a total population (15,000) was conducted in late 2010 in Hoà Khê commune. The analysis of the examination will be available in nine months and was funded by GVN at the central level. The examination was not described as being dioxin-related, although this commune is located next to the dioxin hotspot.
- Although local communities adjacent to the hotspot are exposed to dioxin and other pollutants, there is no Environmental Health Department at provincial level and the MOH Department is newly established.

THE ROAD FORWARD

The following recommendations are based on the assessment findings:

Key Recommendations for the Current Disability Program:

A primary recommendation for future support is to build on lessons learned from the experiences of the three NGOs implementing the current program. Major achievements to build on are the electronic database including all PWD and the social assessment skills gained within the sector, together with the insight into all available rehabilitation opportunities existing in Danang. In addition, as interventions in Danang are shown to be successful, these models could be scaled up and replicated in other dioxin hotspots.

- The program should be closely planned with DOLISA to build on current experience and ensure donor and multisector coordination, working with and through existing structures. Planning should include a transition strategy, with the GVN assuming responsibility for coordination of the rehabilitation process, as well as arranging for the provision of social services for PWD.
- There is a need for a multisectoral intervention, with social intervention as the main focus and coordinator, in accordance with GVN policy. Technical interventions need to work through the responsible government department (DOH, Department of Education & Training [DOET], etc.)
- The Disabilities Coordination Committee in Danang needs to meet regularly. In addition to updating the detailed mapping of all government and other organizations that support PWD in Danang, the whole sector needs to work on standardization of procedures and optimization of tools, as well as on the review of the many models that exist of community volunteers and collaborators to assess their effectiveness and sustainability.
- During the final year of the current program, sharing of resources could be improved through increased referral and sharing of services between the three implementing NGOs.

Key Health-related Recommendations

- Remove barriers and improve access: physical, (e.g., ramps); financial (improving access to health insurance for the poor and covering out-of-pocket expenditure); communication, (sign language (deaf), Braille (blind)).
- Early screening and early intervention programs, including for newborns and children under the age of 6 years. There are many initiatives for early detection and screening in Vietnam and Danang that need to be reviewed, with lessons learned used to scale up and integrate successful approaches into health services and improve the quality of health services such as antenatal care, safe delivery, and other prevention programs.

- Quality-improvement initiatives need to be included.
- Within USAID/Vietnam, improved internal coordination between programs and direct involvement of the health sector in planning, decision-making, and monitoring is recommended for the disabilities and health programs.

Key Recommendations Related to Dioxin Contamination

- Although the remediation program for cleaning up hotspots is a priority to prevent future contamination, those interviewed from the government, People’s Committee, and others all recommended that USAID continue support for PWD in dioxin-contaminated areas. Support for broader health-related issues (e.g., strengthening integration of services and the referral system, training for health staff, etc.) was viewed as steps to improve the overall quality of the health system that would be beneficial to PWD and all members of affected communities. It was noted that most diseases have multiple causes, making it difficult to certify a direct link to dioxin and therefore it is best to improve services for all. Contracting for integrated services and chronic disease clinics at the commune and district level were identified as key health interventions to improve services for the whole population, not just PWD.
- The Declaration and Plan of Action of the U.S.-Vietnam Dialogue Group on Agent Orange 2010-2019 outlines several options for joint health-related issues, which in general support the recommendations of the assessment team. For example: “Work with the government health system and NGOs to improve public health and prevent further dioxin exposure, and to improve service delivery to people with disabilities, including those who may have been affected by dioxin.”
- Active participation in JAC provides a forum for discussing health issues and potential future support.
- Activities to strengthen data collection/management and to establish health databases would be beneficial in general, in addition to providing better documentation of health information in dioxin-contaminated areas.

THE FUTURE PROGRAM

The assessment report includes a detailed discussion of proposals for future programs, taking into consideration potential funding over five years, including support for PWD and broader health initiatives if additional funding beyond the current \$1 million yearly becomes available. The recommendation is for a core disability program providing comprehensive services, closely planned with DOLISA, based on a social worker coordination model, in line with the national framework. The program could be more efficiently implemented with one primary grantee collaborating with DOLISA to establish a Holistic Rehabilitation Coordination System (HRCS) of social workers, who would serve as coordinators of a comprehensive rehabilitation plan (CRP). In addition to including all aspects of the rehabilitation (health, education, economic empowerment, and social inclusion), the CRP would accommodate future needs. A comprehensive program could include a form of flexible rehabilitation grant for poor beneficiaries. For quality assessments/improvements of existing rehabilitation services and the extension of services in each of the four sectors, the USAID-supported program could work through subcontracted, local, or international specialized agencies that partner with the respective governmental bodies responsible for each sector.

If additional funding is available for a health program with benefits for the whole population, including PWD, the recommendation is to invest in improving integration of health services and strengthening of chronic disease management at commune health facilities. These interventions are not directly linked but rather have common interfaces to the disability program. Both of

these interventions could be implemented by contracting government services through a performance-related agreement. As with a disability program, sector coordination is also needed before engaging in a health program.

I. INTRODUCTION

BACKGROUND AND CONTEXT

Although the Vietnamese and U.S. governments have been moving toward normal bilateral relationships, the issue of Agent Orange and dioxin contamination remains a topic under discussion. In 2002, the first formal U.S.-Vietnam scientific conference on Agent Orange/dioxin was held, which was followed by field work to document environmental and human health effects, and by workshops on remediation techniques. Twenty-eight dioxin hot spots with varying levels of contamination were pinpointed in southern Vietnam. The most affected areas are surrounding the Danang, Biên Hòa, and Phu Cat airports, where the herbicides were stored, leaked, or spilled during handling and the dioxin soaked into the soil or moved with rainwater into the sediment of nearby rivers, lakes, and ponds, and on into the food chain (“Declaration and Plan of Action,” U.S.-Vietnam Dialogue Group. June 2010). Related to the environmental investigations, forums have been established to address the legacy of Agent Orange in Vietnam, including the U.S.-Vietnam Dialogue Group on Agent Orange/Dioxin (initiated and supported by the Ford Foundation) and the U.S. Government-Government of Vietnam Joint Advisory Committee (JAC) to provide guidance on scientific cooperation, technical assistance, and environmental remediation related to Agent Orange and dioxin contamination, and health-related activities for communities adjacent to dioxin hotspots. In addition to providing support for dioxin cleanup and small monthly allowances for people with disabilities believed caused by Agent Orange, the Government of Vietnam (GVN) in 1999 formed the interagency Steering Committee 33 to guide government decision-making. Other organizations in Vietnam addressing the effects of dioxin contamination are the Vietnam Red Cross, which assists the disabled poor, and the Vietnam Association of Victims of Agent Orange, which was set up as an advocacy organization and also provides assistance to local residents.

As part of the broader joint effort between the GVN and the U.S. Government to address environmental contamination near former Agent Orange/dioxin sites, including programs for environmental remediation and for health, in 2008 USAID/Vietnam awarded three grants to provide assistance to people with disabilities (PWD) living in communities adjacent to the dioxin hotspot in Danang. The USAID/Vietnam-supported program, funded at a total of \$2.9 million over three years, has an overall goal of providing comprehensive medical and social rehabilitation services for PWD, responding to health, education, livelihood, and social integration needs. Funding for this program was from a congressional earmark for Agent Orange.

