



DISABILITY-INCLUSIVE SOCIAL PROTECTION RESEARCH

Executive summary: Evidence from Vietnam

1 Summary of research project and partners

The Australian Department of Foreign Affairs and Trade (DFAT) and the International Centre for Evidence in Disability (ICED) at the London School of Hygiene & Tropical Medicine (LSHTM) have aligned goals to build a better evidence on disability and social protection in low-and-middle-income countries (LMICs). The lack of information on how to best deliver disability-inclusive social protection has been highlighted as a key barrier to effective policy-making in other research [1-3] and in a technical meeting on inclusive social protection for people with disabilities organised by the International Labour Organization and the International Disability Alliance in January 2015.

To address this gap in the evidence-base, DFAT has commissioned ICED to carry out research in disability-inclusive social protection systems, involving primary research in two countries in the Asia-Pacific region. Following a desk-based review across the region and a rapid policy analysis of five potential research sites, Vietnam and Nepal were selected as the two countries in which primary research would take place. This report presents findings from Vietnam, research which was conducted in partnership with the Hanoi University of Public Health.

2 Rationale and purpose

Due to high levels of poverty and social exclusion [4], people with disabilities¹ – who comprise upwards of 15% of the global population – have been identified as a key target group for inclusion in social protection, in both international guidelines and in national strategies. The right of people with disabilities to social protection on an equal basis with others is well-established in international treaties such as the Universal Declaration of Human Rights (Article 25) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Article 28) [5].

Although social protection schemes – either mainstream or disability-specific – are increasingly being implemented in LMICs, there is currently a lack of evidence on whether these programmes are adequately reaching and meeting the needs of people with disabilities [1]. Exploring what is currently working well – and what can be improved – in each system can help to inform evidence-based policy-making for disability-inclusive social protection.

Vietnam was selected as a study site for this research to generate evidence from a system that is considered to have a relatively well-functioning social protection system that has put a strong emphasis on disability inclusion. Vietnam has a range of programmes available to

¹ People with disabilities are defined in the UNCRPD as including those who have “long-term physical, mental and intellectual or sensory impairments which in interaction with various contextual factors may hinder their full and effective participation in society on an equal basis with others”.

people with disabilities, including the Disability Allowance, an unconditional cash transfer, as well as other entitlements in health, education and employment.

3 Study Aims

The overall aims of this study are: (1) to assess the extent to which social protection systems in Vietnam address the needs of people with disabilities; and (2) to identify and document elements of good practice in disability-inclusive social protection, as well as challenges. As most social protection programmes in Vietnam are targeted to various vulnerable groups (e.g. orphans, widows, single parents), the research mainly focuses on disability-specific schemes, as they are more relevant to a higher proportion of people with disabilities.

Specific objectives of the research include:

- (1) To describe the overall social protection landscape in Vietnam, with an emphasis on the Disability Allowance and other disability-targeted schemes.
- (2) To explore the need for social protection among people with disabilities in Vietnam.
- (3) To measure access of people with disabilities in Vietnam to the Disability Allowance and other social protection schemes.
- (4) To explore the experience of recipients in applying for and using the Disability Allowance.

4 Methods

A mixed-methods approach, combining quantitative and qualitative data collection in a selected district with a policy analysis at the national level, was used to meet the study objectives. While the national policy analysis presents a broad overview of disability and social protection across Vietnam, the qualitative and quantitative components provide a more in-depth exploration of the functioning of the system in practice by focusing on one district.

For the district-level data collection, Cam Le, part of the province of Da Nang, was selected as the setting for this research to allow the best opportunity to identify good practices in disability-inclusive social protection. As Cam Le is urban, relatively affluent, and was identified by stakeholders as having a relatively well-functioning social protection system and adequate availability of disability-related services, the results from this study may not reflect the situation across all of Vietnam. As such, it should be viewed as a case study of the strengths and challenges in the Vietnamese system when it is working relatively well, rather than reflective of the situation across the entire country.

