

PD-ABW-335

Quarterly Progress Report

Reporting Period:	October 1, 1997 to December 31, 1997
A. Name of PVO:	Vietnam Assistance for the Handicapped (VNAH)
B. USAID Grant Agreement Number:	410-0002-G-00-3485
C. Title of Project:	Prosthetics and Rehabilitation Project
D. Date of This Report:	January 28, 1998

SECTION 1. Progress by Project During the Reporting Period

Can Tho Rehabilitation Center

A significant increase in orthoses production at the Center has been recorded during this reporting quarter. Besides the apparently high demand for prostheses in the Delta, the need for orthoses services is believed to be enormous. VNAH and its programs have been providing assistance to a large number of people in this area. However, certain difficulties such as cooperation among government agencies, communication, transportation etc., been the main obstacle in providing assistance to the disabled, particularly those who need orthoses devices.

During the past few months, the Vietnamese government has launched a series of social programs, including Poverty Elimination, Polio vaccinations, etc in many parts of the country. These programs increased resources to the local authorities to provide assistance to the people. As a result, the Can Tho Center received support from the local DOLISA and Committee for the Protection and Care for Children (CPCC) in its outreach programs. This improvement and cooperation has led to the increase in the number of orthotic devices delivered by the Can Tho Center during this quarter.

During this period, several outreach trips have been made to Chau Doc, Long Xuyen cities of An Giang Province and Vi Thanh, Phung Hiep cities of Can Tho Province. A total of 716 devices were delivered, of which 40% were orthoses devices.

VNAH also has established an understanding with the management at both the Can Tho and Thu Duc Centers that, as a matter of policy, the Centers will make every effort to repair, or readjust the limb or device to get an optimum fitting and comfort to the patient. The centers will replace a

unrepairable limb or device without cost to the patient. The Steering Committee on Prosthetics at MOLISA is in full support of this policy. The Can Tho Center continues to conduct three trips for each group of amputees to: 1) measure, 2) fit and 3) delivery. VNAH and the Center however, have occasionally conducted a fourth trip to follow up and assess the delivered devices. It is planned to conduct follow up on a regular bases to ensure the quality of the product and provide adjustments or repair if needed. VNAH and the Center continue to work together to have a more specific plan including a budget breakdown for this activity.

VNAH continues to improve the quality control process at the Center. A check out form is included and delivered to each recipient. This check out list requires the assessment and signatures of each of the physical therapist, the doctor and technician who were involved in the manufacture of that particular device. Recently, the workshop also established a quality controller. The controller will check the device for the last time prior to delivery. Suggestions were given to the Center for a more detailed check out form which should include the comments from the controllers. This activity requires a very self-discipline attitude from the Center staff.

Thu Duc Rehabilitation Center

Thu Duc continues to play an important role in providing services to the amputees in the Ho Chi Minh city area and eight surrounding provinces. Though the HCMC Center has a larger capacity, it could not meet the demand in the region. Currently, the waiting list of Ho Chi Minh city has more than 2,000 patients from the nearby areas. In addition, their funding agency, ICRC, only pays for the first limb, thus many amputees who received their limbs four to five years ago could not return for a replacement. With its outreach programs, Thu Duc center could reach many more people in the distant provinces that are unable to travel to the Center.

In this reporting quarter, several outreach trips were conducted in Ben Tre, Lam Dong and Dong Nai provinces. A total of 198 limbs and 55 wheelchairs were delivered to the amputees in this quarter by the Thu Duc Center. Thu Duc continues to work closely with local Red Cross Chapters (RCC) to organize our outreach programs. Local provincial Red Cross Chapters have been the best counterpart of VNAH in our rural deliveries. RCC with its effective network and local volunteers are eager to cooperate.

