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DISABILITY RIGHTS ENFORCEMENT, COORDINATION AND THERAPIES
Annual Report
November 1st 2015 to September 30th , 2016

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I. PROJECT OVERVIEW/SUMMARY

Program Name:	Disability Rights Enforcement, Coordination and Therapies (DIRECT)
Activity Start Date And End Date:	November 01, 2015 to October 30, 2020
Name of Prime Implementing Partner:	Vietnam Assistance for the Handicapped (VNAH)
[Contract/Agreement] Number:	AID-440-A-15-00009
Name of Subcontractors/Subawardees:	N/A
Major Counterpart Organizations	MOLISA, MOH, DOLISAs and DOHs of Tay Ninh and Binh Phuoc Provinces.
Geographic Coverage (cities and or countries)	Tay Ninh and Binh Phuoc
Reporting Period:	November 01 st , 2015 to September 30 th , 2016

ACRONYMS AND ABBREVIATIONS

APS	Annual program statement
ADL	Activities of Daily Living
ACDC	Action for Community Development Center
CRPD	Convention on Rights of Persons with Disabilities
CSA/NA	Committee on Social Affairs / National Assembly
COP	Chief of Party
DIRECT	Disability Rights Enforcement, Coordination and Therapies
DCOP	Deputy Chief of Party
DIS	Disability information system
DOH	Department of Health
DOLISA	Department of Labor, Invalids and Social Affairs
FY	Fiscal year
GE	Gender equality
GBV	Gender based violence
GVN	Government of Vietnam
IVWD	Inclusion of Vietnamese with disabilities
MARD	Ministry of Agriculture, Rural Development
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Affairs
MOF/DOF	Ministry/Department of Finance
N/A	Not Available / Not Applicable
NAP	National Action Plan on Disability
NAPR	National Action Plan on Rehabilitation
NCD	National Committee on Disabilities
PAP	Provincial Action Plan (on disability)
PAPR	Provincial Action Plan on Rehabilitation
PCD	Provincial Committee on Disabilities
PPC	Provincial People's Committee
PWD	Persons with Disabilities
PT	Physical Therapy/Therapist
SASSP	Social Assistance System Strengthening Project
SP	Service provider
ST	Speech Therapy/Therapist
STTA	Short Term Technical Assistance
OT	Occupational Therapy/Therapist
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
HUMP	Ho Chi Minh University of Medicine and Pharmacy
VNAH	Vietnam Assistance for the Handicapped

1.1 Project Description/Introduction

The Disability Rights Enforcement, Coordination, and Therapies (DIRECT) project has a goal to expand opportunities for persons with disabilities through higher quality and sustainable services, awareness, and advocacy strengthening. DIRECT has two objectives, 1): Enhanced resources for disability programs and services; and 2): Enhanced access to quality rehabilitation services. These will be achieved through supports to Government of Vietnam (GVN)'s National Committee on Disabilities (NCD) to enhance coordination and enforcement of disability policies; with a focus on the Convention on the Rights of Persons with Disabilities (CRPD) and expansion of health insurance coverage for rehabilitation services. Secondly, DIRECT supports the development of rehabilitation services – include improving human resources and treatment facilities - and delivery of direct assistance for persons with disabilities, especially those with severe and developmental disabilities in Binh Phuoc and Tay Ninh provinces.

In summary, the DIRECT has been focusing on the following major activities:

- Assisting the GVN partners in implementation of the CRPD, by developing national and local plan of actions, harmonizing/mainstreaming CRPD goals into existing budget and implementation mechanisms such as the new rural development programs, poverty reduction programs, disability action plans; and revision/improving sectoral/ministry-level policies and programs such as the insurance coverage for rehabilitation services for persons with disabilities.
- Supporting local governments in two focus provinces of Tay Ninh and Binh Phuoc to develop and improve enforcement of CRPD and other disability policies. This would focus on annual review, planning and monitoring, as well as vertical and horizontal coordination.
- Developing/piloting a national disability database through expansion of the existing disability information system (DIS), making it a foundation for the national disability database/statistics.
- Supporting and capacity building for the newly established National Committee on Disabilities (NCD) and its 2 provincial branches, the Provincial Committee on Disabilities (PCD) to improve coordination, monitoring, evaluation, and advocacy in order to facilitate enforcement of disability policies, and the making/revision of relevant disability policy and programs.
- Developing a force of rehabilitation workers by training for existing doctors and health providers to become recognized PT/OT practitioners in the two provinces.
- Developing materials for short-term training in physical therapy/occupational therapy (PT/OT).
- Setting up and provision of equipment for rehabilitation units at city and district hospitals in the two provinces, to improve availability of and access to quality, affordable PT/OT services.
- Delivering PT/OT services, priority given to children with cognitive disabilities (over 6 years old) and persons with severe disabilities through outreach and center based services, and other direct supports aimed at improving their activities of daily living (ADL) and social participation.

- Training for service providers and care-givers on gender and other disability and care issues.

In five years, DIRECT is expected to achieve these major results:

- Increased resources for disability services and programs as a result of stronger enforcement of national disability policies and programs.
- More people with disabilities nationwide having access to rehabilitation supports and services covered by health insurance as a result of the revised policy on health insurance coverage.
- Accessible rehabilitation services and service delivery capacity, especially the occupational therapy, are in place and sustainable in the two provinces.
- 4,000 persons with disabilities, particularly those with severe disabilities and developmental disabilities, received direct assistance/rehabilitation services, many of them demonstrated improvements in activities of daily living and societal integration.
- 5,400 service providers and caregivers trained and many will have demonstrated improvements capacity to support persons with disabilities.

I.2 Summary of Results to Date

Indicators	Baseline FY 2015	Annual Target	Q1	Q2	Q3	Q4	Annual Achievement	Annual Achievement against Annual Target (%)	On Target Y/N
DMP 1: Percentage of beneficiaries who report increased independence/daily life function as a result of the project	0	50					56.16	112	Yes
DMP 4: Number of GVN's units report to DIS	1706	33	4	3	35	170	170	515	Yes
DMP 6: Number of persons with disabilities benefited from Provincial Action Plans	16,215	16,607					21,997	132	Yes
Percentage of persons with disabilities entered in rehabilitation services covered by health insurance.	23.6 (Q2 /FY2016)	35					75	214	Yes
DMP G1: Percentage of households reporting an increased involvement from male family member(s) in supporting care to persons with disabilities	21.3 (Q2 /FY2016)	35					25.8	74	No
DMP G2: Number of people trained in mitigating gender-based violence	0	0					0		
DO 2. PM6: Number of persons with disabilities received direct assistance provided by USAID-funded programs	0	275	0	120	292	480	629	229	Yes
Sub DO 2. PM6: Number of person-times (disabilities) received direct assistance provided by USAID-funded programs	0	1440		120	2547	721	3388	235	Yes
DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations	0	23	3	7	7	23	23	100	Yes

IR 2.3. PM1: Number of GVN laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations	0	6	2	6	6	3	8	133	Yes
IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons	0	745	0	0	456	1409	1861	250	Yes
Sub IR 2.3. PM2: Number of person-hour of training of service providers completed in the reporting period	0	5960	0	0	3976	11,272	15,248	256	Yes
IR 2.3 PM3: Level of satisfaction among male and female persons with disabilities receiving social service or P/O/ST in targeted areas	0	60%					94%	157	Yes

Note: The Results Performance Column depicts level of achievement expressed as a percentage of Actual versus Planned.

KEY ACHIEVEMENTS IN FY2016, IN SUMMARY BY INDICATORS (Table A)

Components	FY2016 Target	Achievements	Explanation
Policy development	06 including: <ul style="list-style-type: none"> - CRPD Plan of Actions - MOH Annual Disability Plan - MOH Circular on health insurance for rehabilitation - MOLISA Annual Disability Plan - Binh Phuoc Provincial Annual Disability Plan - Tay Ninh Provincial Disability Plan (PAP) 	08 including: <ul style="list-style-type: none"> - CRPD Plan of Actions - MOH Annual Disability Plan - MOH Circular 18 on health insurance for rehabilitation - MOLISA Annual Disability Plan - Binh Phuoc Provincial Annual Disability Plan - Tay Ninh local PAP 2016-2020 - Binh Phuoc Rehab Plan 2016 - Tay Ninh Rehab Plan 2016 	Exceeded 33%. The two additional policies are the 2016 rehabilitation plans by both Tay Ninh and Binh Phuoc, which harmonized with DIRECT's plans for each province. All these policy and plans were formally approved authorized stakeholders, such as by the Prime Minister, Minister or Provincial People's Committees, thus administratively and legally-bounded. The Binh Phuoc Provincial Annual Disability Plan was drafted, and got input by most line departments- however final approval from PPC is still pending. More details about these policies are discussed in section 2 of the report.
Staff capacity building	745 SPs trained including: <ul style="list-style-type: none"> - 185 on M&E Framework - 60 on CRPD Plan of Actions - 240 on MOH Circular - 140 on DIS - 120 on CRPD in Binh Phuoc and Tay Ninh 	1,861 SPs trained including: <ul style="list-style-type: none"> - 231 on M&E/Indicator Framework - 110 on CRPD Plan of Actions - 256 on Circular 18 MOH - 1106 on DIS - 102 on disability, rehab and CRPD plan - 56 on rehabilitation, OT/PT 	Exceeded 150% due to the number of SPs trained on DIS increased from 140 (plan) to 1,106 (actual) since the expansion of DIS to all districts in Thua Thien Hue and Quang Tri Provinces instead of one district in Thua Thien Hue as planned. In addition, the project also provided hand-on training for 56 health staff on OT/PT in the 2 provinces
Organization strengthening	23 organizations strengthened who serve	23 including: NCD; MOLISA; MOH; Tay Ninh's DOLISA and	Achieved. NCCD elevated to NCD, strengthened in M&E and coordination

Components	FY2016 Target	Achievements	Explanation
	vulnerable populations	DOH; Binh Phuoc's DOLISA and DOH, HUMP, and the 15 rehabilitation units	capacity; MOH, MOLISA, Tay Ninh DOLISA, DOH and Binh Phuoc DOLISA, DOH strengthened in planning capacity, policy development, staff training and rehabilitation services delivery. Measurement followed PIRS PM7. More details in section 2.
	16,607 PWDs benefited from Provincial Action Plan	21,997 benefited from PAPs	Exceeded (135%). This indicator accounted beneficiaries of social protection, community-based rehabilitation services, educational services and livelihood supports—with GVN funding (Sources: Local GVN's reports)
	33 GVN's units report to DIS	170 GVN's units report to DIS	Exceeded (515%): WP revised in early 2016 to expand the DIS to all districts in Thua Thien Hue and Quang Tri Provinces (the original plan is in only one district in Thua Thien Hue),
	35% persons with disabilities entered in rehabilitation services covered by health insurance.	75%	85% PWD undergone clinical exams by DIRECT (or 722 over 852 PWDs) had health insurance cards, but only 25% (180) among them used it for rehabilitation services. Among the users, 75% got covered by health insurance.
Direct Assistance for PWDs	275 persons with disabilities received direct assistance provided by USAID-funded programs and 1440 person-times of direct assistance (repeated services)	629 individuals 3388 person-times	Exceeded 129% thanks to the project's ability to mobilize human technical resource, also received strong support from local GVN etc.... 629 received direct assistance (therapies, assistive devices). Among these, 129 (20.5%) are persons exposed to Agent

Components	FY2016 Target	Achievements	Explanation
	Level of satisfaction among male and female persons with disabilities receiving direct assistance: 60 points	94%	Orange (as classified by the GVN). 56% among all beneficiaries showed increases/improvement in ADL.
	50% of beneficiaries who report increased independence/daily life function as a result of the project	56.16%	The number of person-times received direct assistance (repeated services) exceeded 135% annual target. All beneficiaries showed their high level of satisfaction on services provided by the DIRECT.
Gender issues	35% caregivers of persons with disabilities as male family members	25.8	25.8% % is the final baseline for FY17 onward (the 35% was a suggestive baseline- was not meant as target since the project had no gender interventions in FY2016).
	Training for SPs and caregivers on gender issues, particularly gender equality and gender-based violence	Not planned in FY2016	

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 Progress Narrative

This brief narrative (1 or 2 pages) should highlight key achievements and whether the program is on/off track as far as work plan/targets in terms of (1) overall program progress for year and (2) the current reporting period (quarter).

Objective 1: Enhanced resources for disability programs and services

In FY 2016, DIRECT focused on assisting GVN partners to put in place policy and mechanism that necessary for improving enforcement and resources for disability services. While some of these polices such as the CRPD plan did not come to life until later this year, progresses are noted in term increased resources for disability services. For instances, the Tay Ninh government has, for a first time, approved a five-year disability plan of action and earmarked VND 313 billions (\$14,3 million) for 5 years in a row (including over VND 8 billion of new fund for disability services and the rest is for regular disability allowance/welfare). In 2016, number of persons with disabilities benefited from GVN disability social protection has also increased by 9.6% (equivalent to 996 new beneficiaries) in Tay Ninh and 12.4% (equivalent to 729 new beneficiaries) in Binh Phuoc, compared to the previous year of 2015.

At national level, VND 12 billions has been earmarked by GVN for responsible Ministries and Associations to implement disability projects. FY2016 funding is very much similar to that of the previous year. The project has no data of funding earmarked by the rest of 62 provinces across the country. It is expected that provincial funding for disability services in FY 2016 by the provinces has also been increased similar to the case of Tay Ninh province above. These data hopefully will be available in the CRPD report as well as the annual NCD disability report that the GVN will be making during FY17.

More details are discussed below.

Outcome 1. Stronger mechanism is in place to improve enforcement of disability policy and CRPD.

Under this objective, DIRECT has accomplished all the plans and targets as proposed in the FY 2016 work-plan. There a few minor activities are being finalized/completed, including the M&E indicator framework and the OT/PT training curriculum, whose final outputs are expected in FY 2017. In FY 2016, DIRECT focused on assisting GVN partners to put in place policy, mechanism and system that necessary for improving enforcement, and the project to achieve its long-term (5 years) results. The year 1 results might be more noticeable at output level, but are critical attributable to achieving the outcome mentioned herewith, as well as project impacts in subsequent years. These results are solid foundations for the project to assist GVN partners in improving policy enforcement and coordination in order to increase services and resources for persons with disabilities. The specific results are summarized in the tables below. These results are positive indicators showing DIRECT is on track of achieving the its planned outputs, particularly: 1) “Enforcement of CRPD and coordination is improved”, and the 2) “CRPD implementation

at provincial level is improved”, and leading to its outcome, which is “a stronger mechanism is in place to improve enforcement of disability policy and CRPD”.

Summary of results and progress under the Objective I, by major plans and expected results:

Plan	Result and Status
CRPD framework action plan developed and implemented	Achieved. The national framework plan of action for CRPD approved by the Prime Minister’s Decision No. 1100/QĐ TTG, June 21, 2016.
MOH Circular on expansion of health insurance for rehabilitation services is completed, approved and trained to SP in 02 provinces. These, when become effective, will enable expansion/increasing of coverage for health services and assistive devices.	Achieved. Circular 18 by MOH on June 2016, which expands health insurance coverage for rehabilitation services and assistive devices by 7.5 times, from 33 to 248 services.
02 national annual action plans (ministry level plan) and 02 provincial plans for disability programs developed to guide CRPD/policy implementation; and resources allocated for implementation.	Achieved. MOLISA and MOH annual plans developed, allocated VND5 billion and VND 500 million respectively for disability activities. This is part of GVN earmark of VND 12 billion for disability projects implemented by national agencies/ministries. Four provincial plans developed: Tay Ninh 5-year disability action plan (period 2016-2020) approved; Tay Ninh FY 2016 action plan for rehabilitation; Binh Phuoc FY2016 disability action plan; Binh Phuoc FY 2016 action plan for rehabilitation.
NCD is supported in implementation of its operation mechanism, enabling more regular, and effective cross-agency coordination and monitoring and evaluation activity at national and sub-national levels.	Achieved. An operation mechanism developed and approved by MOLISA’s Minister, which governs responsibilities of members for the newly established NCD and its supporting office (NCD office).
M&E framework revised and trained to relevant SP, enabling monitoring and reporting of disability efforts at national and sub-national levels.	Final draft completed, with 50 indicators, tested in 2 provinces, and expected to be endorsed by NCD in FY 2017 as a standard M&E framework for reporting and monitoring of disability policy.
GVN will be able to develop a national report to UN on CRPD implementation.	On-going. The process is being led by MOLISA. A drafting team of 32 members

This will be demonstrated by the first country report developed by the end of Year I with supports from the DIRECT.

GVN is capable of making a national annual disability report, which will be completed and published with DIRECT' supports.

Central DIS platform is installed, serving as foundation for further development/expansion of DIS to provincial level in subsequent years.

Provincial DIS initiated in Hue, data collection and entry done in 1 district (with potential expansion of DIS to more district in year I subject to readiness of Hue GVN)

02 provincial informal "watch units" set up and operational in Tay Ninh and Binh Phuoc, allowing regular monitoring of CRPD enforcement.

6 new policies, procedures developed.

23 national and local organizations supported for capacity building including 15 rehabilitation units set up and equipped and capable of serving clients (22 GVN and 01 college).

from different ministries and organizations was set up. DIRECT provided technical assistance, standard outlines and international sample reports.

On-going. The national disability report is combined to the CRPD report, expected in FY 2017. The provincial reports will begin in second quarter of FY 2017.

Achieved. DIS national platform was set up as part of MOH's Medical Administration Service's website, trained to DOHs across the country. Nation-wide access/utilization is available (Currently being used by Hue, Tuyen Quang and Kon Tum)

Exceeded. DIS expanded to all districts of the provinces of Thua Thien Hue and Quang Tri. Data collection and entry expected to complete by second quarter of 2017.

On-going. Provincial partners delayed this activity, waiting for the setup of Provincial Committee of Disability. An informal watch unit available via NCD.

Exceeded. 8 policies developed include: CRPD five-year framework plan of action; Circular 18 on health insurance coverage for rehabilitation services; MOH and MOLISA NAPs, and 4 provincial NAPs, NAPRs by Tay Ninh and Binh Phuoc.

Achieved. 23 organizations, including 15 rehabilitation units, were supported for capacity strengthening (details discussed above)

More details on progress and results, by Outputs were reported below:

Output I.1. Enforcement of CRPD and coordination is improved.

It would be premature to measure the impacts of the CRPD action plan as it was only approved by the Prime Minister in June 2016. However, important progress in enforcement has been made since its enactment. The Ministry of Labors Invalids and Social Affairs (MOLISA) as a chair of the National Committee on Disability (NCD), has issued an instruction to 63 provinces and relevant national agencies/ministries to further guide CRPD enforcement, urge provinces to set up a Provincial Committee on Disability (PCD) and to allocate budget for implementation. The instruction requested that, besides the regular government agencies, Disabled People Organization (DPO) and other disability-related

associations to be members of the PCD. As a result, NCD reported that so far about 10 provinces have set up the PCD and assigned leaderships of the Provincial People's Committee (PPC) to chair the committee. The provinces already set up the PCD includes: Binh Phuoc, Tay Ninh, Ho Chi Minh City, Khanh Hoa, Lam Dong, Ninh Binh, Ha Giang. Similar process is underway in many other provinces. The PPC of Tay Ninh and Binh Phuoc have also issued directives, assigning DOLISA as a focal point to work with line departments to develop the plans for CRPD implementation. Province such as Ninh Binh even appointed a DPO as the deputy chair of the committee, which usually headed by the leadership of the PPC.

An advantage factor for enforcement is that the national CRPD framework action plan clearly specified the funding sources for implementation, includes the national "New Rural Development Program" and "National Sustainable Poverty Reduction Program", the two most important national social economic programs remained in the country after GVN slashed many other national targeted programs. In addition, the CRPD plan guided stakeholders to mainstream disability budget into regular social economic programs (such as the health and vocational training/employment). It has begun to make impacts. For instance, when the Ministry of Finance (MOF) was drafting a new policy for vocational training, the guidance on CRPD action plan has enabled MOF to revise the financing schemes for training of persons with disabilities.

The Vietnam National Committee on Disability (NCD) was reiterated in October 2016 by the Prime Minister, from the basis of the National Coordination Council on Disability (NCCD) that USAID and VNAH supported with establishment in 2001. The new NCD is empowered with 17 members, compared to 13 members in previous organization. Of noteworthy is that the new organization has 6 disability-related and mass/civil society organizations, compared to 3 organizations in the past. NCD office, which acts as a secretariat to NCD, also has a larger staff: with one chief and two deputy chiefs of office and four staff. These are among indicators of GVN commitment and actions toward CRPD implementation and coordination. Since its reiteration, NCD has received technical assistance from DIRECT and other organizations and demonstrated improved capacity and leadership in coordination and advocacy. It has issued a formal memo to urge ministry members and the 63 provinces on CRPD implementation; organized a first NCD members workshop that was convened by its chairman, a MOLISA minister; published a reference book on disability policies or directed the development of the national monitoring and evaluation indicator framework. It has organized two national workshops to disseminate, and to discuss with national and sub-national stakeholders on CRPD implementation, constraints and solutions for improvements etc. NCD office was established and acting as an "watch unit" to monitor and advocate for disability inclusion. It has successfully rallied supports and changed the MOF's draft vocational training policy to be inclusive of persons with disabilities. It has also worked with the Ministry of Planning and Investment (MPI) to mainstream disability into the national plan for Sustainable Development Goals 2030 (SDGs 2016-2030), which is under development. The draft plan has specifically included issues related to persons with disabilities in some of the goals, including the employment, education, transportation etc. Continued efforts are underway to advocate for stronger and more specific inclusion of disability in the remaining goals of the national plan for SDGs.

Another major accomplishment as a result of DIRECT' support that has begun to make impacts on disability services is the revised policy regarding insurance coverage for rehabilitation services. This policy, the Circular 18 by MOH, has enabled expansion of

insurance coverage for rehabilitation services by 7.5 times, from 33 to 248 services comparing to the previous policy. It is another strong indicator showing project's results and GVN's efforts to improve services to persons with disabilities. The policy has and will continue to improve access to, and affordability of rehabilitation services as it allows insurance reimbursement for most of the services so long as there is qualified service provider. Although more works are needed to get the policy fully implemented, includes completing the pricing and technical procedures for the services- this policy has begun to benefit people on the ground. For instance, the Traditional Medicines Hospital in Binh Phuoc, a partner of DIRECT, has reported 681 cases benefited from the new policy during a recent 3-month period. Implementation and benefits of the new policy will continue to grow as providers begin to apply it, and build capacity to provide the reimbursable services. DIRECT has supported MOH in training and dissemination of the new policy to national and local service providers from northern provinces as well as Tay Ninh and Binh Phuoc. In 2017, DIRECT plans to assist MOH to complete developing the technical procedures and price items to enable full implementation of the policy, and further training for responsible stakeholders.

Another important result is the national Disability Information System (DIS) platform. With DIRECT assistance, MOH has successfully adopted the upgraded DIS as a central portal within the website of its Department of Medical Services. The DIS platform is now opened for national access and utilization. Recently the provinces of Thua Thien Hue, Kon Tum and Tuyen Quang have used this platform for data entry. MOH is in the process of migrating data from the eleven provinces that already has DIS into the national storage. MOH, with its own funding, has begun to roll out the DIS by a recent two training programs for trainers and health administrators across the country. In parallel, VNAH has discussed and gained initial support from MOLISA leadership and the project management team of the World Bank's Social Assistance System Strengthening Project (SASSP), to include DIS in their national data-base/system for social protection recipients. SASSP has worked with VNAH to develop proposal for the GVN's approval to expand data collection in remaining provinces where DIS has not covered.

Output 1.2 CRPD implementation at provincial level is improved

The national CRPD framework plan (Plan 1100) was not approved by central government until June 2016, thus the project' support in the two provinces was not focused specifically on developing local CRPD plan, but on general disability plans of action. This was an expectation of the project as indicated in the 2016 workplan, in which we only expected the two provinces to complete the plans with funding earmarked for implementation in 2017. However, during the planning process earlier this year, DIRECT supported DOLISAs and DOHs of Tay Ninh and Binh Phuoc to adopt/mainstream the CRPD goals into the provincial disability plans (PAPs) and rehabilitation plans (PAPR). These plans are major mechanism for enforcement of CRPD and other disability policies. As a result, Tay Ninh PPC has, for a first time, approved the five-year PAP and earmarked (GVN funding committed) for a straight 5 years in a row, at VND 313 billions. It was the first time Tay Ninh DOLISA and DOH has developed the local disability plans of action and the first time local government allocated funding for disability program, besides the regular disability welfare. Five districts in Tay Ninh has also developed the district plan of actions for disability services. Of noteworthy is that local government reports showed an increase in number of persons with disabilities benefited from GVN disability welfare by 12.4% (equivalent to 729 new beneficiaries) in Binh Phuoc, and 9.6% (equivalent to 996 new beneficiaries) in Tay Ninh in

2016, compared to the previous year of 2015. In addition, Tay Ninh DOLISA has secured VND 825 million for vocational training and disability clinical examinations (sources separate from the above funding), while DOH has secured VND 360 million for rehabilitation services, an increase of VND 130 million compared to 2015. Binh Phuoc has moved a bit slower: the PAPR has been approved, but the PAP is pending for PPC approval. The current fiscal constraint faced by the province is believed to be a main reason delaying the approval. The development of these plans is the learning process for many of our partners.

