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FROM THE AMERICAN PEOPLE

USAID/VIETNAM: DISABILITIES AND HEALTH ASSESSMENT

CONTENTS

ACRONYM LIST

ANC	Ante natal care
ADL	Activities of daily living
AEPD	Association for Empowerment of Persons with Disabilities
AIFO	Associazione Italiana Amici di Raoul Follereau
AO	Agent Orange
AOWG	Agent Orange Working Group
APS	Annual Program Statement (USAID)
ASCON	Asian Spinal Cord Network
CBCT	Community based clubfoot treatment
CBR	Community based rehabilitation
CDC	Centers for Disease Control and Prevention (USG)
COV	Children of Vietnam
CP	Cerebral Palsy
CRP	Comprehensive rehabilitation plan
CRS	Congressional Research Service
CRSP	Comprehensive rehabilitation support package
CWD	Children with disability (with his/her family = target group for Program)
DAVA	Danang Association for Victims of Agent Orange
DCC	Danang Coordination Committee
DCG	Disability Coordination Group
DCH	Danang Cancer Hospital
DISLOW	Disability low threshold (≥ 2 "some difficulties" or criteria DISHIGH in 6 activity domains)

DISHIGH	Disability high threshold (≥ 1 “ a lot of difficulties” or “unable in 6 activity domains)
DOET	Department of Education & Training
DOFA	Department of Foreign Affairs
DOH	Department of Health (province)
DOLISA	Department of Labor, Invalids and Social Assistance
DPO	Disability People’s Organization
DRD	Disability and Resource Development
EMW	East Meets West Foundation
ESSP	Economic Stimulus Support Package
FF	Ford Foundation
GDO	General Development Office
GH Tech	Global Health Technical Assistance Project
GVN	Government of Vietnam
HIB	Handicap International Belgium
HRCS	Holistic Rehabilitation Coordination System
ICF	International Classification of Functioning, Disability and Health
IDEA	Inclusive Development Action
IEC	Information, Education and Communication
IOM	Institute of Medicine (US)
JAC	Joint Advisory Committee (on Agent Orange – dioxin related issues)
JICA	Japanese International Cooperation Agency
KAP	Knowledge, Attitudes and Practices
LOE	Level of effort
MCH	Maternal and Child Care
MCNV	Medical Committee Netherlands - Vietnam
MOET	Ministry of Education and Training

MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Assistance
MONRE	Ministry of National Resources and Environment
M&E	Monitoring and evaluation
NAP	National action plan
NGO	Non-governmental organization
NLR	Netherlands Leprosy Relief
PC	People's Committee
PWD	Person with disability
QI	Quality Improvement
RF	Result framework
RFA	Request for Applications
RCS	Rehabilitation Coordination System
SC	Save the Children
SHG	Self-help group
SOW	Scope of work
STD	Sexually transmitted disease
SW	Social worker
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
USG	United States Government
VA	Veterans Affairs (US)
VAVA	Vietnam Association for Victims of Agent Orange

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

EXECUTIVE SUMMARY

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

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

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

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

Review of the USAID-funded Disability Program in Danang

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

Key Program Achievements

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

The following challenges were identified:

- The three-year time period is very short for meeting program objectives which often require establishing new services and upgrading existing facilities.
- NGO partners are confronted with competing demands, e.g., strengthening systems versus addressing the needs of individuals and families; and increasing the number of beneficiaries versus quality of services.
- Social assessments are conducted but are often fragmented because of limited resources, addressing only certain aspects of the rehabilitation process, and some program staff, community collaborators and local/commune government staff have inadequate disability training and experience.
- The Disabled People's Organization (DPO) has received legal status and Self-Help Groups (SHG) have been established, but are new and not yet fully functional.
- Each NGO partner has a system of follow-up, but this is limited and would benefit from more technical expertise to assess appropriateness and quality of services.
- All implementing partners work with Collaborators at the commune and community level. The involvement of Collaborators is in line with GVN's approach to support at the community level, but presents challenges related to experience, training and coordination/supervision, in addition to sustainability.
- Financial support in the form of grants and/or loans to establish home businesses is a priority among beneficiaries, but also presents many challenges and problems. Access to microcredit is limited for PWD.
- Detailed transition strategies were not included in the initial project proposals and planning as they were NGO proposals which were not negotiated in detail with the government institutions.

Assessment of Health Related Issues

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

Health Issues Related to Dioxin Contamination

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

- Most people interviewed in districts adjacent to the airport said they did not know much about Agent Orange and did not remember any health information campaigns. However, Hoà Khê Commune Health Facility recently received pamphlets and brochures on the risk of dioxin-contaminated food, which could be part of the Vietnam Public Health Association’s planned KAP survey and health education intervention in Danang.
- The first health examination of a total population (15,000) was conducted in late 2010 in Hoà Khê commune. The analysis of the examination will be available in nine months and was funded by GVN at the central level. The examination was not described as being dioxin-related, although this commune is located next to the dioxin hotspot.
- Although local communities adjacent to the hotspot are exposed to dioxin and other pollutants, there is no Environmental Health Department at provincial level and the MOH Department is newly established.

The Road Forward

The following recommendations are based on the assessment findings:

Key recommendations for the current Disability Program:

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

The program should be closely planned with DOLISA to ensure donor and multi-sector coordination, and build on the present experience, working with and through existing structures. Planning should include a transition strategy with GVN assuming responsibility of coordination for the rehabilitation process, as well as arranging for the provision of social services for PWD.

