

WORKSHOP REPORT

SUPPORT TO PERSONS WITH DISABILITIES IN VIETNAMESE PROVINCES SPRAYED WITH AGENT ORANGE



Dong Nai, August 2019

DISCLAIMER: The author's views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

INTRODUCTION

The Office of the Standing Board for the National Steering Committee on Overcoming the Post-War Unexploded Ordnance and Toxic Chemical Consequences in Vietnam (Office 701) and The US Agency for International Development (USAID) have been negotiating and developing support for the ‘People With Disabilities (PWD) in Vietnamese Provinces Sprayed with Agent Orange’ project, as per agreed in the Memorandum of Intent (MOI) signed on April 20, 2019 in Dong Nai province. The project has been developed to realize provisions stated in the MOI. The goal of the project is to build capacity for providing healthcare, medical treatment, rehabilitation services, orthopedic services, social services, improving the quality of life and ensuring social inclusion for persons with disabilities in Vietnamese provinces sprayed with Agent Orange.

On August 8th, 2019, in Bien Hoa City, USAID, in collaboration with Office 701 organized the Planning Workshop on Support to the ‘People with Disabilities in Vietnamese Provinces Sprayed with Agent Orange’ Project.

Time: 8.30-17.00, 19/8/2019

Venue: Dong Nai Hotel, Bien Hoa City, Dong Nai province

Participant: 80 participants representing Ministry of Health (MOH), Ministry of Labor, Invalid, and Social Affairs (MOLISA), Ministry of Planning and Investment (MPI), Ministry of National Defense (MND), relevant provincial departments of 7 provinces including Dong Nai, Binh Dinh, Binh Phuoc, Tay Ninh, Quang Tri, Quang Nam, Thua Thien Hue, Vietnam Federation on Disabilities (VFD), and the Vietnamese Association for Victims of Agent Orange (VAVA).

Purpose: to seek ideas and insights from relevant stakeholders on the draft project document

The report aims to present key issues discussed and agreed by stakeholders in the workshop. The information would be used to finalize the required documents submitted for relevant approvals by the government of Vietnam in the next stage.

The final part of the report includes the annex of Workshop Agenda.

WORKSHOP PROCEEDINGS

Director of Office 701 delivered the opening remarks, and presented the workshop purpose, briefly introducing the mandatory and organizational structure of the Steering Committee 701, and Office 701. On June 21st, 2019, the Prime Minister signed the decision on establishing the National Action Centre for Chemical and Environmental Treatment – of which the focal point is to receive international assistance on overcoming issues related to chemical consequences for the environment and human. Office 701 Director presented cooperation achievements in overcoming war legacy including successful dioxin remediation at Da Nang airport, and commencing the remediation process at Bien Hoa air base. The support for ‘PWD in Vietnamese provinces sprayed with Agent Orange’ project (the Disability Project) is also included in this cooperation framework. This planning workshop is one of actions realizing objectives stated in the MOI signed in April 2019 by representatives of both governments.

Co-chairing the workshop, USAID/Vietnam representative, Mr. Chris Abrams affirmed the US Government’s commitments on supporting Vietnamese agencies in develop the project aiming at improving the quality of life for PWD in provinces sprayed with Agent Orange, which has been carried out through USAID’s work in the country USAID’s representative welcomed and sought ideas, comments, and insights which would be contributed by all participants so that the project would be developed and effectively implemented in 5 years. This workshop would then help Office 701 and relevant agencies finalize the project document. Then USAID and NACCET will sign a Limited Scope Grant Agreement (LSGA) and proceed with necessary submission for the project approval.

Presentations on the proposed project: USAID and NACCET presented draft project document. A presentation was delivered by a USAID expert who explored the concept of quality of life (QOL) and ways to measure QOL outcomes utilising WHO indicators. Then, a group of experts facilitated discussion sessions.

Comments raised prior the discussion session:

- It is necessary to conduct a final review for the USAID-MOLISA Disability project to draw experience and lessons learned for this project. For example, if the project phase I focuses on medical and healthcare assistance, this project should expand support to more areas including livelihood, home-based service, etc. The budget should be well allocated for every component. The project management mechanism should also be clearly identified with roles and responsibilities of relevant stakeholders. – *MOLISA representative*.

– ACDC representative emphasized that to achieve the project objectives, it is essential to not only strengthen the service systems provided for PWD but also to build capacity for the PWD themselves and the PWD’s organizations.

Results of discussion sessions

To seek comments from the participants on the project development, the workshop was divided into two discussion sessions.

Session 1: What are the constraints inhibiting support for PWD in Vietnam?