A survey conducted by the Vietnamese General Statistics Office in 2006 found that approximately 13.5% of the population in Vietnam have disabilities, although the numbers vary greatly depending on the definitions used (Annual Program Statement 2008, p.1). People with disabilities in Vietnam face significant challenges in accessing and obtaining information on employment, health and education services, gaining legal rights, and accessing other essential services. Beginning in 1989, USAID (including funds from the Leahy War Victims Fund) has supported several disability-related activities in Vietnam, including medical rehabilitation, inclusive education and vocational training, policy development, and advocacy. Through technical assistance and direct funding for NGO activities, USAID has been responsible for raising awareness at the national, provincial, community, and family levels regarding the needs and abilities of children and adults with disabilities in Vietnam. The supported programs have resulted in job training and development for adolescents with disabilities, improved access to education for children in primary and secondary schools, provision of mobility aids and other equipment and technician training for prosthetics and orthotics (P&O), screening and treatment

for hearing impairment, policy development and implementation, and expansion of self-help groups, in addition to demonstrating and encouraging a national commitment and strategy for inclusive education for all children with disabilities.

Building on this earlier experience, the current program, Strengthening Services for the Disabled in Danang, is part of the effort to address the needs of communities in districts surrounding the airport, where dioxin levels are high. Although focused on areas adjacent to the hotspot, the program assists PWD regardless of the cause of disability, as it is difficult to determine conditions directly caused by dioxin contamination. This program is implemented by three nongovernmental organizations (NGOs): Vietnam Assistance to the Handicapped (VNAH), East Meets West Foundation (EMW), and Save the Children (SC). Program funding is through September 2011.

ASSESSMENT: PURPOSE AND METHODOLOGY

Purpose and Objectives

The purpose of the Vietnam Disabilities and Health Assessment is to conduct an external review of the disability program and identify public health concerns in communities adjacent to dioxin hotspots primarily in Danang and, to the extent feasible, in Phu Cat and Biên Hòa. During the initial USAID briefing, it was decided to revise the scope of work (SOW) to focus on Danang, as the time and funding available were too limited to include other hotspot areas and, in addition, to focus on health needs for the same communities and target group of PWD living near dioxin hotspots. The assessment was designed with three interrelated components:

1. Review the performance to date of the current USAID-funded disabilities program in Danang, which began in October 2008
2. Look at broader public health issues and needs primarily in the communities adjacent to the hotspots in Danang
3. Explore possibilities and provide recommendations for the future restructuring, refocusing, or expansion of the current disabilities program, including disability prevention, early intervention, and disability education, and explore additional health-related intervention opportunities

Findings and recommendations from the program assessment are used primarily to inform the design of possible follow-on activities for the period FY 2011-FY 2015, although some may be used if time permits for minor adjustments/revisions during the final year of the current program. Clarification of the intent of specific questions and other assessment concerns was made during the first in-country briefing with USAID staff. The complete scope of work (SOW) containing detailed assessment questions is found in Appendix A.

Methodology

This was an external evaluation conducted in December 2010 by a team of two international consultants with expertise in disabilities and public health. The team was assisted by three part-time translators, including a translator in a wheelchair who helped the team effectively communicate with PWD and their groups. The main information sources were program, government, and other partner documents; key informant interviews; and field visits to observe project activities and meet beneficiaries. The team members were in-country for three weeks, including 11 days in Danang.

Document Review: The team reviewed documents obtained from the Vietnamese and U.S. governments and USAID; NGO program reports and survey instruments; and documents from

foundations, donors, and United Nations organizations, in addition to scientific papers on the effects of Agent Orange and other documents related to dioxin contamination.

Key Informant Interviews: Based on the SOW and questions elicited from the document review and USAID, the team developed a guide for key groups: USAID staff in Vietnam and Washington; GVN officials from Office 33, Ministry of Labor, Invalids and Social Assistance (MOLISA), Department of Labor Invalids and Social Assistance (DOLISA), Ministry of Health (MOH), Department of Health/province (DOH), Department of Education & Training (DOET), Department of Foreign Affairs (DOFA), Danang People's Committee); United Nations Organizations (UNICEF, WHO, UNDP, World Bank); bilateral donors (Irish Aid), Foundations (Ford Foundation, Atlantic Philanthropies); NGOs including Vietnam Red Cross (VNRC), Handicap International Belgium (HIB), Medical Committee Netherlands-Vietnam (MCNV), Children of Vietnam (COV); implementing NGOs (EMW, Inclusive Development Action [IDEA], SC, VNAH); and beneficiaries and their families. Three part-time Vietnamese interpreters facilitated the interviews. Most interviews were conducted in person, with a small number conducted by phone and email. Interviews with GVN central-level officers and international donors and partners took place in Hanoi. The remaining interviews were conducted in Danang at the provincial, district, and commune level, as well as with beneficiaries in communities and homes.

Focus Groups: Two focus groups with program beneficiaries and non-beneficiaries were conducted in Vietnamese by the translators. Another group meeting included members of the Danang Disabled People's Organization (DPO) and self-help groups (SHGs).

Site Visits: Team members visited and observed program activities with each of the three implementing NGOs. Visits were also made to several partner institutions, such as GVN vocational training programs and Employment Placement Services; factories and other employment sites to observe PWD workers and meet employers; home-based businesses; rehabilitation hospitals and rehabilitation units in District Health Centers and community-based rehabilitation (CBR) centers; and the homes of beneficiaries. Two meetings were observed: Agent Orange Working Group in Hanoi and Implementing Partners Coordination Meeting in Danang.

Analysis: Team members took detailed notes during interviews and site visits. Information/data from the document review, interviews, and site visits were analyzed (primarily qualitatively) according to the evaluation questions in the SOW to ensure that team conclusions would be based on data derived from several sources. In some cases, the team returned to interviewees for further information or clarification. The team presented preliminary findings and recommendations to USAID staff, USAID Mission Director, and U.S. Ambassador. The comments and information generated from these debriefing discussions have been incorporated into the writing of this report.

II. REVIEW OF CURRENT USAID-FUNDED DISABILITY PROGRAM IN DANANG

BACKGROUND AND CONTEXT

The following discussion addresses the first task of the assessment, as stated in the SOW, and reviews the performance to date of the current USAID-funded disabilities program in Danang, which began in 2008 and is being implemented under grants to three NGOs.

As noted above, in 2008, USAID/Vietnam issued an Annual Program Statement (APS) to solicit innovative concept papers from qualified NGOs capable of designing and implementing model projects to provide support to people with disabilities in Danang, in particular the areas where increased levels of dioxin have been identified in the environment. Programs and activities could include, but were not limited to, enhancing earlier interventions for PWD, providing support to existing rehabilitation clinics and services, expanding PWD access to essential health and education services, initiating or strengthening CBR 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 one 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 PWD and their families. VNAH focuses on rehabilitation services and socio-economic support; EMW's primary effort is to facilitate medical rehabilitation, including the setting up of a network of CBR centers; and SC works to empower PWD through increased economic opportunities and services.

Although the NGOs were funded in October 2008, most program activities did not begin immediately, as there were delays in the GVN approval process for EMW and VNAH and in the process of conducting a baseline disability assessment at district level, which was more time-consuming than anticipated. EMW conducted surveys in five districts, and VNAH and SC collaborated on conducting surveys in two districts (Hòa Vang and Liên Chiểu). The EMW survey found a disability prevalence ratio of 1.27%. The survey in the two districts found 19% and 22%, respectively. These rates are higher than those identified by any other survey, due to the definition of disability used (any functional limitation). Other findings related to the types of impairment (using concepts of the International Classification of Functioning, Disability and Health [ICF]) and the low level of education among PWD. In addition, it was revealed that more than one-third of the PWD lack access to health care. These are all factors that increase PWD challenges.

FINDINGS OF THE ASSESSMENT OF THE DISABILITIES PROGRAM IN DANANG

The assessment team spent two to two and a half days with each NGO, meeting with staff to review the program in addition to making field visits to supported activities and beneficiaries. Despite the slow start and many challenges encountered by each NGO during efforts to provide the proposed services and activities, the team found that there were many accomplishments.