SECTION II. Overall Status of the Project to Date

Despite the departure of the American prosthetist last quarter, the production of prostheses continues and in fact, the production of orthoses in Can Tho is higher than normal. Meanwhile the quality of the devices produced continues to improve. Based on 52 responses to 150 questionnaires mailed out during the second quarter of 1997 by Jon Erdmann, 75% of the patients stated that their new limbs were more comfortable with less heat and overall easier to control compared to previous limbs. By occasionally talking with the wearers and through random home visits conducted recently in the Delta and Thu Duc areas, we found that amputees wear the devices most of the time during the days and hardly have any complaints about the devices. Many

said that the quality of the device is reliable and they felt comfortably walking on it during working hours as well as at home. By looking at the Thu Duc record, it is noted that only 4.9% of amputees have replaced their new devices in 1996 and 17% for 1997. This means there remains a great percentage of those who received limbs in 1993-1994 who have not come back for a replacement. It also suggested that the quality of the products delivered may have exceeded the standard durability in Vietnam, which is three years. However, the quality consideration will be further reviewed in early January when an assessment by a prosthetic consultant will be conducted and subsequently reported on for both internal and donor use. VNAH coordinated this evaluation closely with USAID. VNAH looks forward to making necessary adjustments as recommended by this evaluation.

In conjunction with recent social programs of the Vietnamese government, the Centers continued to receive strong support from local authorities and organizations in providing assistance to the needy people. A great number of orthosis cases were referred to the Can Tho Center during this reporting period. It is becoming evident that greater focus may be directed to orthoses production by the centers as the demand for braces has increased. VNAH is working with the Can Tho Center management to organize a plan for our operation to handle training for technicians for orthoses production as well as rehabilitation specialist. VNAH has established a team consist of local DOLISA, local volunteers from the Red Cross Chapters and others to join VNAH's outreach campaign to assist disabled children and children suffering from polio to receive treatment at the Can Tho Center. Assistance available at the Can Tho Center include: physical therapy, braces, and a limited correctional surgeries program. VNAH's efforts to work with higher level of officials prove to be useful as the centralized structure of the administration has influenced the work of the local organizations.

VNAH has been expanding its programs working with higher level of Vietnamese government on the issues of people with disabilities. Significant progress has been made in the Barrier Free Project when VNAH cooperated with the Committee for Social Affairs of Viet Nam National Assembly to hold a Conference on Disabilities earlier this quarter in Hanoi. VNAH's support for the Conference was one of the many efforts to influence the policy makers of Vietnam to advocate for the benefit of the people with disabilities in the country. A strong resolution came out as a result of the Conference, it has been sent to the National Assembly of Viet Nam for reference when they are in the process of passing the Act on Disabilities. Much work have also been done by VNAH to provide technical assistance/exchange between US and Vietnamese organizations. Several delegations of American experts on disabilities have been sent to Viet Nam to work with the Vietnamese counterparts. It is expected that more specific programs at this level will be carried out in the very near future. These activities include sending Vietnamese officials and technicians for training in the US, implementing income generation projects for disabled people and policy advocacy activities.

SECTION III. Specific Accomplishments

Expected Outcome 1—Strengthened host site basic service delivery (i.e., policy development, staff performance/skill level, quality of device produced, etc.).

- Sent a doctor and two physical therapists from Can Tho and Thu Duc Centers to training session in DaNang and Qui Nhon on Rehabilitation for Lower Extremity Amputees. This ten day training course was conducted by Health Volunteers Overseas. At this forum, the two technicians from our Centers had the opportunity to prove their skills and efficiency.
- Continued to conduct regular quality supervision and discussions on technical issues at Can Tho Center. Technical discussions among the workers are encouraged at the Center, as peer to peer training activity.
- Barrier Free--A two-day National Conference on Disability was held in Hanoi with the participation from US organizations working on disabilities and the Vietnamese National Assembly as well as other Ministries and local/international organizations. A resolution was passed and submitted to the National Assembly.

Expected Outcome 2—Changes in circumstances and capacities of beneficiaries as a result of rehabilitation and/or prosthetic/orthotic services.