4.1 National policy analysis

A national policy analysis was conducted to describe the current social protection system in Vietnam and assesses the degree to which it is responsive to the needs of people with disabilities. It included a literature review as well as in-depth interviews with key national-level stakeholders. Sixteen interviews with representatives from government and civil society were conducted to explore perceptions of the impact of major policies and programmes related to social protection for people with disabilities.

4.2 Quantitative research in Cam Le

The quantitative part of this study consisted of three components:

- **Population-based survey:** to estimate the prevalence of disability (using the Washington Group Short Set questions, see Box 1) across a sample of over 6,000 individuals and compare socioeconomic indicators (e.g. per capita income and ownership of assets) between households with and without disabled members.

Box 1. Measuring disability

Disability was defined using the Washington Group Short Set of Questions on Disability [6]. This tool has six questions about difficulties with activities (e.g. seeing, hearing, walking or climbing stairs, remembering, self-care and communicating). For each question, the respondent can choose one of four options: no difficulty, some difficulty, a lot of difficulty or cannot do at all. For the purpose of this study, people who answered “cannot do at all” or “a lot of difficulty” for at least one question were considered to have a disability.

- **Case-control study:** to compare living circumstances (e.g. participation in community/family life, access to education, work and healthcare) between people with disabilities and people without disabilities. Every person who was identified as having a disability during the population survey, as well as 76 purposively selected Disability Allowance recipients, were matched to people without disabilities from the survey of the same gender, area of residence and of similar age (+/- 5 years).
- **Survey of recipients of the Disability Allowance:** to understand their experience in applying for the allowance and their use of benefits. All people with disabilities who had reported during the case-control survey that they were currently receiving the Disability Allowance received this questionnaire.

Data was analysed using STATA 14. Multivariate regression (conditional logistic, logistic or linear) was used to compare indicators between people with and without disabilities, people with disabilities who were and were not receiving the Disability Allowance and for differences based on other characteristics (e.g. by gender, age group, impairment type).

4.3 Qualitative research in Cam Le

In-depth interviews were conducted to explore people with disabilities’ knowledge of the Disability Allowance and their experience of accessing and benefiting from the scheme. Respondents were identified during the population-based survey and selected to reflect variation by sex, age group, area of residence and whether they were receiving the Disability Allowance. Additionally, interviews with key informants working in disability and/or social protection in Cam Le or nationally were identified through snowball sampling. Interviews were transcribed, coded and analysed through thematic analysis.

4.4 Ethics

This study was approved by the Ethics Committee at the London School of Hygiene & Tropical Medicine and the Hanoi University of Public Health. Informed written consent was obtained from all study participants before beginning any interviews. For children below 16

years of age (age of consent) and people with impairments that severely limited their ability to understand/communicate, a carer answered on their behalf as a proxy. Individuals who reported unmet health needs were referred to available local services.

5 Social Protection Provisions for People with Disabilities

The majority of social protection entitlements in Vietnam are targeted to specific vulnerable groups, including people with disabilities, with few truly mainstream programmes.

Key disability-targeted entitlements are listed in Table 1. In order to be eligible for these entitlements, people with disabilities must first undergo an assessment of disability. This assessment is conducted by the Disability Degree Determination Council (DDDC), which is located within the commune-level People’s Committee. The DDDC determines both the type and degree of disability using the Joint Circular 37. The degree of disability (“mild”, “severe” or “extremely severe”) determines which social protection benefits a person is eligible for.

Entitlement	Eligibility	Description of benefit
Social assistance (predominately the Disability Allowance)	Severe, extremely severe	Unconditional cash transfer: 405,000 VND (severe), 540,000 VND (extremely severe). Slightly higher amounts for children and older adults, individuals who are War Invalids or Victims of Agent Orange.
Health insurance	Severe, extremely severe	State subsidized premium for Compulsory Health Insurance (CHI) programme; coverage of 95% of eligible medical expenses
Education supports	Any classification	Various (e.g. individual education plan, adapted admission criteria; exempted tuition fees/scholarship if also poor)
Vocational training & employment supports	Any classification	Various (e.g. free vocational training at recognised centres, preferential loans for self-employed, incentives for employers)
Transportation discounts	Any classification	Free or subsidized public transportation.