Key Program Achievements

Overall Program Achievement

- The overall program addresses the identified needs of PWD and beneficiaries' requests for services, and contributes to the number of PWD receiving support and training. PWD especially appreciated training for livelihoods, job seeking, etc., as economic opportunities are a priority need and a necessary precondition for social inclusion.
- The staff of each NGO is committed to improving the lives of PWD and has been resourceful in utilizing resources to help meet this objective.
- NGOs work closely with all levels of government (provincial/municipal, district, and commune), and program activities are in line with the Danang Provincial Disability Action Plan. Close collaboration with government has contributed to increasing the visibility and awareness of PWD and the challenges they face.
- Rehabilitation services at the Orthopedic Hospital, district, commune, and community level were strengthened. Training was provided to local providers (e.g., DOLISA, DOH, community collaborators) to deliver rehabilitation services.
- The Disabilities Coordination Committee for all stakeholders (NGOs, UN/international organizations and government) has been established and plans are in place for more regular meetings to be organized by EMW and UNICEF in 2011. UNICEF takes an active role at the national and provincial level in coordination and mapping of organizations working in disabilities, in addition to supporting surveys and programs for PWD.
- Coordination among the three implementing NGO partners has improved and a mechanism is in place for monthly meetings to facilitate collaboration and information exchange.
- The NGO partners are each addressing MOLISA/DOLISA's plan to establish a system of social work and respond to the need for improved counseling and rehabilitation management.

Program-specific Achievements

Despite the delayed start, the assessment team found that the program had many accomplishments, even in its short time frame. The following achievements are based on interviews with and presentations by the three NGOs, field visits, interviews with GVN and other partners supporting disabilities programs in Danang, and review of program reports.

- Baseline Disability Surveys and Screening: As noted above, comprehensive disability surveys have been completed in two districts and are to be completed in the five remaining districts.
- Health Assistance to PWD: A total of 8,294 PWD have been registered in the program and 5,208 have been screened. By September 2010, rehabilitation supports and services, corrective surgeries, assistive devices, and medical treatment had been provided to 2,857 PWD. CBRs had been established in 63 locations. Students with disabilities (301) were given multiyear educational assistance to continue in school (EMW cost-share). The program also assisted 224 people in registering for the local government welfare program. Support was given to 20 PWD to repair homes and renovate water supply and sanitation facilities. Training on disability policies, care, and CBR techniques was given to 385 disabled people and caregivers.
- Increased Economic Opportunities for PWD: PWD and caregivers (1,272) were trained in job seeking, soft skills, and entrepreneurship-development skills. PWD and caregivers had access to microfinance services (127); 154 PWD and 15 caregivers were employed by local businesses; and 545 PWD and 56 caregivers started home-based businesses and/or improved their income. Training in disability management and job accommodation for employees with disabilities was given to 37 enterprises, local authorities, and social

organizations. Training in disability employment and income-generation opportunities for PWD was provided to local officials, staff at vocational training centers, and business associations and enterprises. Equipment and modification of infrastructure was provided at two training centers.

- **Capacity Building in the Health Sector:** Technical and capacity-building training was provided to 861 local service providers, including social and health workers, CBR workers, local doctors, and physical therapists. Three district hospitals were upgraded and equipped (Thanh Khê, Cẩm Lệ, and Hòa Vang districts). The Danang Orthopedic and Rehabilitation Hospital was assisted in developing a three-year strategic plan. Software for disability information tracking and case management was completed and distributed to government social and health service providers.
- **Support to Disabled People Organization:** Support was given to establish the first legal DPO in Danang, in addition to creation of self-help groups.

Key Program Challenges

The assessment team identified the following key program challenges:

- The three-year time period is short for meeting program objectives, which often require establishing new services and upgrading existing facilities, in addition to a long start-up time (e.g., conducting baseline surveys).
- Social assessments are conducted but are often fragmented because of limited project resources and insufficient training of staff, community collaborators, and local/commune government staff. It is difficult for NGOs to hire local staff with professional disabilities training and experience. As a result, the program must provide time-consuming in-service training. Any future intervention has to take care to further develop its own staff.
- All implementing partners work with collaborators at the commune and community level. The involvement of collaborators is in line with GVN's (DOLISA and DOH) approach to channel NGO support at the community level. At the same time, it presents challenges related to experience, training, and coordination/supervision, in addition to sustainability.
- Rehabilitation is a long process, normally extending over the course of a lifetime. Each NGO partner has a system of follow up, but this is limited and would benefit from more technical expertise to assess appropriateness and quality of services. In addition, many PWD need more than one intervention, but the scope of assistance for each individual is limited, both financially¹ and in the number of needs that can be addressed.
- Rehabilitation is multisectoral (health, education, economic, and social inclusion), which presents challenges at all levels related to prioritizing needs, identifying available resources in each sector, and especially to coordinating among sectors.
- Financial support in the form of grants or loans to establish home businesses, a priority among beneficiaries, also presents many problems and challenges. Access to affordable microcredit is limited for PWD.
- Although coordination among implementing partners has improved, there is still a need for better alignment of interventions and referral for services between partners. For example, different approaches to rehabilitation are supported by each NGO in addition to other organizations supporting related PWD activities.
- NGO partners are confronted with competing demands, e.g., strengthening systems versus addressing the needs of individuals and families; increasing the number of people served

¹ Estimated at < \$148 for a direct benefit of a PWD/family.

versus improving service quality. For example, in addition to improving the PWD's individual/family situation, there is a need to remove broader situational barriers for PWD. It is difficult for a single NGO to address all of these challenges.

- Many older PWD need assistance, adding to the financial and social burdens on families. However, due to limited resources, the program focuses on beneficiaries below 50 years of age. Unless additional resources become available, program support needs to remain focused on younger PWD.
- The DPO has received legal status and self-help groups have been established by VNAH and SC, but are new, not yet fully functional, and not utilized to their full potential.
- The CBR units established at commune level do bring services closer to the community, but need to be reviewed in terms of effectiveness, quality of services, and sustainability.
- There were no limitations on the severity of impairment for beneficiaries in the current phase. At least some of them had a minor impairment, such as lack of vision in one eye. It is therefore impossible to calculate the beneficiaries of the current phase from a comprehensive rehabilitation point of view, as the statistics are collected by intervention and not by beneficiary. Some of them have made use several times of different services or the same service, e.g. because employment failed, several surgeries were needed, or an assistive device needed to be adapted to a child's growth. Many of them had no educational or economic rehabilitation.
- Detailed strategies for transitioning activities at the end of program funding were not included in the initial project proposals and planning.

III. HEALTH ASSESSMENT

The second component of the SOW requested that the assessment team look at broader public health issues and needs primarily in the communities adjacent to the hotspots in Danang. To address this issue, the team met with major stakeholders at the central, provincial, district, and commune level, including Office 33, MOLISA, MOH, Members of Parliament, Danang People's Committee, DOLISA, DOH, and DOFA, and residents in communities in areas adjacent to dioxin hotspots, in addition to U.S. Government agencies, including USAID, Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS), and other donor and international organizations and foundations that are supporting and working with the health sector (e.g., Atlantic Philanthropies, Ford Foundation, Irish Aid, UNICEF, WHO, UNDP, MCNV, etc.).

KEY FINDINGS OF THE HEALTH ASSESSMENT

The key findings outlined below are based on interviews with the stakeholders listed above, in addition to discussions with implementing partners and program beneficiaries and an extensive review of relevant documents. Several of the findings are relevant to the general population. It should also be noted that the current USAID-supported disabilities program includes health- and medical-related activities.