- Delivered 716 prostheses/orthoses and 40 wheelchairs by the Can Tho Center in the outreach trips to An Giang, Chau Doc and in two districts of Can Tho, which are Phung Hiep and Vi Thanh.
- Thu Duc delivered 198 limbs and 55 wheelchairs to the amputees in Dong Nai, Ben Tre, Lam Dong Provinces (Dalat City) and Ho Chi Minh City.
- VNAH worked with local DOLISA to organize the delivery of 100 wheelchairs to the amputees in Hanoi City and 100 wheelchairs in the Ho Chi Minh City. These wheelchair deliveries designed to mark the success of the Conference on Disability and to raise awareness of the general public on the disability issues.
- The wheelchairs delivered to amputees in Hanoi were manufactured by the Ba Vi Prosthetics Technical Center (near Hanoi).
- Can Tho conducted follow up and random home visits in Long Xuyen on recipients during November and December. The trips were to evaluate the recently distributed limbs and to complete VNAH's survey form. The survey form was designed to generate feedback and other quality indicators from the limb recipients.
- The same home visits and follow ups were made by Thu Duc technicians at the end of December to 20 amputees in the region.

Expected Outcome 3—Expanded technical, material and financial support for host institutions(s).

- Continued to support the centers to manufacture and deliver prostheses, orthoses and wheelchairs.
- Provided supported to the Committee of Social Affairs of the National Assembly to organize the National Conference on Disability last October in Hanoi.

SECTION IV. Other Areas of Interest

The Conference on Disability was held in October 30-31, 1997, in Hanoi, with more than 150 participants from the U.S. government, USAID, and other organizations, including representatives from many ministries of Vietnam, local organizations and NGOs and INGOs. The conference provided important opportunities for both Vietnamese and international participants to share and discuss the issues effecting people with disabilities. The conference was a considerable help for policy makers of Vietnam who are in the process of passing a law for people with disabilities. Issues regarding policies for people with disabilities including services, employment and accessibility were the highlights. At the conclusion of this important event, a Resolution was passed which outlined many recommendations to be considered by government's policy makers.

VNAH invited Mr. Grover Joseph Rees, Staff Director and Chief Counsel, Subcommittee on International Operations and Human Rights, of the Committee on International Relations of the House of Representatives to visit the Thu Duc Prosthetic Center. Mr. Rees was impressed with VNAH's operations and very moved by the plight of several double amputees who were waiting to receive their first wheelchair, Mr. Rees personally donated US \$100 to upgrade three regular wheelchairs to tricycle-chairs.

For the past several months, VNAH programs and USAID assistance has been recognized by several newspapers in the country. It is evident that VNAH programs have become more and more recognized not only by the Vietnamese government, but also by the people.

HealthEd cooperated with the Viet-Nam Youth Union and UNDP to launch a kick-off ceremony for the song writing contest with the themes of HIV/AIDS education and prevention in Vietnam. The campaign generated the submission of 430 songs. The Concert series was held for three nights in Hanoi and two nights in Ho Chi Minh City with the participation of two well-known Vietnamese-American singers and many local singers. The performances were very successful as information on HIV/AIDS prevention was publicized throughout the country. This special event gained great support from the business and NGO communities, as well as government agencies. The US General Consulate in Ho Chi Minh City hosted a reception for this event.

The Concert Series has generated a lot of interest in the general public. The whole program has been rebroadcast twice on national television. With support from UNDP and Vietnamese government, HealthEd hopes to continue to work with VNYU to organize this activity annually.

SECTION V. Problems Encountered/Implementation Changes

A. Problems Encountered/Implementation Changes during the reporting period.

- Due to the shortage of staff, VNAH's proposed activities such as follow up, repair trip and end user survey has not been conducted fully and regularly. VNAH still plans to have a CPO on site for quality control and to conduct end user surveys. It is also expected that when the new Country Representative comes to Vietnam in early January 1998, these activities can be increased.
- VNAH is cautiously studying the possibility of developing a willing to pay system for devices produced at our centers, the main obstacle remained to be the lack of ability to pay of the patients. ICRC is applying such a plan at the HCMC center, but less than 2% of the recipients are able to pay. (HCMC has the highest income in the country).
- VNAH, at the request of MOLISA has started a small production program with the Ho Chi Minh Prosthetic Center to produce and distribute prosthetic and orthotic devices. VNAH will coordinate with ICRC to share information and formulate a good working relations/understanding with HCMC Center. For the time being, VNAH will order batch by batch of devices to be manufactured by HCMC Center.