As part of GVN's efforts to implement disability policies, the national government has allocated VND 12 billions in 2016 for a number of Ministries and central/national organizations to implement their disability projects (this not include provincial government, which budget by themselves) according to a Ministry of Finance's report. These included: MOLISA 5 billion (equivalent to \$250,000), MOC 2,9 billion (\$150,000), MOJ 1 billion (\$50,000), MOET 1,5 billion (\$70,000), MOH 500 million (\$20,000). Civil society organizations, include the national Association to Support the Disabled and Orphans, and the Vietnam Cooperatives Alliance each also received VND 500 million for vocational training for persons with disabilities. Funding earmarked for MOLISA, MOJ and MOET in 2016 is at the same level of 2015. Meanwhile earmark for MOC is slightly lower than the previous year. Although these funds are to be expended until December 2016 and formal report on progress/results has yet to be available, the funding has been beneficial for the ministries in implementation of disability activities required under CRPD and NAP. DIRECT major partners, the MOLISA and MOH, have used these NAP funds to cost share for several activities in partnership with DIRECT. In specific, MOLISA has cost shared with DIRECT in coordination workshop in Thai Binh and CRPD training workshops in Hai Phong and Lam Dong. MOLISA also allocated funds for direct assistance to persons with disabilities in five provinces (Tay Ninh, Binh Phuoc, Lang Son, Ha Noi and Khanh Hoa), and for public awareness, communication, and other major public disability events. Meanwhile, MOH has allocated most of its VND500 million for training of trainers on DIS to stakeholders of the health system across the country, of which DIRECT has also contributed partially. The training was aimed at promoting the expansion of DIS to all the remaining provinces that have yet to use DIS, through informing local health administrators/DOHs about the DIS centralized portal, its operation and benefits, sharing good practices, as well as advocacy/encouraging local budget for data collection and data entry.

In our opinion, not only due to the lack of resources, but the weak governance within the current social service system also attribute to the poor enforcement of disability policy. It is therefore important for the DIRECT project to support the development of disability action plans such as those mentioned-above. The supports have multiple values and purposes as suggested below:

- These action plans are one of the evidences demonstrating the improved efforts and strengthened capacity of GVN in provision of services for persons with disabilities (as qualified/guided by the PIRS PM7).
- The approved plans (by appropriate authorities) are one of the formal GVN's mechanisms/instruments for funding allocation and appointment of roles and responsibilities to concerned organizations. Without such approved plans, there is a chance that no action (on disability) is taken and no one is held accountable.
- Advocacy: if no support, there is a risk that no plan is made simply because of neglect of duty by the concerned entities. This was the lesson learned in several

provinces with then previous NAP (period 2011-2015). The project in this case acts as an incentive, and an advocate to remind and encourage GVN partners of their duties in regard to disability services. In addition, through the planning process, the project could advocate for the inclusion of, or funding and cost share for project's activities or priorities as suggested by the community.

- The planning process, especially through public consultations on the drafts, offered opportunities for the concerned GVN line departments to work together, for persons with disabilities/DPO, civil society and advocates to participate and provide inputs. This helps improve awareness, coordination and commitment, making the disability planning more transparent and a stronger voice to decision makers.
- The planning process would also indirectly help enhance capacity and skills of the concerned GVN staff involved in making the plans – in analysis, review of laws/policies, drafting policy, planning and recommending actions/solutions, budgeting and advocacy etc.

As a result of CRPD enforcement, NCD reported that 10 provinces have established the Provincial Committee on Disability (PCD) as listed above. Some provinces, has established District Committee on Disability (DCD), such as Tay Ninh to-date 5 districts have had DCD. These will help NCD to form a network with PCDs across the country to facilitate vertical communication and coordination, especially in M&E framework that NCD hope to promulgate next year. The PCD and its members who are from various line departments in the province, can also use this network to vertically communicate with their corresponding ministries who are NCD members, on issues of common interests or concerns.

The M&E framework for disability monitoring has been streamlined to half, comprising of about 50 major indicators for 10 different sectors. It is a result of a series of consultations with stakeholders from NCD member ministries, provincial governments, DPOs/NGOs, and a pilot/trial in 4 districts of Tay Ninh and Binh Phuoc. Some preliminary feedbacks from the provinces showed that approximately 80% of the indicators can be collected at the provincial levels. The most common difficulty shared by the provinces is the lack of reliable data on persons with mild disability, children with disability, persons with intellectual or mental disability. This type of data is usually not available as current data mainly focus on those with severe disabilities. The classification for these disabilities as guided under Circular 37 also faced challenge by local council due to the lack of capacity.

Objectives II. Enhanced access to quality rehabilitation services

To achieve this objective and its outcomes, the project strategy has been a two pronged-approach, to address both the supply and the demand sides. The project assisted GVN partners to develop rehabilitation service system and provided needed services to beneficiaries; at the same time, to revise policy that expand insurance coverage so that more people can access to services with an affordable cost. In addition, the project provided training for rehabilitation providers so they can become eligible to provide services that are reimbursable by insurance. This will result in improved service capacity, thus increased revenue for local health facilities and ultimately services sustainability.

Efforts of FY2016 focused on system strengthening and also services delivered. As a result, 628 persons with disabilities have received quality rehabilitation services that were provided by international and national professionals engaged by DIRECT. The project has also

provided training for 1,861 services providers, many of them are rehabilitation practitioners. More details are discussed below.

Outcome 2: Accessible rehabilitation services and service delivery capacity are in place in the program provinces (Binh Phuoc and Tay Ninh).

In specific, the DIRECT has assisted local GVN partners to develop rehabilitation service capacity in the whole province, at three layers of the health system: the provincial, district and communal levels. These included training for a force of qualified rehabilitation practitioners working at the three levels mentioned above, setting up new rehabilitation units where there was none, and providing equipment for the existing units that are usually poorly equipped. In addition, the project has and will continue to engage the local practitioners and facilities in providing services to beneficiaries, making quality services available and affordable to people. Training also include hand-on coaching and guidance to service providers and caregivers on clinical assessment, therapy and care.

By the end of FY 2016, 15 rehabilitation units, including several units were newly set up at the district hospitals (set up by formal DOH decisions), and empowered with additional equipment to enable provision of new services. At the same time, the project-supported training for rehabilitation doctors has begun, while training for the rehabilitation technician and rehabilitation workers at communal health clinic (CHC) will begin in FY 2017.

Providing direct assistance to beneficiaries, with a focus on rehabilitation services, has been another success of DIRECT in achieving its expected outputs and outcomes. By end of FY 2016, the project has exceeded the annual target for direct rehabilitation assistance by 229%. In addition, the project assessment has showed that 56% of the beneficiaries have reported improvement after treatment. These are thanks to the project's efforts to move up service schedule, and successful mobilization of international OT specialists to assist in the service delivery. Originally the project planned direct assistance to begin from the last quarter of FY 2016, for a humble target due to concern of delay by project start up and administrative approvals and the lack of OT providers.

Below are summary by plans and actual results:

Plan

23 national and local organizations supported for capacity building including 15 rehabilitation units set up and equipped and capable of serving clients (22 GVN and 01 college).

275 persons with disabilities received PT/OT services and other assistance (improvements will be measured in subsequent years as services continued/matured).

745 service providers trained and demonstrated improved knowledge and skills necessary to support persons with

Result and Status

Achieved/Ongoing. 23 organizations supported, including 15 rehabilitation units were set up (by local DOH decisions) and/or empowered with additional equipment

Exceeded. 628 persons with disabilities received PT/OT services and other assistance exceeded annual target by 128%. 56% of beneficiaries have improvements in ADL

Exceeded 1,861 service providers trained, exceeding target by 250%.

disabilities.

3 sets of training materials for OT certificate-based programs developed/upgraded to serve future training of doctors and health care workers to become rehabilitation practitioners. Three drafts are under development and will be continued for completion in FY 2017

More details on progress are as followings.

Output 2.1 Improved quality, capacity and availability of OT/PT services:

To achieve this output, DIRECT has assisted the two provinces of Tay Ninh and Binh Phuoc to develop a force of rehabilitation practitioners that are recognized by GVN, and to set up new rehabilitation units where there was no service before the project, and to provide equipment for the under-equipped units, as well as rehabilitation services to beneficiaries. By the end of FY 2016, the project has assisted the two provinces to set up 15 new rehabilitation units, which were also equipped with basic equipment for treatment. The provincial DOHs have issued written decisions to formalize the establishment of these units. Staffing of these units will follow MOH's Circular 46/2013 on rehabilitation hospital/facility- which required a minimum/at least a doctor trained in rehabilitation and a physical therapy technician or a nurse (or more staff if demand allows). Under DIRECT support, each of these rehabilitation units will have a doctor and a health staff trained on and qualified to practice rehabilitation. Beside each unit may have other health or rehabilitation therapy providers/staff as available.

In FY 2016, VNAH has established partnership with the Ho Chi Minh City University of Medical and Pharmacy (HUMP) and the Australia Curtin University' School of Occupational Therapy and Social Work (the Curtin) for the training effort, which include development of training materials, in-class training, hospital-based practicum training, and community-based practice supervision. Each of the training program (for the doctor and technician courses) lasts for 10 months and has about 60% of training time for OT. The rest is for PT and ST. Lecturers from the Curtin deliver OT contents. Since the training programs are delivered by the recognized education institution (the HUMP), the certificate of completion is recognized by GVN, and graduates are eligible to practice/deliver rehabilitation services and such services are recognized and reimbursable by local health authorities and health insurance agency. The training is also eligible/recognized under the GVN's continued medical education (CME), thus is important for career development of participants.

Currently, with the project support, 31 doctors participate in the 10 month-training to become rehabilitation doctors (by oriented training, as defined by MOH). The training focused on providing them with knowledge and skills for disability assessment, prescription and planning of treatment, follow up and evaluation of results, coordinating multi-discipline team in treatment, as well as re-training and coaching to the subordinate rehabilitation technicians or care-givers. Some of these doctors, although not graduate until second quarter of FY2017, have already joined the project's rehabilitation professionals to provide services to beneficiaries, such as assessment and therapy. The course for technicians will begin in the first quarter through third quarter of FY2017 for about 60 health providers from all the city and district's hospitals of the two provinces. Meanwhile, the course for 231 communal health clinic's rehabilitation workers - which lasts for 3 months- is expected

to begin and complete in Quarter 3 of FY2017. The project is exploring opportunity to collaborate with the provincial medical schools in training for the communal rehabilitation workers, in order to save cost and as the same time help build capacity for these local medical training institutions.

Local partners have also contributed resources and committed to professional development for staff. For instance the Binh Phuoc Provincial Traditional Medicine Hospital has sent 01 doctor to a one-year Speech Therapy course at Pham Ngoc Thanh Medical University and 5 other medical staff attending the course on Functional Anatomy, Practicing and Therapy, with its own funding, and shared cost for one of its doctor to attend the DIRECT's 10-month doctor course; and other local hospitals provided cost share for 6 staff to attend the technician courses, which is also being supported by the project for a period of 10 months.

Besides the above training, the project organized short course (1-3 days) training on particular issue or rehabilitation technique, such as applying ICF in assessment for rehabilitation workers in the two provinces; and provide technical support for DOHs in training for their rehabilitation workers and collaborators at community and village levels. In addition, the project has engaged local health/rehabilitation workers in assessment and services delivery as hand-on training for them.

Direct assistance to beneficiaries, which focus on rehabilitation services, assistive devices and other reasonable accommodations began strongly from Quarter 2 of FY 2016, earlier than originally scheduled by more than a quarter. Typical direct assistance provided during the year included: therapies for correction of spinal cord/scoliosis, correction for seating and standing, positions shifting, positioning and gaiting training in eating, standing, walking as well as basic hand and legs movements etc. Assistive devices provided includes: wheelchairs, walking frame, walking cane, orthotic shoe, specialized/custom made sitting chairs and bed, wheel-sitting board, special chair for feeding children, personal hygiene chairs etc. More details on the beneficiaries are discussed under Output 2.2 below.

DIRECT has also had support for those considered "Agent Orange affected" as classified by GVN. We found that many of these AO people have problems with internal medicines such as high blood pressure, respiration and other chronic illness rather than having a disability that need rehabilitation therapy. Among the AO group in Tay Ninh, male account for 63%, and mobility impairment accounts the significant proportion, at 77% (in which cerebral palsy (CP): 35%, hemiplegia: 17.7%), while cognitive/mental disorder 4.3%, intellectual 18%, congenital malformation 10%. In Binh Phuoc, the distribution of men and women among the AO affected group is quite similar to Tay Ninh, 70% men and 30% women. Among the AO group, multi-disabilities account the highest, at 30%, mobility second at 22%, intellectual disability takes the third place with 15%. Behavior-mental, vision, and hearing-speaking disabilities alternatively account for 7,6% and 2%, while 19% is for "other disabilities". In terms of diseases pattern, slow intellectual development and diabetes each accounts for almost 15%, down syndrome and cerebral palsy 9.3% and 7.4% respectively, and other diseases account for 52%. In the coming years, as more data is available, we hope to have specific statistics about the diseases patterns, the needs and services for this AO group.

Another project highlight was the strong partnerships between DIRECT and local and international civil society organizations in provision of services to beneficiaries. These included the provincial Associations for Supports the Disabled, Orphans and Poor Patients

and the provincial Associations of Victims of Agent Orange who assisted in mobilizing beneficiaries for assessment; as well as the Scope Global (Australia), the JICA and the Butterfly Basket Foundation of Netherland - who have sent several professional occupational therapists to assist DIRECT in assessment and treatment for beneficiaries. The program also involved HUMP not only in training for local practitioners but also in deploying students of last year in medical and physical therapy disciplines to assist DIRECT with assessment and treatment. Students could enhance field practice skills through such community activities. These organizations have committed to continue collaboration with DIRECT in FY2017.

2.2 Implementation Status

Objective I: To enhance disability resources and services through enforcing and coordinating disability policies, action plans, and the disability information system

Output I.1 Enforcement of CRPD and coordination is improved

Activity I.1.1 Strengthen national coordination and monitoring capacities

Sub Act I.1.1.1 Support NCD and its members on advocacy and coordination of disability policies at the national level.

As one of major steps of CRPD enforcement, GVN on the 6th October 2015 established the National Committee on Disability (NCD)- which is accountable to the Prime Minister and mandated as a national focal point for policy development, planning, monitoring and coordination. As a newly reiterated and a learning organization, NCD needs intensive assistance to strengthen organizational and governance structures in order to operate more effectively than its predecessor NCCD. From quarter one of FY 2016, the project provided supports for such needs, particularly technical inputs and shared international reference materials for the development of NCD operation procedure/mechanism. The project also arranged for two visiting US disability experts (paid under a MIUSA project) to share US NCD model and other international experience on national coordinating mechanism. NCD subsequently developed and issued an operational procedure, which was officially enacted on March 30th 2016 by its Chairperson Decision 01/QD-UBQGNKT, to regulate its operation, and member's roles in planning, budgeting, coordination as well as M&E and reporting.

One of the noteworthy in the second quarter was the NCD launching event on January 18th that DIRECT has partially supported (please refer to Annex F for more information). The event was to launch and introduce the newly established NCD as well as its members, mandates, and priorities in coming time. The event also served the purposes of networking and calling for support/partnership from international organizations, donors, NGOs and Vietnamese disability related organizations. It was attended by approximately 80 representatives from NCD ministerial members, international and local NGOs and donors, DPOs and the media, especially the high-rankings including the Deputy Prime Minister, MOLISA Minister/Chair of NCD and MOLISA Vice Minister/Vice Chair of NCD, and several Vice Ministers, as well as USAID Mission Director, UN Resident Coordinator, UNICEF chief, ambassadors and embassy's officials. The Deputy Prime Minister and USAID mission director were among the key note speakers.

Subsequently, a series of actions took place during quarter 2 as part of NCD efforts in organizational development and institutional strengthening. These included the establishment of NCD secretariat/support office (by MOLISA Decision 677/QD-LDTBXH dated June 1st 2016), the issuance of a regulation on duties and organizational structure of NCD office (by SPD Decision 101/QD-BTXH dated 05 July 2016), and the NCD's official letter to member ministries and 63 provinces requesting them to assign focal point/support staff, and to establish provincial committee on disability (PCD). NCD office since then has been working to develop a network of focal points at member ministries as well as at the provinces, through the PCD. At this reporting period, NCD informed that over 10 provinces have had established their PCD.

The Project's support to NCD also included the first semi-annual coordination meeting on 20th July in Hanoi to review NCD activities and discuss plan for upcoming period. NCD Chairperson and Vice chair who are MOLISA Minister and Vice Minister convened the meeting which was attended by over 80 participants from member ministries, disability-related organization, NGOs and international organizations. Key issues discussed include the airline regulations on indemnification waiver, accessibility, training materials, formation of DPO/disability organization and especially the vocational training policies. NCD's report and upcoming plan were shared for discussion, then revised and submitted to the Prime Minister after the meeting. This plan has priorities included CRPD training, CRPD report to UN, completion of NCD disability M&E indicators, supervisory visits to provinces and ministries, and other CRPD planning and implementation tasks.

An example that indicates NCD's improved capacity for monitoring and advocacy was that after the CRPD workshop in Haiphong, where many participants raised challenges in implementing the vocational training policy, NCD office has coordinated with the MOF and the Bureau of Vocational Training of MOLISA to organize a technical meeting in August to gather inputs for the draft MOF's Circular on vocational training. Before this intervention, the MOF's draft Circular did not include persons with disabilities or private sector as providers of vocational training for persons with disabilities. As a result, the new draft circular has specifically incorporated person with disabilities among the beneficiaries, loosen criteria/requirements for selection of trainees, higher support ceiling for persons with disabilities, etc. The draft circular has been finalized and is pending leadership approval.

Sub Act 1.1.1.2 Support NCD and its members in monitoring and reporting of disability policy implementation

The NCD, as required by the recent CRPD action plan and NCD's operation procedure, has the mandate to monitor the enforcement of the CRPD and disability policies/programs. The monitoring issue has been raised as a priority by the NCD chairman at its recent coordination meeting. In this regard, the project has assisted NCD to adopt a set of indicators - by revision a M&E framework that was developed under a prior USAID's IVWD project, in order to incorporate CRPD indicators and to make it doable given limited local capacity and data. The new M&E indicator set has gone through 7 drafts/revisions with extensive inputs from NCD member ministries, NGOs/DPOs and service providers in the provinces. The final draft has about fifty indicators designed to measure major goals of the CRPD, Disability Law, NAP, covering key sectors including the social protection, health, education, employment, vocational training and accessibility, as well as resources/budget earmarks. It was tried/piloted in the two project provinces and initial results showed high feasibility for application.

DIRECT's supports in this regard included technical assistance (through 02 local consultants, including a GSO statistical expert) – who have reviewed and adopted requirements of the law, NAP, CRPD's report guidelines, the Sustainable Development Goals (SDG), the Incheon Strategy and the GVN sectoral statistical yearbooks. During the first and second quarters, a number of technical meetings were organized on the draft framework. At a technical consultation meeting in June 17th with related ministries, USAID, NGOs and DPOs, most participants gave inputs and agreed on the scope of the framework and its implementation direction. The draft framework was then got further inputs from Tay Ninh and Binh Phuoc before training to 231 staffs of DOLISA, DOH, DOET here. These staff later on conducted the trial/testing in four districts. Feedbacks from the pilot showed that approximate 90% of provincial indicators could be collected within the existing service system. Reliable data on persons with mild disability, children with disability and persons with mental and intellectual disability are difficult to collect due to challenges in classification (this require revision of Circular 37 on disability classification). Subsequently the draft indicators were presented for discussion at the two CRPD workshops in Hai Phong and Da Lat. Major issues discussed were the availability of data, the capacity of local staffs and the urgency to adopt the indicator into routine monitoring and reporting by NCD.

On another note, DIRECT coordinated with UNDP to support the Legal Department of MOLISA in preparation for the national report on CRPD. The Legal Department of MOLISA – with supports from UNDP- is developing a reference material/guideline for monitoring CRPD implementation. The DIRECT has shared its M&E indicators with these entities and their international consultants, who have agreed to incorporate major indicators into their monitoring reference guideline. More information on DIRECT supports to CRPD report is discussed under Major Activity 1.1.2 below.

On similar effort, DIRECT is working with MOH to mainstream disability indicators into MOH's rehabilitation medical records and MOH hospital quality assessment criteria, which are currently being revised/updated by MOH for nation-wide application. This will continue on into FY2017.

The DIRECT has also supported NCD to improve its monitoring and evaluation activity. DIRECT has worked alongside with NCD, CSA-NA and independent consultants to develop a protocol for monitoring disability policies at both national and local levels. The first draft protocol has been completed and sought inputs among relevant stakeholders. The protocol guides the 'step by step' in assessment of the policy implementation and provide tools/instruments for data collection. An informal watch unit led by NCD – comprised of members from NCD office, CSA and VFD - conducted a monitoring visit to Binh Phuoc and Tay Ninh from 18 to 23 September 2016 to pilot the protocol /instrument and to sensitize local government on the monitoring. DIRECT will assist NCD and GVN partners in the two provinces to adopt the protocol in their monitoring activities in coming quarters.

Major Act 1.1.2. Support the enforcement of the CRPD framework plan of action

Sub Act 1.1.2.1. Develop CRPD framework plan of action, annual action plans and conduct training and review of CRPD

As part of CRPD enforcement, DIRECT supported the development of the CRPD plan of action, which was approved by the Prime Minister's Decision No. 1100/QĐ TTg dated June 21, 2016. Supports included collection and translation CRPD reference materials, consultants/experts to provide reviews and inputs, technical meetings and public consultation and dissemination of the approved plan. UNICEF and Viet-Health also provided partial supports to this process. The approved plan provides general policy directions and acts as an umbrella for implementation of disability plans such as the NAP and NAPR. Of noteworthy is that the plan clearly specifies sources of funding for implementation - which included the national "New Rural Development Program" and "National Targeted Sustainable Poverty Reduction Program" - the two most major social economic development programs in Vietnam, the NAPs and other sectoral targeted programs. This is obviously a legal instrument for GVN and stakeholders to mobilize resource for disability services. Upon approval of the plan, MOLISA has issued letters to all the provinces and ministry members to guide the implementation, (include develop ministerial/provincial plan), budget allocations and setting up provincial committee on disability.

Upon approval, DIRECT and NCD organized the dissemination/training workshops in Hai Phong and Da Lat for over 200 participants representing the national and local governments, the NGOs and DPOs. Major discussions of the workshops included the urgency for the provinces to set up the PCD, to develop local action plans, and to earmark budgets for implementation. Participants also commented on the M&E frameworks and discussed the difficulties in implementation of vocational training policy. In the Da Lat workshop, DIRECT's team conducted a small pre and post workshop survey to measure participant's opinion and change in knowledge. It showed that 80% of participants thought they have acquired basic knowledge and understanding about CRPD and CRPD plan, over 70% thought they can implement CRPD plan but needs further support, almost 90% suggested longer time for discussion sessions, and further training / discussion on CRPD. (Please see workshop minutes in Annex F for more information).

While the CRPD plan of action provides an umbrella/blanket mandate for enforcement, its specific targets/goals and budget will be materialized through concrete annual plans by the ministries and the provinces. DIRECT therefore has supported two NCD members (MOLISA and MOH) and the two project provinces to develop their annual implementation plans that harmonized major priorities of CRPD plan, NAP, NAP Rehabilitation. The support was not only for the drafting of the plan per say, but also for the purpose of advocacy for more funding for disability services and capacity building for local partners. Through the planning process, DIRECT can advocate for the inclusion of the project's priorities into local plans, and for their cost-share with DIRECT's major goals. The annual plan is considered a part of the institutional capacity of the GVN partner to provide services to the beneficiaries.

By the third quarter of FY 2016, MOLISA's annual plan was completed and earmarked with VND 5 billion by GVN funding for direct assistance in five provinces, assessment and report on CRPD, communication, training and other major public events. Using this NAP fund, MOLISA provided cost share for the USAID's disability coordination workshop in Thai Binh in May, the NCD semi-annual workshop and the two CRPD training workshops mentioned above. MOLISA also provided budget for direct assistance (livelihood development) for

people in five provinces, including to 40 beneficiaries in Tay Ninh and Binh Phuoc, which were implemented jointly with VNAH and our local partners. Similarly, MOH's plan was completed by the end of quarter four, allocated VND 500 million, most of which was spent on the two trainings on DIS in July and August for health officers/administrators across the country. DIRECT shared a smaller contribution to the trainings expenses.

In regard to CRPD report, GVN is required to submit an initial state report to UN in February 2017. MOLISA has assigned the Legal Department as focal point to prepare this report. An inter-agency drafting team of 32 members led by MOLISA was established in the third quarter, which has also convened its first meeting on September 28th to discuss the report requirements and role of each member etc. VNAH team has collected, translated and shared reference materials on CRPD reporting guidelines and foreign country's report as samples. We have also engaged local consultants to develop a report outlines and thematic reports, and to conduct comparative legislative review for CRPD compliance. These efforts are being implemented in coordination with UNICEF, UNDP, NCD and MOLISA. (Please see Annex G for the draft Outline).