- Health services are not integrated, which necessitates that patients return to facilities frequently for each type of vertical service, with transport identified as a major challenge.
- The health referral system is weak, including lack of feedback to the referral source.
- Systematic collection and use of health data is weak.
- Although the assessment team learned about many pilot programs for early detection of impairments, in general there is no systematic policy on early detection system and strategy for intervention.
- Resources at commune health facilities are limited, although Atlantic Philanthropies is addressing this situation through a program to improve commune health facilities and provide training for staff in all districts in Danang.
- Working between GVN ministries and departments was described as challenging, e.g., coordinating activities between DOLISA and DOH, which could pose greater problems if support for health-related initiatives is increased in the future and therefore needs to be addressed in the planning process.
- Most program beneficiaries in Danang are poor and have GVN health insurance; although reports indicate that 30-40% of PWD lack insurance. The NGO implementing partners have provided assistance to beneficiaries and families in obtaining certification, as it can be a complicated, bureaucratic process that must be repeated on a yearly basis. Systematic efforts to improve and simplify this process could be included as part of future program support.
- Even when covered by health insurance, PWD face special challenges and barriers accessing health services:
 - The most frequently cited problem is the challenge related to transportation.
 - GVN health insurance does not ensure access to all specialized services needed by PWD. The poor and PWD also incur high out-of-pocket health expenditures, even when exempted.
 - Physical accessibility to facilities is limited (e.g., stairs, no ramps).

- Many communication challenges exist (e.g., no sign language or Braille; attitude of staff).
- Services for the special needs of PWD are limited and sometimes of inadequate quality. Medical personnel are often unfamiliar with PWD conditions and lack the necessary training, although training supported by implementing partners has improved the situation in some health facilities.

GVN expressed appreciation for the proposed remediation program to clean up the airport as a way to prevent future contamination. At the same time, GVN, including Office 33, central and municipal level officials, and the Vice Chair of the People's Party in Danang, stated the need to continue assisting people in areas affected by Agent Orange/dioxin, with officials saying they look forward to working closely with USAID and its partners to develop future PWD programs. GVN officials noted that, in addition to supporting districts adjacent to the airport hotspot, future programs should continue to cover all seven districts in Danang, as there is frequent migration of people from dioxin-contaminated districts to other areas in the city. Almost all interviewees with international organizations and foundations encouraged USAID to continue support for PWD in areas near the hotspots.

Health Issues Related to Dioxin Contamination

The assessment team made efforts to collect information from a number of sources on health issues related to dioxin contamination. In addition to talking with most interviewees about health concerns, letters were sent by USAID to the MOH and MOLISA prior to the assessment requesting background information on dioxin, health statistics, and recommendations on people to contact. Unfortunately, the GVN at the central and municipal levels failed to reply to these requests; the requested information was not provided even during face-to-face interviews. In Danang, health officials in medical facilities in districts surrounding the Agent Orange hotspot said that they were unaware of any database on dioxin-related conditions. However, the first commune-wide health examination (conducted for the total population) was carried out in Hoà Khê commune (Thanh Khê district) in September and November 2010. Thanh Khê health officials said that the results of this examination are expected to be available in mid-2011. Funding for this examination was described as coming from the central level, through the MOH. In response to the assessment team's questions about the examination, respondents were vague and referred to the national level for further information.

Key Findings for Health Issues Related to Dioxin Contamination

- When interviewed, most beneficiaries living in areas adjacent to the airport hotspot said they did not know much about Agent Orange, except what they heard through the media on radio and TV. A few beneficiaries who had served in the army or been exposed during the war had certification and were better informed about dioxin contamination.
- Organizations such as Vietnam Association for Victims of Agent Orange (VAVA) are informed about Agent Orange and distribute information about victims of dioxin contamination as part of their advocacy programs. VAVA has a day care center and training programs for children and youth with disabilities, including children with disabilities (CWD) with mental disabilities, although most children at the center did not have certified dioxin-related conditions.
- It was not possible to obtain data specific to dioxin-related conditions from MOH/DOH or DOLISA/MOLISA. For example, the following data was requested: MOH programs relating to health/disabilities/dioxin issues; health statistics available for dioxin-related issues; health statistics for specific hot spots; reports and studies on health issues in communities adjacent to hot spots; and recommendations on whom to meet in government, service delivery, and beneficiary groups.

- The assessment team reviewed extensively the report *Veterans and Agent Orange: Update 2008*, prepared by the Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides (Seventh Biennial Update), Institute of Medicine. This committee concluded that “the information needed for assigning risk estimates continues to be absent despite concerted efforts to model the exposure of the troops in Vietnam, to measure the serum 2,3,7,8-Tetrachlorodibenzo-*p*-dioxin (TCDD) concentrations of individual veterans, and to model the dynamics of retention and clearance of TCDD in the human body” (page 10). However, the U.S. Congress and Veterans Administration (VA) does provide benefits (disability compensation) to veterans who served in Vietnam diagnosed with the recognized illnesses, without requiring proof of a direct association between their illnesses and military service. (News Release, Department of Veterans Affairs, November 1, 2010). The Vietnam Government’s Committee 33 works with GVN’s MOH and MOLISA to provide special assistance to Vietnamese presumed to be suffering from conditions related to exposure to Agent Orange. The Vietnamese list is similar to the U.S. Government/VA list. Office 33 also has a draft National Action Plan on Comprehensive Overcoming of Consequences of Toxic Chemicals Used by the U.S. During the War in Vietnam to 2015 and Orientation Towards 2020, which has not yet been approved by the GVN (Draft no. 5, 12 October 2009).
- While many of the scientific papers available for review in Vietnam related to the environmental impact of Agent Orange, the assessment team was also able to review selected papers on the human health effects of Agent Orange/dioxin. It was difficult to assess the scientific rigor of these studies. In most cases the findings were inconclusive.
- A cancer hospital has been built and fully funded by the Danang municipal government and local businesses. In addition, Atlantic Philanthropies constructed an oncology unit at the Provincial Hospital. Therefore, further support for oncology and cancer-related conditions from USAID and other donors is not a priority need in Danang.
- Interviewees expressed concern about USAID’s interest in linking specific diseases, such as cancers, to dioxin, and the potential implications for the U.S. Government. Several stated (e.g., Ford Foundation, USAID/Washington) that in their long experience meeting with the Vietnamese and U.S. governments, this issue has never been raised. Even within JAC and the Scientific Advisory Committee on Dioxin, the major focus is on issues related to remediation. Based on the minutes of JAC meetings, the discussion of health issues is minimal except for the following noted needs:
 - Research on exposure and potential health effects related to Agent Orange/dioxin (2006)
 - Public health system for birth defect surveillance, newborn screening, and prevention without consideration to Agent Orange exposure (2007)
 - IEC intervention on contamination (2007)
 - Micronutrient fortification of staple foods to prevent birth defects (2010)
- Although people interviewed were unaware of health education programs for communities adjacent to the hotspot, the doctor at the Hoà Khê Commune Health Facility had copies of a poster and brochure about dioxin, which are to be used in a future health education program; however, commune health staff lacked information on the proposed plan. The poster and brochure were developed and printed with support from the Ford Foundation (FF) and Vietnam Public Health Association (VPHA). It was later learned that FF and VPHA have piloted a knowledge, attitudes, and practices (KAP) survey on dioxin and food safety in two communes near the Biên Hòa Airbase. The survey found that the risk of dioxin exposure was high if people consume locally self-cultivated/raised foods (especially fresh water fish and bottom mud feeders, free-range chicken, duck, toad, etc.) The VPHA-supported intervention was described as improving the KAP of local residents, which

resulted in reducing the risk of exposure to dioxin in foods, currently the main source of exposure. This intervention model is being expanded to Danang dioxin hot spots.