- There is a need for a multi-sector intervention with the social intervention as the main focus and the coordinator, conform to the GVN policy. Technical interventions need to work through the responsible government department (DOH, DOET, etc.)
- The Disabilities Coordination Committee in Danang needs to meet regularly. In addition to updating the detailed mapping of all government and other organizations that support PWD in Danang, the

whole sector needs to work on the standardization of procedures, the optimization of the tools and on the review of the many models of community volunteers and collaborators to assess effectiveness and sustainability.

- During the final year of the current program, sharing of resources could be improved through increased referral and sharing of services between the three implementing NGOs.

Key health-related recommendations

- Remove barriers and improve access: physical, (e.g., ramps); financial (improve access to health insurance for the poor and cover out-of-pocket expenditure); communication, (sign language (deaf), Braille (blind)).
- Early screening and early intervention programs, including for newborns and children under the age of 6 years. There are many initiatives for early detection and screening in Vietnam and Danang, which need to be reviewed and then the lessons learned should be used to scale up and integrate the successful approaches into the health services, as well as to improve the quality of health services such as ANC, safe delivery and other prevention programs.
- Quality improvement initiatives need to be included Within USAID/Vietnam, improved internal coordination between programs and direct involvement of the Health Sector in planning, decision-making and monitoring is recommended for the disabilities and health programs.

Key recommendations related to dioxin contamination include:

- Although the remediation program for cleaning up the hotspots is a priority to prevent future contamination, GVN, People's Committee and others interviewed all recommended for USAID to continue support for PWDs in dioxin-contaminated areas. Support for broader health-related issues (e.g., strengthening integration of services and the referral system, training for health staff, etc.) was viewed as improving the overall quality of the health system and beneficial to PWD and all members of the affected communities. It was noted that most diseases have multiple causes, making it difficult to certify a direct link to dioxin and therefore it is best to improve services for all. As key health interventions which improve services, besides for the PWD, for the whole population, were identified contracting integrated services and chronic disease clinics at commune and district level.
- The Declaration and Plan of Action of the US-Vietnam Dialogue Group on Agent Orange 2010-2019 outlines several options for joint health related issues, which in general support the recommendations of the assessment team. For example: "Work with the government health system and non-governmental organizations to improve public health and prevent further dioxin exposure, and to improve service delivery to people with disabilities, including those who may have been affected by dioxin."
- Active participation in the Joint Advisory Committee (JAC) provides a forum for discussing health issues and potential future support.
- Activities to strengthen data collection and management and the establishment of health data bases would be beneficial in general, in addition to providing better documentation of health information in dioxin contaminated areas.

The Future Program

The assessment report includes a detailed discussion of proposals for future programs, taking into consideration potential funding over 5 years, including support for PWD and broader health initiatives if additional funding beyond the current \$1M yearly becomes available. The recommendation is for a core Disability Program providing comprehensive services, closely planned with DOLISA, based on a social worker coordination model, in line with the national framework. The program could be more efficiently implemented with one primary grantee collaborating with DOLISA to establish a Holistic Rehabilitation Coordination System (HRCS) of social workers who are the coordinators of a Comprehensive Rehabilitation Plan (CRP), which, besides including all aspects of the rehabilitation (health, education, economic empowerment and social inclusion), also accommodates for future needs. A comprehensive program could include a form of flexible rehabilitation grant for poor beneficiaries. For quality assessment/improvements of the existing rehabilitation services and the extension of services in each of the four sectors, the USAID-supported program could work through subcontracted, local or international specialized agencies, which go in partnership with the respective governmental bodies responsible for each sector.

If additional funding is available for a Health Program with benefits for the whole population, including the PWDs, the recommendation is to invest in improving integration of health services and strengthening of chronic disease management at the commune health facilities. These interventions are not directly linked but have common interfaces to the Disability Program. Both of these interventions could be implemented by contracting government services through a performance related agreement. As for disability, sector coordination is also needed before engaging in a health program

I. INTRODUCTION

Background and context

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

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

A survey conducted by the Vietnamese General Statistics Office (GSO) in 2006 found that approximately 13.5% of the population in Vietnam have disabilities, although the numbers vary greatly depending on the definitions used (Annual Program Statement 2008, p.1). People with disabilities in Vietnam face significant challenges in accessing and obtaining information on employment, health and education services, gaining legal rights and accessing other essential services. Beginning in 1989, USAID (including funds from the Leahy War Victims Fund) has supported several disability-related activities in Vietnam, including medical rehabilitation, inclusive education and vocational training, policy development and advocacy. Through technical

assistance and direct funding for NGO activities, USAID has been responsible for raising awareness at the national, provincial, community and family levels regarding the needs and abilities of children and adults with disabilities in Vietnam. The supported programs have resulted in job training and development for adolescents with disabilities, improved access to education for children in primary and secondary schools, provision of mobility aids and other equipment and technician training for prosthetics and orthotics, screening and treatment for hearing impairment, policy development and implementation, and expansion of self help groups, in addition to demonstrating and encouraging a national commitment and strategy for inclusive education for all children with disabilities.

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

Assessment: purpose and methodology

Purpose and Objectives

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

1. To review the performance to date of the current USAID-funded disabilities program in Danang which began in October 2008;
2. To look at broader public health issues and needs primarily in the communities adjacent to the hotspots in Danang;
3. To explore possibilities and provide recommendations for the future restructuring, refocusing or expansion of the current disabilities program, including but not limited to disability prevention, early intervention, and disability education, and to explore additional health-related intervention opportunities.

Findings and recommendations from the program assessment are used primarily to inform the design of possible follow-on activities for the period FY 2011-FY 2015, although some may be used if time permits for minor adjustments/revisions during the final year of the current program. The SOW requested recommendations for future assistance interventions based on three funding scenarios for the FY2011-FY2015 period: \$1M/year; \$1-3M/year; and, \$4-5M/year. The complete Scope of Work containing detailed assessment questions is in Appendix A.