Next Quarter Plans (January 1998 to March 1998)

Expected Outcome 1--Strengthened host site basic service delivery (i.e. policy development, staff performance/skill level, quality of device produced, etc.).

- Locate and recruit a Certified Prosthetist for the Thu Duc and Can Tho Centers. This CP will provide training to the technicians in Thu Duc Center and help to monitor the quality of the products in both Centers.
- Develop and administer a more comprehensive user survey in order to assess the final product and other issues including the usage, durability, social impacts etc.
- Develop and administer a technician survey aimed at training needs and requirements for refining the technician expertise.

- With the new Country Representative to be in place by January 1998, VNAH looks forward to a strengthened capacity in many areas, especially networking with other American NGOs in-country. VNAH is also looking forward to the report from our evaluation which will be completed by the second week of January 1998. This report along with recommendations from USAID will provide guidance for VNAH's operation.

Expected Outcome 2--Changes in circumstances and capacities of beneficiaries as a result of rehabilitation and/or prosthetic/orthotic services.

- Continue to produce prosthetic devices with an increase in orthotics production. Assistive devices will also be produced in HCMC Center.

Thu Duc will make outreach trips to Tay Ninh and Long An provinces. Thu Duc has conducted outreach in Tay Ninh in 1994 and about 400 people came to have limbs made in that time. Tay Ninh Province is one of the provinces that was severely ravaged by the war, has a large number of unserved amputees. After a second round of outreach to Chan Doc City (of An Giang Province) Can Tho will conduct outreach in Dong Thap and Long Xuyen.

Expected Outcome 3--Expanded technical, material and financial support for host institution(s).

- Coordinate with GTZ and work out a plan to send technicians from both Centers to attend long term training by the GTZ - VietCot training center in Hanoi.
- It is anticipated that with the publication of the evaluation on VNAH's prosthetic programs in Vietnam, completed in mid-January, measures will be initiated to upgrade the quality of devices and skills of the technician as well as the production and administration procedures at both Centers. Issues such as data base for record and other usage will also be emphasized.
- A shipment of donated medical equipment and prosthetic supplies will be sent to Can Tho Center by January 1998. These donated supplies and equipment will be provided to VNAH and HealthEd's centers and to the victims of Linda storm in coastal areas of the southern Delta last November.

NATIONAL CONFERENCE ON DISABILITY
Ba Dinh Conference Center
Ha Noi, Viet-Nam
October 30-31, 1997

RESOLUTIONS

We, the representatives of Committees of the National Assembly, of the Ministries and branches of the Government, together with representatives of central, provincial and city social service and organizations for the disabled, provincial and city People's Committees from across the country, and international organizations who participated in the two-day Conference on Disability in Hanoi on October 30 and 31, 1997, have unanimously agreed with the following recommendations:

1. In our society, perceptions about people with disabilities are widely varied. Transforming negative perceptions and attitudes, even from the disabled themselves, is one of the most critical processes in the formulation of a policy on disability. Education and communication focused in this area would help, as well as preventive measures and vaccination programs along with more understanding toward the plight of the disabled. In addition, the Government will need to have a wide range of effective assistance programs for the disabled. It is also important to recognize and encourage those individual disabled persons and organizations who excelled to be independent, to provide jobs and opportunities for the disabled. The Government should support and promote the disabled to be involved in programs to assist the disabled, and organizations of the disabled to help solve their own problems and issues with disabilities.

2. The National Assembly needs to pass the Law on Disability, and the Law on Education in order to carry out policies on disability, which will enable the disabled to fully integrate into the main-stream society. The goal is to encourage the disabled to go to school, participate in vocational training programs, contribute their energy and skills in appropriate productive work and integrate and enjoy equality in the society.

The Government will need to reexamine existing laws and regulations on disability; to update and to reform them, if necessary. With respect to those laws and regulations which are in force and effect, measures should be taken to promote their enforcement.

3. The Government should create a National Committee on Disability to coordinate all activities on disabilities by the government and organizations'. This Committee will provide advice to the Government on policies and issues concerning disability, as well as expanding international cooperation and coordination on these issues.