- As noted by interviewees, including implementing partners, local populations are now exposed to several contaminants/pollutants, including dioxin. Information about dioxin and other pollutants is not widely available. To date, there is no environmental health department at the provincial level; the Department of Environmental Health is newly established at the central level. Responsibility for environmental health falls between the MOH and the Ministry of Natural Resources and Environment.

OTHER DONOR ACTIVITIES

- As noted above, VAVA, a self-supporting NGO, is active in raising the profile of the Agent Orange/dioxin issues in Vietnam and the United States. In Vietnam, VAVA has exerted pressure for greater efforts to clean up Vietnam's environment and provide assistance to those believed to be Agent Orange victims. In the United States, VAVA has been an active proponent of greater U.S. assistance to Vietnam to address the Agent Orange/dioxin war legacy. In 2006, VAVA sponsored a conference of victims of Agent Orange; the published proceedings include summaries of studies and activities related to Agent Orange, which also reflects VAVA's advocacy role. VAVA receives funding through donations and memberships.
- Since 2000, the Ford Foundation's Special Initiative on Agent Orange has funded several programs and initiatives aimed at addressing the impact of Agent Orange and dioxin on post-war Vietnam. The foundation was instrumental in mobilizing support from the Bill and Melinda Gates Foundation and the Atlantic Philanthropies to develop scientific facilities to assess the impact of dioxin. It has also been the largest international contributor to the clean-up effort at the Danang Airport. In addition, FF has supported the Aspen Institute in helping establish the U.S.-Vietnam Dialogue Group on Agent Orange and supported its efforts to promote the study of dioxin-related diseases, the creation of adequate healthcare services for children and the disabled, environmental clean-up projects, and implementation of scientific research.

IV. THE WAY FORWARD

RECOMMENDATIONS FROM THE ASSESSMENT

The following recommendations are based on information collected through document review, interviews, field visits to health facilities, and visits with PWD in the community:

Recommendations for a Possible Future USAID-funded Disability Program

A primary recommendation for future support is to build on the National Action Plan for Disability and on lessons learned from the experience of the three NGOs implementing the current USAID program to ensure appropriateness and a better quality of assistance.

- Donors need to closely coordinate the planning of support for PWD in Danang with the People’s Committee and GVN Departments to increase coverage and complementarity. Any potential overlap in project activities with other key stakeholders must be avoided during the project design phase, during which there should be access to all governmental planning tools within a well-defined policy framework from DOLISA. At the same time, the effort will also require close collaboration and smooth coordination between the different key partners and available service providers. In addition, DOLISA Danang needs to fully assume its responsibility and take a pro-active coordination role in the local rehabilitation sector to ensure a multisectoral approach. PC Danang needs to organize such broad donor coordination on a yearly basis while assuming an advocacy role for mainstreaming PWD support as part of all development initiatives.
- Considering the scale of rehabilitation needs, estimated at 48,000 persons;² the multisectoral aspects of all the rehabilitation services, which need further development (expansion and quality assurance); and the need for a professional Integrated Rehabilitation System (IRS), it is advisable to take a multidonor, multipartner approach with different specializations to tackle the challenge.
- Donors need to closely coordinate the planning of support for PWD in Danang with the People’s Committee and GVN Departments to increase coverage and complementarity. Any potential overlap in project activities with other key stakeholders has to be prevented during the project design phase, during which there should be access to all governmental planning tools within a well-defined policy framework from DOLISA. At the same time, it needs close collaboration and well-functioning coordination among all of the various key partners and available service providers. DOLISA Danang should also assume fully its responsibility and take a pro-active coordination role in the local rehabilitation sector to ensure a multisectoral approach.
- PC Danang needs to organize this broad donor coordination on a yearly basis in which it should also assume the role of advocacy for mainstreaming PWD support in every development initiative.
- Future programs should strive for a more comprehensive, holistic approach, centered on PWD and their family situations. Beneficiaries identified support for economic development through improving access to low-interest microcredit loans and increasing livelihood opportunities as priority areas.
- As financial means are limited and have to be used in a cost-efficient way, it only makes sense to support rehabilitation intervention for more people if service quality and quantity

² That is, 5.33% of 900,000 people in Danang.

can be ensured. The assessment mission proposes that 40% of the total budget be reserved for direct support to the target population of PWD with their families. USAID should hold preliminary meetings, including discussions with all the proposed MOU partners (MOLISA, DOLISA, PC Danang), specifying roles and inputs as well as the transition strategy for future health-related intervention by USAID.

- Social assessment and coordination of rehabilitation interventions should be performed through a permanent actor with this in its mandate. Due to sustainability concerns, it is proper to propose an investment to accompany DOLISA's planned investment to establish a system of social workers. These social workers could serve as coordinators of the rehabilitation process for targeted PWD, supporting the GVN's plan to strengthen social work, including in-service training and services. MOLISA plans a nationwide effort by 2020 to educate and recruit 30,000 new social workers and upgrade 35,000 staff at all levels in the system. These staff are already in service, though of course not only for disability assistance. Even so, it is important to be realistic about the proposed social work program, which will take years to be fully developed.
- Initially, MOLISA-DOLISA will need substantial technical assistance as the groups diversify their roles from direct service providers (day care centers, social protection centers, job promotion centers, and financial subsidy supporters) toward a more holistic approach to rehabilitation. USAID's next disability-related program should be formulated so that the partner works within the DOLISA structure at all levels to support and reinforce its services.
- If possible, it would be preferable to identify one primary coordinating USAID partner with subpartners for technical interventions to better utilize limited program resources, improve coordination, and be more efficient for the GVN. This was not possible at the time the current grant was initiated in 2008, as innovative proposals were requested for intervention without incorporating a strong accent on sustainability. In the future, USAID should define the program itself to ensure a sustained focus on social assessment and development of an Integrated Rehabilitation System (IRS) within DOLISA. Support proposals should also define a transition strategy and identify what will remain at the end of the program to work toward sustainability.
- USAID/Vietnam is encouraged to consult and coordinate with the USAID/Washington and the Leahy War Victims Fund to expand support for disabilities in Vietnam.
- Given the Danang government's commitment to PWD (e.g., Disability Action Plan, municipal and district support for programs, etc.) and stated positive assessment of the USAID-supported program, close collaboration in planning and implementing a future program could then be monitored for effectiveness and replicated in other hotspot areas.
- Access to public buildings for PWD needs to be improved. Recent legislation on disabilities should be reviewed and implemented in health and other social service facilities. In addition to improving physical access, communication services, e.g., Braille and sign language, are also needed.