Clarification of the intent of specific questions and other assessment concerns was made during the first in-country briefing with USAID staff.

Methodology

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

Document Review: The team reviewed documents obtained from the Vietnam and US Governments, USAID, NGO program reports and survey instruments, documents from foundations, donors and United Nations organizations, in addition to scientific papers on the effects of Agent Orange and other documents related to dioxin contamination. A complete list of documents reviewed is found in Appendix M.

Key Informant Interviews: Based on the SOW and questions elicited from the document review and USAID, the team developed a guide for key groups: USAID staff in Vietnam and Washington, GVN officials (Office 33, MOLISA, DOLISA, MOH, DOH, DOET, DOFA, Danang People's Committee), United Nations Organizations (UNICEF, WHO, UNDP, World Bank), bilateral donors (Irish Aid), Foundations (Ford Foundation, Atlantic Philanthropies), and NGOs (Vietnam Red Cross, Handicap International, MCNV, COV), implementing NGOs (EMW, IDEA, SC, VHAH), as well as with beneficiaries and their families. Three Vietnamese interpreters facilitated the interviews. Most interviews were conducted in person, with a small number conducted by phone and email. Interviews with GVN central level officers and international donors and partners took place in Hanoi, and the remaining interviews were conducted in Danang at the provincial, district, commune level, and also with beneficiaries in communities and homes. Key informants interviewed are listed in Appendix C.

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

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

Analysis. Team members took detailed notes during interviews and site visits. Information/data from the document review, interviews and site visits were analyzed (primarily qualitatively)

according to the evaluation questions in the SOW to ensure that team conclusions would be based on data derived from several sources. In some cases, the team returned to interviewees for further information and/or clarification. The team presented preliminary findings and recommendations to USAID staff, the USAID Mission Director and US Ambassador. The comments and information generated from these debriefing discussions have been incorporated into the writing of this report.

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

Background and context

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

As noted above, in 2008, USAID/Vietnam issued an Annual Program Statement (APS) to solicit innovative concept papers from qualified NGOs capable of designing and implementing model projects to provide support to people with disabilities in Danang, in particular the areas where increased levels of dioxin have been identified in the environment. Programs and activities could include, but were not limited to enhancing earlier interventions for PWD, providing support to existing rehabilitation clinics and services, expanding access of PWD to essential health and education services, initiating or strengthening CBR services and support, improving income generation and employment opportunities, strengthening the capacity of local organizations to provide services, improve community-based information around reducing risk exposure, and surveillance and prevention of disability. Because of pressure to move quickly and the fact that there was no one application able to address all aspects of a comprehensive program, three NGOs were given separate grants, each to address different components to meet the needs of PWD and their families. Vietnam Assistance to the Handicapped (VNAH) focuses on rehabilitation services and socio-economic support; the East Meets West Foundation’s (EMW) primary effort is facilitate medical rehabilitation, including the set up of a network of community based rehabilitation centers; and, Save the Children (SC) works to empower PWD through increased economic opportunities and services.

Although the NGOs were funded in October 2008, most program activities did not begin immediately, as there were delays in the GVN approval process for EMW and VNAH and in the process of conducting a baseline disability assessment at district level which was more time consuming than anticipated. EMW conducted surveys in five districts, and VNAH and Save the Children collaborated on conducting surveys in two districts (Hòa Vang and Liên Chiểu). The EMW survey found a disability prevalence ratio of 1.27%. The survey in the 2 districts found 19% and 22% respectively. This is higher than identified by any other survey, because of the definition of disability (any functional limitation). Other findings related to the types of impairment (using concepts of the international classification of functioning (ICF)), the low level of education

among PWDs, and over a third of the PWDs did not have access to health care, all factors that increase PWD challenges.

Findings of the Assessment of the Disabilities Program in Danang

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

Key Program Achievements

Overall Program Achievement

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

Program specific achievements

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

- Baseline disability surveys and screening. As noted above, comprehensive disability surveys have been completed in two districts and are to be completed in the five remaining districts.
- Health assistance to PWDs. PWDs (8,294) have been registered in the program and 5,208 have been screened. By September 2010, rehabilitation supports and services, corrective surgeries, assistive devices and medical treatment had been provided to 2,857 PWDs. Community Based Rehabilitation Units (CBR) had been established in 63 locations. Students with disabilities (301) were given multi-year educational assistance in order to continue in school (Irish Aid funding). The program also assisted 224 people to register for the local government welfare program. Support was given to 20 PWDs to repair homes and to renovate water supply and sanitation facilities. Training on disability policies, care and CBR techniques was given to 385 disabled people and caregivers.
- Increased economic opportunities for PWDs. PWDs and caregivers (1,272) were trained in job seeking, soft skills, and entrepreneur development skills. PWDs and caregivers had access to microfinance services (127); 154 PWDs and 15 caregivers were employed by local businesses; and 545 PWDs and 56 caregivers started home-based businesses and/or improved their income. Training in disability management and job accommodation for employees with disabilities was given to 37 enterprises, local authorities and social organizations. Training in disability employment and income-generation opportunities for PWDs was provided to local officials, staff at vocational training centers and business associations and enterprises. Equipment and modification of infrastructure was provided at two training centers.
- Capacity Building in the health sector. Technical and capacity building training was provided to 861 local service providers, including social and health workers, CBR workers, local doctors and physical therapists. Three district hospitals were upgraded and equipped (Thanh Khê, Cẩm Lệ and Hòa Vang districts). The Danang Orthopedic and Rehabilitation Hospital was assisted in developing a three-year strategic plan. Software for disability information tracking and case management was completed and distributed to government social and health service providers.
- Support to Disabled People Organization (DPO). Support was given to establish the first legal DPO in Danang, in addition to creation of self help groups.

