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Report on SDG Implementation in line with the UNCRPD in Vietnam

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Produced by ACDC Vietnam, and the Vietnam Federation of the Disabled

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# Introduction

Sustainable development is commonly understood to mean a model of development that meets the needs of the present without compromising the ability of future generations to thrive. While it is largely accepted to evolve from the Brundtland Report (Brundtland, 1987), at the time of the formulation of the Sustainable Development Goals, it has increased in scope. Planetary boundaries have been seen along with social boundaries, and it has been acknowledged that resources should be utilized towards the preservation of them both. Societal strife and conflict are as large threats to the future of the earth and the well being of those who live on it – and the Socialist Republic of Viet Nam is no stranger to the aftermath of this – a war torn country deliberately targeted by ecocide, including by deforestation, draining of wetlands, “carpet bombing” and triggering of flash floods by the seeding of rain clouds (Sterling, 2006).

The mantra of the Sustainable Development Goals is to “leave no one behind”, and as such, negotiations over the framing of the Goals involved many otherwise disenfranchised groups negotiating and lobbying for inclusion in the framing of indicators. The predecessor to the Sustainable Development Goals, the Millennium Development Goals, did not take into account of intersectionalities of marginalization within their rather broad indicators. Persons with disabilities were one such group.

After tremendous advocacy efforts, persons with disabilities found mention, specifically, in five goals – Goal 4 (quality education), Goal 8 (decent work and economic growth), Goal 10 (reduced inequalities), Goal 11 (sustainable cities and communities) and Goal 17 (partnerships for the goals – in relation to data). Besides this, “persons with disabilities” are mentioned 11 times throughout the document, and are also included in the category of “vulnerable persons” which are mentioned 6 times in the document. All goals are deemed universal and applicable towards the inclusion of all persons. Several attempts have been made to underline the need for inclusiveness in every goal by highlighting how each goal impacts persons with disabilities (UNDESA, 2018). Framing of indicators is left to each individual country with some guidance from the UN, as is the development of schemes and programmes geared towards the realization of the Goals. The expectation is that governments will involve civil society in the framing of indicators and in the process of policy and legal reform towards the SDGs, However, there has been a great degree of variation in the levels of engagement of Governments and groups of persons with disabilities (Stakeholder Group of Persons with Disabilities, 2017) with some countries making efforts to include the views of persons with disabilities while others appear to not have reached that stage as yet.

## Background of the Report

Viet Nam has signed onto the Sustainable Development Goals and the Prime Minister has issued a National Action Plan for the implementation of the 2030 Agenda for Sustainable Development[[1]](#endnote-1). The Vietnamese Federation on Disabilities (or “VFD”) comprising of disabled persons' organizations in 22 provinces have jointly prepared this report based on idea and opinion contribution from all member DPOs all over the country with consultation, drafting and finalization activities. The purpose of this report is to provide the perspective of people with disabilities and disabled persons' organizations on the SDGs, towards a constructive contribution to the 2030 Agenda for Sustainable Development. VFD believes that sustainable development is only truly possible when persons with disabilities are fully represented in the process of realizing the SDGs. The filing of the Voluntary National Report by the Vietnamese Government has been a positive development as it has covered several issues that concern persons with disabilities, and the report itself states that it involved consultations with associations of persons with disabilities[[2]](#endnote-2). It is hoped that this report will ensure that governmental agencies, civil society organizations and actions of other stakeholders, including the private sector, are informed, and lead to the realization of the slogan of no one being left behind.

## Inclusion of persons with disabilities in Viet Nam law and policy: an overview

The Socialist Republic of Viet Nam signed the United Nations Convention on the Rights of Persons with Disabilities on October 22, 2007 and ratified the Convention on November 28, 2014. Viet Nam’s current population is estimated at approximately 97 million[[3]](#endnote-3) with the golden population (inhabitants aged 10 – 24) accounted for 40% of total national population. According to the updated official nationwide statistics on disabled people from the General Statistics Office of Viet Nam in 2016, the number of people with disability accounted for 7% of Viet Nam’s population (6.2 millions), of which, 5 million households have people with disabilities. The methodology established by the Washington Group on disability statistics (short and extended set) was used in this process. After the approval of United Nation’s Convention on the Rights of Persons with Disabilities, Vietnamese Government established the Viet Nam National Committee on Persons with Disabilities (2015) comprising of 18 members, who are representatives from different ministries, sectors and central agencies.

The 2013 Viet Nam Constitution is lays down rights of citizens and corresponding duties of the Government, including the obligation of the State to support disabled people. The Law on Persons with Disabilities issued in 2010 and many decrees, circulars and regulations also set forth specific guidance on disabled people’s rights to access medical care, education, vocational training, career, public transportation, information technology and recreational activity. There is also a scheme for assistance of disabled persons (2012-2020) that encapsulates targets and allocates responsibilities with respect to several issues concerning persons with disabilities including education, infrastructure, transport, employment and healthcare. The relevant laws and decrees, circulations and regulations will be dealt with in the body of the report.

## About the Vietnamese Federation on Disabilities and methodology of the report

The Viet Nam Federation on Disability is a Vietnamese organization for persons with disabilities established in compliance with Vietnamese laws with the aim to assemble, unite, provide help, support, facilitate, improve capability so that disabled people can live, study and work inclusively. The organization’s main purpose is to work for the well-being of people with disability. VFD was found in 2010 with the former Minister of Labour, Invalids and Social Affairs and current Chairman of the National Assembly signing the establishment decision of the mobilization committee. The Ministry of Home Affairs signed the establishment decision of VFD.

VFD organized its First Term Meeting in 2011, and organized its Second Term Meeting in June 2017. This meeting included 62 Executive Committee members representing 50 member organizations, affiliates and disabled persons' organizations. The Federation’s Chair is distinguished as a Vietnamese Fatherland Front’s Commissioner and a Member of Viet Nam National Committee on Persons with Disabilities. Out of 17 members of the Standing Committee, 15 are people with disability. 6 of the 8 women members are persons with disabilities. The Federation is active in the sector of persons with disabilities, with a country-wide coverage. In accordance with the laws of Viet Nam, it operated under the governmental management of the Ministry of Home Affairs, Ministry of Labor - Invalids and Social Affairs, ministries and sector agencies with direct association with the Federation’s domain in accordance with the laws.