Sub Act 1.1.2.2 Revise MOH Circular on list of rehabilitation services covered by health insurance and conduct training in 02 target provinces

As part of the project' strategy to enhance access to quality rehabilitation services, in FY 2016 DIRECT supported MOH to revise a policy that expands health insurance coverage for rehabilitation services, assistive devices and day-based rehabilitation treatment. As a result, Circular 18 was enacted by MOH Minister on 30th June 2016, which increases health insurance coverage from 33 to 248 techniques/services and allows health insurance payment for additional 20 assistive devices (mainly braces).

Currently 114 of these 248 techniques/services (which already have price tag and technical procedures) are in effect and start making impact. The example mentioned in section 2.1 about the Binh Phuoc's Traditional Medicines Hospital was strong evidence of the impact of the new policy of beneficiaries. Of noteworthy is that over 60 of the 114 services can be delivered at the communal health clinics, which would help make service more accessible and affordable. Another new point of Circular 18 is the communal health clinics can refer persons with disabilities directly to the provincial center/hospital if the district health facilities are not qualified or cannot provide services that patients need.

Upon enactment of Circular 18, DIRECT and ICRC/ACDC supported MOH to organize a workshop, in quarter 4, to kick-off and guide the implementation. The workshop attended by 120 representatives from MOH, USAID, Vietnam Social Insurance, DOHs and hospitals from 32 provinces as well as donors, NGOs and DPOs. MOH and Vietnam Social Insurance pledged cooperation to further expand health insurance coverage for rehabilitation services, as called by GVN's universal health insurance policy. The USAID representative was among the keynote speakers at the workshop. Key issues discussed included: the needs to quickly design the technical procedures and the price lists for all remaining services and assistive devices, as well as to develop guidance for the day-based services. The policy dialogue/Q&A session drew over 20 participants, mostly the provincial practitioners to discuss about the policy. (Please see workshop minute in Annex F for more information).

In Tay Ninh and Binh Phuoc, DIRECT supported two trainings on the Circular 18 for 256 representatives of provincial and district DOHs, insurance agencies, DOLISAs, rehabilitation hospitals, commune health clinics and disability-related organizations in hope to quickly bring the new policy to enforcement. Many questions on procedures/requirements for health insurance reimbursement were raised and discussed. The dialogue between local health staff and insurance agency staff drew much interest of participants since it was the first time such discussion was conducted in the provinces. Many participants suggested that similar training should be organized on regular basis to enhance information sharing, coordination, reviews and planning in regards to health insurance.

DIRECT's support for the above policy started in the first quarter, with a series of technical meetings and consultative workshops, including the one in Hanoi for over 80 participants of concerned entities. A local consultant on health insurance was engaged to assist in the process, and work with drafting members to develop price list and technical procedures. In this process, DIRECT collaborated with ICRC/SFD and ACDC, which provided support to address the assistive device issue, with which MOH has decided to combine in this policy instead of addressing in a separate circular as originally planned.

Major Act 1.1.3. Develop/pilot a national Disability Information System (DIS) for tracking disability statistics and M&E actions

Achievement in this regard was the completion of the centralized DIS portal under MOH, which was established as part of MOH's Medical Administration Service Portal and now open for nationwide access and utilization. At the present, the portal is being used for data entry from Thua Thien Hue, Tuyen Quang and Kon Tum, of which the data collection in the latter two provinces are financed by local DOHs.

Subsequently MOH has taken action to expand DIS nationwide, by financing two training of trainer workshops for 200 participants from 63 provinces in July and August. DIRECT chipped in a small fund for the training and provided trainers. At the training, we observed high appreciation and consensus by participants on the DIS benefits and potentials as well as the centralized portal at MOH. Adopting cloud technology, the centralized DIS portal allows provincial users to upload/extract data easily with internet connection, thus saving budget from not buying server and maintenance in each province. This helps improve feasibility of DIS expansion and its usage.

With the enactment of Circular 18, DIS data on service needs will enable rehabilitation hospitals to deliver desirable services to people. In Tuyen Quang, DIS implementation and utilization was made as part of the quality assessment criteria for communal health clinics. While some provinces such as Tuyen Quang and Kon Tum have secured provincial budget for data collection, a major concern of most other provinces is the lack of funding for initial data collection. Participants requested for a stronger MOH policy to mandate DIS utilization by the provinces thus help them (DOH) to plan and defend for funding for data collection.

In a similar effort, DIRECT support for a centralized portal at MOLISA also made progress. The available data scattered in 14 provinces has been gathered into the NCD 's server, and ready for data sharing/integration with more provinces. DIRECT has also received initial approval from MOLISA's leadership in efforts to integrate DIS as part of the national database for social welfare recipients that is being developed under the MOLISA and World

Bank's project the Social Assistance System Strengthening Project (SASSP). While the final approval is pending for Prime Minister's decision, DIRECT has been working with the SASSP management team on solutions. SASSP has expressed high interest to use its own funding for data collection and sharing data between DIS and SASSP software. In this context, DIRECT engaged an international expert on information system from Canadian Executive Service Organization (CESO), to provide technical supports for this activity, as in-kind support.

At the provincial level, DIRECT, with AOR agreement, has supported DIS roll-out in all districts of Thua Thien Hue and Quang Tri, although the original plan was just one district of Hue. DIS expansion has overachieved in terms of the number of GVN units reporting to DIS (170 units compared to 33 as planned) and the number of service providers trained on DIS (1106 SPs compared to 140 as planned).

In Hue, 09 training sessions on DIS operation and data collection were conducted in June 2016, for 401 staffs of DOH, rehabilitation hospitals, district health centers and commune health clinics, DOLISA, DOET and other responsible entities. Data collection here has almost completed, with 17,531 cases inputted into the centralized DIS platform at MOH to-date. Hue's DOH and the provincial Rehabilitation Hospital were very supportive and actively in training and monitoring. In Quang Tri, the project supports started in the third quarter with 09 trainings for 375 participants. Data collection has been ongoing and expected to be completed by the end of third quarter of FY 2017. Data entry is yet to begin.

DIS has proven useful for clinical assessment and direct assistance in Tay Ninh and Binh Phuoc, whereas information of beneficiaries came mainly from the DIS. During FY 2016, data of 1,663 cases in Tay Ninh and 390 cases in Binh Phuoc have been updated to DIS. However, DIS updating and usage at commune and district levels have not been optimized due to the lack of staff skills and the uneven participation between DOLISA and DOH in the DIS. In Binh Phuoc for instance, only DOLISA's network of staff involved in setting up the DIS (data collection and operation), not the health network. Therefore, DIS usage within the health system is only limited at DOH level, not at district or commune. While in Tay Ninh, DOLISA's network did not involve in DIS set up, thus usage is mainly within DOH system, not the DOLISA. To address this issue, DIS training for all staff of the two sectors are planned in FY 2017. However, in August, a refresh training was incorporated with the Binh Phuoc Social Work Center's activity and benefited 129 participants who are social work officers and collaborators. Subsequently, Binh Phuoc DOLISA, as a focal point for DIS, issued a letter guiding DIS maintenance, utilization and updating to all concerned in its network (from provincial down to communal levels).

Output 1.2. CRPD implementation at provincial level is improved.

Major Act. 1.2.1. Support Tay Ninh and Binh Phuoc to improve implementation of CRPD and disability policies

The national CRPD plan (Plan 1100) was not available until June 2016, thus the planning in the two provinces was not focused developing a local plan for CRDP specifically, but rather on developing the regular disability action plan. However, during the planning process, the provincial partners have referred to CRPD plan (which was still then in "unofficial status" as pending for Prime Minister's approval). As mentioned earlier, this was expected in the 2016

workplan, in which we only expected the two provinces to complete the plans with funding earmarked for implementation in 2017.

As reported at the beginning above, Tay Ninh has performed better than expected in this regard. The Provincial People's Committee, for the first time approved the 2016 rehabilitation plan (PAPR) in July, and the five-year disability plan of action for period 2016-2020 (PAP) in September this year. And for a first time, both plans were earmarked with concrete funding for implementation as discussed in section 2.1 above. Even better, the PAP was earmarked with funding for the whole 5 year-period. Therefore, the DOLISA won't need to seek for PPC's approval for the annual plan on yearly basis. As for the PAPR, the DOH will need PPC's approval (for annual budget earmark) on annual basis since its 5-year PAPR did not get funding pre-approved for a whole 5-year period. Tay Ninh Government has increased VND 130 million for rehabilitation activity in 2016 (from VND 230 million in 2015 to VND 360 million this year). In previous year, fund was for allowance to community-based-rehabilitation workers. But this year funding was also for activities such as monitoring and training, and meal allowance for beneficiaries during treatment. In addition, DOLISA of Tay Ninh reported that 5 districts have had developed their district action plan for disabilities.

As for Binh Phuoc, the PAPR for 2016 has been approved, but the PAP is still pending for PCC's approval. We were informed that the PPC is still in consideration because of the overall fiscal constraints faced by the province. Thus allocating budget for additional disability supports proposed in the PAP is a challenge for this province.

The noteworthy is that, as reported above, there were increases in number of people benefited from the government's disability social protection, with 729 new beneficiaries entered the programs in Binh Phuoc, and 996 new beneficiaries in Tay Ninh during FY 2016. They also reported that there 864 and 950 children with disabilities are being supported with inclusive and special education in Binh PHuoc and Tay Ninh respectively.

DIRECT' supports for the above included technical assistance by national consultants, public consultations, sharing reference materials and more importantly advocacy with decision makers on the needs of developing and approving local disability action plans and allocation budget for implementation as requested under the law. Through such planning and public consultation process, awareness of the concerned stakeholders and decision makers on disability issues is believed to have improved; people with disabilities/DPO organizations and other advocates have had opportunities to participate, and give inputs for the issues that concern them. In addition, capacity of the partners in reviews, analysis and developing the plan as well as advocating for budget is also improved. It was a first time for the local partners, such as the Tay Ninh DOLISA to develop the plan of action for disability services.

Major Act 1.2.2. Strengthen national and provincial coordination, monitoring and evaluation.

The project collaborated with NCD/MOLISA and USAID to organize a national coordination workshop on disability in Thai Binh in 05-06 May 2016 with participation of over 100 participants from the ministries, 07 USAID priority provinces and USAID implementing partners. MOLISA cost shared for this workshop with funding from its NAP. At the workshop, the Prime Minister Decision approved the USAID-funded umbrella program to support Vietnamese with disabilities for 2015-2020 was officially announced, and

the program was presented and discussed. At the thematic discussions, ministries, provinces and USAID implementing partners shared their ideas, priorities and plans to support persons with disabilities and proposed recommendations and suggestions to further enhance the effectiveness of disability policies and programs in Vietnam. A session that drew the most attention of all conference participants is the discussion on management mechanism of the USAID-funded disability program. Many suggestions were shared that highlighted the need for establishment of a disability coordination mechanism at provincial level to foster implementation and coordination of disability programs at subnational levels.

While different projects might have established separate local PMUs for its own interest, there is a need for a consolidated Provincial Committee on Disability to act as an overall official focal point for all related efforts. The PCDs, once established and operational, can serve as a formal local mechanism to facilitate and enhance coordination among entities within the province and with national agencies, through NCD. Realizing such important need, DIRECT has advised NCD to include PCD in the CRPD workplan/Prime Minister Decision 1100. This has resulted in the 10 PCDs set up in the provinces to-date. These PCDs will form a network with NCD, to facilitate vertical communication and coordination, especially in implementation of the M&E framework that NCD hope to promulgate next year. DIRECT has been working with GVN partners in Tay Ninh and Binh Phuoc to establish the PCD here. The PPC of these two provinces have recently approved their PCD. In addition, Tay Ninh has 5 districts have set up their District Committee on Disability (DCD).

In efforts to improve national and provincial coordination, supervisory visit to Tay Ninh and Binh Phuoc was conducted in FY 2016 to monitor the implementation of CRPD and disability policies in these provinces. NCD has also planned a supervisor visit to at least 3 Ministries who are members of NCD during first quarter of FY17. An informal “watch unit” led by NCD and comprised of representatives from NCD office, CSA-NA and VFD was formed to conduct this monitoring visit. Previously, DIRECT has worked with NCD, CSA-NA and consultants to develop a protocol for such monitoring purpose. The first draft has been developed, and piloted during this visit. It will be finalized for adoption into the routine supervisory activities by the central and provincial watch units.

In addition, national and provincial coordination was facilitated through the project’s funded activities such as the disability coordination workshops (mentioned in earlier section), CRPD training, Circular 18 training and the provincial annual planning workshops. These served as forums for stakeholders, including the DPOs, to advocate and raise awareness, to express concerns, to share experience and information –not only among themselves but with policy makers at national level, who would in return inform policy changes. These were evidenced through the issues on vocational training policy issues discussed in Hai Phong and Da Lat workshops, which was later followed up and changed in MOF’s policy as discussed above; or through the training on Circular 18. Many local representatives said it was the first time they saw the health sector and insurance agency came into dialogue on health insurance issue.

More activities regarding monitoring are discussed in Sub Act 1.1.1.2 above.

Objectives II. Enhanced access to quality rehabilitation services

Outcome 2: Accessible rehabilitation services and service delivery capacity are in place in the program provinces (Binh Phuoc and Tay Ninh).

Output 2.1: Improved capacity and availability of OT/PT services and training materials.

Activity 2.1.1: setting up new rehabilitation units and provision of basic rehabilitation equipment at provincial and district health centers.

In Tay Ninh, before the project, two third (66%) of the district's hospitals don't have a rehabilitation unit. The existing units, except the provincial-level rehabilitation hospital, are poorly staffed and equipped. Binh Phuoc province faces similar challenge or worse as it does not have a full rehabilitation hospital. The project plan was to assist local DOHs to set up and equip 25 rehabilitation units in all district health centers/hospital in these provinces.

By the end of FY 2016, the project worked with DOHs – the agencies responsible for the health system in the two provinces, to complete the set-up of 15 new rehabilitation units and provided them with basic equipment for rehabilitation services. The set up/equipment for the remaining 8 units is scheduled to complete in early FY2017. The provincial DOHs have issued written decisions to formalize the establishment of these units. Staffing of these units will follow MOH's Circular 46/2013 on rehabilitation hospital/facility- which required a minimum/at least a doctor trained in rehabilitation and a physical therapy technician or a nurse (and additional professional staff if demand allows). Under DIRECT support, each of these rehabilitation units will have a doctor and a health staff trained on/allowed to practice rehabilitation. The project will work with these units to further assess and develop staff plan for the rehabilitation units during 2017.

The table B and C under activity 2.1.3 below show where DIRECT has provided equipment.

Activity 2.1.2: Improve OT content within the pre-existing rehabilitation training program (post graduate certificate programs)

As part of the project's strategy to address the shortage of capacity for rehabilitation services, the project supports the development of human resource for rehabilitation service in the two provinces. The support included development of training programs and training for new rehabilitation practitioners, and the setting up and equipping new rehabilitation units mentioned above.

There are three formal training programs being provided under this project: 1) the doctor course 2) the technician course, and 3) the communal health clinic's rehabilitation worker course. The first two courses last for 10 months and the third course lasts 3 months.

In Quarter 2 of FY 2016, DIRECT entered into MOUs with the Curtin University's School of Occupational Therapy and Social Work (Australia) and Ho Chi Minh City University of Medicines and Pharmacy (HUMP) to collaborate in the training programs mentioned above, including developing training materials and delivery both theory and practice training. In April and June 2016, two consultation workshops were organized to discuss the training contents and training syllabuses. Relevant stakeholders such as MOH, major medical universities, health service institutions, NGOs and rehabilitation professionals attended and

gave inputs to the programs. A core team of lecturers was engaged in developing the training materials, whereas lecturers from the Curtin worked on OT contents, and those from HUMP worked on PT and ST.

The training programs for doctors and technicians have an OT focus, with almost 60% time of training, while the remaining time is for PT and ST. The communal course will be more balanced among the disciplines. These training programs also have a focus on general knowledge and skills to practice rehabilitation techniques/services that are reimbursable by the health insurance.

The graduate diploma/certificate will be issued by the HUMP and recognized by the health insurance thus help enhance recognition and credibility of the training quality and career development for participants. The syllabus/training outlines of the doctor program was attached in Annex E.

Activity 2.1.3: Develop a force of rehabilitation services providers

Prior to the project, Tay Ninh province with a one million residents has two rehabilitation doctors, two physical therapists, and 20 rehabilitation practitioners (undergone a 2-year training program). There is a ratio of 0.25 Physical therapist per a 10,000 population, compared to 6.2 in the U.S and 5.0 in Australia. Binh Phuoc, with a similar population, faces very the same shortage of skilled providers of rehabilitation services.

The DIRECT has been supporting the two provinces to put in place a network of trained rehabilitation practitioners working in the three layers of the health system, which include the provincial/municipal hospitals, the district hospitals/health centers and the communal health clinics. The project supports training for at least one doctor and one technician working at each of the municipal and district hospital, and one rehabilitation worker/focal point working at each of the communal health clinics. DIRECT worked with local DOHs to select/nominate participants for these training programs, basing on enrollment criteria of the HUMP. The DOHs then issued formal decisions to allow the participants absent from work to attend the training. The participants are current government employees who already had a degree in medicine, nursing or other health care disciplines. This formal process helps ensure commitment from both the participants and local GVN on the retention of the graduates in the rehabilitation sector after training.

From July 2016, the doctor course began for 31 doctors from the two project provinces. The training focused on providing them with knowledge and skills for disability assessment, prescription and planning of treatment, follow up and evaluation of results, coordinating multi-discipline team in treatment, as well as re-training and coaching to the subordinate rehabilitation technicians or care-givers. These doctors, although not graduate until second quarter of FY2017, have already worked with the project's professionals to in services to beneficiaries, such as assessment and therapy. The two other training programs for rehabilitation technicians and commune health workers will begin in early FY 2017 and complete in late FY2017. The "technician" course, which also lasts for 10 months for 60 participants from the 2 provinces, aimed at providing rehabilitation workers knowledge and skills for assessment of functional activities and participation of the persons with disabilities, assessment of needs for therapies, developing treatment plan, and conduct basic therapies in OT, PT and ST, as well as referral, follow up, re-evaluation of client's progress and results.

They also learn skills to pass on and guide communal-level health workers, CBR workers and caregivers.

Training were carried out in collaboration with the Ho Chi Minh City University of Medicines and Pharmacy (HUMP) and the Curtin University’s School of Occupational Therapy and Social Work in Australia. The project also worked with a number hospital in Ho Chi Minh City, including Cho Ray Hospital, Quoc Te Hospital, HCMC Prosthetic and Rehabilitation Hospital for practice training.

In addition to formal training mentioned above, the project engaged international and highly skilled national professionals in OT/PT/ST to provide short-course (2-3 days) hand-on training for over 56 health providers, on in issues including:

- ICF model introduction, ICF form application
- Examination and evaluation Scoliosis for children through gait deviations (S curve)
- Care and treatment activities (OT) for children with CP
- Hand therapy for stroke patient and for children with cerebral palsy
- Therapy for communication disorders after stroke and brain damage
- Swallowing and feeding disorders in adults
- PT techniques for paraplegia from spinal cord injury and cervical spine injury.
- Common OT interventions for children with disabilities in school.
- Therapy for cervical spine injury
- Assistive devices for mobility impairment

Table B: Mapping – Health provider trained and rehabilitation equipment provided in Tay Ninh

No	Name of Hospital/district	Doctor trained	Other Health staff (Hands-on) trained	Rehab Equipment Provided
1	Tay Ninh Rehabilitation Hospital	3	12	X (done)
2	Tay Ninh General Hospital	1	0	
3	Traditional Medicine Hospital	2	0	X
4	Go Dau	1	1	X
5	Trang Bang	1	1	X
6	Thanh pho Tay Ninh	1	0	X
7	Duong Minh Chau	1	0	X
8	Ben Cau	1	1	X
9	Chau Thanh	1	0	X
10	Tan Bien	2	12	
11	Tan Chau	2	0	X
12	Hoa Thanh	0	0	X
Total		16	27	10

Table C: Mapping – Health provider trained and rehabilitation equipment provided in Binh Phuoc

No	Name of Hospital/district	Doctor trained	Other Health staff (Hands-	Rehab equipment
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			on) trained	Provided
1	Binh Phuoc Provincial Traditional Medicine Hospital	4	16	X
2	Binh Phuoc Provincial General Hospital	2		X
3	Binh Phuoc Medical School	1		
4	Loc Ninh	1		
5	Binh Long	2	1	X
6	Chon Thanh		3	X
7	Dong Phu	1	4	X
8	Bu Gia Map		2	
9	Phuoc Long			X
10	Bu Dang	1	1	
11	Bu Dop	1		X
12	Hon Quan	1		
13	Dong Xoai	1	1	
14	Phu Rieng		1	
Total		15	29	7

Notes:

- Head counted
- 01 doctor being trained in ST by local fund (Binh Phuoc Traditional Medicine Hospital)
- All provincial facilities are in Tay Ninh or Dong Xoai cities
- Course for doctors started in July 2016, completes in May 2017

Output 2.2: 4,000 persons with disabilities received direct assistance and 5,400 services providers received training to support persons with disabilities

Activity 2.2.1: conduct a baseline survey /assessment on beneficiaries:

The DIRECT, under this activity, has focused on clinical assessment/exams to identify the rehabilitation needs of beneficiaries rather than on general baseline survey. The main purpose is to identify the needs for rehabilitation, based upon which the rehabilitation professionals would design a support/treatment plan and then provide supports according to the needs. Our project team has worked with international OT to develop an assessment form/questionnaire that included ICF principles for the assessment purpose.

DIRECT has conducted clinical exam/assessment in 61 communes of 5 districts in Binh Phuoc, and 29 communes of 5 districts in Tay Ninh. As a result, 852 persons have been assessed during FY 2016. Among these, 628 persons (or 74%) have received direct assistance in term of rehabilitation services supported by the DIRECT. Our assessment results showed that among the beneficiaries of FY 2016, demands in Tay Ninh is 55% for OT, 79% for PT and 8% for ST, and in Binh Phuoc: 33% for OT, 91% for PT and 29% for ST. People with mobility impairment account the highest, at 60.7% among the regular disability groups and 68.6% among the AO group.

The clinical assessments/exams have also intensively extended to people with disabilities affected by Agent Orange (AO) as classified by GVN. We worked with the two provincial

Associations for Victims of Agent Orange to gather information, rally their members for assessment by our OT and PT professionals, and follow up with therapy/services as necessary. We found that mobility impairment is also dominant in this group, with above 60%. Many of these AO people have problems with internal medicines such as high blood pressure, respiration, degenerative arthritis, mental and other chronic illness. In Binh Phuoc, the distribution of men and women among the AO affected group is quite similar to Tay Ninh, 70% men and 30% women.

Table D: Distribution between regular beneficiaries and those considered affected by AO

Province	Beneficiary	Male		Female		Total	
		Children	Adult	Children	Adult	Children	Adult
Binh Phuoc	ALL (Total: 390)	28	225	22	115	50	340
		7.2 %	57.7 %	5.6 %	29.5 %	12.8 %	87.2 %
	AO (Total: 152/390) (39 %)	2	111	2	37	4	148
		1.3 %	73.1 %	1.3 %	24.3 %	2.6 %	97.4 %
Tay Ninh	ALL (Total: 462)	78	203	40	141	118	344
		16.9 %	43.9 %	8.7 %	30.5 %	25.5 %	74.5 %
	AO (Total: 70/462) (15.1 %)	17	27	5	21	22	48
		24.3 %	38.6 %	7.1 %	30 %	31.4 %	68.6 %

Below are some key findings of the various clinical assessments for all beneficiaries:

Mobility

Children: Children with severe cerebral palsy usually lying on bed all of the time due to the lack motor control with the head and neck, thus cannot keep the head straight when sitting up. Capacity to move, change positions/postures, or roll over is very minimum and challenging thus they completely rely on caregiver's supports. Those with CP who can keep the head straight, still need support when sitting on chair or wheelchair. Special CP wheelchair with body strap/belt is needed for these cases. Children with intellectual disability can sit by themselves, or stand and walk but capacity for protective response and balance is limited, thus could face problem walking on stair, on slope or rough terrain. They

might need partial or complete support from devices or caregivers to lean on in circumstances.

Adult: Those with stroke or traumatic brain injury that resulted in hemiplegia usually lack the capacity to control the movement of limbs (hand and leg) of the same side. Those who are right-hand sided if got affected on the right limbs would make them incapable to move the other (left) side. They thus rely on caregivers for movement. Those with spinal cord injury resulted in diplegia could only make minimum movements on bed, in the sitting position, and could not stand up or move around without walking frame, braces, or using a wheelchair. Movement is also limited within the house, not out in the community.

Activity of Daily Living

Children: A majority (over 90%) of children with CP or having cognitive disorders rely completely on parents and caregivers for self-care/ADL. Caregivers tend to provide all the cares by themselves to save time, rather than spending time guiding/encouraging children to learn/or to practice ADL such as eat, shower or other personal hygiene. The best is caregivers can teach children to perform 10-20% of the task within 10-15 minutes during the ADL. Caregivers often lie children down in one position – usually the face up - more than any other positions and rarely change positions. They, for example usually feed the child while lying, rather than sitting the child on a proper chair. These practices make condition worsened and harder for OT intervention. These also lead to problems such as pneumonia, joint contraction and scoliosis etc., making it difficult for children to move/function, especially bending the body, or sitting for eating, showering and using toilets. As children grow heavier, caregivers letting them lying fix on bed longer. Moreover, as the caregivers grow older, they face problem carrying or lifting up the children for ADL. In many cases, these activities have affected their health such as back-pain.