Table 1. Disability-targeted social protection provisions

In addition to the above programmes, people with disabilities may be eligible for other types of social assistance or subsidized health insurance if they belong to other groups the State targets for social protection (e.g. single parents, orphans, older adults in poor households).

6 Findings and implications

6.1 Need for social protection

Vietnam’s social protection framework for people with disabilities acknowledges and seeks to address diverse drivers of poverty and marginalization. International norms and frameworks highlight several core functions of social protection, including ensuring adequate standards of living, fostering stronger livelihoods and reducing inequalities. In line

with these aims, data from the quantitative research was used to explore the current living situation of people with disabilities to determine the need for social protection.

6.1.1 Poverty and meeting basic needs

Households with members with disabilities were significantly more likely to be living in poverty compared to households without disabilities across a range of indicators of economic poverty. For example, almost two-thirds were living below the nationally defined minimum standard of living², which was significantly higher than for households without disabilities (aOR=4.0, 95% CI: 2.7-5.7). Households with members with disabilities were much more likely to experience food insecurity, with twice as many households reporting that they lacked food due to financial reasons in the past month.

In addition, households with members with disabilities encountered extra disability-related expenses (e.g. extra transport, medical and rehabilitation costs, purchase of assistive devices) that lowered their standard of living. These “extra costs” of disability were estimated to be 38.2% of household income. This means that on average, the income of a household with a member with a disability would need to increase by 38.2% – the equivalent of US\$93.66 per month – in order to enjoy the same standard of living as a household without members with a disability.

6.1.2 Barriers to developing stronger livelihoods: health, education and decent work

People with disabilities in Cam Le had lower levels of health compared to people without disabilities. For example, they were six times more likely to have experienced a serious health condition in the last 12 months compared to people without disabilities. Additionally, few had received assistive devices or rehabilitation, mainly due to lack of awareness of these services. Financial accessibility of healthcare was a key challenge, as households with members with disabilities spent on average over twice as much on healthcare a month compared to households without members with disabilities.

Concerning education, children with disabilities were significantly less likely to go to school compared to their peers without disabilities (aOR=2.4, 95% CI: 1.2-4.9) and were more likely to be left behind academically if they did enroll. Adults with disabilities had similarly poor outcomes: they were more than 4 times more likely to have never attended school compared to adults without disabilities and had lower levels of educational attainment and reading ability.

Access to decent work is key to promoting stronger livelihoods. However, among working age adults (18-65 years), people with disabilities were over six times less likely to have worked in the past 12 months compared to their peers without disabilities (aOR=6.4, 95% CI: 3.3-12.5). When people with disabilities did work, they earned less than half the salary of people without disabilities, were engaged in less stable work and worked one month less per year on average.

6.2 Access to social protection

In order to access disability-targeted social protection entitlements that might address the high levels of poverty and marginalisation experienced by people with disabilities and their

² Defined as 1,300,000 VND (US\$57) per person per month by the MOLISA for the period 2016 – 2020 for urban areas

households, people with disabilities must first receive a certification of disability, which will determine the level and types of support they are entitled to receive. The application process and assessment system in Vietnam provide examples of strengths and challenges in designing disability-targeted social protection systems.

6.2.1 Coverage and uptake

Nationally, there are more than 700,000 people with disabilities who are receiving the Disability Allowance and subsidised CHI based on disability as of 2014. Based on national estimates of “severe” disability, this gives a coverage of 41% for people who are assumed to meet eligibility criteria. Overall, 11.4% of the estimated 6.1 million people with disabilities across Vietnam are receiving these entitlements. Coverage for other entitlements, or within non-disability targeted schemes, is not tracked.