## Methodology

The drafting of this report was facilitated and supported by the International Disability Alliance. Disabled people’s organizations that took part in the drafting of this report took part in the special training course organized by IDA in December, 2017 in Hanoi.

### Objective

* To reflect on the implementation of the State’s activities, policies and directions pertaining to the Government’s 2030 Agenda in relation to persons with disabilities.
* To facilitate training for people with disabilities on the parallel reporting process and encourage active participation of organizations by and for disabled people in the realization of the CRPD and the fulfilment of the SDGs in Viet Nam.
* To present the current situation and make concrete suggestions from disabled people individuals and organizations towards linking the CRPD and the SDGs in Viet Nam.

### Approach

The approaches applied for qualitative and desk review research, along with extensive consultations with the organizations that are a part of VFD for their experiences at the grassroot level with the implementation and impact of these laws and policies. This report is an attempt to evaluate the situation regarding persons with disabilities in the context of five Goals – relating to Health, Education, Gender Equality, Employment and Climate Change preparedness, in Viet Nam. Through this report, the gaps in relation to the fulfilment of the Goals in relation to all persons with all disabilities will be identified, with areas of recommendation for action.

# Goal 3: Ensure healthy lives and promote well-being for all at all ages

## Background

The targets of the SDG related to health and well-being speak of several crucial areas of intervention and monitoring of indicators on the part of state governments:

Table 1: summary of elements of the targets under Goal 3 of the SDGs.

Target 3.8 and its corresponding indicator particularly places obligations on state parties to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all – which recalls the objectives of the SDGs of leaving no one behind. The indicator 3.8.1 speaks about monitoring the coverage and access of essential health services, among the general and ‘most disadvantaged population’. The essential health services are to be a set of ‘tracer interventions’ that include services relating to reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access. Monitoring of target 3.8 is incomplete unless it tracks two aspects of UHC - financial protection and coverage of essential health services (uhc2030, 2018).

## Universal Health Coverage and persons with disabilities

Persons with disabilities have a number of barriers to access to healthcare and services to promote well-being. The healthcare system is often the first point of identity for persons with disabilities, and it is a system with which the disabled engage for most of their lifetime for treatment and management of conditions which lead to impairment, as well as for rehabilitation[[4]](#endnote-4). People with disability the world over report various kinds of barriers in accessing healthcare – on account of infrastructure of the healthcare system being inaccessible, attitudinal barriers displayed by healthcare providers, and the costs of healthcare. It is for this reason that Article 25 of the CRPD speaks of the right of persons with disabilities to the highest attainable standard of health without discrimination on the basis of disability. Health services must be accessible to persons with disabilities in terms of infrastructure, communication and information. They must not discriminate, including through the denial of reasonable accommodation.

Figure 1 Linking Article 25 with UHC under SDG 3

UHC aims to close the gap between health needs and service utilization. With UHC, all individuals receive, without suffering financial hardship, the full spectrum of essential, high quality health promotion, prevention, treatment, rehabilitation, and palliative services. In the context of persons with disabilities, health related rehabilitation is a crucial component of UHC and the full purport of Article 26 of the CRPD must be included in its understanding.

Figure 2 Linking Articles 26 with UHC under SDG 3

## Country context: healthcare

Viet Nam has received international acclaim for achieving many of the MDGs, ahead of schedule, thanks to proactive policy change and implementation. The following table (Ministry of Health, 2016; Banks, et al., 2019) shows the progress over the last decade.

|  |  |  |
| --- | --- | --- |
| Indicator | 2010/11 | 2015 |
| Life expectancy at birth | 72.9 | 73.3 (70.7 years for men and 76.1 years for women) |
| Infant mortality rate | 15.5% | 14.7% |
| Under-5 mortality rate | 23.3% | 22.1% |
| Under-5 malnutrition rate | 16.8% | 14.1% |

Table 2: Health indicators from 2010/11 to 2015 in Viet Nam

There is, however, great inequality seen with regard to access to UHC service coverage, if one were to consider some of the indicators mentioned in SDG 3.8.1. A recent analysis on patterns of relative inequality in UHC service coverage for a few of tracer interventions - family planning; antenatal care; diphtheria, pertussis, and tetanus vaccine; and access to at least basic sanitation – showed grave inequality of at least 20 points between the poorest wealth quintile and the national average in Viet Nam (Hogan, Stevens, Hosseinpoor, & Boerma, 2018)[[5]](#endnote-5).

From a situation of grave inequality in the 1990s post the *Doi Moi* reforms[[6]](#endnote-6), Viet Nam now has an equitable system of healthcare when compared to other countries with similar GDP per capita levels. (United Nations in Viet Nam, 2013). Viet Nam was estimated to have a very high proportion of households with catastrophic health expenditure – 10.5% of the population, based on the Viet Nam Living Standards Survey 97/98 (Xu, 2003). The percentage of out of pocket health payments has gone down from 71% of total health expenditure in 1993 to 49% of total health expenditure in 2012, with a corresponding increase in public expenditure, particularly on insurance. Catastrophic health expenditure[[7]](#endnote-7) in 2010 has been estimated to decrease to 3.9% (Löfgren, 2014).

Studies based on the data collated through the Viet Nam Health Survey of 2001-02 confirmed several assumptions regarding healthcare and persons with disabilities (Palmer, 2011). Vietnamese persons with disabilities were found to more prone to hospitalization, and with higher expenses relating to hospital stays and procurement of medication. Further, a greater proportion of disabled inpatients were using higher-level hospital services where the availability, quality and cost of treatments are higher. Persons with disabilities spent 24% more than the non-disabled population on healthcare; people with severe disabilities spent 64% more than other disabled persons.