Adjustments to Current USAID Disability-related Interventions

- I. As the electronic data bank of PWD is still in its design stage, all efforts should be made to maximize its use as a practical tool for the entire rehabilitation sector in Danang in planning, beneficiary selection, follow up, monitoring, etc.:
 - a. The data bank needs to be compatible with the new Disability Law, with each intervention facilitating full implementation of the new law, particularly as it relates to the following:
 - i. Types of impairments (mobility, hearing, speech, vision, mental, intellectual, other)

- ii. Severity certificate given at commune level (light, moderate, or severe limitation)³
 - iii. Responsibilities of all involved stakeholders
- b. The data bank needs to be able to generate potential candidates for priority interventions, following agreed criteria, including severity levels, balance between the types of disability assisted, poverty levels, geographic clustering of interventions, etc.
 - c. Data bank information should be updated continuously so it serves as a permanent management tool.
 - d. Monitoring data must be streamlined and entered into the data bank by all intervening partners to enable the documentation of progress and identification of gaps.
2. During the current program's final year, sharing of resources should be improved through increased referral and sharing of services among the three implementing NGOs.
 3. Direct service provision such as training by grantees should be built gradually within the next months by identifying suitable local institutions and providing capacity by organizing trainings-of-trainers, so that these services can be obtained locally in the future.
 4. Community-level training should concentrate more on target group education (family members and PWD) and DOLISA and DOH staff rather than on training other collaborators.
 5. Every partner should critically analyze and document in a systematic way the successes and challenges they have encountered in their rehabilitation processes and service delivery to capture lessons learned, with lessons shared within sector meetings and incorporated into future guidelines.
 6. The Disabilities Sector Coordination Committee in Danang should meet regularly with the participation of DOLISA and establish working groups to focus on the following key areas:
 - a. The total rehabilitation sector needs to be better documented and updated for use in future planning exercises, including gathering information on spatial coverage by the different partners, different coverage of the types of interventions, future funding prospects for each partner, etc.
 To develop an initial proposal on how DOLISA can establish an IRS in the Danang Rehabilitation Sector Coordination Committee, it will be important to analyze the various social assessments methodologies used for PWDs and families as well as the different rehabilitation plan formats and follow-up methodologies from all key partners.⁴ This analysis should lead to the development of standardized procedures implemented by all agencies.
 - b. Approaches to community-based rehabilitation should be reviewed in terms of effectiveness and sustainability. Based on the findings, a model should be identified that can be used in the future. DOH should be encouraged to provide leadership and direction in this aspect.
 - c. The many models of community volunteers and collaborators need to be reviewed to assess effectiveness and sustainability – for example, maintaining collaborators at the commune level within the GVN, DOLISA and DOH; in addition, for each NGO, including program NGOs, supporting different models of community volunteers and/or collaborators. Future funding from USAID could include support for designing a model based on lessons learned from the current non-surgical clubfoot rehabilitation intervention, as proposed below.

³ Specified in Article 16 of the Vietnamese Law on PWD.

⁴ The assessment team has seen interesting social worker tools from other partners like Children of Vietnam. All current practices have to be included into the standardization of social assessment.

Recommendations from the Health Assessment

The following broad recommendations are based on the assessment's findings.

- Support for broader health issues should build on this assessment's findings, including the need for further documentation of specific dioxin-related health needs. The lack of available health data made it impossible for the current assessment to fully document the health needs of this community. Support is needed for improving health data systems, which is required for better support for future efforts to evaluate the health system.
- All efforts to provide support for health-related issues should be discussed and planned with the GVN, and integrated and built into the existing system.
- USAID could collaborate with Atlantic Philanthropies to build on its support for improving primary health care, including integrated services beginning at the commune level. PWD would also benefit from integrated services to eliminate the need for repeat visits to commune health services, which are currently vertically organized and discontinuous.

The health assessment identified general health needs/demands. Although many of them are directly related to PWD, health services for the general population in areas near the hotspots would also be improved. Specific recommendations are as follows:

- Access to health insurance for the poor, including PWD, is still a challenge. There is a need to both expand coverage and improve continuity.
- Transportation is a major barrier for accessing health care services.
- Disability-related training of health personnel (doctors, nurses, pharmacists, technicians, paramedics), including pre-service and in-service training, should be based on review of current training curriculums. Increased training on disabilities could contribute to improved quality of care for PWD and others.
- Existing initiatives for safe delivery and birth defect registration should be reviewed, such as the pilot newborn screening programs implemented by such organizations as SC and HIB, with future support built on these efforts. The program should include quality assurance in the delivery ward (e.g., ANC referrals, partogram, C-section, Apgar score). A district birth defect register at the district level could eventually be linked to prenatal screening (e.g., ultrasound, amniocentesis). At the same time, many impairments are difficult to diagnose at birth, e.g., cerebral palsy (CP) and drop foot. It would therefore be logical to combine newborn screening with early childhood detection and intervention. Several early detection programs have been supported and piloted in Danang by UNICEF and in other provinces (e.g., Irish Aid supports early detection in Vinh Long Province). Further support for systematic early detection and intervention is needed. A first step is to review the existing early detection systems and identify effective models, as future support needs to build on these pilot programs.

Recommendations Related to Dioxin Contamination

- The assessment team asked a range of interviewees (e.g., Atlantic Philanthropies, Ford Foundation, USAID/Washington/Leahy War Victims Fund, international organizations, MOH/DOH, MOLISA/DOLISA, and Vice Chairman of the Danang People's Committee, among others) for recommendations on Agent Orange-related health issues. The respondents were consistent in recommending continuing support for disability-affected areas in Danang, strengthening systems, building on the current program, and, depending on resource availability, considering support for improving access to health services for communities adjacent to the dioxin hotspot.

- Supporting the establishment of an environmental health program in Danang was viewed as a potential direction for future support from USAID, in addition to supporting the newly established Department of Environmental Health at the central level within the MOH. Through these programs, dioxin contamination could be addressed in combination with issues related to other pesticides and food safety concerns. Strengthening environmental health could be linked to environmental remediation activities, e.g., as preventive action related to Agent Orange. The public is currently exposed to a wide range of pesticides and toxic pollutants in addition to dioxin. Given this reality, the assessment team recommends training health personnel in environmental health and preventing contamination from dioxin and other pesticides and pollutants to help ensure that people receive accurate information and screenings to reduce their risk of exposure.
- Activities to establish health databases and strengthen overall data collection/management would be beneficial, in addition to activities focused on improving documentation for health information in dioxin-contaminated areas.
- Given that many diseases have multiple causes, it is best to improve services for all by close coordination with other programs in the health sector (e.g., Atlantic Philanthropies).
- The outcome of the government health exam (15,000 in Hoà Khê commune) could provide information on disease patterns in this commune surrounding the airport hotspot, although there is no control group for comparison. In addition, observing how government shapes the future public campaign about dioxin in Hoà Khê commune could be useful, as there appears to be a need to better inform the public on dioxin and other pollutants, e.g., in food. For example, the assessment team observed several people fishing in the lake adjacent to the airport. With support from the Ford Foundation, the Vietnam Public Health Association is replicating a health education program in Danang, which was first implemented in Biên Hòa, including a KAP survey and a health education program on dioxin in food. Future USAID support could build on the findings of these surveys on the risk of exposure to dioxin. Implementation of such broader health-related activities will depend on funding.
- The U.S. Government and GVN meet annually through the auspices of the JAC to provide guidance on scientific cooperation, technical assistance, and environmental remediation related to Agent Orange/dioxin contamination and health-related activities for communities adjacent to dioxin hotspots. The JAC provides a forum for discussing health issues and potential future support. USAID is represented at the JAC by the Mission Director and Head of the Health Office, who should therefore be involved in internal USAID discussions and decision-making on these topics.
- If future USAID-supported programs include health-related interventions, improved internal coordination within USAID is recommended, including consultation and involvement of the Health Section in planning and decision-making, developing the request for applications (RFA), and program monitoring of interventions.
- The Declaration and Plan of Action of the U.S.-Vietnam Dialogue Group on AO/Dioxin 2010-2019 outlines several options for joint health-related issues, which in general support the assessment team's recommendations. For example: "Work with the government health system and nongovernmental organizations to improve public health and prevent further dioxin exposure, and to improve service delivery to people with disabilities, including those who may have been affected by dioxin." As noted above, the recommendations include among many priorities: creating a birth defect registry; developing a system for maternal surveillance and screening; monitoring of child development and early-childhood interventions to improve services to people in or near major hot spots; strengthening training for Vietnamese public health professionals in disability diagnosis and treatment; engaging public health professionals in developing educational programs to ensure that

people receive appropriate information and screenings to reduce their risk of dioxin exposure; developing or strengthening rehabilitation facilities and respite day care centers in provinces with high rates of people with disabilities; and, assisting the GVN in expanding existing health insurance subsidy plans and scholarship programs to cover at least 70% of poor households with people with disabilities or family members with illnesses associated with exposure to dioxin.