4. The annual budget of the Government should allocate sufficient funding to implement policies and programs on disability. It is extremely important for disbursement purposes for the Government to clearly define the source of such funding within the overall government

budget. The Government should encourage and allow trust funds and organizations for the support of the disabled to be organized and operated by volunteers in the general public or by the business sector.

5. The Government should make it a policy to establish an employment quota for the disabled and encourage corporations and businesses to increase the recruitment of the disabled to their workforce. Provisions of the Labor Law should be strictly observed. For those companies and business owners that are not meeting the quota, an appropriate excise fee should be applied and this fee is to be used for programs to help augment employment for the disabled. Priority should be considered in the process of marketing and promoting products that are produced by the disabled.

6. Barrier-free access rules and standards for the construction of public facilities should be established at the earliest opportunity.

In the process of reviewing new construction projects, especially public facility projects, government agencies which have jurisdiction and are in charge of the project must ensure that provisions for barrier-free access are included in the architectural applications. For the renovation of existing facilities, accessibility and other standards for the disabled must be considered, especially for communication and public facility projects.

7. The Government should enact policies to encourage the participation of the general public in the care and rehabilitation for the disabled, to assist and facilitate the integration of the disabled into the main-stream society without discrimination. Measures should be taken to support the expansion of programs that have successful records in assisting the disabled in the community.

- To encourage and support social service organizations to be more diversified and creative in their programs.

- To encourage families and relatives of the disabled to take more care and be more responsive in the education and rehabilitation assistance programs for persons with disability.

8. The integration program at the local level would require government to organize, to provide both staffing and funding. This program should be an intergal part of the Government's strategies, including education, training, vocational training, employment, poverty elimination, etc.

9. Programs for disabled children should be specially focused. Assistance and care should begin at the earliest stage to prepare them for the eventual integration into the community.

The Government should develop schools with integrated education for disabled children. For the severely disabled children, existing specialized schools should be upgraded.

10. For those with minor disabilities, available assistance programs will facilitate their integration. For those severely disabled, such as the blind and deaf, specialized schools should be provided. The Government needs to invest, to upgrade vocational training centers and

existing assistance centers for the disabled.

- The Government needs to support the programs provide needed services to disabled at the centers or at private homes, especially to those who were disabled as a result of Agent Orange.

11. Rehabilitation services should be available at the community level with programs to train rehabilitation specialists.

12. To expand the research and study on the experiences of other countries in issues of people with disabilities in order to adopt those experiences that would fit with Vietnam's cultural, economic and present situation.

To encourage and provide assistance to private individuals and humanitarian organizations from overseas, as well as business enterprises to participate in the program to provide assistance to the disabled.

13. After a long and brutal war, Vietnam's economy develops very slowly, the country is poor. The Government should reaffirm the number of people with disabilities, particularly those disabilities caused by Agent Orange. We should also appeal to the international humanitarian organizations, and the international business communities to support and to provide assistance to the disabled Vietnamese to lessen their suffering, help them to regain their dignity and integrate them into the mainstream community.

HỘI NGHỊ VỀ NGƯỜI TÀN TẬT

KHUYẾN NGHỊ

Chúng tôi, đại diện một số Ủy ban của Quốc hội, một số Bộ, ngành, đoàn thể xã hội ở trung ương, Thường trực HĐND, cơ quan đại diện cho người tàn tật của một số tỉnh, thành phố trong cả nước và một số tổ chức quốc tế đã tham gia Hội nghị về người tàn tật do Ủy ban Về các vấn đề xã hội của Quốc hội tổ chức tại Hà Nội trong hai ngày 30-31/10/1997 nhất trí một số vấn đề sau đây:

1 - Trong xã hội nhận thức về người tàn tật còn khác nhau. Thay đổi nhận thức và thái độ đối với người tàn tật và ngay đối với nhận thức của bản thân người tàn tật có vai trò hết sức quan trọng trong việc thực hiện chính sách người tàn tật. Do vậy cần tăng cường công tác giáo dục truyền thông, nâng cao nhận thức về tàn tật và người tàn tật, vừa tăng cường ý thức phòng ngừa tàn tật, vừa tăng cường tình thân nhân văn, thương yêu trợ giúp thiết thực và có hiệu quả đối với người tàn tật. Chú ý biểu dương kịp thời những tấm gương tự vươn lên, tự giải quyết cuộc sống của người tàn tật, tổ chức của người tàn tật. Biểu dương, khuyến khích những doanh nghiệp, tổ chức, cơ quan, địa phương tiếp nhận, giải quyết cho nhiều người tàn tật vào làm việc, thực hiện tốt chính sách đối với người tàn tật. Đề cao tính độc lập và khả năng của người tàn tật tham gia các hoạt động hoà nhập xã hội với ý thức tàn nhưng không phế, có sự khuyến khích và tạo thuận lợi của Nhà nước và xã hội. Cần phát huy và tạo điều kiện cho chính những người tàn tật, tổ chức của người tàn tật tham gia giải quyết những vấn đề của chính họ.

2- Quốc hội cần sớm ban hành Pháp lệnh về người tàn tật, Luật giáo dục để thực hiện chính sách về người tàn tật, tạo điều kiện cho người tàn tật, được phục hồi chức năng, học văn hoá, học nghề, phát huy tiềm năng tham gia sản xuất, làm việc thích hợp và có cuộc sống bình đẳng, hoà nhập vào gia đình và xã hội.

- Chính phủ cần chỉ đạo việc rà soát các văn bản pháp luật để sửa đổi, bổ sung những quy định có liên quan tới người tàn tật, giúp họ có điều kiện hoà nhập vào cộng đồng. Đối với những văn bản đã có cần sớm cụ thể hoá và tổ chức thực hiện

3 - Nhà nước nên sớm thành lập Ủy ban quốc gia về người tàn tật để phối hợp hoạt động của các ngành, các cấp thực hiện chương trình hành động vì người tàn tật và tư vấn cho Chính phủ về chính sách, chế độ trợ giúp người tàn tật cũng như việc theo dõi, giúp đỡ các hội của người tàn tật và để mở rộng quan hệ hợp tác quốc tế trên các vấn đề về người tàn tật

4 - Trong kế hoạch ngân sách hàng năm Nhà nước cần có tỷ lệ phù hợp dành cho việc thực hiện chính sách người tàn tật và xác định rõ cơ cấu các nguồn tài chính thuộc ngân sách các cấp trợ giúp người tàn tật và bảo đảm các nhiệm vụ theo quy định của pháp luật, đồng thời khuyến khích thành lập Hội bảo trợ người tàn tật ở các địa phương và cho phép được lập quỹ nhân đạo từ thiện trợ giúp người tàn tật trên nguyên tắc tự nguyện của các tầng lớp nhân dân, các tổ chức kinh tế xã hội.

5 - Trong nền kinh tế thị trường, việc cạnh tranh diễn ra hết sức gay gắt do vậy Nhà nước cần có chính sách khuyến khích cụ thể đối với các doanh nghiệp, tổ chức, cơ quan nhận nhiều người tàn tật vào làm việc. Thực hiện nghiêm quy định của Bộ luật lao động. Đối với những cơ quan, doanh nghiệp, tổ chức không nhận đủ tỷ lệ người tàn tật vào làm việc phải trích khoản kinh phí theo quy định vào quỹ hỗ trợ giải quyết việc làm cho người tàn tật.

Đối với một số cơ sở sản xuất của người tàn tật cần có chính sách ưu tiên, giúp đỡ, hỗ trợ tiêu thụ sản phẩm, nghiên cứu một số mặt hàng ưu tiên dành riêng cho người tàn tật và cơ sở của người tàn tật sản xuất.

6 - Cần sớm xây dựng các tiêu chuẩn, quy phạm thiết kế quy hoạch xây dựng các công trình công cộng có tính nhu cầu sử dụng thuận lợi cho người tàn tật.

Trong việc xét duyệt các dự án đầu tư mới, đặc biệt là các công trình công cộng, các cơ quan có thẩm quyền phải quan tâm tới các hoạt động của người tàn tật và phải coi đó là tiêu chí của việc xét duyệt. Đối với các công trình đã có, khi cải tạo, sửa chữa cần chú ý đến lối đi và tiện nghi dành cho người tàn tật, đặc biệt là các dịch vụ công cộng, dịch vụ thông tin liên lạc.