## Legal and regulatory framework for healthcare

Article 38 of the Constitution of Viet Nam, 2013, lays down the equal entitlement of citizens to healthcare and medical services.

Article 38, Constitution of the Socialist Republic of Viet Nam

1. Everyone is entitled to health care and protection, is equally entitled to medical services and has the duty to comply with regulations with regard to prophylaxis, medical examination and treatment.

2. Any acts threatening the life or health of other people and the community are strictly prohibited.

State responsibility towards citizens is encapsulated in Article 58:

Article 58, Constitution of the Socialist Republic of Viet Nam

1. The State shall invest in the development of the protection and care of the People's health, provide health insurance for the entire people and exercise a priority policy of health care for ethnic minorities, highlanders, islanders and people living in extremely difficult socio-economic conditions.

2. It is the responsibility of the State, society and family to ensure care and protection for mothers and children and family planning implementation.

In Viet Nam, the rights and duties of patients and healthcare providers is governed by the 2009 law on medical examination and treatment[[8]](#endnote-8). Article 81 of the law lays down the system of dissemination of healthcare through four levels:

Figure 3 Hierarchy of health services in Viet Nam

The Ministry of Health in Viet Nam has managed healthcare provision through a scheme known as the Direction of Healthcare Activities (DOHA) since 1961. The present aim of this scheme is to ensure that a sound collaboration network and support system is built among the different levels of health facilities, in order to deliver quality and equitable healthcare services to citizens. Higher levels are to build the capacity of lower levels of healthcare delivery. The scheme also seeks to improve healthcare at the commune and district level so as to address the burden of overcrowding at higher level centres (Takshima, Wada, Tra, & Smith, 2017).

Health insurance is governed by a law[[9]](#endnote-9) that identifies a large number of potential beneficiaries eligible for compulsory health insurance to be paid for by the state. This includes recipients of social insurance[[10]](#endnote-10), children below the age of 6 and persons receiving social protection[[11]](#endnote-11). In addition to this, the People’s Provincial Committees in 39 provinces have utilized their local budgets to pay health insurance premium for people from near-poor or other marginalized households. (Ministry of Health, 2016). The Ministry of Health notifies the medications that are available for reimbursements[[12]](#endnote-12).

Implementation of health policy is encapsulated in the 5-year (2016-2020) plan (Ministry of Health, 2016). There are also scattered provisions around mental health contained in several policies and decisions by the Government.

## Provisions for persons with disabilities

Under the 2010 Disability Law[[13]](#endnote-13), healthcare is framed as both a right responsibility towards persons with disabilities that is to be enabled by various agencies. Article 4 mandates persons with disabilities to be provided with healthcare, functional rehabilitation. Article 5 places an obligation on the Government to frame and allocate budgets for policies towards support for persons with disabilities in healthcare. Article 8 places an obligation on families to create conditions for persons with disabilities to have healthcare and exercise their rights and perform their obligations.

Under the Scheme for assisting disabled people in the 2012-2020 period[[14]](#endnote-14), the following provision are made for persons with disabilities:

* With regard to targets on accessibility, at least 50% of healthcare institutions are to be made accessible for persons with disabilities by 2016, and 100% accessibility is to be achieved by 2020.
* With regard to targets on delivery of services,

In the 2012-2016 period, annually, 70% of the disabled should approach medical services in different forms; 70% of children aged up to 6 should be screened for congenital disabilities and developmental disorders and provided with early intervention services; about 60,000 disabled people should experience orthopaedic surgery, rehabilitation and provided with assistive tools;

In the 2016 – 2020 period, annually, 90% of the disabled should approach medical services in different forms; 90% of children aged up to 6 should be screened for congenital disabilities and developmental disorders and provided with early intervention services; about 70,000 disabled people should experience orthopaedic surgery, rehabilitation and provided with assistive tools;

* With regard to main activities under the scheme, medical interventions, orthopaedic surgery and provision of assistive tools to the disabled; screening to early discover signs of disabilities in fetuses and newborn babies; provision of advice and services relating to reproductive healthcare
* With regard to allocation of responsibilities, the Ministry of Health is allocated responsibilities towards ensuring medical interventions, orthopaedic surgery and provision of assistive devices.

### The SDG National Action Plan

The targets framed under the SDG National Action Plan[[15]](#endnote-15) does not specifically address any health concerns faced by persons with disabilities. Despite Target 3.3 speaking of mental health in the context of NCDs, there is no mention of mental health in the targets[[16]](#endnote-16).

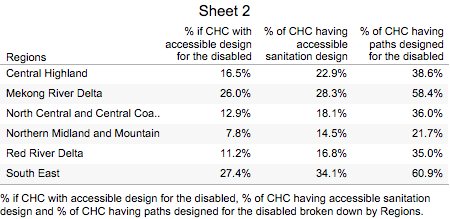
## Gaps in effective inclusion of persons with disabilities in healthcare

### Inclusion and anti-discrimination

Article 3 of the ME&T law prioritizes “medical examination and treatment for … sufferers of serious disabilities”. Article 9 provides for a non-discrimination clause protecting patients from being discriminated against or forced into treatment, save for certain situations listed in in Article 66. These include having a “… mental disease in a state of loss of self-control or depression which gives rise to the idea or act of committing suicide or causing danger to others under law” which is discriminatory to persons with psychosocial disabilities.

### Accessibility of health care facilities

Inaccessibility of health care facilities is a very large barrier for persons with disabilities when it comes to healthcare. The National Survey on People with Disabilities 2016 contained a component on measuring accessibility of health facilities. An ‘accessible’ CHC was considered to be one which has both accessible pathways as well as accessible sanitation design. Only 16.9% of CHCs were found to be accessible, with 41.7% of the CHCs having accessible paths and 22.4% having accessible sanitation designs. This is despite the 2014 circular on provides for technical requirements that must be complied with when building or renovating works to ensure accessibility to disabled persons[[17]](#endnote-17).