Key Program Challenges

The assessment team identified the following key program challenges:

- The three-year time period is very short for meeting program objectives which often require establishing new services and upgrading existing facilities, in addition to a long start-up time (e.g., conducting baseline surveys).
- Social assessments are conducted but are often fragmented because of limited project resources, and insufficient training of staff, community collaborators and local/commune government staff. It is difficult for NGOs to hire local staff with professional disabilities

training and experience, and therefore the program must provide time-consuming in-service training. Any future intervention has to take care of developing further its own staff.

- All implementing partners work with collaborators at the commune and community level. The involvement of collaborators is in line with GVN's (DOLISA and DOH) approach to channel NGO support at the community level, but presents challenges related to experience, training and coordination/supervision, in addition to sustainability.
- Rehabilitation is a long process, normally extending over the life course. Each NGO partner has a system of follow-up, but this is limited and would benefit from more technical expertise to assess appropriateness and quality of services. In addition, many PWD need more than one intervention, but the scope of assistance for each individual was limited, both financially¹ and in the number of needs that could be addressed.
- Rehabilitation is multi-sectoral (health, education, economic and social inclusion), which presents challenges related to prioritizing needs, identifying available resources in each sector and especially to coordinating among sectors, at all levels.
- Financial support in the form of grants and/or loans to establish home businesses is a priority among beneficiaries, but also presents many challenges and problems. Access to affordable microcredit is limited for PWD.
- Although coordination among implementing partners has improved, there is still a need for better alignment of the interventions and referral for services between partners. For example, different approaches to rehabilitation are supported by each NGO in addition to other organizations supporting related PWD activities.
- NGO partners are confronted with competing demands, e.g., strengthening systems versus addressing the needs of individuals and families; increasing the number of people served versus quality of services. For example, in addition to improving the PWD's individual/family situation, there is a need to remove broader situational barriers for PWD. It is very difficult for one NGO to address all of these challenges.
- Many older PWD need assistance and also contribute to the financial and social burden on the family. However, because of limited resources, the program focuses on beneficiaries below 50 years of age. Unless additional resources become available, program support needs to remain focused on younger PWD.
- The DPO has received legal status. Self-Help Groups (SHG) have been established by VNAH and SC, but are new, not yet fully functional and not utilized to its full potential.
- The Community Based Rehabilitation units established at commune level do bring services closer to the community, but need to be reviewed in terms of effectiveness, quality of services and sustainability.
- There were no limitations on the severity of the impairment for the beneficiaries in the current phase. At least some of them had a minor impairment like no vision in one eye. It is impossible therefore to calculate the beneficiaries of the current phase from a

¹ Estimated at < \$148 for a direct benefit of a PWD / family (see Appendix J)

comprehensive rehabilitation point of view, as the statistics are collected by intervention and not by beneficiary. Some of them have made use several times of different services or of the same service, e.g. because employment failed, several surgeries were needed or the assistive device needed to be adapted to the growth of the child. Many of them had no educational or economic rehabilitation.

- Detailed strategies for transitioning activities at the end of program funding were not included in the initial project proposals and planning.

III. HEALTH ASSESSMENT

The second component of the Scope of Work requested that the assessment team looks at broader public health issues and needs primarily in the communities adjacent to the hotspots in Danang. To address this issue, the team met with major stakeholders at the central, provincial, district and commune level, including Office 33, MOLISA, MOH, Members of Parliament, Danang People's Committee, DOLISA, DOH, DOFA and residents in communities in areas adjacent to dioxin hotspots, in addition to USG (USAID, CDC, HHS) and other donor and international organizations and foundations that are supporting and working with the health sector (e.g., Atlantic Philanthropies, Ford Foundation, Irish Aid, UNICEF, WHO, UNDP, MCNV, etc.).

Key Findings of the Health Assessment

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

- The health services are not integrated, which necessitates patients to return to facilities frequently for each type of vertical service while transport is identified as a major challenge.
- The health referral system is weak, including the lack of feedback to the referral source.
- The systematic collection and use of health data is weak.
- Although the assessment team learned about many pilot programs for early detection of impairments, in general there is no systematic policy on early detection system and strategy for intervention.
- Resources at commune health facilities are limited, although Atlantic Philanthropies is addressing this situation through a program to improve commune health facilities and provide training for staff in all districts in Danang.
- Working between GVN Ministries and Departments was described as challenging, e.g., coordinating activities between DOLISA and DOH, which could pose greater problems if support for initiatives related to health is increased in the future and therefore will need to be addressed in the planning process.

- Most program beneficiaries in Danang are poor and have GVN health insurance; although reports indicate that 30-40% of PWD do not have insurance. The NGO implementing partners have provided assistance to beneficiaries and families to obtain certification, as it can be a complicated, bureaucratic process which needs to be repeated on a yearly basis. Systematic efforts to improve and simplify this process could be included as part of future program support.
- PWD, even when covered by health insurance, face special challenges and barriers accessing health services:
 - The most frequently cited problem is the challenge related to transportation.
 - GVN health insurance does not ensure access to all specialized services needed by PWDs. The poor and PWD also incur high out-of-pocket health expenditures, even when exempted.
 - Physical accessibility to facilities is limited (e.g., stairs, no ramps).
 - Many communication challenges exist (e.g., no sign language or Braille; attitude of staff). Services for the special needs of PWD are limited and sometimes of inadequate quality. Medical personnel are often unfamiliar with PWD conditions and do not have the necessary training, although training supported by implementing partners has improved the situation in some health facilities.