In Cam Le, coverage for these two main entitlements was similar to the national figures (43.8%). Households with members with disabilities were also frequently receiving non-disability-targeted social assistance, particularly cash transfers that are given to older adults living in poverty. Overall, households with members with disabilities were more likely to receive social assistance compared to non-disabled households (62.5% vs. 11.5% participation). Uptake of other disability-targeted social protection entitlements – such as transportation discounts or vocational training – was very low.

6.2.2 Elements of Vietnam’s social protection system that promote access

“It’s quick, only about 10 minutes for a dossier [application for disability certification]. Before, a dossier needed to be consulted by [medical] experts and it was more difficult to assess. Now it’s simple and we can assess by seeing” – Key informant interview, discussing benefits to the new disability assessment procedures

Vietnam’s disability-targeted social protection system underwent significant changes in 2012 following the introduction of Decree No. 28/2012/ND-CP. Many of these changes have improved access for people with disabilities to social protection, which is reflected in the near doubling in Disability Allowance recipients between 2009 and 2014 [7, 8].

For example, assessments of disability are now conducted at the commune level, which is one of the smallest administrative units. This change greatly improves geographic accessibility for potential applicants. In Cam Le, home visits are even offered to people with severe functional limitations if they cannot get to the assessment venue. Consequently, the majority of Disability Allowance recipients in Cam Le reported little difficulty in the application process.

Furthermore, the assessment process has moved away from a purely medical approach involving clinicians performing assessments to determine the presence of impairments to an approach more in line with the UNCRPD. Assessments now use the tools outlined in the policy document Joint-Circular 37, which has more of a focus on functioning than past tools. Additionally, assessments do not require clinical expertise, reducing the need for specialized professionals who may be in short supply in certain areas. Furthermore, DDDC members who perform assessment encompass wider balance of perspectives besides the clinical, including representatives from local Disabled Peoples’ Organizations, where available.

Finally an appeals system is in place, which provides an avenue for recourse if an applicant disagrees with the outcome of their assessment.

6.2.3 Barriers to accessing social protection

While the above changes have led to great improvements in the access of people with disabilities to social protection, some challenges remain.

For example, the Vietnam government has acknowledged the need for further reform of the assessment tools. Key challenges include a heavy focus on physical functioning and self-care, which tends to underestimate the severity of impact of certain conditions (e.g. psychosocial and hearing impairments). Additionally, many children under six and people with psychosocial impairments must still be assessed through medical criteria – reflective of the global challenge of finding validated, non-clinical assessment tools for these groups.

In these and other situations where the DDDC cannot reach a conclusion on an applicant's disability assessment, or if an applicant appeals the DDDC's decision, they will be referred to a Medical Evaluation Council (MEC). MEC evaluations are conducted at the provincial level, where travel and opportunity costs may pose an undue burden particularly on poorer applicants and applicants with mobility limitations. Furthermore, for people appealing the DDDC's decision, the MEC examination cost is only covered if original decision is reversed, unduly affecting poorer applicants.

Finally, even when assessments are conducted at the DDDC, inadequate training can lead to inconsistent or improper implementation of assessment criteria and procedures. DDDC members were reported to act as "gatekeepers", discouraging certain people from applying. For example, people who are perceived as unlikely to meet the "severe" or "extremely severe" disability degree designation were discouraged from applying as entitlements for "mild" disability degrees are not well-known or valued. Similarly, disability linked to ageing is often thought to "not be a disability" and thus older adults may be dissuaded from applying, either through self-exclusion or by officials.

"If Mr X [DDDC officer] recognized my case as one of severe disabilities or extremely severe disabilities, he will guide me in how to make a dossier and receive social assistance, otherwise he will not. As for my case, he told me I am not qualified and should not make a dossier" - Interview with person with a disability in Cam Le who has not been assessed by the DDDC

6.3 Utility of social protection: do current programmes address the needs of people with disabilities?

Evidence from Cam Le, which is reflected in research from other areas of Vietnam [9], indicates a clear need for social protection among people with disabilities, given high levels of economic poverty, lower levels of health and education, financial inaccessibility of healthcare and less stable livelihoods. While social protection is not the only intervention for addressing these needs, Vietnam's disability-targeted social protection entitlements have the scope to target at least some of them.