Proposed Health Interventions Ranked in Order of Priority

As noted above, there are several options for supporting public health interventions in Danang through the strengthening of public services. The assessment team identified and ranked a list of priority USAID interventions, based on MOH priorities, public demand, and the feasibility and coherency of the individual interventions:

1. Many of the options directly linked to disability deserve priority, as they are closely related to PWD interventions and address areas that are part of a holistic disability support program:
 - a. Physical, social, and sensorial barrier removal to access health care due to impairment
 - b. Impairment prevention, primary as well as secondary (early detection and intervention)
 - c. Quality assurance (QA) of specialized rehab services
 - d. Introduction of new services like community-based clubfoot treatment through the expansion of the coverage of district rehabilitation departments
 - e. Quality improvement (QI) to specialized services at the provincial level
2. Under the category of improvements in the health system for all citizens, including PWD, QI initiatives are ranked as follows:
 - a. Introducing integrated quality health services at the commune and district level, especially in mother and child care, chronic diseases, and services for the elderly, through contracting government services
 - b. Improving human resource development through pre-service and in-service training on topics such as disability and chronic disease management
3. Expansion of existing services, mainly at the commune and district level, including introduction of an improved chronic disease management system: diabetes type II, hypertension, heart failure, Parkinson's, etc.
4. Environmental health interventions related to hygiene and pesticide control
5. Epidemiological assistance for data collection and management, e.g., for specific diseases including cancer, as well as chronic disease prevalence and causes of death

USAID has made substantial investments in disability-related programming in Vietnam for the last 22 years, with a particular focus on Danang in the last 2 years. While there are many local and international partners working in the Danang Rehabilitation Sector, USAID plays a critical role in providing assistance to this community and should continue to invest in this area. However, in its efforts to mitigate the effects of Agent Orange/dioxin exposure for communities near the Danang airport, USAID should also look toward assistance in other health areas. PWD are an especially vulnerable community that would benefit from a strengthened health system that could also be used to benefit the general community. For this reason, the assessment team included disability exclusive and non-exclusive health services in the list of possible future interventions.

For health interventions that benefit both PWD and the general population, the assessment team recommends two high-priority initiatives as potential USAID-supported health program

interventions. They target a broader population group with high need and demand for quality basic health services:

- Improved integration of health services at the commune level, e.g., for mothers with young children (ANC, safe delivery, family planning, sexually transmitted infections [STI], breastfeeding, vaccination, childhood illnesses, early detection and intervention, information, education, and communication [IEC] needs, etc.), as transportation cost is a major barrier to access.
- Strengthening of chronic disease management at commune health facilities for an aging urban society in an emerging middle-income country, where conditions such as diabetes, hypertension, and heart disease – all potentially associated with dioxin – are increasing.
- While these interventions are not directly linked, they do have common interfaces to the disability program. Both of these interventions could be implemented by contracting government or private services through a performance-related agreement. If there is additional funding for each intervention, this could provide an extra advantage. It should only start in close collaboration with the MOH/DOH. As for disability, sector coordination is needed in this area before engaging in a health program.

APPENDIX A. SCOPE OF WORK

(Revised November 19, 2010)

I. TITLE

Activity: Assessment of USAID/Vietnam's Disability-Related Program for Communities Adjacent to Major Dioxin Hotspots in Vietnam

Contract: Global Health Technical Assistance Project (GH Tech), Task Order No. 01

Contract No. GHS-I-00-05-00005-00

II. PERFORMANCE PERIOD (SCOPE START AND END DATES)

The program assessment will be implemented over a period of approximately four weeks with three weeks for field work, beginning on/about November 29th, 2010.

III. FUNDING SOURCE

USAID/Vietnam

IV. PURPOSE

The purpose of this Statement of Work (SOW) is to outline the tasks for a team of experts to carry out an assessment of the disability and key health concerns in communities adjacent to dioxin hot spots primarily in Danang and, to the extent feasible, in Phu Cat and Biên Hòa in that order. In the course of carrying out this assessment, the team will perform the three interrelated tasks: 1) a review the performance to date of the current USAID-funded disabilities program in Danang which began in 2008 and is being implemented under grants to three NGOs. (The performance/impact of the current program should be assessed in terms of the original objectives established under the program and the broader disabilities needs of target communities, as identified by the team.); 2) an assessment of other public health needs in those communities, and 3) recommendations for potential future disability and health interventions in the target communities within the financial parameters discussed later in this SOW.

V. BACKGROUND

Agent Orange and its contaminant dioxin are of concern to the Governments of Vietnam (GVN), and the United States (USG), and the Vietnamese people. In the November 17, 2006 "Joint Statement Between the Socialist Republic of Vietnam and the United States of America," President Bush and President Triet agreed that "further joint efforts to address the environmental contamination near former dioxin storage sites would make a valuable contribution to the continued development of bilateral relations." In 2007, President Bush signed a \$3 million bill for programs and activities for environmental remediation and health projects addressing contamination near former dioxin storage sites in Vietnam. In 2009 and 2010, an additional \$3 million and \$4.9 million were appropriated, respectively, to continue these efforts, leading to a combined three year total of \$10.9 million. The U.S. Government and the Government of Vietnam also have formed a Joint Advisory Committee (JAC) to provide guidance on scientific cooperation, technical assistance, and environmental remediation related to Agent Orange and dioxin contamination, and health-related activities for communities adjacent to dioxin hotspots.

In 2008, as part of an effort to resolve the dioxin issues in Vietnam, USAID/Vietnam awarded a total of \$2,888,388 in grants to three NGOs - Vietnam Assistance to the Handicapped (VNAH), The East Meets West Foundation (EMW), and Save the Children - to provide assistance to people with disabilities (PWDs) living in communities adjacent to the hot spot in Danang. The program assists PWDs regardless of the cause of their disability. The overall goal is to provide comprehensive medical and social rehabilitation services for PWDs in communities adjacent to the Danang hot spot, including health, education, livelihood and social integration needs so as to help them fully integrate into society.

The three grants are scheduled to end by September 2011.

VI. SCOPE OF WORK

This assessment shall include three components:

First, it will assess the overall disability situation in communities adjacent to dioxin hotspots, primarily in Danang and, to the extent feasible, Phu Cat and Biên Hòa. The team will identify priority needs, gaps, challenges and opportunities for assistance interventions in those communities.

The assessment will collect information about the strengths and weaknesses of the implementation of the three USAID grants in meeting their objectives, evaluate the impact and contributions to develop sustainable models for improving the quality of services for people with disabilities in Danang (approximately 30% of the LoE).

Second, the assessment will independently look at broader public health issues and needs primarily in the communities adjacent to the hotspots in Danang, and, to the extent feasible, other communities affected by dioxin contamination in Phu Cat and Biên Hòa (approximately 30% of the LoE). The Team will actively meet, solicit and analyze inputs from all major stakeholders including relevant GVN agencies at the national and provincial level, including but not limited to Office 33, MoLISA, the National Coordination Committee on Disabilities, and the Danang People's Committee, and commune leaders and residents of communities in areas adjacent areas to dioxin hotspots, as well as USAID, CDC, HHS, other involved USG agencies and other donors involving in the issue.

Third, the assessment will explore possibilities and provide recommendations for the future restructuring, refocusing or expansion of the current disabilities including but not limited to disability prevention, early intervention, and disability education and explore additional health related intervention opportunities (approximately 40% LoE). Findings and recommendations from this program assessment will be used to inform the design of possible follow-on activities.