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

Health issues related to dioxin contamination

The assessment team made efforts to collect information from a number of sources on health issues related to dioxin contamination. In addition to talking with most interviewees about health concerns, letters were sent by USAID, prior to the assessment, to the Ministry of Health and MOLISA (see Appendix D), requesting background information on dioxin, health statistics, and recommendations on people to contact. Unfortunately, GVN at central and municipal level did not reply to these requests and even during face-to-face interviews the requested information was not provided. In Danang, health officials in medical facilities in districts surrounding the Agent Orange hotspot said that they were unaware of any data base on dioxin related conditions. However, the first commune-wide health examination (for the total population) had been conducted in Hoà Khê commune (Thanh Khê district) between September and November 2010. Thanh Khê health officials said that the results of this examination are

expected to be available mid 2011. Funding for this examination was described as coming from the central level, through the MOH. In response to the assessment team's questions about the examination, respondents were vague and referred to national level for any information.

Key findings for health issues related to dioxin contamination

- When interviewed, most beneficiaries living in areas adjacent to the airport hotspot said they did not know much about Agent Orange, except what they heard about it through the media on radio and TV. A few beneficiaries who had served in the army or been exposed during the war had certification and were better informed about dioxin contamination.
- Organizations such as VAVA are informed about Agent Orange and distribute information about victims of dioxin contamination as part of its advocacy program. DAVA has a day care center and training programs for children and youth with disabilities, including CWD with mental disabilities, although most children at the center did not have certified dioxin-related conditions.
- It was not possible to obtain data specific to dioxin-related conditions from MOH/DOH or DOLISA/MOLISA. For example, the following data was requested: MOH programs relating to health/disabilities/dioxin issues; health statistics available for dioxin related issues; health statistics for specific hot spots; reports and/or studies on health issues in communities living adjacent to hot spots; and, recommendations on whom to meet in government, service delivery and beneficiaries.
- The assessment team reviewed extensively the report "Veterans and Agent Orange: Update 2008" prepared by the Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides (Seventh Biennial Update), Institute of Medicine. This Committee concluded that "the information needed for assigning risk estimates continues to be absent despite concerted efforts to model the exposure of the troops in Vietnam, to measure the serum TCDD concentrations of individual veterans, and to model the dynamics of retention and clearance of TCDD in the human body" (page 10). However, the US Congress and Veterans Administration does provide benefits (disability compensation) to veterans who served in Vietnam diagnosed with the recognized illnesses, without requiring proof of a direct association between their illnesses and military service. (News Release, Department of Veterans Affairs, November 1, 2010). The Vietnam Government's Committee 33 works with GVN's MOH and MOLISA to provide special assistance to Vietnamese presumed to be suffering from conditions related to exposure to Agent Orange. The Vietnamese list is similar to the USG/VA list. (See Annex N for comparison). Office 33 also has a draft National Action Plan on Comprehensive Overcoming of Consequences of Toxic Chemicals Used by the US during the War in Vietnam to 2015 and Orientation Towards 2020, which has not yet been approved by the GVN (Draft no. 5, 12 October 2009).
- Although in Vietnam, many of the scientific papers available for review related to the environmental impact of Agent Orange, the assessment team was able to review selected papers on the human health effects of agent orange/dioxin. It was difficult to assess the scientific rigor of these studies, and in most cases the findings were inconclusive.

- A Cancer Hospital has been built and fully funded by the Danang municipal government and local businesses. In addition, Atlantic Philanthropies constructed an oncology unit at the Provincial Hospital. Therefore, further support for oncology and cancer-related conditions from USAID and other donors is not a priority need in Danang.
- Interviewees expressed concern about USAID's interest in linking specific diseases, such as cancers, to dioxin, and the potential implications for the US Government. Several stated (e.g., Ford Foundation, USAID/Washington) that in their long experience meeting with the Vietnam and US Governments, this issue has never been raised. Even in the Joint Advisory Committee (JAC), the Scientific Advisory Committee on Dioxin, the major focus is on issues related to remediation. Based on the minutes of JAC meetings, the discussion of health issues is minimal except for the following noted needs:
 - Research on exposure and potential health effects related to AO/Dioxin (2006).
 - Public health system for birth defect surveillance, newborn screening and prevention without consideration to Agent Orange exposure (2007).
 - IEC intervention on contamination (2007).
 - Micronutrient fortification of staple foods to prevent birth defects (2010).
- Although people interviewed were unaware of health education programs for communities adjacent to the hotspot, the doctor at the Hoà Khê Commune Health Facility had copies of a poster and brochure about dioxin (copies in Appendix E), which are to be used in a future health education program, but commune health staff did not have information about the proposed plan. The poster and brochure were developed and printed with support from the Ford Foundation (FF) and Vietnam Public Health Association (VPHA). It was later learned that FF and VPHA have piloted a knowledge, attitude and practice (KAP) survey on dioxin and food safety in two communes near the Biên Hòa Airbase. The survey found that the risk of dioxin exposure was high if people consume locally self-cultivated-raised foods (especially fresh water fish and bottom mud feeders, free-range chicken, duck, toad, etc.) The VPHA-supported intervention was described as improving the KAP of local residents, which resulted in reducing the risk of exposure to dioxin in foods, currently the main source of exposure. This intervention model is being expanded to Danang dioxin hot spots.
- As noted by interviewees, including implementing partners, local populations are now exposed to several contaminants/pollutants including dioxin. Information about dioxin and other pollutants is not widely available. To date, there is no Environmental Health Department at provincial level. At central level the Department of Environmental Health is newly established. Responsibility for environmental health falls between the MOH and the Ministry of Natural Resources and Environment.