Field reports raise the issue that there are no sign language interpreters available at any of the hospitals, nor are there provisions for arrangement of sign language interpreters as reasonable accommodation at healthcare centres. This causes great hardship to the Deaf who cannot effectively communicate their issues with their medical professionals.

### Affordability

The disability law clarifies that persons with disabilities are also entitled to health insurance[[18]](#endnote-18) under the law. This creates options for persons with disabilities and their families to apply for health insurance under a number of categories. To qualify for health insurance, persons with disabilities must be certified to have a severe, or extremely severe disability[[19]](#endnote-19). In these cases the state pays full premium for health insurance; and the coverage is of 95% of eligible medical expenses (Banks, et al., 2019). Persons with disabilities who are employed, or those who are poor, may receive health insurance through other means.

All children under the age of 6 are given compulsory health insurance – current statistics show greater coverage among children with disabilities. Though the vast majority of children with disability are issued the health insurance card, many drugs that they require are not included in the medication list for reimbursement, forcing the families to pay for the medication themselves. A mother of an 8 year old child with cerebral palsy narrates (ACDC, 2017):

“*We just use at the clinic or hospital sometimes because we primarily buy medicines outside, and the health insurance does not cover expensive ones.*”

This is also the experience of persons without disabilities, who are forced to incur out of pocket expenditure for medication or to avail of services that are not covered by insurance. This is done for a variety of reasons, including non-availability of medication in the hospital pharmacy, and to improve the quality service given to them (Somanathan, 2013).

In addition, the insurance for persons with disabilities does not cover the additional costs to which persons with disabilities are prone, like medication and transport costs including those associated with requiring a carer to accompany the person with a disability (Palmer, 2012). Medication and rehabilitation were considerable on-going expense for many families, with several families reporting monthly medication expenses in excess of 1 million dong or over one-third of the minimum wage (Palmer, 2015).

### Coverage of essential services to persons with disabilities

#### Sexual and Reproductive Health

The 5-year plan mentions persons with disabilities in the context of unmet needs with regard to reproductive care services, birth control methods, and family planning services and commits to including them in the outcomes of the plan (Ministry of Health, 2016). However, a study conducted in 2018 on the current situation of sexual violence against disabled women and girls in found concerning gaps in medical care, particularly relating to reproductive health consultancy services. Of the 117 subjects interviewed by the study, 47 reported having experienced sexual violence at least once during their lifetime. This shows the urgent need for medical health services pertaining to sexual abuse cases of women and girls with disabilities to be responsive to their needs.

#### Mental Health

The western approaches to mental health are relatively new to Viet Nam, which has a rich history of alternatives – including the use of herbs, massages, acupuncture, qigong, or Buddhist, Taoist, and indigenous practices. French colonialists brought systems of institutional segregation with them with their arrival. (Nguyen, 2013) This approach continues to dominate policies around mental health by the Government.

The provision of mental health services is found in a number of polices and circulars issued around the issue, many of the important ones include the following:

Figure 4 policies concerning persons with psychosocial disabilities

* Blueprint for organizing the network of social protection centres and rehabilitation centres for people with mental health disorders

[Decision 1364/QD-LDT BXH, issued by MoLISA] – 2012

* On case management for persons with disabilities

[Circular 01/2015/TT -BLDT BXH, issued by MoLISA]

* Project on Social Support and Rehabilitation for people with mental health disorders, 2016–2020

[Decision 1215/2011/QD-TT G, issued by the Prime Minister]

* Scheme on care for the comprehensive development of children in the early years of their family and community life, 2018-2025

[Decision No.1437/QD-TTg, issued by the Prime Minister]

While the system seeks to promote community mental health care, in effect, the system is focused on institutional care solely from the medical model. The services, barring a few exceptions, are not available at the community level, and families are forced to approach provincial hospitals for severe issues – which in effect only include schizophrenia and epilepsy - primarily because lower-tier facilities are lack trained staff. There is no emphasis on promotion of participation and inclusion in the provision of mental health services, and schemes for persons with severe mental disorders only involve institutional care and medication, either through psychiatric hospitals run by MoH or the 50 social support and rehabilitation centres run by MoLISA. Most of those who enter these systems remain there until their death (Nguyen, 2018). Many people with mental disorders prefer traditional healing methods but this has yet not been incorporated into policy and practice (Nguyen, 2014).

Existing facilities are extremely understaffed and overcrowded. The per capita proportion of mental health professionals in Viet Nam is among the lowest in Southeast Asia and the world, with estimates in this decade to have 0.63 psychiatrists, 0.3 psychiatric nurses, and 0.06 psychologists per 100,000 people (Maramis, 2011).

Data released by MoLISA regarding staff at 17 national social protection centers for people with mental health disorders showed that none of the staff had received specialized training in mental health (Nguyen, 2018).

Social work has been recognized as a profession since 2010, but there are no programmes in place to train social workers in mental health, and there is also the challenge of fitting psychosocial approaches into out-dated medical models (Nguyen, 2019). While there is a perception that there are rising levels of mental illness, particularly among children, many of these issues could be resolved through non medical interventions, such as through counselling and therapy, which are not sufficiently promoted or available in the country, particularly at the community levels.

#### Rehabilitation and assistive devices

Rehabilitation services presently only include physical rehabilitation services with orthopaedic, speech and language, and occupational therapies (Palmer, 2015). The 2016 disability survey revealed that the percentage of Commune Health Centres that implement rehabilitation programmes is only 57.3% (GSO, 2016). The numbers of persons with disabilities who had received rehabilitation services was also extremely low.

The health insurance law specifically excludes a large number of services that are essential for persons with disabilities towards universal health coverage[[20]](#endnote-20).

Exclusions under the Health Insurance law

* Use of aesthetic services.
* Use of prostheses including artificial limbs, eyes, teeth, glasses, hearing aids or movement aids in medical examination, treatment and function rehabilitation.
* Medical examination, treatment and function rehabilitation in case of occupational diseases, labor accidents or disasters.
* Medical assessment, forensic examination, forensic mental examination.