7 - Nhà nước cần có chính sách khuyến khích xã hội hoá sự trợ giúp của cộng đồng chăm sóc người tàn tật, tạo thuận lợi cho họ hoà nhập cộng đồng theo sức khoẻ và khả năng mà không bị phân biệt đối xử. Có biện pháp nhân rộng những điển hình về chăm sóc, trợ giúp người tàn tật trong cộng đồng.

- Động viên và có phần hỗ trợ cho các Tổ chức xã hội để động viên hình thành đa dạng hoá các loại hình tổ chức tại trung ương và địa phương hoặc một loại hình tàn tật.

- Động viên trách nhiệm của gia đình, người thân, xã hội và cộng đồng trong việc nuôi dưỡng, giáo dục, chăm sóc, giúp đỡ người thân ruột thịt bị tàn tật.

8 - Để giải quyết vấn đề người tàn tật hoà nhập vào cộng đồng Nhà nước cần có tổ chức, cán bộ, cơ sở vật chất, kinh phí để thực hiện phù hợp với sự phát triển kinh tế - xã hội của địa phương. Giải quyết vấn đề người tàn tật hội nhập phải trở thành một bộ phận của chương trình, kế hoạch phát triển kinh tế - xã hội của từng địa phương và phải lồng ghép chặt chẽ với các chương trình, kế hoạch như: giáo dục, đào tạo, dạy nghề, việc làm, xoá đói, giảm nghèo...

9 - Trong sự lo chung đối với người tàn tật, cần đặc biệt quan tâm đến trẻ em tàn tật, đảm bảo cho các em cũng được quan tâm, chăm sóc tốt ngay tuổi nhà trẻ, mẫu giáo, hoà nhập vào cộng đồng.

Chính phủ cần có kế hoạch phát triển các trường xen ghép để các em có khuyết tật có thể được giáo dục hoà nhập ngay từ khi còn nhỏ là chính. Đồng thời nâng cấp trường riêng biệt đã có để dành cho các em tàn tật quá nặng.

10 - Đối với người tàn tật nhẹ, dựa vào hệ thống công để giải quyết, giúp đỡ và tạo điều kiện để hội nhập vào cuộc sống chung của cộng đồng. Đối với người tàn tật nặng như người mù, điếc... ngoài hệ thống chung, cần có các cơ sở, các hình thức riêng để giúp đỡ như: Trung tâm, trường, cơ sở sản xuất gia đình. Nhà nước cần đầu tư, nâng cấp các cơ sở dạy nghề, nuôi dưỡng người tàn tật hiện có.

- Đối với người tàn tật nặng cần có hỗ trợ, nuôi dưỡng ở trung hay tại gia đình, nhất là đối với người bị tàn tật do hậu quả chất độc hoá học.

11 - Phục hồi chức năng dựa vào cộng đồng và đào tạo đội ngũ chuyên gia chỉnh hình, giáo viên giáo dục người tàn tật. Quan tâm và có kế hoạch cụ thể từng năm.

12 - Tăng cường tham khảo các kinh nghiệm giải quyết vấn đề người tàn tật của các nước để có thể chọn lọc, ứng dụng phù hợp với điều kiện kinh tế, văn hoá, xã hội và truyền thống của Việt Nam.

Khuyến khích và tạo điều kiện thuận lợi để các tổ chức và cá nhân từ thiện của nước ngoài, các tổ chức kinh tế xã hội trợ giúp người tàn tật.

13 - Việt Nam vừa trải qua một cuộc chiến tranh kéo dài, kinh tế còn chậm phát triển, đất nước còn nghèo. Nhà nước xác định số lượng người tàn tật, đặc biệt một số dị tật do chất độc màu da cam. đồng thời chúng ta kêu gọi các tổ chức quốc tế, tổ chức từ thiện, tổ chức kinh tế xã hội của các nước giúp đỡ, hỗ trợ người tàn tật Việt Nam, giúp họ bớt đi nỗi đau bất hạnh, hoà nhập cộng đồng, bình đẳng như bao con người khác...