Adult: Many adults with disabilities thought they are too weak thus rarely try to do, function or participate in ADL, but rather relying on assistance of caregivers. Some of them can still use their limbs, even the affected ones, to perform some of the ADL, but they lack the guidance, knowledge, practices or have become too reliant on outside supports. Some adults with disabilities were neglected or receives little care and supports from family members. This is worse especially for small family that lack caregiver, or family members are busy for earning a living or too poor to afford appropriate care.

Some who have a less severe disability can perform small tasks/activities and can be rehabilitated, but families are not aware about it, thus do not allow or encourage them to participate in family activities such as eating together, or guide them to do simple tasks, such as using chopsticks for eating, instead of using a spoon for all types of meals/dishes.

Living condition for many persons with disabilities, especially in Binh Phuoc, is sub-standard, or in poor condition and not accessible. They lack clean water, and in several cases, don't have a toilet. Most have toilets of the Squat-style and built outside of the house, making it hard for a person with disability to use. As a result, most hygiene activities happens at at the bed sides, thus polluting the environments and enabling germs and diseases to flourish.

Communication, interpersonal relation

Children: A majority (90-100%) children with CP, down syndrome, mental retardation, intellectual disorder, and other mental, cognitive disorders have problems with speech,

verbal and non-verbal languages to communicate with relatives/caregivers. Parents and caregivers also do not understand and don't know how to communicate in order to find out the needs of the children. They mostly assume or guess, or have yes/no question to detect what a child need. Most parents/caregivers don't spend enough time to care, teach or play with the children, but instead forcing children to follow what the parents think, rather than trying to find out what the children really want.

Adult: Those with hemiplegia usually resulted in speech loss (aphasia), speech disorders (dysarthria) and unable to say sounds or syllables or words (apraxia). All these affected the ability to communicate or express feeling and needs with other family members. Caregivers also don't easily understand the needs of the members with disabilities.

Community participation

Children: Most children have no problem in living with families or in feeding. However, families rarely create opportunities for children to participate in family activities such as playing, gathering, talking with other members, other children, or going out to the park, public playground, children events, or other public activities.

Adult: Most adult with disability do not like to participate in family events such as party, death anniversary, wedding, or going out joining with other family members, friends and neighbors. Most of them completely do not participate in public social, political activities or associations. Most of them having problem participate in economic or income generation activities due to the lack of skills, resources or the severe disability.

Table E: Total beneficiaries by type of disabilities

Province			Types of Diseases & Disabilities														
			Mobility					Cognitive disorders		Mental & Behavioral disorders	Hearing-Speaking	Vision	Multiple disabilities/ Other	Total			
			Cerebral Palsy	Hemiplegia	Diplegia	Quadriplegia	Congenital Malformation	Down syndrome	Intellectual Disability					Male		Female	
										Children	Adults	Children	Adults				
Binh Phuoc	PW D	N ⁰	31	61	19	11	1	15	13	19	9	8	203	28	225	22	115
		%	7.9	15.6	4.9	2.8	0.3	3.8	3.3	4.9	2.3	2.1	52.1	7.2 %	57.7 %	5.6 %	29.5 %
	AO	N ⁰	7	7	3			6	6	3	3	7	110	2	111	2	37
		%	4.6	4.6	2.0			3.9	3.9	2.0	2.0	4.6	72.4	1.3 %	73 %	1.3 %	24.3 %
Tay Ninh	PW D	N ⁰	78	173	14	9	7	8	26	17	6	2	122	78	203	40	141
		%	16.9	37.4	3.0	1.9	1.5	1.7	5.6	3.7	1.3	0.4	26.4	16.9 %	43.9 %	8.7 %	30.5 %
	AO	N ⁰	34	12	1	1	7	1	10	3	1			17	27	5	21
		%	48.6	17.2	1.4	1.4	10	1.4	14.3	4.3	1.4			24.3 %	38.6 %	7.1 %	30 %

Activity 2.2.2: Provide rehabilitation services to people with disabilities

Service delivery/direct assistance in term of rehabilitation has been a highlight of the project, resulted in 629 beneficiaries, exceeded annual target by 229%. The number of person-times received direct assistance (repeated services) is 3,388, exceeded 135% of the annual target. The provision of services took place at the provincial and district hospitals and at beneficiary's homes through outreach activities. While waiting for local service providers to complete training, the project involved experienced rehabilitation specialists from higher facilities in Ho Chi Minh City and international and expatriate occupational therapists currently working in the Vietnam under the Japanese, Netherland and Australian Governments programs to assist with this activity. During 2016, we have engaged in-kind donation of services from 12 international and 2 national occupational therapists, who assisted in clinical assessment and therapy to beneficiaries. Many of these OTs have provided services 3-4 times or more. Currently, VNAH has an in-house team of 4 national physical therapists and an Australian occupational therapist – who joined us in August, to work alongside with these OTs in service delivery and training for local service providers.

Moreover, local doctors and rehabilitation workers have been engaged to assist our OT/PT professionals during the community services, where they could also learn from the hand-on practices and coaching. We expected that from mid FY 2017, when the doctors and technicians have graduated from the 10-month training programs, they will become a capable, complementary force to work with the project to boost up services, including assessments, therapies/interventions, evaluating beneficiaries' progress, and guiding local providers and care-givers.

Of noteworthy, DIRECT collaborated with HCMC University of Medicine and Pharmacy and the Butterfly Basket Foundation (Netherland) to organize a three-week community education and service program in Tay Ninh. The program engaged 71 students of year 4 in medicine and rehabilitation, two international OTs, 5 medical and PT lecturers, 2 local doctors and 13 local PT assistants, 12 community health staff and VNAH's staff. As a result, most of persons with disabilities in the 10 communes of Tan Bien have been assessed, 52 persons were fitted with 81 adaptive/assistive devices and 12 exercise tools, which are hand-made using materials available at the community such as bamboo and wood. This collaboration will continue in FY 2017 to serve beneficiaries in Binh Phuoc.

Table F: Intervention needs and intervention provided, group by types of services (OT, PT and ST):

Province	Total need & proportion		Demand for intervention		Classification of disabilities and rehabilitation needs						Total need		Total PWD served	
					Mobility impairments	Cognitive disorders	Mental - behavior disorders	Hearing - Speaking impairment	Vision impairment	Multiple disabilities	Children	Adult	Children	Adult
BINH PHUOC	283	33.22 %	OT	94 PWD	41	15	2	8	1	27	33	61	33	61
				%	43.62	15.96	2.13	8.51	1.06	28.72	35.11	64.89	35.11	64.89
		91.17 %	PT	258 PWD	140	19	15	5	3	76	46	212	46	212

			%	54.26	7.36	5.81	1.94	1.16	29.46	17.83	82.17	17.83	82.17	
	28.98 %	ST	82 pwd	48	15	6	2		11	31	51		11	
			%	58.54	18.29	7.32	2.44		13.41	37.80	62.20		13.41	
TAY NINH	460	55.65 %	OT	256 pwd	209	21	6	2	1	17	86	170	240	
				%	81.64	8.20	2.34	0.78	0.39	6.64	33.59	66.41	93.75	
		79.78 %	PT	367 pwd	332	24	8	1	1	1	94	273	367	
				%	90.46	6.54	2.18	0.27	0.27	0.27	25.61	74.39	100	
		7.60%	ST	35 pwd	8	15	3	4		5	26	9	26	

Some findings regarding beneficiaries who have received interventions in FY2016, as follows:

- There are more people needing PT than OT, in which mobility impairment is dominant.
- Within mobility impairment group, in Binh Phuoc 43.62 % received OT services, 54.26% PT services. Whereas in Tay Ninh 81.64 % received OT and 90.46 % received PT services.
- Those received ST services accounts from 7.06 % - 28.98%. Most children with CP, developmental and autism as well as adult with brain injury and hemiplegia have the strong needs for communication with family members, caregivers.

The following a most common therapy and assistance provided to beneficiaries.

Children:

- Therapies to improve mobility for children with CP and developmental disabilities, following the process of gross motor in order to help the children achieve basic movements, functions such as keeping their head/neck straight, roll/flip over, sit, knee, crawl, stand and walk.
- Correction of inappropriate postures, with therapy on hand function, lower limbs and body, as well as scoliosis for children in school age.
- Balancing techniques to maintain straight sitting on floor, on chair, to knee, stand and walk.
- Guiding children and caregivers on using senses (sights, hearing) to develop fine motor functions of the hand when playing, and practice on other ADL such as good postures when laying, eating, change dresses, going to toilets, and tips to prevent back-pain for caregivers while carrying children.

Adult:

- Mobility techniques such as moving/shifting on the bed, moving from bed to a chair or from to a wheelchair.
- Shifting position, from lying to sitting, from bed to chair and standing up.
- Walking with stick when going up and down a slope, stair, appropriate gait while walking.
- Guiding on therapies/practices at home, such as muscle strengthening, balancing while sitting or standing on 2 legs, improving durability, coordinating the functions of two hands in daily activities, therapy/techniques to eliminate pains in spinal cord, preventing and correcting scoliosis etc.

- Guidance on ADL such as eat, drink, dress and using the toilets.

Table G: Assistive devices provided during FY 2016:

No.	Type of devices	Tay Ninh	Binh Phuoc
1	Tricycle wheelchair	5	1
2	Wheelchair (with urinal)	4	-
3	CP wheelchair	9	-
4	Wheelchair/ special bed	8	3
5	Walking stick	6	1
6	Urinal chair	8	-
7	Walking frame	1	3
8	Prosthesis	3	-
9	Splint	4	2
10	Orthopedic shoes	1	-
11	CP chair	7	4
12	Assistive devices to practice mobility skills	9	-
13	Assistive devices to support and prevent deformity and future complications for children with CP	45	-
14	Assistive devices to enhance mobility skills: crutch, mobile table, walking frame, etc.	3	-
15	OT adaptive equipment (spoons, water bottles, head supports, etc.)	12	1
16	Shower chair	-	1
17	Adaptive desk	-	1
18	Supportive shoes	-	8
Total of devices		120	25
Total of beneficiaries		85	25

Activity 2.2.3: Training for service providers and caregivers on gender issues (and other training)

No training on gender equality / gender issues planned or implemented during FY2016.

However, our clinical assessment showed that awareness on gender issues in some families is limited, which makes it harder for self-care or ADL. For instance, if it is a female with disability, the husband tends to leave her doing the self-caring and the domestic chores by herself, or with little support. In case of a male with disability, he does not share domestic chores with the wife, even basic activities such as cooking or sweep the house. They tend to spend time watching TV, reading or not doing much.

Other training under the project during FY 2016 which resulted in 1,861 service providers trained, including the following:

- 1,106 local DOLISA and DOH staff got trained on the DIS
- 231 DOLISA, DOH staff got trained on M&E/Indicator Framework
- 256 persons, mostly the health providers and insurance administrators got trained on Circular 18 insurance coverage for rehabilitation services.
- 110 government employees to trained on CRPD Plan of Action
- 102 government employees got trained on disability policies, CRPD plan and the rehabilitation plan.
- 56 health providers got hand-on training on OT/PT (short-course)

2.3 Implementation Challenges

At present, the serious shortage of rehabilitation workers at the two project sites has posed challenges for the clinical assessment and hand-on training for local health staff. DIRECT had to rely heavily on expertise from Ho Chi Minh City and expat OTs. Arrangement for outside expertise to conduct clinical assessment and therapy for a large quantity of beneficiaries is time consuming and costly. In addition, there has yet a network of rehabilitation staff at communal health clinics, thus follow ups to beneficiaries after initial service is also a challenge. This situation is expected to improve gradually after the training for rehabilitation providers completed and the networks of rehabilitation workers are in place.

The current health management structure posed some challenges to project implementation in Binh Phuoc. All provincial and district hospitals are under the DOH management, while the commune and district health centers are under the District People's Committee. Therefore, it was difficult sometimes for coordination and leadership between the 3 administration layers (province, district and commune), resulted in slow progress in some project activities. This problem hopefully be solved from FY 2017 as Binh Phuoc DOH has recently took over the management roles of all district hospitals/health centers.

Collecting data for indicator "number of persons with disabilities having rehabilitation services covered by health insurance" faced many challenges due to the absence of data on at the service provider's facilities. Records maintained by the hospitals, which follows MOH standard, does not keep track of, or indicate whether or not the patient/beneficiary has a disability. DIRECT, in FY 2017, has plans to work with MOH to incorporate disability information in the rehabilitation patient's record.

The two provinces have proposed more candidates for the doctor and technician training courses (6 more candidates for the doctor course and 10 for the technicians) than what the project has originally budgeted for. The project has discussed with DOHs and the participants to cost share part of the expenses. We also discussed with HUMP to accommodate additional participants.

The DIS updating and usage at commune and district levels have not been optimized due to the lack of IT infrastructure (computer, internet) and skills, as well as the uneven participation between DOLISA and DOH networks. In Binh Phuoc for instance, only DOLISA' staff/network involved in setting up the DIS (data collection and operation), not the health staff/network. Therefore, DIS usage within the health system is only limited

within the health sector, mainly at DOH level, not at district or commune by health workers. In the contrary in Tay Ninh, the DOLISA's network did not involve in DIS set up, thus usage is mainly within the DOH system, not the DOLISA system. These local partners have requested DIRECT to expand training to both DOH's and DOLISA's networks in order to maximize the data collection, update and utilization. To solve the problem, DIRECT planned in FY 2017 to provide DIS training to both DOH and DOLISA systems in the two provinces, to ensure that both systems will fully use the DIS and complement each other in related to disability data and statistics.

2.4 PMP Update

Including data collection/quality issues; staff and sub-partner training on data quality protocols/methodologies; anticipated PMP revisions needed to indicators and/or out year targets.

In comparison with the approved PMP, the DIRECT has changed – after discussion and agreement with the AOR- three indicators in definition and method of data collection in FY2016, particularly:

Indicator 'Number of persons with disabilities entered in rehabilitation services covered by health insurance' as in approved PMP was revised into 'Percentage of persons with disabilities entered in rehabilitation services covered by health insurance' and accounted among DIRECT's beneficiaries of clinical exams and direct assistance. Baseline data was of Q2/FY2016 and annual result was accounted among all beneficiaries who got clinical exams in Binh Phuoc and Tay Ninh during FY2016. FY2016 data will also serve as baseline data for an evaluation of impacts of MOH Circular 18 on health insurance coverage of rehab services in FY2017.

Indicator 'Level of satisfaction among male and female persons with disabilities receiving social service or P/O, ST in targeted areas' targeted of 60% as in approved PMP was revised into 3 points in a scale of 5 points - whereas 5 is highest.

Percentage of households reporting an increased involvement from part of male family member(s) in supporting care to persons with disabilities: Baseline data was of Q2/FY2016 and annual result was accounted among all beneficiaries who got clinical exams in Binh Phuoc and Tay Ninh during FY2016 (Percentage of caregivers who are male family members). FY2016 data will also serve as baseline data for assessments on gender intervention to increase involvement from part of male family members in supporting care to persons with disabilities during FY2017.

3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

3.1 Gender Equality and Female Empowerment *This brief narrative should highlight the gender gaps and key gender achievements.*

As the project has not planned any intervention on gender issues in FY2016, thus gender result is not yet available for annual reporting.

However, from the data of DIS as well as clinical exams and services in the two provinces, we found that female accounts a smaller proportion compared to male: around 37% female

showed up for clinical assessment and received services compared to about 63% male. However, female seems to do more when it come to the hard work: just 25.8% of caregivers are male family members. Our DIS data showed the female with disability accounts 40.2% compared to 59.8% male.

Thus, the project will plan intervention accordingly in FY 2017 to ensure more female with disabilities benefited from the project and promote gender equality in caring of persons with disabilities. From FY2017 on, the project will focus on (1) mitigating gender-based violence in Binh Phuoc and Tay Ninh; and (2) increasing involvement of male family members in supporting care to persons with disabilities in Binh Phuoc and Tay Ninh.

In Q3/FY2016, DIRECT collaborated with a UK-based organization to organize training in photography for women with disabilities in Binh Phuoc, as one of the efforts in female empowerment. We planned and invited 6 persons but on 3 finally showed up and attended the 3 days training. During the training, the participants also took photo of their daily life and exhibited them after training. We will continue to follow up on graduates to evaluate the impacts, and search for new ideas and opportunities to promote gender equality and female empowerment.

3.2 Sustainability Mechanisms

DIRECT's exit strategy focused on assisting the GVN partners to strengthen the institutional capacity for enforcement of disability policies as well as the rehabilitation service delivery in the two project provinces from the first year of the project. These include (within the policy component of the project): capacity building for the 18-member National Disability Council; supports for the development and implementation of the CRPD action plan and other disability policies such as the health insurance for rehabilitation services; and (within the direct assistance component): the setting up and enhancing capacity for a complete rehabilitation service system in each of the two project provinces including training of service providers/practitioners at all three service levels and provision of equipment; and finally direct assistance to improve functionality, mobility and the quality of life of project beneficiaries. The NCD, which has 12 ministry members and 6 social/civil society organizations, as its mandates provided, will likely to help improve national coordination, advocacy and enforcement of disability policy. The expansion of health insurance coverage for rehabilitation services will encourage local health facilities to improve service capacity, including equipment and personnel. In addition, as some services are allowed to be delivered at communal health centers, it would help increase sustainability and accessibility of services.

The highlight of 2016 project's results contributing to sustainability include (within the policy component): the enactment of the 5-year national action plan for CRPD implementation and the MOH's new circular (Circular 18). In addition, an operational procedure for the newly established NCD has been in place, and the NCD network across the country (through the Provincial Committee of Disabilities) is being established as a result of NCD guidance and CRPD implementation. GVN at national and provincial levels have developed and executed the annual and long-term disability action plans (the NAP/PAP, the CRPD plan and NAPR), which have become legal instruments for allocating resources for disability services. The CRPD plan of action approved by the Prime Minister has enable local GVN to use resources from major national targeted programs such as the "New Rural Development

Program” and “National Targeted Sustainable Poverty Reduction Program” for disability services. FY 2016 has seen funding earmarked and expended for the disability services and programs as discussed in section 2. Activity Implementation Progress.

In addition, as a result of MOH’s policy revision in 2016, the health insurance now agrees to cover 248 rehabilitation services, an increase from 33 services by a former policy. This policy is clearly another evidence of a sustainability mechanism, which has started making impacts in the community. For instance, a hospital in Binh Phuoc (the Traditional Medicine Hospital) has recorded 681 cases of beneficiaries from the new insurance policy within a quarter. As GVN is trying to increase universal health insurance coverage to 90% of the population by 2020, number of persons with disabilities having health insurance will increase, thus leading to increase in number of people having rehabilitation services covered. All of these above have and will contribute to exiting with more robust disability policy enforcement in place.

Another highlight of this year project’s results contributing to sustainability is related to capacity building for the rehabilitation service systems in the two provinces. The rehabilitation units that were established, equipped and will be staffed with professional providers who are being trained by DIRECT, will strengthen local capacity to sustain rehabilitation services. These rehabilitation providers, after training, will be recognized by GVN and health insurance, and as government employees, they will likely to remain working for the health system. Local health authorities have highly responded to the project’s training programs by registering many more candidates than project’s plans. These are also positive indicators for sustainability. Their services (many of which will be covered by health insurance) will help improve the revenue and the self-sufficiency of their organizations, as well as staff’s retention in the context of decreased GVN’s subsidy for public health organizations and the increased competition from private sector (which has been allowed to provide services that are covered by health insurance). This rehabilitation service is being set up at all three levels of the health system (provincial, district and communal levels) will bring services closer to where people with disabilities live, thus help increase service availability, affordability and sustainability.

The major challenge that DIRECT’s exit strategy faced is GVN’s ability to allocate sufficient financial resource for implementation of CRPD and other disability policies and plans. As Vietnam is running with serious fiscal deficits, GVN’s budget has become lean and prioritized for salaries and important infrastructure and economic investments rather than social services. There were expectations from national and local GVN that donor projects like DIRECT will pay for disability programs. This is especially true for poorer provinces such as Tay Ninh and Binh Phuoc, which do not generate enough income for local expenditures and thus rely mostly on funding from national government.

There are other institutional challenges for policy enforcement even when there is funding available. For example, the central government has allowed funding for vocational training for persons with disabilities as part of the regular national program. However, many provinces have not been able, and/or reluctant to implement this policy because of the low cost norm (support level), because of neglect of duty or because budget disbursement is restricted to public service providers, (instead of opened up to private sector or NGO service providers). Addressing such challenges would require revising larger policies such as the budget law as well as procedures of government financing social services. These are beyond DIRECT’s scope of intervention.

3.3 Environmental Compliance

There was no activity in FY 2016 that require environmental compliance as per guidance.

3.4 Global Climate Change *Address only if your program does not receive GCC funding but can speak to impact in either adaptation and/or mitigation.*

There was no direct intervention in this regard by DIRECT during 2016. However, the recently approved CRPD plan has included / called for activities to support persons with disabilities in preparedness and mitigation of natural disasters. The Plan also dictated that funding for such efforts would come from relevant national preparedness/disaster mitigation programs. This will require responsible stakeholders to be mindful about and inclusion of persons with disabilities in climate change programs. NCD has engaged the Ministry of Agriculture and Rural Development in many of discussion and CRPD action plan.

3.5 Policy and Governance Support

As discussed in section 2 above, the DIRECT has a policy component that focused on supporting GVN partners to develop and strengthen disability policies enforcement and to expand opportunities and services for persons with disabilities. The project has achieved 8 important policies during FY 2016, including:

- The national five-year framework plan of action for CRPD, by Prime Minister.
- The Circular 18 on expansion of health insurance coverage for rehabilitation services, by MOH Minister.
- The five-year disability action plan (period 2016-2020) by Tay Ninh PPC.
- The disability annual plan of action by MOH and MOLISA.
- The disability annual plan of action by Binh Phuoc.
- The rehabilitation plans of action by Tay Ninh and Binh Phuoc.

All these plans not only show GVN's commitment on disability issues, but also to create the legal mechanisms/instruments that help bring policies to life. These mechanisms cover funding/resources, responsibilities of each relevant departments/organizations and other issues related to implementation, monitoring and reporting. The CRPD action plan has named the "New Rural Development Program" and "National Targeted Program on Sustainable Poverty Reduction", as the funding sources for its implementation. Many of these policies/plans have had funding earmarked (with actual funding expended) in 2016, and begun implementation, as discussed in more details in section 2 of the report.

The project also provided governance supports for the newly established NCD (and NCD office), particularly in developing its operational procedure, strategic planning, training, periodical review, planning as well as coordination among members and with other disability stakeholders. The supports aimed at improving NCD's capacity as a national focal point for disability coordination, advocacy and monitoring. In FY 2016, the NCD has showed leadership in some of these issues. For instance, the NCD leadership has issued a memo/instruction to 63 provinces to establish the provincial disability committees (PCD) and to execute the the CRDP plan. More details were discussed in section 2 of the report.

3.6 Local Capacity Development

Local capacity development focused on supporting the two provinces of Tay Ninh and Binh Phuoc in developing and implementation of the provincial disability action plans and rehabilitation plans in order to improve enforcement of disability policy and coordination. Supports included technical assistance for drafting, public consultation on the draft plans, performance reviews on implementation, and advocacy with leaderships in the provinces. The project also supported decision makers at the PPC, DOLISA and DOH to participate in national and regional disability programs to promote sharing of practices, networking and coordination with peers from other provinces and with stakeholders from the ministries/central government. The Tay Ninh GVN partners for instance, in late 2016 has developed and approved a 5-year plan of action with specific funding earmarked for disability services for period 2016-2020.

Another focus in this regard was capacity building for the rehabilitation service systems in these two provinces. During FY 2016, DIRECT has supported the set up and equipment for 15 rehabilitation units. Provincial DOHs have issued decision/directives to all district health centers to establish a rehabilitation unit. In addition, DIRECT supported 31 doctors from Tay Ninh and Binh Phuoc to attend the 10 month OT/PT training course beginning mid-July 2016. These doctors are current staff of major hospitals in the two provinces. They, after graduation in mid 2017, will become the change makers and leading forces for rehabilitation services delivery, especially OT, throughout the provinces. Many among the districts of the provinces either had no rehabilitation service, or lack personnel with properly training in rehabilitation. In FY 2017 DIRECT will organize two more training programs for rehabilitation technicians and rehabilitation workers, and complete the set-up of rehabilitation units and provision of equipment in remaining districts.

In addition to the formal training, DIRECT provided regular, hand-on training to local service providers, usually combined with clinical assessment and community outreach. During 2016, 56 local health providers have been trained in areas such as clinical assessment/examination, introduction of ICF model, ICF form and form application, evaluation and treatment for those with posture scoliosis, children with cerebral palsy, hand therapy for stroke patient, for those with communication disorders after stroke and brain damage, swallowing and feeding disorders in adults etc. Training were delivered by international occupational therapists as well as national PT and ST from higher institutions in Ho Chi Minh City. These local health providers also worked alongside with professionals in the project's activities, such as the clinical exams, home visits, therapy for beneficiaries. All these supports are aimed at improving capacity for a complete system of rehabilitation service at all three administrative levels of the two provinces.