This poses many challenges towards effective health interventions. For instance, for children with hearing impairments, hearing aids and cochlear implants are not on the list of eligible treatments for reimbursements and so their families must pay a really high expense themselves. This also impacts families who may only be seeking a diagnosis towards certification of impairments, especially since not all assessments can happen at the commune level and involves additional costs of travel and stay at the larger city hospitals, as well as opportunity costs (Banks et al., 2019).

Rehabilitation services are for the most part only available at provincial level hospitals with a small number of beds relative to needs. As reported in a study on the economic lives of persons with disabilities (Palmer, 2015) in the province of Bac Ninh, for example, there are 200 hospital beds reserved for rehabilitation services including 150 beds at the provincial rehabilitation hospital and 50 beds in the rehabilitation wing of the main provincial hospital. In addition, to claim rehabilitation services under insurance one must obtain a referral letter from the registered health facility or else incur a co-payment of 50%.

*“To receive the quality care you must have a letter of referral but to obtain this you need to have a good relationship with the doctor. If you do not, then it is difficult to get the letter”*

Cited from (Palmer, 2015).

The exclusion of rehabilitation services threatens the meaningfulness of UHC for persons with disabilities, as explained above. This is especially relevant in the case of children, who stand to benefit the most from early interventions in habilitation and rehabilitation. Parent accounts (ACDC, 2017) explain the difficulty this poses:

“*We used to have Vy rehabilitated, but over the last 3 years, we have not because: our family does not have many members, my husband works away from home and our children are too small (Vy is the eldest, followed by a 4-year-old and a 15-month-old); it is hard to commute; we have to pay by ourselves, but it is quite costly and the recovery is not remarkable, so we have decided to let her stay at home and satisfy her basic needs, including meals and personal hygiene.*”

Parent of child with disability in Vĩnh Long Province

Schemes relating to assistive devices only include walking sticks, crutches and spectacles. Prostheses, wheelchairs, hearing devices are not available through Government sources. In addition, the repairs and maintenance of the assistive devices is very expensive. One person with disability reported that

*“Every three years I must replace the prosthetic pieces at a cost of 2.1 million dong for the groin piece and 4 million for the knee piece. In addition, I must spend approximately 800,000 dong per year on bandages and shoes for my disability. I have a health insurance card but I must pay everything myself.”*

Cited from (Palmer, 2015)

## Recommendations

1. Citizen health care should be treated as the shared responsibility of all sectors, organizations, individuals, and businesses, especially medical-related industries. Services run by the public and private sector must be designed to be fully accessible for persons with disabilities, both adults and children. The Government must ensure compliance with the national technical regulations in this regard and ensure this throughout the SDG National Action Plan pertaining to Goal 3.
2. All health related laws and policies should be re-evaluated for discrimination against persons with disabilities, and amended to include specific provisions on accessibility and reasonable accommodation.
3. As far as possible, basic health services should be made available at the CHCs. CHCs must be given sufficient resources to upgrade their infrastructure to make them accessible in line with the scheme for helping the disabled in the 2012 - 2020 period.
4. The DOHA must build capacity of lower level healthcare providers to provide CRPD compliant healthcare services to persons with disabilities.
5. Resource allocation should prioritize development of community based rehabilitation and reproductive health services for women and girls with disabilities. Target 3.6 of the SDG National Action Plan must be revised to ensure that the design of programmes, including the National Strategy on Population and Reproductive Health 2011 – 2020 to be inclusive of persons with disabilities.
6. Trained sign language interpreters should be empanelled by all healthcare centres to be called upon when required by Deaf patients. Larger hospitals should have sign language interpreters available 24/7 for emergency care.
7. In consonance with the recommendation of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health[[21]](#endnote-21), health insurance for persons with disabilities must include additional costs that are incurred by persons with disabilities such as costs of interpreters, travel, costs incurred by companion or personal assistant.
8. Health insurance should include the costs of assistive devices, prosthetics (including cochlear implants) as well as the costs of therapy and rehabilitation services. It should also include the maintenance and repair of these devices.
9. Mental health services should be made available at the community level with a range of services, including alternatives that are acceptable to the local community, and in accordance with the CRPD and international standards of quality care and should be made a part of the SDG National Action Plan targets.

# Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

## Background

The sustainable development goals treat education as continuing and life long, beginning from early childhood development opportunities to technical, vocational and tertiary education. It also seeks to include those adults who, for various reasons, had been left out of the education system in their youth, and also seeks to widen education to include awareness on sustainable development.

.

Figure 5 Sustainable Development Goal 4

Throughout the fulfilment of this goal rides the need to eliminate discrimination – direct or indirect – that leads to the exclusion of girls, children from vulnerable backgrounds, including indigenous groups, and children and adults with disabilities. It is quite common to see high levels of initial enrolment across constituencies, but barriers to education – including discrimination, costs, distance and relevance – result in many getting left behind as the years go by.

## Inclusive lifelong education and persons with disabilities

The impact of disability is larger than other individual and household factors on access to education such as gender, socio-economic status, or the place of residence. A UNICEF study (Mizunoya, 2016) of 15 countries, including Viet Nam, on the disability gap in enrolment in primary and secondary education is statistically significant at an average of 30%.

For persons with disabilities, the fulfilment of this inclusive education depends entirely on the elimination of barriers at all levels of education. These barriers can range from discrimination against enrolment in schools, to not providing accommodations within the education system. Education that is provided to children with disabilities is often not of the quality and purpose for which it is available to others, and is delivered in segregated circumstances. Children and youth with disabilities typically do not get the same choices when it comes to education.

Article 24 of the CRPD addresses these overt and subtle forms of discrimination in ensuring the right to inclusive and lifelong education. The first part of the Article deals with the purpose and outcomes of education for children with disabilities, which is meant to also include:

* The full development of human potential, sense of dignity and self-worth
* The strengthening of respect for human rights, fundamental freedoms and human diversity
* The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential
* Enabling persons with disabilities to participate effectively in a free society.