These recommendations should primarily focus on the period FY 2011 - FY 2015; unless some tweaking of current activities is feasible in the limited time remaining prior to their termination in FY 2011.

VII. METHODOLOGY

This external program assessment will:

- I. Assess the progress, accomplishments, results and impact of the current three NGO grants (approximately 30% LoE):
 - a. Assess whether the projects are on track to achieving their stated objectives including strengths, weaknesses, and remaining gaps in service delivery, as well identifiable constraints to successful project implementation.

- b. Assess the extent to which the projects are addressing disability and public health needs identified by the Assessment Team in the communities adjacent to dioxin hotspot.
- c. Provide recommendations to improve current project, if feasible within the remaining project implementation period.

Some illustrative questions include:

Program Management

- a. Have the three projects established constructive working relationships with key stakeholders (partners, government, NGOs, others)?
- b. Do work plans and budgets reflect project priorities? How are they used as project management tools?

Monitoring and Evaluation (M&E)

- a. Is the M&E plan being implemented and kept up-to-date? How are data being used by project management to make strategic and management decisions? With whom are the data being shared and to what effect? How might M&E systems be improved?
 - b. What M&E systems are in place to monitor and follow the progress and trends of the projects' achievements?
 - c. How successful have the three projects been in providing valid and reliable strategic information? How integrated are the projects' M&E systems into those of the local authorities?
1. Assess other public health needs in the communities adjacent to the hotspot in Danang, and to the extent feasible, Phu Cat and Biên Hòa communities (approximately 30% LoE):
 - a. Determine the prevailing public health needs, issues and concerns from the perspective of both providers and beneficiaries.
 - b. Assess both the support and gaps – financial, technical, political, etc – that currently exist in meeting identified public health needs.
 2. Provide recommendations for future (follow-on) assistance interventions that address continuing disability and public health issues in communities surrounding dioxin hotspots, primarily Danang, and to the extent feasible Phu Cat and Biên Hòa, within the funding parameters indicated above and within GVN implementation capabilities. (approximately 40% LoE).

VIII. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT

The program assessment will be implemented over a period of approximately four weeks with three weeks for field work, beginning on/about November 29, 2010. The program assessment is composed of a document review, interviews at the national level with relevant USG staff, GVN ministries, NGO implementing partners and field visits to project sites in Danang and if, feasible,, to other major hotspots in Phu Cat and Biên Hòa to assess the situation of communities surrounding dioxin hotspots.

The consultants will be identified under the Global Health Technical Assistance Project (GHTech) and a technical directive memo will be prepared. Consultants should be available during the time indicated, and qualified and experienced to perform the terms of the statement of work. As an external assessment, and under the guidance of USAID Vietnam's GDO Office, the team will work as an independent body funded by USAID but will actively solicit and consider inputs from all major stakeholders at the national and local level including relevant

GVN and USG agencies, local government authorities, international and local NGOs and donors involved in health and disabilities issues people living in the area adjacent to dioxin hotspots. The team should be composed of 2 international consultants with the necessary skills and qualifications to cover the following qualifications/positions:

- **Team Leader:** Extensive experience in managing external program evaluations and strategy development. Responsible for overall management of the assessment process including communications, coordinating team members' efforts, synthesizing reports and ensuring that the team achieves the stated objectives.
- **Team member: Disability Specialist:** Five to ten years extensive involvement in researching, synthesizing and analyzing information on disabilities and services for people with disabilities and at least five years' experience in working with programs to assist people with disabilities.
- **Team member: Public Health Specialist:** At least ten years' experience in Public Health programs and strategic planning, monitoring and evaluation, preferable as they related to contaminated areas.

Illustrative LOE:

	Team Leader/Disability Specialist	Public Health Specialist
Background Reading	2	2
Assessment Methodology Development	2	2
International Travel (round trip)	2	4
Team Planning Meeting	2	2
Data gathering (site visits, meetings with stakeholder, etc.)	10	10
Drafting Report	4	4
Debriefing/Submission of draft report	1	1
Report revision (draft report submitted to USAID/V within 2 weeks of completion of field work)	4	4
Final revised report submitted to USAID/V (within 10 days of receiving their comments/feedback on draft report)	3	3
Total—Estimated	30 days	32 days

A six day workweek is authorized while the team is in-country.

The team will also be assisted by local translator(s) as necessary throughout the course of the in-country work.

IX. LOGISTICS

The USAID/Vietnam GDO staff will only provide limited logistics support for the assessment, including provision of known contact points for actors in the disability and public health related sector in Vietnam. All other logistical support, such as schedule preparation, hotel reservations, transportation, and translation, will be provided by the contractor. The team is authorized to hire a local logistics assistant, if necessary.

X. DELIVERABLES AND PRODUCTS

Prior to arrival: Team will develop an assessment methodology and field visit and interview schedule in consultation with USAID/ Vietnam. USAID will provide supporting relevant background documentation. Evaluation team members will arrive in-country having read the material.

Within two days after team arrives in country: Team planning meeting and in-briefing with USAID/Vietnam to review and comment on methodology, field visits and interview schedule.

Prior to departure from Vietnam: The team will deliver a presentation on its findings and recommended strategy to the Mission and a separate presentation to key stakeholders including relevant USG agencies and GVN national and local representatives. The Team Leader will submit a draft report to USAID/Vietnam, one hard copy and one electronic copy on a CD ROM or flash drive.

Within two weeks after completion of the fieldwork in Vietnam: A draft report of the assessment findings and recommendations, with supporting analyses and documentation, will be submitted to the USAID/Vietnam General Development Office for comments.

USAID will collect comments from the relevant stakeholders and provide these comments to the team within 10 working days from receipt of the draft report.

After the mission provides signoff on the final report, GH Tech will have the document professionally edited and formatted for public distribution. Please note this process will take approximately 30 days. GH Tech will submit the final edited and formatted report to USAID/V in electronic form, and no printed copies of the document will be required.

The contractor shall also submit the final assessment report to USAID at docsubmit@dec.cdie.org. For information on what is required and how to send it, see the web page at <http://www.dec.org/submit.cfm>.

XI. RELATIONSHIPS AND RESPONSIBILITIES

Client Roles and Responsibilities:

Before In-Country Work

1. Consultant Conflict of Interest. To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding potential COI with the project contractors or NGOs evaluated/assessed and information regarding their affiliates.
2. Documents. Identify and prioritize background materials for the consultants and provide them, preferably in electronic form.
3. Local Consultants. Assist with identification of potential local consultants and provide contact information.

4. Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs. Missions can protect scarce budgets by using their in-country knowledge to suggest the travel calendar (i.e. number of in-country travel days required to reach each destination, and number of days allocated to interviews at each site).
5. Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation) and identify a person to assist with logistics (i.e., visa letters of invitation etc.)

During In-Country Work

1. Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Mission Point of Contact person(s) and provide technical leadership and direction for the team's work.
2. Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).
3. Meeting Arrangements. While local consultants typically will arrange meetings for contacts outside the Mission, support local consultant(s) in coordinating meetings with stakeholders.
4. Formal and Official Meetings. Arrange key appointments with national and local government officials and accompany the team on these introductory interviews (especially important in high-level meetings).
5. Other Meetings. If appropriate, assist in identifying and helping to set up meetings with local professionals relevant to the assignment.
6. Facilitate Contacts with Partners. Introduce the team to project partners, local government officials and other stakeholders, and where applicable and appropriate, prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After In-Country Work

1. Timely Reviews. Provide timely review of draft/final reports and approval of the deliverables.

XII. MISSION AND/OR WASHINGTON CONTACT PEOPLE/PERSON

Van Le
USAID/Vietnam

Timothy Meinke
USAID/Vietnam

For more information, please visit;
<http://resources.ghtechproject.net>

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