3.7 Public Private Partnership (PPP) and Global Development Alliance (GDA) Impacts

N/A

3.8 Science, Technology, and Innovation Impacts

A noteworthy innovation during this period was the design and production of a wheeled device that can serve both as a wheelchair and as a bed in order to ease and improve

mobility of persons with severe disabilities, making it easier for their caregivers to move them from bed to the chair and around the house. At present, such a device is not available in Vietnam. A first device has been custom-made and delivered to a beneficiary in Tay Ninh. As the project gives priority to people with severe disabilities, it is expected that many beneficiaries of the DIRECT project and other USAID's IPS will have a need for this type of device. The device was designed jointly by VNAH's PT, visiting international OTs and engineers from the Familab, a company based in Ho Chi Minh city that produces many different types of innovative assistive devices for persons with disabilities.



Figure 1: a foldable bed/wheelchair designed for people with severe disabilities

4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT

Government, regional organizations, NGOs, private sector, academia, civil society, other donors, etc.

One of the project's successes in this issue was the capacity to engage 12 international and 2 national occupational therapists to provide (free of charge) OT services for beneficiaries. As OT service was a focus of the project, while local capacity for OT was almost zero in the two provinces, the professionals mentioned above have made a significant contribution of labor and expertise that resulted in services for several hundreds of beneficiary. The international OT specialists included Ann Maree, Marlee Quinn, Elanie Lauren Marks (Australia) Angelique Kester and Sylvia Suijkerbuijk (Netherland); Nori Sakai, Yumiko Hayashi, Akihito Yanai, Haruhiko Kishi, Akiko Saito (Japan) and Kuma Thach (USA), many of them are expat OTs currently working in Vietnam either for themselves or through organizations such as Scope Global, Australian Government Volunteer for International Development (AVID) and JICA. Without their support, the project might not be able to provide OT service until year 2 after training for providers completed. In addition, the project has engaged a number of national OT, PT and ST specialists from the higher institutions in Ho Chi Minh City, Dong Nai and Tien Giang to support our direct assistance activities. Many of these local and international professionals have conducted several service trips to the project provinces, each trip last from one to two weeks. We estimated that the value of in-kind donation from all these international OTs is about \$13,000, based on the average labor cost/pay rate for OT in their countries.

Partnership with the Curtin University's School of Occupational Therapy and Social Works (Australia) is another highlight of success. The Curtin university has been leading the technical aspect of OT training, working with DIRECT and HUMP in developing OT training materials, delivery training for the doctors and technicians, and providing in-kind donations (as cost-share) to DIRECT. So far, the University has dispatched 6 OT lecturers to training in Vietnam, and provided in-kind donation of estimated value of U\$38,000, according to the Curtin's calculation.

CESO/SACO, a large and respected consulting organization in Canada has also been a strong partner of VNAH in this project. We have signed a five-year partnership agreement whereas CESO will provide pro-bono technical assistance to VNAH and DIRECT during 2016-2020. During FY 2016, CESO has dispatched three technical advisors to assist DIRECT in areas including information system (for the development of DIS) and organizational and strategic planning (for VNAH and NCD). CESO in-kind donation during FY 2016 has an estimated value of U\$33,000, according to the CESO's calculation.

Another noteworthy partnership was between DIRECT with the HCMC University of Medicine and Pharmacy and the Butterfly Basket Foundation (Netherland) in a three-week community service and training program in Tan Bien district, Tay Ninh. 71 students of fourth years in medical and rehabilitation disciplines, two international OTs, and several PTs and local health and rehabilitation workers participated in the program, which were cost-shared by the participating organizations. As a result, over a 150 persons received clinical exams, therapies and assistive devices, many of which were made at their homes with locally available materials. In addition, the program delivered several training courses to local health providers, community health workers and caregivers. DIRECT and the Butterfly Foundation has agreed to continue this partnership in years to come. In FY 2017, four OTs from this organization will come to support our projects in Tay Ninh and Binh Phuoc for a period of 2 weeks.

Collaboration with local civil society organizations has also been effective. Specifically, DIRECT has cooperated with the Associations for Supporting the Disabled and Orphans, Associations for Victims of Agent Orange and the Social Work Service Center in the two provinces for referral, mobilizing beneficiaries to clinical assessment and direct assistance, as well as for other public events such as sport tournament and outdoor meetings that benefited persons with disabilities. These organizations have provided cost-share/donations to these joint programs. Provincial governments, media and businesses have also provided financial and other in-kind supports to many of these events.

Last but not least, DIRECT have collaborated with organizations including UNICEF, UNDP, ICRC, ACDC, Viet Health and Handicapped International in supports to GVN partners with policy development (such as the Circular 18), CRDP training, coordination workshops and reporting, as well as advocacy and direct assistance activities.

5. MANAGEMENT AND ADMINISTRATIVE ISSUES

Such as project staff changes, software and procurement issues, etc. Please also list all upcoming procurement actions that require AICOR approval/notification.

There has been no change in key personnel of the project.

The project has established offices in each of the project sites, including Tay Ninh, Binh Phuoc and Ho Chi Minh City, with a staff of 4-5 technical and support staff at each site. These on-site teams have proven effective in project implementation, coordination and communication with local partners as well as beneficiaries. It is also cost effective as less travel from head-quarter is required.

Besides the regular staff, DIRECT has four physical therapists (B.A and master degree, including the DCOP) working in our provincial teams to manage the clinical assessment, service delivery, follow ups and training for local rehabilitation service providers in Tay Ninh and Binh Phuoc. We have also recruited an Australian OT, who began with us in August 2016 for a period of 12 months, to assist in the clinical/practice training for the doctor and technician courses, as well as services to beneficiaries. The volunteer has been placed through Scope Global, a contractor for the Australian Government Volunteer for International Development.

During FY 2016, the project procured rehabilitation equipment and devices for the 15 rehabilitation units in the two provinces. However, none of these items having a value per item of \$5,000 or above.

6. LESSON LEARNED

Please provide a few examples of highlights of project learning. These can either be successes or failures, but show how adaptive learning is used in the program to improve implementation.

Partners are expected to provide at least one example of gender, sustainability and local capacity development each fiscal year.

Gender:

From the data of the DIS, clinical exams and service delivery in the two provinces, we found that female with disabilities accounted a smaller proportion compared to male: around 37% female showed up for clinical assessment and a similar proportion have received services, compared to about 63% male. However just 25.8% of caregivers are male family members, the rest is female. Our DIS data also showed the female disability population is 40.2% compared to 59.8% of male. Our FY 2017 interventions will address these gaps, by targeting more female for clinical assessment and services, as well as gender-equality training and intervention as discussed in the 2017 Workplan.

Health insurance:

Having a health insurance coverage is important for the health outcome and sustainability of rehabilitation intervention for beneficiaries. It also makes services/intervention affordable and lighten the fiscal burden for families, many of whom are living in poverty. A good sign is that - as the project prioritized people with severe/very severe disabilities- a majority of beneficiaries already got a health insurance paid by GVN as provided by the Disability law.

We found that 84.7% (or 722 persons) -- among the 852 persons who had undergone clinical assessment -- have a health insurance card. However, just 25% of them have used it for rehabilitation services. Assumptions would include that the lack of awareness and trust in rehabilitation by persons with disability/their caregivers, (that rehabilitation could help improve or cure disability), the lack of rehabilitation service in their localities; if there is

service, then lack of confidence in the services quality, and the lack of information/knowledge about the benefits of the health insurance. Among those who used the health insurance card for rehabilitation services, 75% got full or partial coverage, the rest either paid for the service or does not know that they can use the health insurance for such services. Please refer to table below for more details.

Table H: beneficiaries and health insurance:

PWDs got direct assistance	Got clinical exams	Had health insurance cards	Used health insurance cards for rehab services	Health insurance covered services fully or partially
Total	852	722	180	135
%	100%	84.7%	24.9%	75.0%
Male	534	454	112	82
Female	318	268	68	53
Minor Disability	359	302	58	44
Severe Disability	370	313	94	69
Very Severe Disability	91	81	24	20
Unidentified	32	26	4	2
Binh Phuoc	390	367	97	79
Tay Ninh	462	355	83	56

Other findings about those having no health insurance are as followings:

- Some communal authorities still applied the old law - which demanded that health insurance to be purchased for the whole family (household), not for individual-basic. Thus a person with disability could not buy it for his/himself alone. (Process of purchasing a health insurance starts from the communal people’s committee).
- Family does not have enough money to buy insurance (if a family is not classified as poor- then not eligible for government subsidized health insurance). Some families do not know where or how to get a health insurance; some have limited communication or interaction capacity- with responsible entities/employees.
- Several cases having their insurance term expired (annual term), and family has yet to get a renewal by the time contacts with the project staff.
- Some feels health insurance is not convenient or useful in needs/treatment, such as long waiting line or poorer services. Some does not think local health facilities has the appropriate expertise or medicines, thus they don’t buy the insurance.
- In some cases, parents or caregivers are just being difficult, isolated themselves and does not want supports or intervention from outsides, thus does not collaborate with the concerned.

In FY 2017, we will try to ensure that all beneficiaries who are needing rehabilitation intervention- will have a health insurance either covered by GVN policy or by DIRECT’s support. In addition, beneficiaries and caregivers as well as local service providers will be informed/trained on health insurance policy and its benefits. Our project staff and local health providers will share information, give advices or conduct referral in regard to health insurance for beneficiaries during clinical assessment, therapy and follow up visits.

More lesson learned / success stories are enclosed in Annex D.

7. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

Objective 1: To enhance disability resources and services through enforcing and coordinating disability policies, action plans, and the disability information system

Output 1.1 Enforcement of CRPD and coordination is improved

Major Act 1.1.1. Strengthen national coordination and monitoring capabilities

- Technical assistance to develop NCD strategic plan
- Support an NCD semi-annual workshop for reviews, coordination and planning.
- Support to finalize M&E indicators and development of a draft NCD/MOLISA policy to strengthen enforcement of the national disability M&E indicators

Major Act 1.1.2. Support the enforcement of the CRPD framework plan of action

- Support NCD annual reviews and report on disability, with focus on CRPD implementation.
- Support the development of CRPD state report.
- Support the development of technical procedures and price lists of rehabilitation services to be covered by health insurance.
- Assist to organize 01 training workshop on Circular 18 for DOHs and provincial rehabilitation hospitals of South and South Central regions.
- Support incorporating disability indicators into rehabilitation medical records and hospital quality assessment criteria.
- Organize trainings on Circular 18 for DOHs and provincial rehabilitation hospitals (in Tay Ninh and Binh Phuoc)
- Conduct monitoring of health insurance coverage for rehabilitation services in Tay Ninh and Binh Phuoc

Major Act 1.1.3. Develop/pilot a national Disability Information System (DIS) for tracking disability statistics and M&E actions

- Assist MOH to develop a Policy to strengthen national DIS implementation
- Technical support provided to develop centralized DIS platform at MOLISA (options including integrated with MOLISA system for Social Protection Recipients). Support refresh and expanded training on data collection, data entry and DIS in Tay Ninh.
- Support continuation of data collection and entry in Hue and Quang Tri.
- Technical assistance to development and operation of DIS platform at central and provincial levels.
- Support refresh/expanded trainings on DIS, data collection and data entry in Tay Ninh and Binh Phuoc
- Support domain and internet for server

Output 1.2. CRPD implementation at provincial level is improved.

Major Act. 1.2.1. Support Tay Ninh and Binh Phuoc to improve implementation of CRPD and disability policies.

- Technical support for planning and development of provincial CRPD plans in Tay Ninh and Binh Phuoc.
- Organize focus groups to discuss/develop annual plans in Tay Ninh and Binh Phuoc.
- Coordinate with DOLISAs and DOHs of Tay Ninh and Binh Phuoc to engage the supports for beneficiaries as part of local funding/programs.

Major Act 1.2.2. Strengthen national and provincial coordination, monitoring and evaluation

- Support organization of 01 national coordination workshop for national stakeholders, prioritized provinces and 06 USAID IPs.
- Support set up, planning and operation of PCDs in Tay Ninh and Binh Phuoc
- Conduct provincial progress/implementation reviews and drafting of report in Tay Ninh and Binh Phuoc
- Support supervisory visits, reviews and reporting process in Tay Ninh and Binh Phuoc

Objectives II. Enhanced access to quality rehabilitation services

Output 2.1: Improved capacity and availability of OT/PT services and training materials.

Major Act 2.1.1. Setting up new rehabilitation units/provision of basic rehabilitation equipment.

- Provide equipment to 8 rehabilitation units.
- Engage some qualified centers being equipped/supported by the project in provision of services to beneficiaries.

Major Act 2.1.2: Develop a force of rehabilitation service providers for the two provinces

- Continue the 10-month training course for the doctors (15 of Binh Phuoc and 15 of Tay Ninh)
- Start the 10-month training courses for the technicians (26 of Tay Ninh and 34 of Binh Phuoc)
- Conducts short courses and hand-on training in OT (Tay Ninh in October and Binh Phuoc in November)

Major Act 2.2.1: Conduct a survey/clinical exam on beneficiaries

- Conduct clinical exams/assessment and treatment planning for about 400 PWD in Binh Phuoc and Tay Ninh (in Go Dau, Chau Thanh and Hoa Thanh district of Tay Ninh province, in Chon Thanh, Hon Quan, Binh Long, Dong Xoai, Dong Phu, Phu Rieng and Phuoc Long in Binh Phuoc – including for PWD with AO victims)

Major Act 2.2.2 Provide rehabilitation/OT services for people with disabilities.

- Provide direct assistance (therapy and assistive/adaptive devices) to an estimate of 280 new beneficiaries in two provinces
- Conduct home-visits to provide continuous home-based therapy and follow ups services for 120 beneficiaries who already got assessment and treatment (in both provinces).

- Provide center-based therapy services at Binh Phuoc Traditional Medicine Hospital and Tay Ninh Rehabilitation Hospital for old and new beneficiaries.
- Provide guidance for caregivers at hospitals and homes during clinical exams and direct assistance, follow up activities.
- Refer PWD in need of services beyond DIRECT's scope to available services in different locations
- Provide assistive devices to PWDs in need after clinical examination and measurements.

Major Act 2.2.3. Training for service providers and caregivers on gender issues and disability discrimination

- Develop and standardize training materials on gender issues and use these materials consistently for all training courses for service providers and caregivers in Binh Phuoc and Tay Ninh;
- Develop communication materials to:
 - o Raise awareness of gender equity, gender identity, and sexual orientations, forms of gender-related violence (particularly to persons with disabilities);
 - o Disseminate information on the Disability Law, the Law on Gender Equality, and the Law on Domestic Violence Prevention and Control as well other related legal provisions;
- Integrate gender issues into direct assistance to persons with disabilities in Binh Phuoc and Tay Ninh, specifically:
 - o Encouraging more women and girls with disabilities participating in clinical exams, therapies, rehabilitation services, training and social events;
 - o Responding to the needs of persons with disabilities whereas priority given to women and girls with disabilities;
 - o Sensitizing and training/coaching caregivers who are male in supporting care to PWDs;
 - o Encouraging male family members participating in PT/OT and care for beneficiary.

8. HOW IMPLEMENTING PARTNER HAS ADDRESSED A/COR COMMENTS FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT

If issues were raised, please describe how you addressed them specifically.

N/A.

9. FINANCIAL MANAGEMENT

Financial Projections for FY 2016

Q1 FY2016	Q2 FY2016	Q3 FY2016	Q4 FY2016	Total
Actual	Actual	Actual	Projected	
48,142	172,277	186,516	408,320	815,255

Salary and Wages	22,224	52,092	56,147	63,184	193,647
Fringe Benefits	4,356	9,673	16,222	19,083	49,334
Travel, Transport, Per Diem	6,237	12,172	5,252	9,197	32,858
Equipment and Supplies	2,812	27,678	4,760	11,478	46,728
Subcontracts				-	-
Allowances		448	7,800	35,311	43,559
Direct assistance		3,493	26,213	38,239	67,945
Local organization (non-gov) capacity building and advocacy				63,475	63,475
GVN system strengthening (including STTA)	1,071	30,782	37,328	87,000	156,181
Construction				-	-
Other Direct Costs				12,000	12,000
Sub-grants				-	-
Overhead	10,042	35,939	23,154	69,353	138,488
G&A			9,641	-	9,641
Material Overhead				-	-
Unexpected expenses	1,401			-	1,401

BUDGET NOTES	
Salary and Wages	Including Vietnam and US head quarter staff and long term and short term technical assistance.
Fringe Benefits	Fringe Benefits included Social Insurance, Health Insurance, Unemployment Insurance for Vietnamese staff.
Travel, Transport, Per Diem	International and country travel, per diem, miscellaneous travel expenses for STTA, program staffs.
Equipment and Supplies	Office equipment (computers, printers...) and office supplies for Ha Noi office and Tay Ninh, Binh Phuoc offices.
Subcontracts	N/A
Direct assistance	Provide rehabilitation/OT services for people with disabilities, clinical assessment, assistive devices, and support for PWDs to attend disability day and other public program...
Local organization (non-gov) capacity building and advocacy	Setting up new rehabilitation units/provision of basic rehabilitation equipment, training for local health professionals, advocacy and planning and training workshops....
GVN system strengthening (including STTA)	Support NCD and its members on advocacy and coordination of disability policies at the national level, support in monitoring and reporting of disability policy implementation, support for development of CRPD framework plan of action and annual MOLISA plan, improve CRPD implementation at provincial level ...
Construction	N/A
Sub-grants	N/A
Other Direct Cost	Audit fee
Overhead	Calculated at 20.46%
G&A	General operation and administrative supports
Allowance	Travel allowance for beneficiaries to join clinical exam in Tay Ninh and Binh Phuoc
Unexpected expenses	Expenditure for kickoff events in Ha Noi, Binh Phuoc

Cost - share information: VNAH has achieved \$415,723 value of cost-share during FY2016. Cost share included in-kind and financial contributions for project activities such as workshops, training, public events, labors ... from the Ministry of Health, Social Protection Department (SPD) of MOLISA, DOHs, DOLISAs in the two provinces, the Associations for Support of Disabled and Orphans (ASVHO), University of Curtin, Scope Global, CESO, the Butterfly Basket Foundation, JICA and donated services from international and national occupational therapists and physical therapists.

ANNEX A: PROGRESS SUMMARY

Achieved progress versus planned for the period disaggregated by gender, geographic area and other relevant factors (use table below).

Table I(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

Obj/activity	Performance indicator	Data source	Baseline		FY 2016		Quarterly Status – FY 2016				Annual Performance Achieved to Date (in %)	Comment
			Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Objective 1. Enhanced resources for disability programs and services	IR 2.3. PM1: Number of GVN laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations		2015	0	6	8	2	6	6	3	133	
	DMP 6: Number of persons with disabilities benefited from Provincial Action Plans		2015	16,215	16,607	21,997					132	
Outcome 1: Stronger mechanism is in place to improve enforcement of disability policy	IR 2.3. PM1: Number of GVN laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations		2015	0	6	8	2	6	6	3	133	

and CRPD.	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations		2015	0	7	7	3	7	7	7	100	
Output 1.1 Enforcement of CRPD and coordination is improved.	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable population.		2015	0	3	3	3	3	3	3	100	
	IR 2.3. PM1: Number of GV N laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations		2015	0	4	4	2	3	3	1	100	
Major Act 1.1.1. Strengthen national coordination and monitoring capabilities/	IR 2.3. PM1: Number of GV N laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations		2015	0	0	0				0		
Sub-Act 1.1.1.1. Support NCD and its members on advocacy and coordination of disability policies at the national level.	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	1	1	1	1	1	1	100	NCD
	GVN				1	1	1	1	1	1		
	Registered NGOs											
	Non-registered NGOs											
	Private sectors											

Major Act 1.1.1. Strengthen national coordination and monitoring capabilities/ Sub-Act 1.1.1.2. Support NCD and its members in monitoring and reporting of disability policy implementation	IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons.	2015	0	185	231	0	0	0	231	125	
	Male			90	92				92		
	Female			95	139				139		
	Binh Phuoc			80	115				115		
	Tay Ninh			105	116				116		
	Other										
	Sub IR 2.3. PM2: Number of person-hour of training of service providers completed in the reporting period	2015	0	1480	1848	0	0	0	1848	125	
Male			720	736				736			
Female			760	1112				1112			
Major Act. 1.1.2. Support the enforcement of the CRPD framework plan of action/ Sub-Act 1.1.2.1. Develop CRPD plan of action and conduct training and review of CRPD	IR 2.3. PM1: Number of GVN laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations	2015	0	3	3	1	2	2	1	100	MOH Annual Plan
	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.	2015	0	1	1	1	1	1	1	100	MOLISA
	GVN			1	1	1	1	1	1		
	Registered NGOs										
	Non-registered NGOs										
	Private sectors										

	IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons.		2015	0	60	110	0	0	0	110	183	
	Male				30	64				64		
	Female				30	46				46		
	Binh Phuoc											
	Tay Ninh											
	Other					110				110		
	Sub IR 2.3. PM2: Number of person-hour of training of service providers completed in the reporting period		2015	0	480	880	0	0	0	880	183	
	Male				240	512				512		
	Female				240	368				368		
Major Act. 1.1.2. Support the enforcement of the CRPD framework plan of action/ Sub-Act. 1.1.2.2. Revise MOH Circular on list of rehabilitation services covered by health insurance and conduct training in O2 target	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	1	1	1	1	1	1	100	MOH
	GVN				1	1	1	1	1	1		
	Registered NGOs											
	Non-registered NGOs											
	Private sectors											
	IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons.		2015	0	240	256	0	0	0	256	107	
	Male				120	101				101		

provinces	Female				120	155				155		
	Binh Phuoc				120	156				156		
	Tay Ninh				120	100				100		
	Other											
	Sub IR 2.3. PM2: Number of person-hour of training of service providers completed in the reporting period		2015	0	1920	2048	0	0	0	2048	107	
	Male				960	808				808		
	Female				960	1240				1240		
	IR 2.3. PM1: Number of GVN laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations		2015	0	1	1	1	1	1		100	MOH Circular
Major Act. 1.1.3. Develop/pilot a national Disability Information System (DIS) for tracking disability statistics and M&E actions.	DMP 4: Number of GVN's units report to DIS		2015	1706	33	170	4	3	35	170	515	
	Central			1	2	2	2	1	1	2		
	Provincial			14	3	4	2	2	3	4		
	District			103	1	10	0		6	10		
	Commune			1588	27	154	0		25	154		
	IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons.		2015	0	140	1106	0	0	402	704	790	
	Male				70	570			214	356		
	Female				70	536			188	348		
	Binh Phuoc					129				129		
	Tay Ninh					0				0		
Other				140	977			402	575			

	Sub IR 2.3. PM2: Number of person-hour of training of service providers completed in the reporting period		2015	0	1120	8848	0	0	3216	5632	790	
	Male				560	4560			1712	2848		
	Female				560	4288			1504	2784		
Output 1.2. CRPD implementation at provincial level is improved.	IR 2.3. PM1: Number of GVN laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations		2015	0	2	4		3	3	2	200	Tay Ninh Rehab Plan 2016 Tay Ninh PAP 2016-2020 Binh Phuoc PAP 2016 Binh Phuoc Rehab Plan 2016
	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	4	4		4	4	4	100	
Major Act 1.2.1. Support Tay Ninh and Binh Phuoc to improve implementation of CRPD and disability policies	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	4	4		4	4	4	100	
	GVN				4	4		4	4	4		
	Registered NGOs											
	Non-registered NGOs											

Private sectors											
IR 2.3. PM1: Number of GVN laws, policies, or procedures drafted, revised, and/or issued to support inclusion of vulnerable populations	2015	0	2	4		3	3	2	200		
DMP 6: Number of persons with disabilities benefited from Provincial Action Plans.	2015	16,215	16,607	21,997					132		
Male		9,415	9,603	13,154							
Female		6,800	7,004	8,843							
Binh Phuoc		5,878	6,017	7,502							
Tay Ninh		10,337	10,590	14,495							
IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons	2015	0	120	102	0	0	0	102	85	Rehab 2016 and CRPD training in Tay Ninh	
Male			60	46				46			
Female			60	56				56			
Binh Phuoc			60	0				0			
Tay Ninh			60	102				102			
Other											
Sub IR 2.3. PM2: Number of person-hour of training of service providers completed in the reporting period	2015	0	960	816	0	0	0	816	85		
Male			480	368				368			
Female			480	448				448			

Major Act 1.2.2. Strengthen national and provincial coordination, monitoring and evaluation	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	0	0						Watch Units
	GVN				0	0						
	Registered NGOs											
	Non-registered NGOs											
	Private sectors											
Objective 2: Enhanced access to quality rehabilitation services	DO 2. PM6: Number of persons with disabilities received direct assistance provided by USAID-funded programs.		2015	0	275	629		120	292	480	229	
	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	16	16	0	0	0	16	100	Rehab Units/01 local college
Outcome 2: Accessible rehabilitation services and service delivery capacity are in place in the program provinces.	IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons		2015	0	0	56			54	6		
	IR 2.3 PM3: Level of satisfaction among male and female persons with disabilities receiving social service or P/O, ST in targeted areas		2015	0	3	4.16		4.29	4.14	4.20	139	