Other Donor Activities

- As noted above, the Vietnam Association for Victims of Agent Orange/Dioxin (VAVA), a self-supporting non-government organization is active in raising the profile of the Agent Orange/dioxin issue in Vietnam and the US. In Vietnam, VAVA has exerted pressure for greater efforts to clean up Vietnam's environment and provide assistance to the purported

Agent Orange victims. In the US, VAVA has been an active proponent of greater US assistance to Vietnam to address the Agent Orange/dioxin war legacy. In 2006, VAVA sponsored a conference of victims of Agent Orange and the published proceedings include summaries of studies and activities related to AO, which also reflects VAVA's advocacy role. VAVA receives funding through donations and memberships.

- Since 2000, the Ford Foundation's Special Initiative on Agent Orange has funded several programs and initiatives aimed at addressing the impact of Agent Orange and dioxin on post-war Vietnam. The Foundation was instrumental in mobilizing support from the Bill and Melinda Gates Foundation and the Atlantic Philanthropies to develop scientific facilities to assess the impact of dioxin. It has also been the largest international contributor to the clean-up effort at the Danang Airport. In addition, the Foundation has supported the Aspen Institute to assist in establishing the U.S.-Vietnam Dialogue Group on AO and its efforts to promote the study of dioxin related diseases, the creation of adequate healthcare services for children and the disabled, environmental clean-up projects, and scientific research.

IV. THE WAY FORWARD

Recommendations from the assessment

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

Recommendations for possible future USAID-funded Disability Program

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

- Donors need to closely coordinate the planning of support for PWD in Danang with the People's Committee and GVN Departments to increase coverage and complementarity. Any potential overlap in project activities with other key stakeholders has to be prevented during the project design phase, during which there should be access to all governmental planning tools within a well-defined policy framework from DOLISA. It needs at the same time a close collaboration and a well-functioning coordination between all the different key partners and available service providers. DOLISA Danang needs to assume fully its responsibility to take a pro-active coordination role in the local rehabilitation sector to also ensure a multi-sector approach.

PC Danang needs to organize this broad donor coordination on a yearly basis in which it should assume also the role of advocacy for mainstreaming PWD support in every development initiative.

- Considering the scale of the rehabilitation needs, estimated at 48,000 persons², the multi-sectoral aspects of all the rehabilitation services which still need further development

² 5,33 % of 900,000 people in Danang (Appendix K)

(expansion and quality assurance) and the need for a professional Integrated Rehabilitation System (IRS), It is advisable to take a multi-donor and a multi-partner approach with different specializations to tackle the challenge.

- Donors need to closely coordinate the planning of support for PWD in Danang with the People's Committee and GVN Departments to increase coverage and complementarity. Any potential overlap in project activities with other key stakeholders has to be prevented during the project design phase, during which there should be access to all governmental planning tools within a well-defined policy framework from DOLISA. It needs at the same time a close collaboration and a well-functioning coordination between all the different key partners and available service providers. DOLISA Danang needs to assume fully its responsibility to take a pro-active coordination role in the local rehabilitation sector to also ensure a multi-sector approach.
- PC Danang needs to organize this broad donor coordination on a yearly basis in which it should assume also the role of advocacy for mainstreaming PWD support in every development initiative.
- Future programs should strive for a more comprehensive, holistic approach, centered on the PWD and the family situation. Support for economic development through improving access to low-interest microcredit loans, and increasing livelihood opportunities was identified as a priority area by the beneficiaries.
- As financial means are limited and have to be used in a cost efficient way, it only makes sense to support rehabilitation intervention for more people if the quality and quantity of the services can be assured. The assessment mission proposes 40% of the total budget should be reserved for direct support to the target population of PWD with their families. USAID should hold preliminary meetings, including discussions with all the proposed MOU partners (MOLISA, DOLISA, PC Danang), specifying the roles and inputs as well as the transition strategyFuture health related intervention by USAID
- The social assessment and coordination of rehabilitation interventions should be performed through a permanent actor who has this in its mandate. Due to sustainability concerns, it is proper to propose to invest in accompanying DOLISA in its planned investment in establishing a system of social workers who could serve as the coordinator of the rehabilitation process for each targeted PWD, supporting in this way the GVN plan to strengthen social work, including in-service training and services. MOLISA plans by 2020 nationwide to educate and recruit 30,000 new social workers and to upgrade 35,000 staff at all levels in the system, who are already in service, of course not only for disability assistance. However, it is important to be realistic about the proposed social work program, which will take years to be fully developed. Initially, MOLISA - DOLISA will need substantial technical assistance as they diversify their roles from direct service providers (day care centers, social protection centers, job promotion centers and financial subsidy supporters) to move towards a more holistic approach to rehabilitation. USAID's next disability related program should be formulated such that the partner works within the DOLISA structure at all levels to best support and reinforce their services. If possible, it would be preferable to identify only one primary coordinating USAID partner with sub-partners for technical

interventions, which should better utilize limited program resources and improve coordination, and be more efficient for GVN. This was not possible in 2008, at the time the current grant was made as innovative proposals were requested for intervention without incorporating a strong accent on sustainability. In future, USAID should define the program itself in order to assure a focus on social assessment and the development of the rehabilitation coordination system within DOLISA. Support proposals should also include the definition of a transition strategy and identification of what will remain at the end of the program in order to work towards sustainability.

- USAID/Vietnam is encouraged to consult and coordinate with the USAID/Washington and the Leahy War Victims Fund to expand support for disabilities in Vietnam.
- Given the Danang government's commitment to PWD (e.g., Disability Action Plan, municipal and district support for programs, etc.), and stated positive assessment of the USAID-supported program, close collaboration in planning and implementing a future program could then be monitored for effectiveness and replicated in other hotspot areas.
- Access to public buildings for PWD needs to be improved. Recent legislation on disabilities needs to be reviewed and implemented in health and other social service facilities. In addition to improving physical access, communication services, e.g., Braille and sign language are also needed.