Article 24 (2) informs the manner in which inclusive education systems should be designed, and it is a suitable trajectory with which to achieve SDG 4.5.

Figure 6 Article 24 (2) of the CRPD towards inclusive education

## Country context: education

The achievement of the MDG related to universal primary education has seen a turnaround in education in the country and Viet Nam has seen a steady increase in enrolment in primary education over the last decade. Much of this credit goes to the investment of the Government, which spends a relatively (for the region) high amount on education - 18.52% of total government expenditure on education (as estimated in 2013[[22]](#endnote-22)).

While primary education was free, which meant that schools could not charge tuition, schools were charging students for uniforms, sanitation, traffic guards, gardeners, pens, notebooks, and even to have the buildings repainted (Hoang, 2013). This led to many students having to drop out of school. In 2013, a draft text of the Constitution sought to incorporate a clause on education which stated that "Citizens have a right and obligation to study" instead of a commitment to free and universal education. This met with a large backlash when the draft was opened to public comment, however, it remains retained in the 2013 Constitution (Hoang, 2013), but the State obligations in this regard elaborate this.

## Legal and regulatory framework for education

The Constitution of 2013 lays down citizen rights and corresponding duties of the Government when it comes to education.

Article 37 (2), Constitution of the Socialist Republic of Viet Nam

Young people shall be provided by the State, family and society with the conditions for learning, working, entertaining themselves, and developing their physiques and minds, and be educated in morality, national traditions and civic consciousness; and shall take the lead in the cause of creative labor and national defense.

Article 39, Constitution of the Socialist Republic of Viet Nam

Citizens have the right, as well as the obligation, to learn.

A law on education has been in force since 2005[[23]](#endnote-23) that comprehensively lays down the system of education in Viet Nam. In 2009[[24]](#endnote-24) the law was amended to emphasize that “Preschool education for five-year-old children, primary education and lower secondary education shall be made universal. The State shall decide on educational universalization plans and assure conditions for the universalization of education nationwide." There are separate laws on higher education[[25]](#endnote-25) and vocational education[[26]](#endnote-26).

Article 61, Constitution of the Socialist Republic of Viet Nam

1. To develop education is a top national policy that aims to increase public intellectual standards, develop human resources, and nurture talented people.

2. The State shall prioritize investment in, and attract other investment sources for, education; care for pre-school education; and ensure free compulsory primary education; gradually universalize secondary education; develop higher education and vocational education; and implement reasonable scholarship and school fee policies.

3. The State shall prioritize the development of education in mountainous areas, on islands, in ethnic minority areas, and in areas that have extremely difficult socio-economic conditions; prioritize the employment and development of talented people; and create the conditions for people with disabilities and poor people to receive education and vocational training.

The system of education is as follows:

Figure 7 Hierarchy of Education in Viet Nam

Education is also one of the focus areas of the socio economic development strategy for the period of 2011 - 2020 (Government of Viet Nam, 2011). With regard to education, the policy focuses on improving the quality of education, and modernizing it on international lines. It also proposes to extend and universalize pre-school education, and to universalize primary and secondary education with an improvement in quality. It also speaks of renovating teaching and learning content, program and teaching method at all studying levels. In terms of marginalized groups, it mentions improving education quality in areas with difficulties, mountainous areas and within ethnic groups. With regard to building human resources, the policy seeks to pay special attention to the development of proficient management staff, experts, enterprises managers, skilled labourers, and leading staff in science and technology. It recognizes the need to train human resources to meet diversified and multi-level requirements of all fields and careers.

The Law on Child Affairs[[27]](#endnote-27) recognizes the rights of children to education, study and development of talent. Children have the right to education and study with a goal towards comprehensive development and promotion of ability. There is a corresponding state obligation to grant children with equal opportunities for study and education, and developing their talent, creation and invention.

## Provisions for children and adults with disabilities

The Education Law contains a non-discrimination clause (Article 3) that protects citizens against discrimination in accessing education on the grounds of ethnicity, religion, belief, gender, family background, social status or economic conditions. Disability is not considered in this clause. For the disabled, the same article puts the obligation on the State to give priority to, and create conditions for disabled and handicapped people and beneficiaries of other social policies to realize their learning rights and obligations. The law recognizes several types of ‘special schools’ in Section 3, which includes ‘Schools and classes for disabled and handicapped people’ (Article 63). The State is to establish, as well as encourage individuals and organizations to set up, schools and classes for persons with disabilities in order to “help them restore their functions, or receive education and vocational training and integrate themselves into the community.” The law also provides that the State shall give priority in allocating teachers, material foundations, equipment and budget to State run special schools for persons with disabilities, and to develop preferential policies towards those run by individuals or organizations.

The Disabilities Law defines three modes of education for persons with disabilities:

*Integrative education*: a mode of education integrating persons with disabilities with persons without disabilities in educational institutions.

*Exclusive education:* a mode of education used exclusively for persons with disabilities in educational institutions.

*Semi-integrative education:* a mode of education combining integrative education with exclusive education for persons with disabilities in educational institutions.

Integrated education is to be the main mode of education for persons with disabilities, and in the interim, if facilities for integrated education are not yet available, exclusive and semi integrative education are to be used (Article 28 (1)). The 2016 law on child affairs includes children with disabilities within its definition of disadvantaged groups, and Article 44 places obligation of the State to give priority investment in education for ensuring that all children may get equal opportunities to access to education, and to practice inclusive education for children with disabilities.

Article 27 provides for concessions and accommodations available for learners with disabilities. The prime responsibility for this lies with the Minister of Education and Training who is to coordinate with the Minister of Labor, War Invalids and Social Affairs and the Minister of Finance for implementation.

Figure 8 Accommodations for learners with disabilities under the Disabilities law

Skill development towards inclusive education is limited only to “teachers and education administrators participating in the education of persons with disabilities and personnel supporting the education of persons with disabilities” (Article 29). Educational institutions are barred from refusing admissions to persons with disabilities and are obligated to renovate infrastructure so that it complies with regulations on accessibility (Article 30).