	Number of persons with disabilities entered in rehabilitation services covered by health insurance.		Q2/ FY2016	23.6	35	75.00					214	
Output 2.1: Improved capacity and availability of OT/PT services and training materials.	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations		2015	0	16	16	0	0	0	16	100	
	IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons.		2015	0	0	56			54	6		
Major Act 2.1.1: Setting up new rehabilitation units/provision of basic rehabilitation equipment.	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	15	15	0	0	0	15	100	
	GVN				15	15				15		
	Registered NGOs											
	Non-registered NGOs											
Major Act 2.1.2: Improve OT content within the pre-existing rehabilitation training program (postgraduate certificate)	DO 2. PM7: Number of USG-assisted organizations and/or service delivery systems strengthened who serve vulnerable populations.		2015	0	1	1	0	0	0	1	100	HCMC Medical and Pharmacy University
	GVN				1	1				1		
	Registered NGOs											

programs).	Non-registered NGOs											
	Private sectors											
Major Act 2.1.3: Develop a force of rehabilitation services providers	IR 2.3. PM2: Number of service providers (individuals) trained who serve vulnerable persons.	2015	0	0	56			54	6			
	Male				15			14	4			
	Female				41			40	2			
	Binh Phuoc				29			29				
	Tay Ninh				27			25	6			
	Other											
	Sub IR 2.3. PM2: Number of person-hour of training of service providers completed in the reporting period					808			760	48		
	Male					184			152	32		
	Female					624			608	16		
Output 2.2: 4,000 persons with disabilities receive direct assistance and 4,200 services providers receive training.	DO 2. PM6: Number of persons with disabilities received direct assistance provided by USAID-funded programs	2015	0	275	629		120	292	480	229		
	IR 2.3 PM3: Level of satisfaction among male and female persons with disabilities receiving social service or P/O, ST in targeted areas	2015	0	3	4.16		4.29	4.14	4.20	139		
	DMP G1: Percentage of households reporting an increased involvement from part of male family	Q2/ FY2016	21.3	35	25.8					74		

	member(s) in supporting care to persons with disabilities											
Major Act 2.2.1 Conduct a baseline survey on beneficiaries	DMP G1: Percentage of households reporting an increased involvement from part of male family member(s) in supporting care to persons with disabilities		Q2/ FY2016	21.3	35	25.8					74	
	Binh Phuoc			15.3	35	27.3						
	Tay Ninh			25.5	35	24.6						
Major Act 2.2.2: Provide rehabilitation services for people with disabilities.	DO 2. PM6: Number of persons with disabilities received direct assistance provided by USAID-funded programs		2015	0	275	629		120	292	480	229	
	Male				137	393		79	183	288		
	Female				138	236		41	109	192		
	AO Victims					129			62			
	Minor Disability				110	227		30	89	190		
	Severe Disability				137	301		61	168	217		
	Very Severe Disability				28	77		18	34	64		
	Unidentified					24		11	1	9		
	Binh Phuoc				137	284		60	83	219		
	Tay Ninh				138	345		60	209	261		
Sub DO 2. PM6: Number of person-times (disabilities) received direct assistance provided by USAID-funded		2015	0	1440	3388		120	2547	721	235		

programs.											
Male				720	2286		79	1743	464		
Female				720	1102		41	804	257		
Minor Disability				576	1381		30	1059	292		
Severe Disability				720	1535		61	1141	333		
Very Severe Disability				144	451		18	346	87		
Unidentified					21		11	1	9		
Binh Phuoc				720	392		60	103	229		
Tay Ninh				720	2996		60	2444	492		
IR 2.3 PM3: Level of satisfaction among male and female persons with disabilities receiving social service or P/O, ST in targeted areas		2015	0	60%	94%					157	
Male				60%	94.6%						
Female				60%	92.7%						
DMP 1: Percentage of beneficiaries who report increased independence/daily life function as a result of the project		2015	0	50	56.16					112	
Male				50	67.57						
Female				50	44.44						
Minor Disability				10.2	45.45						
Severe Disability				10.2	59						
Very Severe Disability				5.1	70						
Unidentified											

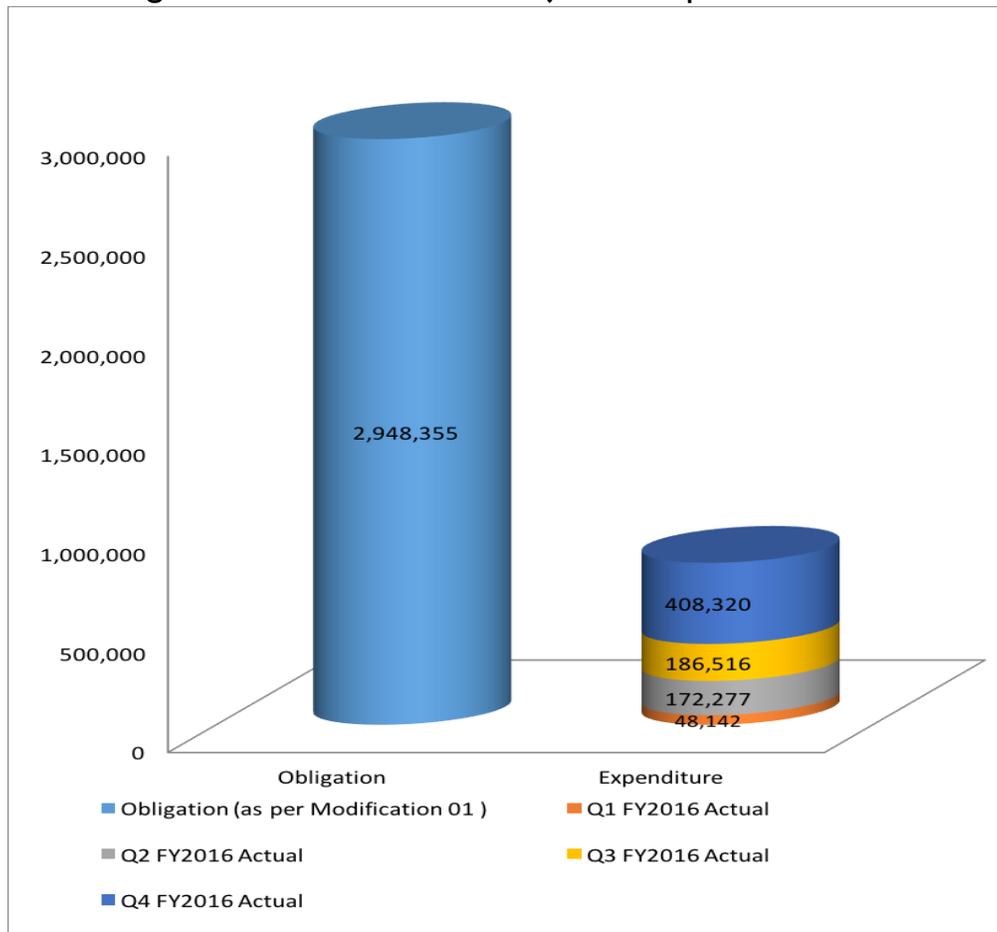
	Binh Phuoc				50	58.82						
	Tay Ninh				50	53.85						
	Number of persons with disabilities entered in rehabilitation services covered by health insurance.		Q2/ FY2016	23.6	35	75.00					214	
	Male			21.8		73.21						
	Female			26.7		77.94						
	Minor Disability			24.1		75.86						
	Severe Disability			19.8		73.40						
	Very Severe Disability			59.1		83.33						
	Unidentified			7.7		50.00						
	Binh Phuoc			41.8		81.44						
	Tay Ninh			11.7		67.47						
Major Act 2.2.3: Training for service providers and caregivers on gender issues and disability discrimination	DMP G2: Number of people trained in mitigating gender-based violence.		2015	0	0	0						
	Male											
	Female											
	Binh Phuoc											
	Tay Ninh											

ANNEX B: FINANCIAL MANAGEMENT

Cash Flow Report and Financial Projections (Pipeline Burn-Rate)

The cash flow chart below is derived from the financial table also provided in this section of the report. This provides a visual representation of the “burn rate” of the project – both actual and projected. The main categories are: 1) Obligation (the funds authorized to date for expenditure on the project; this is NOT the Total Estimated Cost, but amount already obligated), 2) Actual expenditures through the current quarter, and 3) Pipeline projection (expenditures expected, by quarter, for the coming three quarters, based on planned project hiring, procurements, expansions, etc.).

Chart 1: Obligations & Current and Projected Expenditures¹



¹ The information used as an example in Chart 1 is a snapshot at the time of a given quarterly report, and should include the most recent quarter and the next three quarters. This data should be constantly updated by the staff management, and the C/AOR should be familiar with the financial conditions at all times. This is a management tool.

ANNEX C: GPS INFORMATION

GPS information should be provided for all project sites, including both implementing organization offices and locations of all sites benefitting from project resources (communities, schools, clinics, etc.).

N/A

ANNEX D: SUCCESS STORY

Partners are requested to submit at least one (1) success story (with a picture) per quarter; however, partners are welcome to submit more than one story each quarter.

A revised policy expanded health insurance coverage and access to services for persons with disabilities

In June 2016, the Vietnamese Ministry of Health (MOH) promulgated a new Circular that has increased the health insurance coverage for rehabilitation services for persons with disabilities by 7,5 times. from 33 to 248 services. The achievement was attributable to USAID' supports through a program that promote disability rights and policies in Vietnam. The USAID's [Disability Rights, Enforcement, Coordination and Therapies \(DIRECT\)](#) implemented by VNAH in partnership with MOH, has provided technical assistance for the revision of this policy, as well as its technical procedure and the price listing to guide the practices on the ground that are recognized and reimbursable by health insurance.



Ms. Anh Chi, VNAH's Physical Therapist showing a beneficiary in Tay Ninh on how to manage one of the activity of daily living. Photo VNAH

The USAID disability project also supports enforcement of the Convention of the Rights of Persons with Disability (CRPD) and direct assistance to people with disabilities in Vietnam. In Vietnam, many persons with disabilities face challenges in access to basic services including rehabilitation services that are critical for their independence and integration. This is partially due to lack of resource, services capacity and

trained practitioners, as well as adversary policies such as the limit insurance coverage for rehabilitation under the former policy.

The new policy will make rehabilitation services more affordable and accessible. especially for people living in rural areas where service is limited and most of whom are not being able to pay out-of-pocket. The new policy also allows health centers at all levels, including the communal health clinic, to provide rehabilitation services as long as they have qualified rehabilitation providers. Due to the cut-back in government's subsidy for public health system and completion from private sector, the new policy would motivate public health providers- which are still dominant especially at district and community levels - to invest in rehabilitation facilities, training for personnel and to improve service quality in order to increase income as well as sustainability.

Physical therapy, assistive devices advance rehabilitation

Living with severe cerebral palsy made it difficult for Nguyen Minh Hao, 31, to take care of his daily needs. Getting out of bed and personal hygiene were impossible without his mother's help. As they both grew older, it became more challenging for his mother, his only caregiver, to get Hao in and out of bed for daily activities. He spent most of his time lying in bed, unable to do anything.

In May 2016, USAID's [Disability Rights, Enforcement, Coordination and Therapies \(DIRECT\)](#) project, in partnership with the Ho Chi Minh University of Medicine and Pharmacy, the Butterfly Basket Foundation and local health agencies, provided a team of rehabilitation professionals and physical therapy students to treat Hao.

The students spent almost three weeks providing Hao with physical therapy as well as making and fitting nine assistive devices for him, using locally available materials. Exercise strings allow him to strengthen his arms while lying in bed. A sitting-skateboard helps him move around the house on his own. Hao now sits on the skateboard and moves from the back to the front of the house in 15 minutes, while, in the past, it took him about three hours to crawl the same distance.



Nguyen Minh Hao with his new skateboard, which helps him move around his house instead of crawling.

Photo by VNAH

“One day, I came home and did not see him,” said Hao’s mother. “I looked around, then I realized that he was in the front of the house. Hao used the skateboard to move himself to the front of the house. That’s never happened before”. Hao now wants to learn a vocational skill so he can work and support himself. “I am very happy with the support. I wish I can work and help my mother in the future,” said Hao.

The partnership has brought together 71 students and rehabilitation practitioners to provide therapy services to 200 beneficiaries like Hao and technical training for 18 local health workers in Vietnam’s Tay Ninh province, where no rehabilitation services were previously available.

A Step by Step Back to an Independent and Self-reliant Life



H-Strips (top) and a special chair (bottom) that helped improve Hung's activities of daily living.

Photo VNAH



Phan Sy Hung - a 27-year-old living in Binh Phuoc with a 5-year-old daughter, a wife and his elderly parents - suffers from paraplegia due to marrow vascular paramorphia in 2013. The disease has turned him from a main breadwinner to a complete dependent who could not get out of bed or mount on a wheelchair to go to a shower by himself. He was depressed then. He did not think he could be able to get better and go to work again. Fortunately, his perception started to change after he met the staff of the USAID's project, the [Disability Rights, Enforcement, Coordination and Therapies \(DIRECT\)](#) earlier this year.

Our rehabilitation therapists showed and proved to Hung that with appropriate therapy, he could be able to perform many activities of daily living (ADL) without or with little assistance from family. Ever since they have been providing therapies and guiding Hung to do basic therapy techniques at home, with a goal of improved independency in ADL. Since then Hung has been practicing hard by himself, too. The project also provided Hung a pair of crutches, a custom-made chair for bathing and toileting, and a supporting strap for sitting up straight.

As a result of over 4-month therapy, Hung showed some improvements in body and hand functions and muscle strength. He can now move from the bed to the wheelchair, and to the bathroom with little assistance. As Hung's physical functions strengthened, his attitude and desire to get back to work also improved. In August this year, we found Hung started raising a brood of chicken for commercial purpose in his backyard. He said it keeps him busy and happy. In a few months he will sell some, and buy more to make the brood bigger. Hung said "I feel much happier now. I think I can do something for a living like I used to".

Hung's father, an 83 years old man who also lives with a disability due to a stroke 13 years ago, used to vend lottery ticket on the street but not doing that often now due to the lack of transportation mean. The project gave a tricycle wheelchair to help him get back to work easy. He also uses it for travel to a nearby hospital and to social events.

The Right and Timely Intervention Changes Life

Yen Nhi is a 9-year-old girl born to a family in Binh Phuoc that plagued by disabilities. Her father, grandfather and uncle are living with disabilities. For many years, Nhi kept falling down and get injured when walking not knowing why. The local hospital and family thought she is a victim of malnutrition. Nhi's situation has become a burden to the poor family. As the father works away from home, Nhi relies heavily on the grandfather and the uncle, both having difficulties themselves due to their own disabilities.



Yen Nhi, who could barely walk in the past, now ride a bicycle after school, thanks to USAID's support.
Photo by VNA H

In April 2016, Nhi received clinical assessment by a team of national and international rehabilitation professionals organized by the The USAID's [Disability Rights, Enforcement, Coordination and Therapies\(DIRECT\)](#) project. Only then the family learnt that Nhi has a scoliosis which affects her capacity to stand, walk and leg's strength. The therapists informed that if Nhi does not receive treatment correctly and timely, her situation would get worse and become harder to rehabilitate.

Right after that, our therapists started an intensive treatment program for Nhi, which includes therapies at hospital and home, with a focus on correcting and straightening the spine and improving the strength of the lower limbs. Our bio-medical engineers designed and made a table that helps her in sitting for meal and for doing school's home-works. Her grandfather also helped with the treatment. He printed out and posted on the wall the guiding pictures so Nhi can follow and practice, under his supervision. Our therapists and local health providers conducted regular follow ups at home to provide therapy and evaluation of Nhi's progress.

The support gains result after a five-month: Nhi has begun to walk steadily, with less fallings. She can even ride a bicycle, which she dared not do before. Riding bicycle has become her favorite. Everyone in the family is happy. The grandfather, her main caregiver, told us "it is a big relief" for them to see Nhi is getting better, not worse as they thought in the past. "she can continue school", he added.

ANNEX E: TRAINING PROGRAM, THE DOCTOR COURSE

Training Objective

1. Participants will have improved knowledge and skills for examination and evaluation of function, early detection of common diseases/disabilities, limited activities and participation, needs of interventions in rehabilitation.
2. Participants will know how apply International classification of functioning, disability and health (ICF) in Occupational Therapy, Physical therapy, Speech therapy and be able to use/complete the ICF assessment form.
3. Participants can build treatment targets and treatment plan (short term, long term) for each type of disability.
4. Participants can make decisions about, and coordinate treatments in Occupational Therapy, Physical therapy, Speech therapy, and the combination of the above comprehensive intervention.
5. Participants can give appropriate indications about the type of adaptive instruments, orthopedic devices and other assistive devices.
6. Participants will be able to regulate and coordinate the rehabilitation team of different specialists for rehabilitation treatment.
7. Participants will be able to advise, monitor, evaluate, re-assess the progress and outcome of the treatment and support.
8. Participants will be able to re-train and transfer/communicate knowledge junior staff, to community-level rehabilitation staff and collaborators, as well as the beneficiaries and caregivers.

Distribution of Subjects

Contents/subject	Hours	Percentage Subject	Percentage Full Course
1. General knowledge	125		11.79%
2. The specialized knowledge	935		88.21%
- Occupational Therapy	480	51.34%	
- Physical Therapy	395	42.25%	
- Speech Therapy	60	6.42%	
Total	935	100%	
Total / Full course	1060	330	100%
		730	
		31.13% (Theory)	
		68.87% (Practice)	

Training program framework

* The minimum amount of knowledge: **44 Credits** (22 Theory + 22 Practical)

- 1 Credit for Theory = 15 hours

- 1 Credit for Practical = 30 hours (at the Hospital) 40 hours (at the Community)

N o	CONTENTS/ MODULES	WEEK	HOURS			CREDITS			IMPLEMENTATION TIMELINE						
			Total	Theory	Practice	Total	Theory	Practice	2016			2017			
									July	Sept	Nov	Jan	Feb	March	April
I. GENERAL KNOWLEDGE															
1	Rehabilitation Medicine The ICF Model Rehabilitation based Rehabilitation	1	45	15	30	2	1	1				x			
2	Medical education basic pedagogic	2	80	30	50	4	2	2						x	
	Total (I)	3	125	45	80	6	3	3							
II. THE SPECIALIZED KNOWLEDGE															
	Physical Therapy														
	<i>Functional Evaluation- Kinesiotherapeutic Test & Assessment, Modalities of therapy</i>	2	60	30	30	3	2	1	x						
	<i>Pathological & PT treatment for Musculoskeletal - Sports Medicine</i>	2	60	30	30	3	2	1	x			x			
3	<i>Pathological & PT for Neuromuscular</i>	2	60	30	30	3	2	1	x			x			
	<i>Pathological & PT for Pediatrics & Congenital malformation</i>	1	45	15	30	2	1	1				x			
	<i>Pathological & PT for Burn -Loss of sensation Arthropathy - Obstetric & Amputation</i>	1	45	15	30	2	1	1				x			
	<i>Pathological &PT for Respiratory - Cardiovascular</i>	1	45	15	30	2	1	1						x	
	Occupational Therapy	7	210	120	90	11	8	3							
	<i>Introduction (ICF overview – occupational perspective, including summary of PEO domains) - Task analysis and OT process</i>	1	45								x				
	<i>OT in Pediatrics (development & disorders)</i>	1	40								x				
4	<i>Positioning basics – function, maintaining health, participation</i>	1	45								x				
	<i>OT in Neuro: Stroke/TBI pathology; Neurophysical Ax; Upper limb, Cognitive and sensory issues</i>	2	40								x	x			
	<i>Adaptive equipment/basic assistive technology: Wheelchairs, Orthoses, Splints, Physical rehabilitation- CBR</i>	2	40			1		1				x			
	Speech Therapy	2	60	30	30	3	2	1							
5	<i>Introduction to Speech Therapy Communication disorders in children and neurological origin in adult Autism spectrum disorders</i>													x	

ANNEX E: (4) WORKSHOPS MINUTES

1) *Launching Ceremony of the Viet Nam National Committee on Disabilities*
Hanoi 18th January 2016

2) *Launching/Training Workshop on the Implementation Plan of the CRPD*
Hai Phong, August 25 – 26, 2016

3) *Launching/Training Workshop on the Implementation Plan of the CRPD*
Da Lat, September 8 – 9, 2016 (1.5 days)

4) *Launching/Training workshop on Implementation of MOH Circular 18/TT-BYT/2016 on rehabilitation services, assistive devices and rehabilitation daycare payment covered by health insurance*
Hanoi, September 30th 2016

Launching Ceremony of the Viet Nam National Committee on Disabilities Hanoi, 18th January 2016

General Information:

Venue: PULLMAN Hotel, 40 Cat Linh, Ha Noi

Time: 18 January 2016 (half-day)

Participants: 80 participants, including:

- Deputy Prime Minister Vu Duc Dam.
- Chair and Vice Chair of the National Committee on Disability (NCD), and NCD members.
- Mr. Joakim Parker – USAID Mission Director, USAID/Vietnam.
- Ms. Pratibha Mehta - UN Resident Coordinator in Vietnam.
- Ms. Meirav Eilon Shahr – Israeli Ambassador to Vietnam.
- International organizations, organizations of and for persons with disabilities.

Organizer: National Committee on Disability (NCD) (with financial and technical supports from USAID, VNAH and UNICEF)

Presentations and Discussions:

The Vice Chairperson of NCD, Vice Minister of MOLISA emphasized that Vietnam has made long strides in its efforts to bring better lives to PWD. The significant achievements to date included the Disability Law, Circular 37 on Disability classification and most recently, the ratification of the CRPD and establishment of NCD as a GVN focal point for CRPD implementation. Mr. Dam believed that the new Committee shall be a strong mechanism fostering CRPD and disability policy enforcement and monitoring at national level.

The Director of Social Protection Department (SPD), MOLISA- officially announced the Prime Minister Decision on establishment of NCD.

The UN Resident Coordinator in Vietnam spoke on behalf of the UN agencies in Vietnam noting the disability agenda in the recent SDGs and the needs for the national disability statistics.

The USAID Mission Director in Vietnam applauded the establishment of NCD and the importance of its roles in coordination for implementation and budgetary process for disability policies, and shared USAID's supports for disability program in Vietnam to-date and its plan during 2016-2020.

The President of Vietnam Blind Association - spoke on behalf of disability community in Vietnam, noting the obvious shift from charity to right based policies for persons with disabilities in Vietnam.

The Director of Association of Protection for Vietnam Handicapped and Orphans, former Vice chairman of Committee of Social Affairs, the National Assembly, congratulated the Government on the establishment of NCD as a national coordinating agency reporting to the Prime Minister, and recommended that NCD should play key role in implementation of CRPD and disability policies, monitoring and evaluation, as well as funding allocation for disability support activities.

The GVN's Deputy Prime Minister shared an inspiring story of a blind woman who is pursuing a Ph.D. in math abroad under a scholarship. As such, he raised capacity of persons with disabilities, and the needs for respects and supports, not pity for PWD. He also expressed appreciation to donors for supports to PWD and to the disability works in Vietnam and called for continued supports and collaboration in future.

Conclusion:

The Chairperson of NCD and Minister of MOLISA concluded:

- NCD's priorities for upcoming months shall include completion of NCD operation mechanism and the CRPD plan of action.
- Greater coordination of NCD members, stronger partnership of international partners and active participation of disability community are needed in order to further advance the execution of rights by persons with disabilities.
- NCD committed to work closely with its members, provinces and development partners in order to advance the rights of persons with disabilities in Vietnam.

Minute ends.

Launching/training Workshop on the Implementation Plan of the CRPD Hai Phong, August 25 – 26, 2016

General Information:

Venue: Do Son, Hai Phong

Time: 25- 26 August 2016 (1.5 days)

Participants: 85 participants, including:

- The representatives of National Committee on Disability, MOLISA, MOH, MOET, MARD, MPI, MOT, Ministry of Culture, Sport and Tourism.
- The representatives of DOLISA, DOH, DOC of 15 Northern provinces
- USAID, UNICEF and over 20 organizations of and for person with disabilities

Organizer: NCD/MOLISA (with financial and technical supports from USAID, VNAH, UNICEF and VietHealth)

Presentations and Discussions:

Day 1 (25th August 2016)

The Vice Director of SPD, MOLISA delivered an opening remark.

The Acting Head of the Child Protection Division, UNICEF, made an opening remarks, sharing their supports to Vietnam on many areas including disability.

The Director of the Environment and Social Development Office, USAID/Vietnam made an opening remark; expressed appreciation to the GVN and disability community in Vietnam for the establishment of NCD and approval of Prime Minister Decision 1100/QD-TTg on CRPD implementation. He highlighted the needs to establish provincial committee on disability (PCD) and mobilize funding for CRPD implementation. He also shared USAID's partnership with GVN over the years and USAID's plan to continue to support CRPD implementation in Vietnam.