Adjustments to the current disability related interventions of USAID (this is not procurement sensitive)

- I. As the electronic databank of PWDs is still in its design stage, all efforts have to be made to make it as much as possible a practical tool for the whole rehabilitation sector in Danang for planning, selection of beneficiaries, follow up, monitoring, etc.:
 - It needs to be compatible to the new Disability law as every intervention needs to facilitate the full implementation of the new disability law, particularly as it relates to the following:
 - i. Types of impairments (mobility, hearing, speech, vision, mental, intellectual, other),
 - ii. Severity certificate given at commune level (light, moderate & severe limitation)³,
 - iii. Responsibilities of all involved stakeholders.
 - It needs to be able to generate potential candidates for priority intervention, following agreed criteria like severity levels, balance between the types of disability assisted, poverty levels, geographic clustering of interventions, etc.
 - The databank information should be updated continuously in order for the Bank to remain a permanent management tool,
 - Monitoring data have to be streamlined and entered into the databank by all the intervening partners in order to be able to document progress and gaps,

³ Specified in article 16 of the Vietnamese Law on PWD

2. During the final year of the current program, sharing of resources should be improved through increased referral and sharing of services between the three implementing NGOs.
3. Direct service provision like training by the grantees should be built off gradually within the next months by identifying suitable local institution and capacitating through organizing Training of Trainers, so that in the future these services can be obtained locally.
4. The training at community level should concentrate more on target group education (family members and PWDs), DOLISA and DOH staff rather than on training other collaborators.
5. Every partner should critically analyze and document in a systematic way successful and challenging rehabilitation processes / experiences and services they delivered. This can lead to lessons learned from the past. This can be shared within sector meetings and be incorporated into future guidelines.
6. The Disabilities Sector Coordination Committee in Danang should meet regularly with participation of DOLISA and establish working groups to focus on key aspects:
 - a. The total rehabilitation sector needs to be better documented and updated in order to be used in future planning exercises: spatial coverage by the different partners, different coverage of the types of interventions, future funding prospects for each partner, etc.
 - b. The different social assessments methodologies of the PWD and his/her family, different Rehabilitation Plan formats and different follow up methodologies from all the key partners⁴ have to be analyzed in a constructive way in the Danang Rehabilitation Sector Coordination Committee in order to develop an initial proposal on how DOLISA can begin establishing a Integrated Rehabilitation System. This should lead to standardized procedures implemented by all agencies.
 - c. Approaches to community-based rehabilitation should be reviewed in terms of effectiveness and sustainability. Based on the findings, a model should be identified that can be used in the future. DOH should be encouraged to provide leadership and direction in this aspect.
 - d. The many models of community volunteers and collaborators need to be reviewed to assess effectiveness and sustainability. For example, GVN (DOLISA and DOH) have collaborators at the commune level, in addition to each NGO (including program NGOs) supporting different models of community volunteers and/or collaborators. Future funding from USAID could include support designing a model based on the lessons learned from the current experience during the non-surgical clubfoot rehabilitation intervention proposed below.

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

Recommendations from the Health Assessment

The following broad recommendations are based on the findings of the assessment.

- Support for broader health issues should build on the findings of this assessment, including the further need for documentation of specific dioxin related health needs. The lack of available health data made it impossible for the present assessment to fully document the health needs of this community. Support is needed for improving health data systems, which need to be implemented in order to better support future efforts to evaluate the health system.
- All efforts to provide support for health related issues should be discussed and planned with GVN, integrated with and built on the existing system.
- USAID could collaborate with Atlantic Philanthropies to build on its support to improve primary health care, including integrated services beginning with the commune level. As PWD would also benefit from integrated services as this would eliminate the need for repeated visits to commune health services that are currently vertical and discontinued.

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

- Access to health insurance for the poor, including PWDs, is still a challenge. There is a need to both expand coverage and improve continuity. Transportation is a major barrier for accessing health care services. Disability-related training of health personnel (doctor, nurse, pharmacist, technician, paramedic), including pre-service and in-service training, should be based on review of current training curriculums. Increased training on disabilities could contribute to improved quality of care for PWD and others.
- Existing initiatives for safe delivery and birth defect registration, such as the pilot newborn screening programs implemented by Save the Children and Handicap International Belgium, among other organizations should be reviewed and future support built on these. The program should include quality assurance in the delivery ward (e.g., ANC referrals, partogram, C-section, Apgar score). A district birth defect register at district level could eventually be linked to prenatal screening (e.g., ultrasound, amniocentesis). Many impairments, e.g., CP and drop foot, though are difficultly diagnosed at birth. It would therefore be logical to combine newborn screening with early childhood detection and intervention. Several early detection programs have been supported and piloted in Danang by UNICEF and in other provinces (e.g., Irish Aid supports early detection in Vinh Long Province). Further support for systematic early detection and early intervention is needed. A first step is to review the existing early detection systems and identify effective model(s) as future support needs to build on these pilot programs. Recommendations related to dioxin contamination
- The assessment team asked a range of interviewees (e.g., Atlantic Philanthropies, Ford Foundation, USAID/Washington/Leahy War Victims Fund, international organizations, MOH/DOH, MOLISA/DOLISA, and Vice-Chairman of the Danang People's Committee, among others) for their recommendations on health issues related to Agent Orange. The

respondents were consistent in recommending continuing support for disabilities areas in Danang, strengthening the systems, building on the current program and if resources are available, to consider support improving access to health services for communities adjacent to the dioxin hotspot.