6.3.1 Strengths of Vietnam's social protection system in addressing the needs of people with disabilities

The social protection system in Vietnam includes a wide range of benefits for people with disabilities. Entitlements in health, education and employment, combined with the cash transfer acknowledge multiple elements of potential social and economic vulnerability.

Furthermore, the value of the Disability Allowance was increased in 2012 and provinces have flexibility to increase the allotment amount to account for differences in standards of living and regional barriers to economic inclusion. Slightly higher amounts are provided for children and older adults, acknowledging additional costs at different points in the life-cycle.

Health insurance is also seen as a key benefit, and one with high uptake. In Cam Le, people with health insurance spent two-thirds less per month on healthcare costs, targeting a key source of disability-related costs that contribute to poverty.

Finally, most recipients in Cam Le were satisfied with the delivery of the cash transfer, as the process was accessible and reliable. Bank accounts were not required to receive the monthly cash allowance and family members could be nominated to pick up the allotment if the beneficiary faced barriers to travel.

6.3.2 Challenges faced in Vietnam's social protection system for addressing the needs of people with disabilities

Given our findings that many people with disabilities already do not meet minimum standards of living and that disability-related costs are almost four times greater than the amount of the Disability Allowance provides, it is unlikely the Disability Allowance on its own will significantly alleviate poverty for most people with disabilities. Along with the low uptake of many of the other benefits designed to target the drivers of poverty and marginalisation, for many people with disabilities, the current social protection system is likely insufficient to ensure the maintenance of a minimum standard of living, let alone the development of stronger livelihoods.

Disability Allowance recipients on the insufficiency of the cash transfer amount

"It is more about encouragement, to please people with disabilities more than for economical practical reasons. For economical purposes, it is never enough."

"It is partly to help my child, even though it is so small. Thanks to the government. The amount of money is so small. He is often ill. He needs milk for example. It costs a lot but I think the amount of money is fine. I spend it all to buy milk for him."

In addition to increasing the amount of the Disability Allowance, the content of existing entitlements could be improved to better address the needs of people with disabilities. For example, health insurance currently does not cover assistive devices and only provides for a limited range of rehabilitation services. Similarly, vocational training programmes tend to be centralised and often fail to provide people with disabilities with employable skills sets based on their individual abilities and the demands of the local job market.

7 Recommendations

The recommendations outlined below are the result of consultation between the London School of Hygiene & Tropical Medicine, the Hanoi School of Public Health and stakeholders in disability and social protection in Vietnam, including representatives from government, NGOs, DPOs and other experts, who were consulted as part of a dissemination workshop in Hanoi on March 15, 2017.

7.1 For national policy-makers

- Consider ways to update social protection benefits so that they better enable people with disabilities to at least meet basic needs, accounting for both ordinary and disability-related costs. This may include increasing the value of the Disability Allowance allotments in line with or above current MOLISA recommendations, as well as improving the content and delivery of other entitlements (e.g. for transport, vocational training) that target some sources of extra costs and drivers of poverty.
- Adapt the criteria and procedures used for disability assessments in Joint Circular 37 to increase inclusion of people with certain impairments who are often excluded (e.g. of deaf people, those with mental health conditions) or who face additional challenges to access (e.g. people living in rural areas, people who are poorer). This may include trialling alternative assessment tools for regularly excluded groups or implementing outreach programmes for people facing barriers to access.
- Conduct standardised, rigorous training of assessors to ensure they implement assessment procedures properly and consistently. For example, challenge biases related to ageing and disability and encourage applications that are likely to result in mild certifications.
- Align benefit packages with the needs of people with disabilities more effectively, taking into consideration differences in contexts and individual characteristics. For example, vocational training programmes should be better tailored to meet the needs of the local job market and the skills of the participant. Similarly, more focus is needed on employment in the informal sector, where many people with disabilities, particularly women, work.
- Increase availability and quality of rehabilitation, assistive devices and other disability-specific health services and expand coverage for these items in health insurance programmes. For example, increase the number of services that are covered by health insurance and the availability of trained providers who are able to offer them.
- Improve awareness of and expand the quality and quantity of benefits available for people with more mild disabilities. In particular, consider expansion of CHI to people with mild disabilities to reduce out of pocket healthcare spending, a dominant source of disability-related extra costs.
- Promote greater inclusion of people with disabilities in the design, implementation and monitoring of all social protection schemes.
- Ensure non-disability targeted programmes are inclusive of people with disabilities. Notably, remove limitations that individuals can only receive one type of social