The Deputy Director General, Department for Science, Education, Natural Resources and Environment, Deputy Head of Sustainable Development Office, MPI - presented the United Nations Agenda 2030 for Sustainable Development Goals (SDG) and the development of National Action Plan on implementation of Agenda 2030. Ms. Thuy shared that 11 SDG goals have disability-related indicators and highlighted the need to mainstream disability into the SDG implementation plan of Vietnam, which is under development.

The Vice Director of NCD Office introduced the CRPD Implementation Plan. She shared that as specified in the CRPD implementation plan, funding for CRPD implementation shall be allocated from various sources, including National Targeted Programs, sectoral targeted programs, and other related funding. Besides, Decision 1100 also regulates that provinces shall develop plan for CRPD implementation and establish PCDs to coordinate, monitor and advocate for CRPD and disability issue in each province. She believed that the funding shall be secured and the PCDs shall be established soon to support CRPD implementation.

The Vice Head of Rehabilitation and Medical Examination Division, Bureau of Medical Administration, MOH presented policies/programs on healthcare and rehabilitation for persons with disabilities. She shared that although a legal framework and a rehabilitation network are in place, much needs to be done to improve rehabilitation service delivery capacity at the lower levels and ensure persons with disabilities have access to rehabilitation services. Ms. Lich also shared the recent enactment of Circular 18 on health insurance coverage for rehabilitation, emphasizing that the Circular will enable better access to reimbursable services.

The representative of the Secretariat of the Steering Committee on Education for children with disabilities and disadvantaged children, MOET presented policies and programs on inclusive education for persons with disabilities. She recommended that more focus should be placed on awareness-raising for family of PWD, staff training, disability classification and statistics, and development of service delivery network (with a focus on expansion of provincial inclusive education support centers).

The Vice Director of Vocational training, General Directorate of Vocational Training (GDVT)/MOLISA presented policies/programs on vocational training and employment for persons with disabilities. She reported that many provinces are not active in developing the cost norms for vocational training for PWD at the provinces. Besides, as vocational training funding for PWD is mainstreamed into national targeted programs, the actual budget allocation shall be subject to local authorities. Provinces also face challenge in implementation as a Circular that guides the Prime Minister Decision 46/2015 (on vocational training in general) has yet to be developed. To address that issue, GDVT was working with MOF and related agencies to develop a draft Circular that guides budgeting for vocational training for PWD.

The representative of Vietnam Blind Association: In 2015-2016, the Association received VND 4 billion from state budget to conduct vocational training for its members (VND 1 billion in 2015 and about VND 3 billion in 2016). However, the cost norm for vocational training as stipulated by the government is low, thus making it difficult for implementation. Besides, current regulations on vocational training for persons with disability are so strict, thus creating barriers, hindering persons with disabilities from vocational training opportunities.

The representative of Association of Support for Vietnamese Handicapped and Orphans (ASVHO) proposed that the duration of vocational training for PWD should be extended to be longer than 3 months to allow sufficient time for training programs that tailored to the specific needs of PWD, who are naturally facing more challenges.

The representative of Vietnam Relief Association for handicapped children (VRAHC) suggested that the recommendation on encouraging PWD to work overseas is not practical, and that enterprises to provide vocational training should be reviewed.

The representative of GDVT replied vocational training duration for PWD ranges from 3 months to 1 year. The draft Circular encourages enterprises to engage in vocational training. Moreover, it defines responsibilities of both MOLISA and MARD in vocational training for PWD. The draft Circular will be available for comments soon.

The Vice Director of Disaster Management Center of MARD presented the program on disaster preparedness and livelihood support for persons with disabilities that will be implemented by MARD in cooperation with MOLISA. He highlighted that PWD should be taken into account in all disaster prevention and management efforts, and capacity of DPOs should be enhanced to participate in such efforts.

The Director of SPD, MOLISA shared that MOLISA and MARD have come into agreement on disaster prevention and proposed that a model on disaster prevention for PWD should be developed. He also recommended MARD and MOLISA/NCD to work cooperatively in allocating funding from the National Targeted Program on New rural development for CRPD implementation.

The Vice Director of Transport Department, Ministry of Transportation (MOT) presented results so far, and the upcoming priorities on accessible transportation for persons with disabilities. According to MOT statistics, over 42,000 free bus tickets have been provided to PWD in Hanoi alone, and 9.9 million prioritized passengers (including PWD) received bus ticket fare exemption in the first 6 months of 2016. In addition, 2,969 PWD benefited from railway fare reduction. Hanoi Railway Station, Saigon Railway Station, Nha Trang Railway Station etc., have priority ticket booths to serve passengers with disability.

The Director of SPD, MOLISA mentioned that under Disability Law and NAP 2012-2020, MOT shall be responsible for ensuring public transports are accessible for PWD. NAP also defines the target/roadmap for accessibility upgrading. MOT should monitor these targets closely and guide implementation.

The representative of Hanoi DPO: Each disability classification council needs to have a staff from educational sector. She recommended that focuses should be placed on accessibility to bus and train for PWD, provision of preferential loans to PWD and monitoring of CRPD implementation in all provinces.

The representative of DOLISA Hanoi: Hanoi People's Committee supported VND 1-1.5 billion for vocational training and 40 billion in loans for PWD. She also noted many buildings in Hanoi are still inaccessible to persons with disabilities.

The Representative of - VRAHC: Autism should be considered a separate type of disability and government should encourage the development of centers supporting children with autism.

The representative of Association for the support of Vietnamese handicapped and Orphan (ASVHO): The activities and budget for disaster prevention/management and

livelihood support for persons with disabilities should be divided clearly between MOLISA and MARD.

The representative of VAIDE: There are challenges in organizing vocational training for persons with disabilities in many provinces. VAIDE recommended that NCD should facilitate and coordinate with GDVT to support vocational training and job creation for PWD, under the framework of CRPD implementation.

Day 2 (26th August 2016)

The representative of the Legal Department, MOLISA - presented the progress so far and the upcoming plan on development of CRPD state report. So far the interdisciplinary drafting team has been developed, report outline drafted and reference materials collected for the report drafting. She shared that Legal Department shall organize the kick-off meeting with drafting team early next month.

The Director of SPD, MOLISA suggested that one of the priorities in CRPD implementation is to review all national laws and policies in compliance with CRPD. Ministries should review their existing policies, develop new policies or amend existing ones in harmony with CRPD.

The Vice Director of Gender Center and Institute of Labor Science, MOLISA (a local independent consultant) - presented the draft NCD's disability monitoring and reporting indicators. The NCD monitoring and reporting indicator system, which was developed based on the CRPD, Disability Law, NAP and SDGs, shall help NCD, NCD members and the provinces to collect data, monitor and report the implementation of CRPD and Disability Law.

The representative of NCD Office: The indicator set has been developed since 2012 and was presented in many workshops for comments. With USAID and VNAH support, NCD piloted this tool to collect data in 3 provinces several years ago as well as in Binh Phuoc and Tay Ninh provinces this year. NCD plans to finalize and adopt this indicator set for nationwide use.

The representative of DOLISA Hanoi: NCD should have detailed guidance on data collection and provide training to all provinces. This indicator set is very useful for monitoring and reporting on disability, and NCD should take lead in implementation of this indicator set.

The representative of UNICEF: There should be indicator on the number of children with disabilities (CWD) having health insurance card. Disability monitoring and reporting duties should be assigned clearly to local staffs.

The representative of CBM acknowledged the efforts of NCD and the drafting team in development of the indicator set. She proposed that indicators on access to health care services for PWD and number of children enrolled in private schools should be added.

The representative of ICRC/SFD: There should be an indicator on the number of PWD working in government agencies.

The representative of MARD: It will be difficult to collect data if there are so many indicators. There should be indicators on disaster prevention, and the number of persons with disabilities affected by disasters.

The representative of Hanoi DPO: There should be indicator on accessibility in tourism destinations.

The independent consultant shared that the drafting team will add indicators on number of CWDs having health insurance card. Guidelines/manuals on data collection are now available. The indicator of number of children enrolled at private schools is difficult to collect. Indicators on accessibility will be added if relevant and feasible.

The Chairman of Association for support of Vietnamese Persons with disabilities and Orphans presented the model of livelihood support for persons with disabilities and families of persons with disabilities implemented by the Association.

The representative of VietHealth presented the early detection and early intervention model for children under 6 years old implemented by VietHealth in Da Nang.

The representative of UNICEF asked what is the difference between the tool used by VietHealth and the tools developed by MOH.

The representative of VietHealth answered that VietHealth adapts this tool based on the tool of MOH. However, VietHealth adds more questions on screening children with disabilities. The model is applied in Da Nang, if Da Nang model is successful, the model will be replicated to other provinces.

The representative of SPD, MOLISA asked how human resources shall be mobilized to screen CWDs.

The representative of Viet Health answered that VietHealth does not provide direct support to CWDs but support and train local staffs to do screening, early detection and intervention. CWDs will be referred to higher levels for intervention when needed.

Conclusion

The Director of SPD, MOLISA concluded:

- The CRPD implementation plan was approved, thus ministries/sectors and provinces need to develop sectoral and provincial plans for CRPD implementation. Decision 1100 has specified the responsibility of each ministry and provinces.
- CRPD implementation will require strong coordination among ministries.

- Ministries should review existing policies, develop new policies or amend existing policies in compliance with CRPD.
- Ministries and provinces should allocate funding for implementation of Decision 1100 from National Targeted Programs, sectoral targeted programs, central government budget, provincial budget and mobilized funding from organizations and individuals.
- NCD strongly recommends MOET to develop inclusive education, MOT to enhance transportation accessibility, Ministry of Culture, Sports and Tourism to develop arts and music schools for PWD and MOF to revise the cost norms of vocational training for persons with disabilities. We will work with MOF and GDVT in the next few weeks on the draft Circular on budgeting of vocational training for persons with disabilities.
- Provincial People's Committees need to establish Provincial Committee on Disability.
- NCD, as focal point for CRPD implementation will support ministries and provinces in CRPD planning, implementation and monitoring. NCD will conduct CRPD and Disability Law implementation monitoring and evaluation to ministries and provinces.

Minute ends.

Launching/training Workshop on the Implementation Plan of the CRPD Da Lat, September 8 – 9, 2016 (1.5 days)

General Information:

Venue: Vietsovetro Hotel, No. 7, Hung Vuong, Da Lat.

Time: September 8-9, 2016

Participants: 118 participants, including:

- The representatives of National Committee on Disability, MOLISA, MOH, MOET, MPI, MOT, MARD.
- The representatives of the Provincial People's Committee, DOLISA, DOH, DOET, DOJ of 24 provinces in the South and Central of Vietnam.
- USAID, VNAH, VietHealth and over 10 organizations of and for person with disabilities.

Organizer: NCD/MOLISA (with financial and technical supports from USAID, VNAH, UNICEF and VietHealth)

Presentations and Discussions:

Day 1 (8th September 2016)

The Vice Director of SPD, MOLISA made an opening remark, welcoming all participants to the launching workshop of the CRPD implementation plan.

The Vice Chairman of Lam Dong Provincial People's Committee made a welcome remark, highlighted that Lam Dong has committed and will continue to support persons with disabilities in the province.

The Education Officer/Social Development Unit Chief, USAID/Vietnam made an opening remark, appreciating the GVN efforts in developing legal framework to protect the rights of persons with disabilities, including the Disability Law, the ratification of the CRPD and most recently, the establishment of NCD and approval of the CRPD implementation plan. He recommended that in order to advance the rights of persons with disabilities, as specified in the CRPD, there should be mechanism at local levels for enforcement, coordination and monitoring. He recognized the limited funding for implementation of Disability Law and NAP, and hoped that the CRPD implementation plan shall be a mechanism to enhance budget allocation for disability policy enforcement.

The Deputy Director General, Department for Science, Education, Natural Resources and Environment, Deputy Head of Sustainable Development Office, MPI, presented the United Nations Agenda 2030 for Sustainable Development Goals (SDG) and shared the plan to develop a national action plan on SDGs. She noted that SDGs have a number of disability-related indicators, and that disability issue should be taken into account in the development Agenda 2030 implementation plan.

The Vice Director of NCD Office introduced the CRPD Implementation Plan and appreciated the technical support of USAID, UNICEF and VNAH in development of this plan. She highlighted the needs to develop sectoral/ministerial and provincial plans for implementation, and establishment of PCDs.

The Head of Rehabilitation and Medical Examination Division, Bureau of Medical Administration, MOH presented policies/programs on healthcare and rehabilitation for persons with disabilities. He mentioned that challenges remain in rehabilitation, including the lack of rehabilitation staffs at local health facilities (as regulated in Circular 46/2013 on the organizational structure and staffing of rehabilitation facilities), the lack of facilities/equipment for rehabilitation and limited funding and priority given to rehabilitation compared to medical treatment and disease prevention. As a result, persons with disabilities in localities face difficulties accessing services. He noted that the recently enacted MOH Circular 18, which has dramatically increased health insurance coverage for rehabilitation services from 33 to 248 rehabilitation services and expanded health insurance coverage for an additional 20 assistive devices, shall help address that gap. MOH's priorities for the upcoming period include: Development of rehabilitation service network and human resources, expansion of health insurance for rehabilitation services and assistive devices, expansion of Disability Information System (DIS), as well as awareness-raising on rehabilitation and CBR.

The Vice Director of Research Center for Special Education, Vietnam Institute of Education Sciences, Secretary of Steering Committee on Education for CWDs and disadvantaged children, MOET presented policies/programs on inclusive education for persons with disabilities. She noted the shift from charity-based to rights-based approach and inclusive education as the guiding principles for educational reform in Vietnam.

The representative of DOLISA Da Nang asked: Da Nang wants to improve rehabilitation for people with mental disability, and has set up a center for such, but there is no guideline from either MOH or MOLISA on this. What Da Nang should do?

The representative of MOH: Under GVN Program 1215, such center in Danang could have a health care unit within the center that is allowed to practice/provide health services in accordance with the current laws.

The representative of DPO Lam Dong: There should be representatives of provincial/district DPOs participating as member of the commune's Disability Classification Council in order to assist with the classification and determination of disabilities (in communes that have yet to have commune DPOs)

The representative of DOLISA Khanh Hoa shared that Circular 37 regulates the criteria for disability classification. If the conclusion of the communal disability classification council is deemed incorrect, persons with disabilities or their representatives can apply for re-classification by the higher health examination council.

The representative of Tra Vinh DOLISA: In terms of early detection of disability during pregnancy, the ultrasound test is only a screening test that allows checking the development of fetus; while specific tests for disability detection is costly.

The representative of MOH: Under MOH regulations, all pregnant women are entitled to have ultrasound test 3 times during pregnancy, and these tests are reimbursable by health insurance. Further specialized tests for disability detection shall be prescribed/appointed by doctors when needed.

The representative of DOLISA Da Nang shared that under Decree 61, there is no budget line for vocational training for persons with disabilities (Danang city does not receive funding from national budget for this activity). Da Nang uses its own funding for vocational training for persons with disabilities. He suggested that MOLISA should loosen the regulations on vocational training for persons with disabilities, to create favorable conditions for the provinces and vocational training facilities. Currently, national funding for vocational training for PWD facing disbursement challenge due to requirements such as a full class-room of trainees, which is hard to fulfil (to enroll enough trainee of one specific vocation).

The Vice Director of Vocational training, General Directorate of Vocational Training (GDVT), MOLISA discussed solutions to enhance vocational training and employment for persons with disabilities. She noted that although MOLISA issued Official decision to all provinces guiding allocation at least 10% of regular target and 20% of regular funding for vocational training for PWD, the disbursement rate has been slow in many provinces due to some reasons. Until now, only 37/63 provinces have developed cost norms for vocational training of PWD in accordance with the Joint Circular No. 48/2013/TTLT-BTC-BLĐT BXH dated 26th April 2013 by MOF and MOLISA. Some provinces proposed that the regulations on class size and eligibility of vocational training facilities should be revised. MOLISA is working with MOF to develop a Circular guiding budget management in vocational training for persons with disabilities under Decision 46/2015, which could help to address the existing gaps. GDVT representative also suggested that NCD, MOLISA and MOF coordinate closely in the development of the draft Circular, as well as in implementation at provinces.

The Vice Director of Disaster Management Center of MARD presented the Disability inclusion in disaster management and sustainable livelihood project implemented by MARD in cooperation with MOLISA. Mr. Huy stated that persons with disabilities should made their voices heard in the disaster risk reduction (DRR), rather than being victims of DRR as in the past. Under the project between MARD and MOLISA, persons with disabilities shall be supported to participate in the provincial disaster prevention and management committees.

The Vice Director of Transport Department, MOT presented measures to promote access to and use of public transportation by persons with disabilities. In implementation of NAP to support PWD 2012-2020 and the CRPD implementation plan, MOT has developed policies on: transportation fare exemption and reduction for PWD, accessible vehicles that meet national accessibility standards, arrangement of accessible areas for PWD accessing to railway stations and airports etc. MOT also issued Decision No. 563/QĐ-BGTVT dated 26th February 2016, which set up the Sub-committee on the disability within the transport sector.

The representative of DOLISA Tra Vinh shared difficulty in disability classification for persons with mental disability.

The representative of Khanh Hoa DOLISA: disability classification for persons with mental disability shall be made based on disease history as specified in that person's medical file.

The representative of Kien Giang DOLISA noticed that the scope of activities under Decision 1100 (CRPD Plan of action) is similar to that of Program 1019. He proposed MOLISA/NCD to develop Circular guiding implementation of Decision 1100.

The representative of Lam Dong DPO asked what PWD needs to do if he/she wants to get bus fare exemption.

The representative of MOT answered that PWD should present their disability cards.

Day 2 (9th September 2016)

The representative of VietHealth presented the early childhood disability detection and prevention. He also shared that VietHealth is piloting and will complete the model for replication. VietHealth also has a plan to advocate model to be incorporated in national government policies to promote model sustainability. VietHealth will actively work with government agencies at both central and provincial levels to advocate for replication of this model. So far the VietHealth model has not covered all types of disabilities. In the near future, VietHealth shall expand the model to support children with hearing and visual impairments.

The Deputy Director of DOLISA Da Nang shared experience in establishment and operation of Provincial Steering Committee (PSC) on disability in Da Nang. He shared that Da Nang has a disability database with data of all PWD in the whole province, thanks to USAID and VNAH support. This database serves as baseline for Da Nang PPC to develop a provincial plan to support persons with disabilities during 2011-2015. In implementation and monitoring of this Plan, Da Nang realizes the need to establish a provincial steering committee on disability to assist PPC and coordinate a range of departments in disability support. Chaired by the Vice Director of Da Nang Provincial People's Committee, the Committee conducts annual reviews and develops annual plan for resource mobilization. With members representing all related departments of the province, the Committee has been successful in mobilizing funding from related departments for disability. It also maintains regular activities, especially monitoring activities. He proposed that the PSC model of Da Nang should be replicated to other provinces, to improve coordination at local levels for CRPD enforcement.

The representative of NCD Office presented the development progress of the Vietnam state report on CRPD implementation and shared that MOLISA will cooperate with related ministries, and send official letter to provinces to collect data on CRPD implementation, to serve CRPD reporting. SPD – MOLISA shall coordinate with the

Legal Department also under MOLISA, which was assigned to lead the reporting process, in the development of CRPD report.

The Vice Director of Gender Center and Institute of Labor Science, MOLISA (local independent consultant) introduced the draft NCD disability monitoring and reporting indicators, and shared the drafting, consultation and testing process.

The representatives of Bac Lieu DOLISA shared that the indicator set is suitable and Bac Lieu province finds no difficulty in collecting provincial disability monitoring and reporting indicators.

The representatives of Tra Vinh DOLISA proposed that there should be indicator on the number of the invalids (GVN's veterans injured in wars).

The representative of Da Nang DOLISA suggested that there should be indicator on the number of disabled invalids, since many invalids are people without disability. He also raised the difficulty in disability classification and the lack of national disability database, especially on people with mild disabilities.

Conclusion

The Vice Director of SPD, MOLISA concluded:

- Some areas of priority in CRPD implementation include: Awareness-raising communication on CRPD and disability rights, completing legal framework on disability in harmony with CRPD, implementation of existing plan and programs on disability, monitoring and evaluation of implementation.
- Rehabilitation and healthcare support is one of the basic services that enable persons with disabilities to live independently and integrate into society. Rehabilitation services should be accessible and available for persons with disabilities.
- The issue of accessibility to information technology, transportation and construction should be strengthened at local levels. Ministries should monitor closely the compliance with accessibility codes and standards.
- Provinces should learn from the Da Nang PSC model and establish PCD to enhance coordination within the province and strengthen CRPD enforcement.
- NCD shall follow up with the comments/inputs of provinces in the workshop. NCD/MOLISA recognized the valuable support of USAID and VAH to disability activities at central and provincial levels.

Minute ends.

**Launching/training workshop on Implementation of MOH Circular 18/TT-BYT/2016 on rehabilitation services, assistive devices and rehabilitation daycare payments covered by health insurance
Hanoi, September 30th 2016**

General Information:

Venue: Trade Union Hotel, 14 Tran Binh Trong, Hoan Kiem, Ha Noi

Time: 30th September 2016

Participants: 120 participants from MOH, USAID, Vietnam Social Insurance, DOHs and hospitals from 32 provinces as well as donors, NGOs and DPOs. MOH and Vietnam Social Insurance.

Organizer: MOH, the Viet Nam Social Insurance Agency (with technical and financial supports from USAID, VNAH, ICRC and ACDC)

Presentations and Discussions:

The Vice Head of Bureau of Medical Administration, MOH made an opening remark, expressing his enthusiasm that the Circular 18 has been enacted to replace Circular 11/2009 and welcoming all participants present at the workshop. He also shared the current situation of rehabilitation and the need to improve service delivery capacity and expand health insurance for rehabilitation services and devices.

The Education Officer/Social Development Unit Chief, USAID/Vietnam congratulated the Ministry of Health and the Vietnam Health Insurance Agency on the issuance of Circular 18/2016. He mentioned that this Circular will render rehabilitation services more affordable and accessible. This will be particularly important for people with disabilities in rural areas, as many of the services can be delivered at the commune health stations. He believed that the new policy is expected to provide an incentive for rehabilitation facilities to invest in staff training and equipment, and to enhance the service delivery capacity. He also pledged USAID's continued support to MOH to complete the technical procedures and price lists of the remaining rehabilitation services, and support dissemination and training on the new policies to provinces.

The representative of ICRC/ Special Fund for the Disabled in Viet Nam also congratulated MOH in enactment of this Circular. He emphasized that the Circular is a milestone to protect the rights and enable equal access to rehabilitation services of Vietnamese with disabilities. And more importantly this Circular enacts the list of 20 additional assistive devices reimbursable by health insurance. ICRC will continue to support MOH to ensure the additional assistive devices are fully reimbursed by health insurance fund.

The Head of Rehabilitation and Medical Examination Division, Bureau of Medical Administration, MOH introduced Circular 18 and related policies on health insurance for rehabilitation. He pointed out that the new Circular is the first policy to allow daycare rehabilitation services to be covered by health insurance, and which removes the previous regulation on the average number of days for a treatment period. The Circular 18 also enables referrals of persons with disabilities directly from the commune

facilities to provincial rehabilitation facilities, if the district facilities fail to have adequate capacity to deliver needed services.

The Vice Head of Health Insurance Department, Vietnam Social Insurance Agency presented some issues related to the implementation of Circular 18/2016/TT- BYT. On behalf of Vietnam Social Insurance, he was delighted that Circular 18 was finally enacted in the context that GVN is pursuing universal health insurance. GVN is planning to increase the health insurance coverage in Vietnam from 79% at present to 80% by the end of 2016 and up to 90% by the end of 2020. As the Health Insurance Fund in Vietnam is suffering deficits, he called for rehabilitation facilities in provinces to avoid overspending. Subsequent to Circular 18, MOH has issued Circular 35 on payment conditions for health care services, including over 20 rehabilitation services. Thus rehabilitation facilities should also take this new Circular into account in service delivery.

The Chairman of Viet Nam Rehabilitation Association congratulated MOH on the issuance of Circular 18/2016/TT-BYT. He noted that Circular 18/2016/TT-BYT has allowed an additional 20 assistive devices to be covered. However, as there is significant demand for artificial limbs, Vietnam Social Insurance should consider covering more assistive devices. In many Asian countries, professional associations are entitled to grant practitioner license to specialized health staffs, in Vietnam, however, this task was assigned to DOHs.

The representative of MOH said they will take those into account.

The representative of Rehabilitation Hospital of Tuyen Quang stated that under Circular 35, the mineral water, mineral mash therapies are not reimbursable by health insurance. However, these are commonly used, low-fee yet effective rehabilitation services for treatment of many skin diseases. He proposed that health insurance covers this service.

The representative of Vietnam Social Insurance promised to review and make change if necessary, based on written official letter of recommendation.

The Vice Director of Sơn La Rehabilitation Hospital expressed appreciation to the Circular 18. However, said that their provincial Social Insurance Department advised that implementation of the new Circular should wait for guidance from Viet Nam Social Insurance. He also proposed that the guiding documents should also specify the regulations on referral from communal health facility to provincial facility.