To support integrated education, the law proposes establishing integrative education development support centres to provide teaching and learning programs, equipment, documents as well as consultancy services (Article 31). The Centres are tasked with a range of services, from detection of impairments and early intervention to supporting disabled persons in families and educational institutions. They must comply with criteria relating to infrastructure accessibility and qualified staff. The MoET has primary responsibility to specify conditions for the establishment and operation of these centres, in consultation with the MoLISA. The establishment or licensing of these centres is to the responsibility of the chairpersons of provincial-level People's Committees. In 2012, an Inter-ministerial circular[[28]](#endnote-28) was issued regulating conditions and procedures for establishing, operating, reorganizing, and dismantling the Supporting Centres for Developing Inclusive Education with the objective of setting up such centres in all 63 provinces (Le, 2013). In 2013, the another inter ministerial circular[[29]](#endnote-29) was issued to provide directions on enrolment, admission, exemption and reduction of school fees and part of curriculum content. It also permits schools to request for funds to support inclusive education for children with disabilities.

Other programmes towards inclusion were also piloted, such as the Universal five-year preschool from 2010 to 2015[[30]](#endnote-30). benefitting children with disabilities suffering economic hardship whose parents are considered poor by the State. Children with disabilities in preschool education were also entitled to cash assistance of 120,0000 dong a month from the State for meals at school[[31]](#endnote-31). The support was provided when school is in session, but no more than nine months a year.

Article 32 of the Disabilities law places the onus on the State to provide free advice on vocational training, learning and job selection to persons with disabilities. Establishments that offer vocational training for the disabled must comply with this.

The law on vocational training[[32]](#endnote-32) appears to promote training centres and programmes reserved for persons with disabilities. The state encourages the establishment of vocational training institutes reserved for persons with disabilities, as well as the enrolment of the disabled. To establish a centre reserved for the disabled there are additional compliance requirements (Article 18) regarding accessibility of infrastructure, equipment, learning materials, method and duration. These institutions also must have teaching staff trained and qualified to teach persons with disabilities. Article 27 speaks of preferential treatment in land acquisition, tax exemptions etc. to such institutions. The law also speaks of investment in training for educators teaching the disabled (Article 58).

There are certain accommodations made for persons with disabilities in vocational training (Article 62). Learners with disabilities (along with other disadvantaged group) have access to benefits under boarding school related policies. In case of health related inability to complete courses, a learner can reserve study results up to a period of 5 years and resume the course when they are ready.

In the Scheme for assisting the disabled in the 2012-2020 period[[33]](#endnote-33), targets framed for 2012 to 2016 sought to ensure that:

- 60% of disabled children who have studying ability are enabled to receive education.

- 250,000 disabled people who are in working age and have ability to work receive vocational education and have suitable employment.

By 2020, the targets framed mandate that

- 70% of disabled children who have studying ability are enabled to receive education.

- 300,000 disabled people who are in working age and have ability to work are enabled to receive vocational education and have suitable employment.

### SDG National Action Plan

The targets framed under the SDG National Action Plan, 2017 pertaining to education have several mentions of disability[[34]](#endnote-34). As part of Target 4.1, the mandate is to “Carry out inclusive education and special education for children with disabilities.”

Under Target 4.2, it also mentions appropriate policies in order to ensure that all poor children and children in special circumstances enjoy enabling conditions to access care services during childhood.

Under Target 4.3 b, pertaining to technical vocational and higher education including at the University level, the State is to take increased efforts in implementing policies in support of social welfare beneficiaries, poor people, people in vulnerable circumstances, persons with disabilities so that they have enabling conditions to access vocational education services in accordance with their needs, which is also repeated under Target 4.5 b which specifically pertains to vocational education.

Lastly, Target 4.8 regarding building of child friendly infrastructure puts the onus on the government to review, improve and develop a system of criteria/ standards for educational infrastructures that are child, disability and gender-sensitive, matching the United Nations’ standards. Newly built educational facilities must be child friendly, including children with disabilities; and at the same time, education facilities currently in operations should be repaired and upgraded so that they can meet the required criteria.

## Gaps in effective inclusion of persons with disabilities in education

#### Enrolment of students

At all levels of education, there is a gap between enrolment when it comes to disability. The data collected in the 2016 national disability survey also shows how gaps between the net enrolment ratio widen as one goes higher in education levels. It is safe to assume that barriers to education increase as the level of education is higher.

This is concerning, because the same survey also reveals that the higher the education level of the person with disability, the less likely it is that they will be living in multidimensional poor households (Table 11.4). Often, families and carers feel like they have no options for their children. In a survey conducted by ACDC in 2017 it was reported by the majority of children participating in the consultation that they wanted to go to school, but not all of them could. A grandmother of a 7 year old with hearing impairment explained the predicament:

“*They are old enough to go to primary school, but we do not have any intention to let them go to school because there are no such cases in the commune. We know one school for CWD, named Thụy An school; however, since they are too young to take care of themselves, we feel pity for them and have not let them go to school yet. Also we do not know any schools for deaf children.*”

Kindergarten, primary and lower secondary schools are located at the commune level. Beyond the lower secondary level, schools are located in the centre of the district, which is farther and makes it more difficult for children with disabilities to go to school as they have to negotiate accessible transportation (ACDC, 2017).

The VNR reports that some provinces have high rate of children with disabilities entering school, i.e., Hau Giang (95 per-cent), Bac Ninh (90 per-cent), Quang Tri (87.6 per-cent), Nam Dinh (87.2 per-cent), Vinh Phuc (87 per-cent), Phu Tho (86.5 per-cent)[[35]](#endnote-35).