assistance or adapt eligibility criteria and benefit levels to adequately reflect and address overlapping sources of marginalisation.

- Collect statistics on the coverage and use of all disability-targeted social protection entitlements as well as the participation of people with disabilities in non-disability targeted programmes.

7.2 For local implementation

- Increase awareness about the range of social protection entitlements available. For example, DPOs, as well as NGOs working in disability or social protection, should be trained to engage with their membership to encourage and support applications. In particular, benefits available to people with mild disabilities need to be more broadly publicised to encourage applications amongst those ineligible for social assistance as well as increase their uptake among already certified people with disabilities and encourage enrolment of people with less severe disabilities.
- Provide information about available entitlements and how to access them once a person has been certified.
- Strengthen referral strategies to link people with disabilities with other services and programmes, including rehabilitation, vocational training and educational services. For example, increasing the role of DPOs in the disability assessment process could enable them to reach out to a wider range of people with disabilities and increase their awareness of the variety of services they can access.
- Ensure social protection entitlements are delivered in a way that fosters choice and autonomy for people with disabilities. For example, provide Disability Allowance allotments directly to adults with disabilities except in rare situations, to promote greater control over its use.

7.3 For research

- Longitudinal, impact evaluation studies are needed to explore the effectiveness of social assistance, health insurance and other social protection provisions in promoting the economic and social inclusion of people with disabilities. Measuring changes pre and post-enrolment, and at different time points over the duration of support, can determine more fully if social protection improves living circumstances and well-being for people with disabilities.
- Identify best practices and tools for assessing disability, including for mental health conditions and in young children, in the context of social protection eligibility. Evaluate the consequences of different approaches in terms of human and material resources required, experience of the applicant and resulting coverage for different subgroups (e.g. by impairment type, age groups, sex). Additionally, explore and trial monitoring strategies that governments can implement to make use of information collected during the disability assessment process to better understand support needs of people with disabilities and plan adequate policy responses.
- Conduct similar research across other areas in Vietnam (particularly rural and less affluent areas) and internationally to explore how the need for and access to social protection varies in different contexts. Analyses on the strengths and challenges of

other social protection systems in responding to the needs of people with disabilities would broaden a currently limited evidence base.

- Across all research, disaggregate data to account for the heterogeneity of experiences of people with disabilities, due to factors such as sex, age, impairment types. Explore in targeted research the impact of intersectionality on need for, access to and use of social protection.
- Conduct research focusing on the inclusion of people with disabilities in large-scale mainstream schemes and consider the merits and disadvantages to targeted or mainstream approaches to social protection for people with disabilities.

7.4 For donors

- Mainstream disability across all programmes. For example, include indicators on disability (disaggregated by sex, age group, impairments type and other characteristics) in monitoring and evaluation frameworks to ensure projects are disability-inclusive in terms of access and impact.
- Support more research on disability and social protection to improve the evidence-base in this field. In particular, impact evaluations of existing programmes and trials of new interventions are needed to establish “what works”. This could include consideration of contexts where disability-specific approaches are appropriate or effective, and those where an approach of improving the inclusiveness of and access to mainstream services is appropriate.
- Work with governments and other stakeholders to promote and enact evidence-based policy for disability-inclusive social protection.
- Advocate for full inclusion of DPOs and people with disabilities within all stages of policy and programme development, for social protection or otherwise.

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