The representative of Vietnam Social Insurance Agency: Referral regulation shall be guided by DOH, in accordance with MOH Circular 14/2014 and Circular 40/2015. Viet Nam Social Insurance has submitted the document on guiding the implementation of Circular 18 and it will be issued soon.

The Vice Director of Nghe An Rehabilitation Hospital proposed that point c Article 4 of Circular 18 should read: If the district hospital has yet to have Rehabilitation

Department or unit, then the commune health clinic shall refer patients directly to provincial-level hospitals.

The representative of Thai Binh Rehabilitation Hospital stated that not all services under Circular 18 are reimbursable due to the lack of technical procedures and price tags. Of those that already have price tags, the price has yet to include the assistive device costs. There should be more guidance on price tags of rehabilitation services, as regulated in Inter-Circular 37 by MOF and MOH.

The representative of MOH replied that in 2017 the ministry will develop price/fee tags and technical procedures for all remaining rehabilitation services/techniques. Prices/fees available under Circular 37 have not included the cost of assistive devices, while some services them. Department of Planning and Finance – MOH is taking the lead to develop guidance for implementation of Circular 37.

The representative of Tuyen Quang Rehabilitation Hospital mentioned that they have a workshop for production of assistive devices. These devices are of good quality and low costs compared to those in market. However, these assistive device are not reimbursable by health insurance.

The representative of MOH answered that the ministry will consider this when developing the price tags for rehabilitation services and assistive devices.

The representative of Ha Nam General Hospital asked whether the Circular 18 regulation on daycare payment by health insurance is applicable on the ground now?

The representative of Department of Planning and Finance, MOH shared that MOH is developing a specific Circular guiding the implementation of daycare rehabilitation to be covered by health insurance. Under Inter-Circular 37 issued by MOF and MOH, currently the bed fee used in daycare rehabilitation is reimbursed by health insurance at 30% of bed fee used in inpatient treatment, if the rehabilitation facilities are assigned to provide daycare treatment services. MOH needs hospitals to identify which rehabilitation techniques/services need daycare treatment. In response to question on Inter-Circular 37, on behalf of the Planning and Finance Department – the focal point in development of Circular 37 – she mentioned the service price tags as specified in Circular 37 was developed based on MOH Circular 03 and Circular 04, thus has not include fees of assistive devices/medical items. To address this issue, MOH is developing guidance for Circular 37 and will share with the provinces for comments.

The Director of Tuyen Quang rehabilitation hospital shared that the province is now implementing Circular 37 and finds no difficulty in implementation.

The representative of Ha Nam General Hospital suggested that medical doctors shall decide which services needing daycare treatment, subject to specific conditions of the patients.

The representatives of Rehabilitation Departments of Thai Nguyen Steel Hospital and Thai Nguyen Rehabilitation Hospital mentioned that local Social Insurance reimbursed for rehabilitation services at lower price than those regulated by MOH. They also asked health facilities to present the fee breakdown of each service.

The representative of Vietnam Social Insurance explained the service breakdown is specified in MOH Circular 04. Under MOH Decisions 355 and 508, MOH regulated the ceiling price tags and delegated it DOHs to develop price tags suitable to local conditions. He said they will work with the provincial Social Insurance agency in this matter.

The representative of Lao Cai Rehabilitation Hospital mentioned the provincial Social Insurance agency refused to reimburse the specific rehabilitation services.

The representative of Vietnam Social Insurance responded that the national Social Insurance agency will work with the provincial agency to address this issue.

The representative of Vinh Phuc Rehabilitation Hospital mentioned that under Circular 35, Social Insurance only allows reimbursement of 01 service for relief of muscle pain per day. That creates difficulty for implementation as one patient may need several services per day, one service supplements the others.

The representative of MOH replied that MOH already sent the draft Circular to all hospitals for consultation/comments before promulgation. The issues raised today should have been informed to drafters during development.

The representatives of Thanh Hoa and Tuyen Quang Rehabilitation Hospital shared that in rehabilitation hospitals, they can produce high-quality yet low-price orthopedic devices and assistive devices, but these devices are not allowed for distribution, even at their own hospital's pharmacy stores. The market control officers said that hospitals are not authorized to sell the devices.

The representative of MOH: MOH will work with relevant stakeholders on this issue, DOHs need to support to address the problem as well.

The representative of the Quynh Lap Leprosy – Dermatology and Venereology Central Hospital in Nghe An asked whether general medical doctor can diagnose, appoint rehabilitation services and subscribe medicine if they obtain short-term certificate-based orientation training on rehabilitation.

The representative of MOH answered that general medical doctors can prescribe medicine and appoint rehabilitation services if rehabilitation is added as one major in their practitioner license.

Conclusion

The Vice Head of Bureau of Medical Administration, MOH concluded:

- That the workshop has been successful. 20 provincial representatives have raised questions and got the answers from MOH and Vietnam Social Insurance Agency. He emphasized that the enactment of Circular 18 is a major milestone of the GVN efforts in expansion of health insurance coverage for rehabilitation services in particular and in implementation of universal health insurance in Vietnam in general.
- MOH and the Vietnam Social Insurance Agency will work closely in that process, and will need the support, feedbacks and comments from all provinces, rehabilitation facilities and stakeholders in order to complete the legal framework on this issue. During the implementation of Circular 18, any feedback or question should be sent to MOH and Vietnam Social Insurance Agency for further guidance and support.
- He thanked international organizations, USAID, ICRC, VNAH, ACDC for providing technical support and share best practices to MOH and the drafting team.
- The Vice Director of Health Insurance Department – Vietnam Social Insurance re-emphasized that Vietnam Social Insurance Agency shall send official letters guiding the implementation of Circular 18 to all provincial Social Insurance agencies. He shared that Vietnam Social Insurance Agency and MOH is working cooperatively in the development of price tags for rehabilitation services and assistive devices, as well as regulations on day-care rehabilitation.

Minute ends.

ANNEX G: OUTLINE OF STATE REPORT ON CRPD IMPLEMENTATION (DRAFT)

A. COMMON CORE REPORT

1. General information of Vietnam:

Constitutional, political and legal structure, economic, social and cultural characteristics of Vietnam (in the context of CRPD implementation)

2. General framework for the protection and promotion of human rights:

- a. Acceptance of international human rights norms
- b. Legal framework for the protection of human rights at the national level
- c. Framework within which human rights are promoted at the national level
- d. Reporting process at the national level and related stakeholders
- e. Other related human rights information

3. Information on non-discrimination and equality and effective remedies

- a. Non-discrimination and equality
- b. Effective remedies to ensure elimination of discrimination on the basis of disability

B. SPECIFIC REPORT ON CRPD IMPLEMENTATION

I. Implementation of general provisions of the CRPD (Articles 1 to 4 of the Convention)

- The definition of disability in Vietnam legal framework
- Definitions of the following concepts under Article 2 of the Convention, including: Communication, language, discrimination on the basis of disability, reasonable accommodation in the Vietnam legal framework.
- The way Vietnam implemented general principles and obligations established under articles 3 and 4 of the Convention and ensure CRPD implementation, especially the non-discrimination principle under Article 4, provide evidences.
- Disaggregated and comparative statistical data on the effectiveness of specific anti-discrimination measures and the progress achieved towards ensuring equal realization of each of the Convention rights by persons with disabilities including a gender- and age-based perspective
- Which Convention rights the State Party has endeavored to implement progressively and which it has committed to implement immediately. Describe the impact of the latter measures

- The degree of involvement of persons with disabilities including women, boys and girls with disabilities in the development, implementation and evaluation of legislation and policies to introduce the Convention. It should also be indicated the diversity of persons with disabilities who have been involved in these processes with a gender, and age based perspective
- Whether the State has measures that provide higher levels of protection of the rights of persons with disabilities than those included in the Convention, in line with paragraph 4 of article 4
- How it has been ensured that the provisions of the Convention extend to all parts of the States, without any limitation or exception, in the case of federal or very decentralized States.

II. Implementation of specific rights under the CRPD:

I. Article 5 - Equality and non-discrimination

- Whether persons with disabilities are able to use the law to protect or pursue their interests on an equal basis to others
- Effective measures taken to guarantee persons with disabilities equal and effective legal protection against all types of discrimination, including the provision of reasonable accommodation
- Policies and programs, including affirmative action measures, to achieve the de facto equality of persons with disabilities, taking into account their diversity.

2. Article 8 - Awareness-raising

- Public-awareness campaigns directed to general society, within the education system and actions undertaken through mainstream media.
- Actions undertaken to raise awareness and inform persons with disabilities and other parts of society on the Convention and the rights it includes

3. Article 9 - Accessibility

- Legislative and other measures taken to ensure to persons with disabilities, access on an equal basis with others to the physical environment (including the use of signal indicators and street signs), to transportation, information and communications, (including information and communications technologies and systems) and to other facilities and services provided to the public including by private entities, both in urban and in rural areas.
- Technical standards and guidelines for accessibility; as well as on the auditing of their fulfilment and sanctions for noncompliance; and whether resources obtained by means of money sanctions are applied to encourage accessibility actions
- The use of public procurement provisions and other measures that establish compulsory accessibility requirements
- The identification and elimination of obstacles and barriers to accessibility

including from both within the public and the private sector, and national accessibility plans established with clear targets and deadlines

4. Article 10 - Right to life

- Whether the legislation recognizes and protects the right to life and survival of persons with disabilities on an equal basis with others
- Whether persons with disabilities are being subject to arbitrary deprivation of life

5. Article 11 - Situations of risk and humanitarian emergencies

- Vietnam should report on any measures taken to ensure their protection and safety including measures taken to include persons with disabilities in national emergency protocols.
- Vietnam should report on measures taken to ensure that humanitarian aid relief is distributed in an accessible way to people with disabilities caught in humanitarian emergency, in particular measures taken to ensure that sanitation and latrine facilities in emergency shelters and refugee camps are available and accessible for persons with disabilities.

6. Article 12 - Equal recognition before the law

- Measures taken by the State Party to ensure that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life, in particular such measures as to ensure the equal right of persons with disabilities to maintain their physical and mental integrity, full participation as citizens, own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and their right not to be arbitrarily deprived of their property.
- Whether legislation does or does not exist which restricts the full legal capacity on the basis of disability, as well as actions being taken towards conformity with article 12 of the Convention.
- The support available to persons with disabilities to exercise their legal capacity and manage their financial affairs.
- The existence of safeguards against abuse of supported decision-making models.
- Awareness-raising, and education campaigns in relation to equal recognition of all persons with disabilities before the law

7. Article 13 - Access to justice

- Measures taken to ensure the effective access to justice at all stages of the legal process, including investigative and other preliminary stages, by all persons with disabilities
- Measures taken to ensure effective training of personnel in the national justice and prison system, in the respect for the rights of persons with disabilities

- The availability of reasonable accommodations, including procedural accommodations that are made in the legal process to ensure effective participation of all types of persons with disabilities in the justice system, whatever the role which they find themselves in (for example as victims, perpetrators, witness or member of jury, etc.)
- Age-related accommodations to ensure effective participation of children and young persons with disabilities

8. Article 14 - Liberty and security of the person

- Measures taken by Vietnam to ensure that all persons with all forms of disabilities enjoy the right to liberty and security of person and that no person is deprived of her/his liberty on the basis of her/his disability
- Actions being taken to abolish any legislation that permits the institutionalization or the deprivation of liberty of all persons with all forms of disabilities.
- Legislative and other measures put in place to ensure that persons with disabilities who have been deprived of their liberty are provided with the required reasonable accommodation, and enjoy fully their remaining human rights.

9. Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment

- Measures taken to protect effectively persons with disabilities from medical or scientific experimentation without their free and informed consent, including persons with disabilities who need support in exercising their legal capacity
- The inclusion of persons with disabilities in national strategies and mechanisms to prevent torture

10. Article 16 - Freedom from exploitation, violence and abuse

- Legislative, administrative, social, educational and other measures taken to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including the gender and child based aspects
- Social protection measures to assist and support persons with disabilities, including their families and caregivers, and to prevent, recognize and report instances of exploitation, violence and abuse, including the gender- and child-based aspects
- Measures taken to ensure that all services and programs designed to serve persons with disabilities are effectively monitored by independent authorities
- Measures taken to ensure that all persons with disabilities who are victims of violence have access to effective recovery, rehabilitation and social re-integration services and programs.

- Measures taken to ensure that all services and resources available to prevent and support victims of violence are accessible to persons with disabilities.
- Legislation and policies, including women and child focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

11. Article 17 - Protecting the integrity of the person

- Measures taken to protect persons with disabilities from medical (or other) treatment given without the free and informed consent of the person.
- Measures taken to protect all persons with disabilities from forced sterilization, and girls and women from forced abortions.
- The existence, composition and role of independent review organizations to ensure the fulfilment of this right, programs and measures adopted by these bodies.

12. Article 18 - Liberty of movement and nationality

- Legislative or administrative measures taken to ensure the right of persons with disabilities to acquire a nationality and to enter or leave the country.
- Measures taken to ensure that every newborn child with a disability be registered upon birth and given a name and a nationality.

13. Article 19 - Living independently and being included in the community

- The existence of available independent living schemes, including the provision of personal assistants for persons who so require.
- The existence of in-house support services allowing persons with disabilities to live in their community.
- The existence of residential services for PWD, including sheltered accommodation which take into account the form of disability.
- The degree of accessibility for persons with disabilities to community services and facilities provided to the general population.

14. Article 20 - Personal mobility

- Measures to facilitate the personal mobility of persons with disabilities, including the use of signal indicators and street signs for accessibility, in the manner and the time of their choice, as well as their access to forms of assistance (human, animal, or assistive technologies and devices), at an affordable cost.
- Measures taken to ensure that the technologies are high quality, affordable, and user-friendly.
- Measures taken to give training in mobility skills to persons with disabilities and specialist staff.
- Measures taken to encourage entities that produce mobility aids, devices and

assistive technologies to take into account all aspects of mobility for persons with disabilities.

15. Article 21 - Freedom of expression and opinion, and access to information

- Legislative and other measures taken to ensure that information provided to the general public is accessible to persons with disabilities in a timely manner without additional cost.
- Legislative and other measures taken to ensure that persons with disabilities can use their preferred means of communication in all forms of official interaction and access to information, such as sign language, Braille, augmentative and alternative communication, and all other accessible means.
- Measures taken to urge private entities and mass media to provide their information and services in an accessible form for persons with disabilities, including measures taken to prevent the blocking or restriction of access to information in alternative formats by the private sector.
- Degree of accessibility of mass media and percentage of public websites that comply with the Web Accessibility Initiative (WAI) standards.
- Legislative and other measures taken linked to the official recognition of sign language(s).

16. Article 22 - Respect for privacy

- Measures taken to protect the privacy of personal, health and rehabilitation related information of persons with disabilities.
- Measures taken so that persons with disabilities not be concealed on the pretext of protection of privacy.

17. Article 23 - Respect for home and the family

- Measures taken to ensure that persons with disabilities may exercise the right to marry and to found a family on the basis of full and free consent.
- Measures taken so that persons with disabilities have access to family planning, assistive reproduction and adoption or fostering programs.
- Measures taken to ensure that parents with disabilities, who so require, are provided with the adequate support in their child-rearing responsibilities, ensuring the parent-child relationship.
- Measures taken to ensure that no child is separated from her/his parents because of the disability of either the child or one or both of the parents.
- Measures taken to support fathers and mothers, and the families of boys and girls with disabilities, in order to prevent concealment, abandonment, neglect or segregation of the boy or girl with a disability.
- Measures taken to avoid institutionalization of boys and girls with disabilities whose parents are unable to care for them, and ensure that they are provided with alternative care from the wider family, or when this is not

possible, in a family setting in the wider community.

- Measures taken to prevent the forced sterilization of persons with disabilities, especially with girls and women.

18. Article 24 - Education

- Measures taken to ensure that every child with disabilities has access to early-stage education, and mandatory primary, secondary and higher education.
- Information on the number of boys and girls with disabilities in early-stage education.
- Information on the existing significant differences in the education of boys and girls in the different education levels and whether there are policies and legislation to cater for these differences.
- Legislative and other measures that ensure that schools and materials are accessible and that individualized reasonable accommodation and support required by persons with disabilities is provided to ensure effective education and full inclusion.
- Availability of specific skills-training services for children, adults or teachers who so require in Braille, sign languages, augmentative and alternative communication, mobility and other areas.
- Measures taken for the promotion of the linguistic identity of deaf persons
- Measures taken to ensure education is delivered in the most appropriate languages, modes, means of communication, and environments for the individual.
- Measures to ensure an adequate training on disability to professionals in the education system, as well as measures to incorporate persons with disabilities in the education team.
- Number and percentage of students with disabilities in tertiary education.
- Number and percentage of students with disabilities by gender and fields of study.
- Reasonable accommodation provisions and other measures to ensure access to lifelong learning education.
- Measures taken to ensure early identification of persons with disabilities and their education needs.

19. Article 25 - Health

- Legislative and other measures that protect against discrimination and ensure that persons with disabilities have the same access to quality health services, including in the area of sexual and reproductive health.
- Measures taken to ensure that persons with disabilities have access to disability-related health rehabilitation in their community freely and without

financial cost.

- Health services, early detection and intervention programs, as appropriate, to prevent and minimize the emergence of secondary disabilities, paying attention to children, women and the elderly, including in rural areas.
- Legislative and other measures to ensure that general public health campaigns are accessible for persons with disabilities.
- Measures put in place to train doctors and other health professionals on the rights of persons with disabilities, including in rural areas.
- Legislative and other measures to ensure that any health treatment is provided to persons with disabilities on the basis of their free and informed consent.
- Legislative and other measures that ensure protection against discrimination in the access to health insurance and other insurance, when these are required by law.
- Measures taken to insure that sanitation facilities are not simply available, but fully accessible.
- Measures taken to increase awareness and information in various accessible formats, including in Braille, for HIV/AIDS and malaria prevention

20. Article 26 - Habilitation and rehabilitation

- General habilitation and rehabilitation programs for persons with disabilities, in the areas of health, employment, education and social services, including early intervention, peer support, and the availability of these services and programs in rural areas.
- Measures taken to ensure that participation in habilitation and rehabilitation services and programs is voluntary.
- The promotion of initial and continuous training for professionals and staff working in habilitation and rehabilitation programs.
- Measures taken for the promotion, availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.
- Measures taken for the promotion of international cooperation in the exchange of assistive technologies in particular with Third World countries.

21. Article 27 - Work and employment

- The legislative measures taken to ensure protection against discrimination in all stages of employment and in any form of employment and to recognize the right of persons with disabilities to work on a basis of equality with others, in particular the right to equal pay for equal work.
- The impact of targeted employment programs and policies in place to achieve full and productive employment among persons with disabilities

according to paragraphs I (a to g) of the Convention.

- The impact of measures to facilitate re-employment of persons with disabilities, who are made redundant as a result of privatization, downsizing and economic restructuring of public and private enterprises according to paragraph I (e) of the Convention.
- Availability of technical and financial assistance for the provision of reasonable accommodations, including the promotion of the establishment of cooperatives and startups in order to encourage entrepreneurialism.
- Affirmative and effective action measures for the employment of persons with disabilities in the regular labor market.
- Positive and effective action measures for the prevention of harassment of persons with disabilities in workplace.
- Accessibility of persons with disabilities to open employment and vocational training services, including those for the promotion of self-employment.
- Information on existing significant differences in employment between men and women with disability and whether there are policies and legislation to cater for these differences in order to promote the advancement of women with disabilities.
- Identification of the most vulnerable groups among persons with disabilities (including by providing examples) and policies and legislation in place for their inclusion in the labor market.
- Measures taken for the promotion of the trade union rights of persons with disabilities.
- Measures taken to assure the retention and retraining of workers who suffer a workplace injury resulting in a disability preventing them from performing their previous tasks.
- Provide information on the work of persons with disabilities in the informal economy in the State Party, and the measures taken to enable them to move out of the informal economy, as well as on measures taken to ensure their access to basic services and social protection.
- Describe the legal safeguards in place to protect workers with disabilities from unfair dismissal, and forced or compulsory labor according to article 27, paragraph 2.
- Measures taken to ensure persons with disabilities who have technical and vocational skills are empowered with the support needed for their entry and re-entry to the labor market according to paragraph I (k).
- Measures taken to ensure students with disabilities the same access to the general labor market.
- Measures taken to ensure various forms of work, such as work on location, telecommuting (off-site/at home) and subcontracting, and work opportunities

offered by new communication technologies.

22. Article 28 - Adequate standard of living and social protection

- Measures taken to ensure availability and access by persons with disabilities to clean water, adequate food, clothing and housing and provide examples.
- Measures taken to ensure access by persons with disabilities to services, devices and other appropriate assistance at affordable prices, including the availability of programs that cover disability related extra financial costs.
- Measures taken to ensure access by persons with disabilities, in particular women and girls and older persons with disability, to social protection programs and poverty reduction programs.
- Measures towards public housing programs and retirement benefits and programs for persons with disabilities.
- Measures taken to recognize the connection between poverty and disability.

23. Article 29 - Participation in political and public life

- Legislation and measures to guarantee to persons with disabilities, in particular persons with mental or intellectual disability, political rights, including, if it is the case, existing limitations and actions taken to overcome them.
- Measures taken to ensure the right to vote of all persons with disabilities, on their own or to be assisted by a person of their choice.
- Measures taken to ensure the full accessibility of the voting procedures, facilities and materials.
- Indicators measuring the full enjoyment of the right to participate in political and public life of persons with disabilities.
- Support provided, if any, to persons with disabilities for the establishment and maintenance of organizations to represent their rights and interests at local, regional and national level.

24. Article 30 - Participation in cultural life, recreation, leisure and sport

- Measures taken to recognize and promote the right of persons with disabilities to take part on an equal basis with others in cultural life, including opportunities to develop and utilize their creative, artistic and intellectual potential.
- Measures taken to ensure that cultural, leisure, tourism and sporting facilities are accessible to persons with disabilities, taking into account children with disabilities, including through the conditional use of public procurement and public funding.
- Measures taken to ensure that intellectual property laws do not become a barrier for persons with disabilities in accessing cultural materials, including participation in relevant international efforts.

- Measures taken to promote deaf culture.
- Measures taken to support the participation of persons with disabilities in sports, including elimination of discriminatory and differentiated treatment of persons with disabilities in the awarding of prizes and medals.
- Measures taken to ensure that children with disabilities have access on an equal basis with all other children to participation in play, recreation, leisure and sporting facilities, including those made within the school system.

II. Situation of boys, girls and women with disabilities

1. Article 5 - Women with disabilities

- Whether gender inequality of women and girls with disabilities is recognized at legislative and policy levels, as well as within program development.
- Whether girls and women with disabilities enjoy all human rights and fundamental freedoms on an equal basis with boys and men with disabilities
- Whether girls and women with disabilities enjoy all human rights and fundamental freedoms on an equal basis with other girls and women without disabilities.

2. Article 7 - Children with disabilities

- The principles that underpin decision-making in relation to boys and girls with disabilities.
- Whether boys and girls with disabilities are able to express their views on all matters that affect them freely, and receive appropriate assistance according to their disability and age to practice this right.
- Relevant differences in the situations among boys and girls with disabilities.
- Whether children with disabilities are viewed as right-bearers on an equivalent basis to other children.

III. Situations of implementation of specific obligations

1. Article 31 - Statistics and data collection

- Measures taken to collect disaggregated appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the Convention respecting human rights and fundamental freedoms, ethics, legal safeguards, data protection, confidentiality and privacy.
- The dissemination of these statistics and measures to ensure their accessibility by persons with disabilities.
- Measures taken to ensure the full participation of persons with disabilities in the process of data collection and research.

2. Article 32 - International cooperation

- Measures taken to guarantee that international cooperation be inclusive and

accessible by persons with disabilities.

- Measures taken to guarantee that donor funds are properly used by recipient States (including by providing examples, numbers and percentages of successful targeted funding).
- Programs and projects which specifically target persons with disabilities and the percentage of the total budget allocated to them.
- Affirmative-action measures taken towards the inclusion of the most vulnerable groups among persons with disability, such as women, children, etc.
- Degree of participation of persons with disabilities in the design, development and evaluation of programs and projects.
- Degree of mainstreamed action towards persons with disabilities in the general programs and projects developed.
- Actions toward facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programs and best practices.
- Whether policies and programs targeting the Millennium Development Goals (MDGs) take into account the rights of persons with disabilities.
- On the development, progress, and effectiveness of programs for the exchange of technical know-how and expertise for the assistance of persons with disabilities.

3. Article 33 - National implementation and monitoring

- Measures taken to designate one or more focal points within the Government for matters relating to the implementation of the Convention, giving due consideration to the establishment or designation of a coordination mechanism within the Government to facilitate related action in different sectors and at different levels.
- The establishment of a framework, including one or more independent mechanisms, as appropriate and measures taken to promote, protect and monitor implementation of the Convention, taking into account the principles relating to the status and function of national institutions for the protection and promotion of human rights.
- Measures taken to involve civil society, in particular persons with disabilities and their representative organizations, including gender perspectives, in the monitoring process and the preparation of the report.
- On the integration of disability issues on the agenda of all governmental agencies to assure that various departments are equally aware of disability rights and can work towards their promotion.
- On the operations of Government departments and their programs and functions relating to persons with disabilities.

- On budget allocations for the purpose of national implementation and monitoring.

End of Annex G