All the participants agreed that there are 10 key issues which need to be resolved in order to *improve the quality of life for PWD in provinces sprayed with agent orange*. These issues were seen as either overlapping or were included in 04 issues presented in the draft project document. The key issues identified reflected the comprehensive approach of the project, and provided implications for the project's key focus:



1. *Information:* Several participants reaffirmed the lack of information available, including information on PWD's needs, data on the quantity and classification of PWD, data on the types of services provided for PWD, etc.
2. *Medical Capacity:* the capacity at all levels is considered a big gap in both terms of human resources and infrastructure facilities which limit the quality of service provision.
3. *Services:* different services provided for PWD, particularly social inclusion services, can also become a serious obstacle.
4. *Physical Access:* PWD encounter physical access challenges. Few modern buildings, public infrastructures, and means of transportation are designed with consideration of access for PWD.
5. *Livelihood:* Most PWD and their families live in poor and difficult conditions with low or without incomes. PWD's family are required to spend time taking care of the PWD and therefore miss a chance to work to earn a living.
6. *Social awareness:* there is a need to strengthen social awareness of the rights of PWD, and how to provide support for PWD.
7. *Resources:* basic resources including finance, human, profession capacity, networking are limited. The shortage of resources is seen to inhibit efforts to resolve obstacles.
8. *PWD:* PWD themselves are seen to be inferior with little confidence in social inclusion capacity. The social stigma also creates barriers for social inclusion.
9. *Policies:* Policies on PWD have been developed. However policy insufficiencies and gaps continue to exist, more specifically in terms of direct support for PWD, and holistic development of services (including medical and social services) provided for PWD.
10. *Management and coordination:* Support for PWD requires joint effort between formal and informal sectors, public and private sectors, professional organizations and communities as well as families and individuals. Participants expressed concern regarding management and coordination activities, and recommended comprehensive coordination and collaboration among relevant state agencies, organizations, communities, families, and PWD themselves.

Discussion Session 2

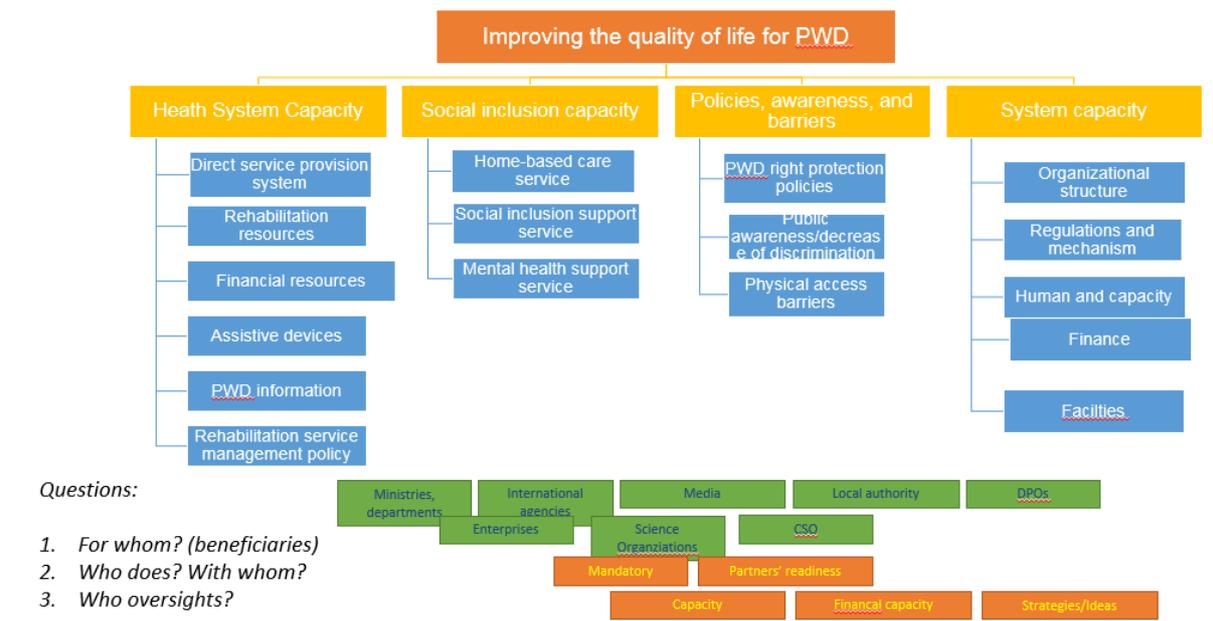
The issues raised in the Session 1 could be grouped in the following themes:

1. Policies, awareness, and barriers

2. Healthcare system capacity
3. Social inclusion capacity
4. Coordination and management capacity

To verify the intervention logic, result framework, and relevant stakeholders during the project implementation, three groups were formed to discuss three questions: 1. *For whom?* (*beneficiaries*); 2. *Who does? With whom?* (*partners*); and 3. *Who oversees?*

The theory of change (figure below) reflects the relation between expected results and involvement of relevant stakeholders



Theme 1 – Policy, awareness, and barriers



1. For whom: PWD and their families, communities and policy makers (review on local related policies), individuals and organizations directly and indirectly providing services for PWD, DPOs, social workers. The project should expand to KonTum province – the first province sprayed with agent orange during the war.