- Support to help establish an environmental health program in Danang was viewed as a potential direction for future support from USAID, in addition to supporting the newly established Department of Environmental Health at central level (MOH). Through these programs, dioxin contamination could be addressed in combination with issues related to other pesticides and food safety concerns. Strengthening environmental health could be linked to environmental remediation activities, e.g., as preventive action related to AO. Today the public is exposed to many pesticides and toxic pollutants, in addition to dioxin. Therefore, training health personnel in environmental health and prevention of dioxin contamination and other pesticide/pollutant prevention is recommended, which would help ensure that people receive accurate information and screenings to reduce their risk of exposure to dioxin and other contaminants.
- Activities to strengthen data collection and management, and the establishment of health data bases would be beneficial in general, in addition to providing better documentation of health information in dioxin contaminated areas.
- It was noted that many diseases have multiple causes, so it is best to improve services for all, by close coordination with other programs in the health sector (e.g., Atlantic Philanthropies).
- The outcome of the government health exam (15,000 in Hoà Khê commune) could provide some information on disease patterns in this commune surrounding the airport hotspot, although there is no control group for comparison. Also observing how government shapes the future public campaign about dioxin in Hoà Khê commune could be useful, as there appears to be a need to better inform the public about dioxin and other pollutants, e.g., in food. For example, the assessment team observed several people fishing in the lake adjacent to the airport. With support from the Ford Foundation, the Vietnam Public Health Association is replicating the same health education program in Danang, which was first implemented in Biên Hòa, including a KAP survey and health education program on dioxin in food. Future USAID support could build on the findings of these surveys on the risk of exposure to dioxin. Implementation of such broader health-related activities will depend on funding.
- The USG and GVN meet annually at the Joint Advisory Committee (JAC) to provide guidance on scientific cooperation, technical assistance, and environmental remediation related to Agent Orange/dioxin contamination and health-related activities for communities adjacent to dioxin hotspots. The JAC provides a forum for discussing health issues and potential future support. USAID is represented at the JAC by the Mission Director and Head of the Health Office, who should therefore be involved in internal USAID discussions and decision-making.

- If future USAID-supported programs include health-related interventions improved internal coordination within USAID is recommended, including consultation and involvement of the Health Section in planning and decision-making, developing the RFA, and program monitoring of interventions.
- The Declaration and Plan of Action of the US-Vietnam Dialogue Group on AO/Dioxin 2010-2019 outlines several options for joint health related issues, which in general support the recommendations of the assessment team. For example: “Work with the government health system and non-governmental organizations to improve public health and prevent further dioxin exposure, and to improve service delivery to people with disabilities, including those who may have been affected by dioxin.” As noted above, the recommendations include among many priorities: creating a birth defect registry; developing a system for maternal surveillance and screening, monitoring of child development and early-childhood intervention to improve services to people in or near the major hot spots; strengthen training for Vietnamese public health professionals in disability diagnosis and treatment, and engage them in developing educational programs to ensure that the Vietnamese people receive appropriate information and screenings to reduce their risk of dioxin exposure; develop or strengthen rehabilitation facilities and respite day care centers in provinces with high rates of people with disabilities; and, assist the GVN to expand existing health insurance subsidy plans and scholarship programs to cover at least 70 % of poor households with people with disabilities or family members with illnesses associated with exposure to dioxin.

Proposed health interventions, ranked in order of priority

As mentioned above, there are several options to support public health interventions in Danang through strengthening the public services. A list of priority interventions was identified and ranked, based on perceived priorities from the MoH, demand of the population, and feasibility and coherency within an intervention by USAID:

1. Many of the options directly linked to disability deserve priority as they are closely interrelated to the PWD intervention and address areas which are part of a holistic disability support Program:
 - i. Physical, social and sensorial barrier removal to access health care due to impairment,
 - ii. Impairment prevention, primary as well as secondary (early detection & intervention),
 - iii. Quality Assurance (QA) of specialized rehab services,
 - iv. Introduction of new services like community based clubfoot treatment through the expansion of the coverage of district rehabilitation departments, and
 - v. Quality Improvement (QI) to specialized services at the provincial level,
2. Under the category of improvements in the health system for all citizens, including PWD, Quality Improvement (QI) initiatives such as those below are ranked as follows:
 - i. Introducing integrated quality health services at commune and district level, especially in mother and child care, chronic diseases and services for the elderly, through contracting government services.

- ii. Improving human resource development through pre-service and in-service training on topics such as disability and chronic disease management.
3. Expansion of existing services, mainly at the commune and district level such as the introduction of an improved chronic disease management system: diabetes type II, hypertension, heart failure, Parkinson, etc.
4. Environmental health interventions related to proper hygiene and to pesticide control,
5. Epidemiological assistance for data collection and management, e.g., for specific diseases including cancer, chronic disease prevalence and causes of death.

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

For health interventions that benefit both PWDs and the general population, the assessment team recommends two high priority initiatives as potential USAID-supported health program interventions. They target a broader population group with high need /demand for quality basic health services:

- Improved integration of health services at the commune level, e.g., for mothers with young children (ANC, safe delivery, Family Planning, STD, breastfeeding, vaccination, childhood illnesses, early detection and intervention, IEC needs, etc.), as transportation cost is a major barrier to access.
- Strengthening of chronic disease management at the commune health facilities for an aging urban society in an emerging middle-income country where conditions such as diabetes, hypertension, and heart disease, all potentially associated with dioxin, are increasing.

These interventions are not directly linked but have common interfaces to the disability Program. Both of these interventions could be implemented by contracting government or private services through a performance related agreement. If there is additional funding for each intervention, this could provide an extra advantage. It should only start in close collaboration with the MoH/ DOH. As, for disability, sector coordination is also needed here before engaging in a Health Program.