2. Who does? Relevant authorized agencies at local and central level, service providers, DPOs, media, international organizations. Apart from 7 provinces, more ministries should be involved such as MOET, MOH, etc.

At local level: Provincial People’s Committee (PPC) should be the focal point assigning specific tasks for relevant departments in collaboration with DPOs.

3. With whom?

- Service providers (enterprises providing vocational trainings for PWD, and physical access for PWD);
- Media agents to disseminate laws, policies, and models on support for PWD.
- PWD’s families, DPOs, and PWD.

4. Who will oversee implementation to ensure support is provided ?

- Authorized agencies at local and central levels, and donors. For example, MOH oversees activities related to health and medical care and services; MOET is responsible for activities related to education and training for PWD. Office 701 and USAID provide overall oversight..
- PWD and DPOs.

Theme 2 – Health System

1. For whom? PWD, public and private service providers (rehabilitation practitioners, doctors,etc), PWD families, DPO, communities.

2. Who does? Public and private rehabilitation system.

Partners: training, and research units, state agencies, CSO, international organizations, PWD families including caregivers, local authority.

3. Oversight: state management agencies (including government, national assembly, etc), donors, DPOs, relevant CSOs.

Theme 3 – Social Inclusion capacity

1. For whom? PWD, rehabilitation practitioners, social workers, DPOs, special education teachers, policy makers, media, social unions (women’s union, youth’s union), transportation/construction project management/handover units.

Official organizations supporting PWD

2. Who does? Social workers, health practitioners, PWD families, DPOs, PWD, private sector.

3. Oversight: relevant local agencies responsible for support for PWD, DPO, media.

Theme 4 – Management and Coordination capacity

USAID’s representative presented USAID’s funding regulations. As such, the US government does not have direct funding mechanism for the counterpart government. Therefore, the project must be done by the USAID’s contractors. USAID currently focuses its support on direct assistance for PWD including provision of assistive devices, rehabilitation, house upgrading, system strengthening. USAID manages its contractors. However, the government of Vietnam would oversight the counterpart contribution.

Office 701 director affirmed the government of Vietnam’s efforts through social protection system, medical insurance, etc. USAID funded project should be built on the local existing system to enhance the support effectiveness. USAID should also consider expanding the project objectives (e.g support for livelihood improvement). There was a call for other resources (apart from USAID) from the government, and other related agencies.

Sustainability: should be further discussed and ensured through the project activities (e.g. increasing lists paid by the insurance agency). To ensure the sustainability, participants recommended that the activities should be institutionalized by relevant stakeholders. Also, oversight responsibility should be streamlined into the authorized agencies, and should be mandatory, including communication and media.

Some participants asked to clarify the project coordination and collaboration mechanism, particularly the roles and responsibilities of the project owner; the objectives and activities should be well quantified and identified so that the government would provide sufficient counterpart budget and human resources.

WORKSHOP CONCLUSION

- All comments and ideas contributed by participants were well noted to continue finalizing the project document submitted to the government for approval. Office 701/NACCET is focal point to submit the package for approval. The implementation then would be done by relevant provinces.

- Efforts from relevant ministries, agencies, and organizations are essential to maximize effectiveness of support for PWD.

- USAID is committed to supporting Office 701/NACCET, and relevant agencies in the process of development of project documents.

Annex 1.

WORKSHOP AGENDA

Chaired by

- Mr Than Thanh Cong, Director of Office 701;

- Mr Christopher Abrams, USAID/ESDO Director

No.	Time	Issues	Person in charge
1	07.30 – 08.00	Registration	- Office 701 - USAID
2	08.00 – 08.30	Organization arrangeent	Office 701
3	08.30 – 08.45	Opening remarks	- Director of Office 701 - USAID/ESDO Director
4	08.45 – 09.15	Presentation on the draft USAID-Office 701 support to Vietnamese people with disabilities in provinces sprayed with agent orange project document	- Office 71 - USAID
5	09.15 – 09.30	Presentation on Quality of Life measured by WHO’s indicators	USAID expert
6	09.30 – 09.45	Break	
7	09.30 – 11.30	Discussion	All participants (facilitated by USAID experts)
8	11.30 – 13.30	Lunch	
9	13.30 – 15.00	Discussion	All participants (facilitated by USAID experts)
10	15.00 – 15.15	Break	
11	15.15 – 16.45	Discussion	All participants (facilitated by USAID experts)
10	16.45 – 17.00	Closing remarks	- Office 701 - USAID
11	17.30	Organization arrangements	