#### Discrimination and Attitudes

One of the greatest barriers to inclusive education is the attitude of stakeholders, many of whom do not have disabilities themselves. Attitudes and knowledge of parents and carers are known to be among the factors influencing access to education of children with disabilities. Families that attach great importance to their children’s learning knowledge and skills tend to spend more time, effort and resources than those who do not appreciate this (ACDC, 2017). A significant number of parents do not want their children to be registered as 'children with disabilities' because they are concerned that their children will be discriminated against by their friends and surrounding people; or if their child is classified as having a 'mild disability', he or she will not receive many social protection benefits. It is likely that the parents’ refusal to register for identification of a disability has led to the fact that some students with disabilities are not currently benefiting from relevant state policies such as Joint Circular 42/2013 on supporting the education for people with disabilities (ACDC, 2017).

The 2016 Survey asked questions to general respondents on what they felt were the best learning medium for children with disabilities. 42.7% of respondents expressed unconditional support for children with disabilities to study with other children, while the rest expressed various reservations.

The majority of children with disabilities who are in school (94.2%) study alongside children without disabilities, and only 5.6% of children with disabilities study in special schools. School administrations of primary and lower secondary schools did not cite stigma, either from the community or from the families of the students with disabilities, as a major barrier to educating children with disabilities (Table 16.6).

Even so, there is discrimination at the entry level, despite the fact that the law prohibits refusal of admission for students with disabilities. Phùng Thị Phương Vy, a parent, reported their experience (ACDC, 2017):

“*When Vy was old enough to go to kindergarten, we wanted to let her go to school, but the kindergarten did not accept her because her disability was so severe that teachers could not take care of them.*”

Sadly, this is also reflected in the wording used in the scheme for assistance of persons with disabilities, which only includes children with disabilities who have “studying ability”.

Among the schools that supported students with disabilities, these were the reported methods of accommodation adopted:

Even where children with disabilities were accepted into schools, they would often be excluded from classrooms for fear of bringing down standards for other children, or because they were deemed ‘uneducable’ for certain subjects (ACDC, 2017).

#### Accessibility of schools

In the 2016 survey, schools at the primary and lower secondary level were evaluated in a similar manner to healthcare centres (above): if they had both paths and sanitation facilities designed to be suitable for persons with disabilities, they would be considered to be accessible schools. As per the survey, only 2.9% of all schools were found to be accessible for students with disabilities, with 8.1% of schools having accessible paths and 9.9% of schools having accessible sanitation facilities (Table 16.5). Lack of appropriate infrastructure was a reason cited by 68.1% of respondent schools as a difficulty in educating children with disabilities in the 2016 survey (table 16.6).

Even if basics like sanitation and classrooms are accessible, many times, extra and co-curricular facilities are inaccessible for children with disabilities, for example, libraries, and reading materials (ACDC, 2017).

In accordance with inter-ministerial Circular #58/2012/TTLT-BGDDT-BLDTBXH, past specialized schools and institutions are now being turned into new support centers to develop and advocate inclusion. There are also good practices being seen in inclusive education and building capacity of children and their families (Le, 2013).

#### Affordability

More than half the respondent schools (53.9%) in the 2016 survey have reported that lack of budgets are a considerable barrier to inclusive education. Schools are unable to procure educational assistive devices or appoint additional support staff to enable the inclusion of children with disabilities. Schools are permitted to apply for additional funds to support inclusive education[[36]](#endnote-36). In Dien Bien, the provincial education office issued guidelines in budget allocation and implementation of the circular to all districts and schools in the province a month after the circular was released (UNICEF, 2015) but not all provinces have taken similar steps. In a study of schools in 8 provinces by UNICEF, the majority of schools were found to have no defined budget allocation for the education of children with disabilities. The majority of schools that had budgets were located in Ho Chi Minh City.

#### Teacher training and methodology

At present, methodologies for inclusive education are not taught to all teachers. Special educators are not trained in inclusive education. For instance, in the Ho Chi Minh City University of Pedagogy, out of 60 credits required to graduate as a special needs education major, the Inclusive Education course takes 1 credit and furthermore, is only an elective (Le, 2013). As seen above in the wording of the law on disability, skill development towards inclusive education is limited only to those participating in the education of persons with disabilities. The number of teachers trained to accommodate children with disabilities in schools is quite low. On average, there are 33 teachers per school in Viet Nam, and on average each school has 5 teachers who are trained to enable inclusive educational settings. These teachers are not evenly distributed, and so in effect only 14.1% of schools have teachers who are trained for teaching learners with disabilities (2016 disability survey, Table 16.4).

The lack of skilled teachers for educating learners with disabilities was the top difficulty reported by schools in educating children with disabilities in the 2016 survey (Table 16.6), by 72.3% of respondent schools. This is also a concern for parents of children with disabilities. Many children and their parents reported that some schools had tendency not to accept children with severe disabilities because there was no staff taking care of them. Even their own families felt insecure when schools’ facilities and human resources were too inadequate to support children with disabilities, so they preferred to not send them to school.

A study on readiness for education of children with disabilities in eight provinces of Viet Nam revealed that a majority of teachers – 65% - reported that they do not receive any training in inclusive education, special education or disability.

Children with disabilities and their parents report that they are not given access to individualized support plans or reasonable accommodation. Where available, the integrative education development support centres set up through the disabilities law are making positive impacts on the inclusion of children with disabilities. There are also instances of NGOs making interventions in the education of children with disabilities by home tutoring etc. but these are not sustainable long term and end with the end of the project. Many families are forced to seek alternative education for their disabled child through special schools or private home tutors. These are associated with significantly higher fees that are not affordable by all households (Palmer, 2015).

### Recommendations

1. The Vietnamese government should adopt a standard definition of disability in line with the ICF and the CRPD in all legal documents that relate to identification and accommodations for persons with disabilities.
2. Learners with disabilities should be included in all compulsory universalization programmes and in all education plans at all levels.
3. Monitoring of the implementation of the laws and policies regarding inclusive education should be strengthened and involve participation of the DPOs and other stakeholders.
4. Inclusive education, which includes all children with all disabilities, should be prioritized and backed with sufficient financial and human resources. Inclusive education should be a mandatory part of all teacher-training courses. The framing of Target 4.1 in the SDG Action Plan should reflect this accordingly.
5. Early intervention services for children with disabilities should be made available at the community level and backed with trained community workers. Target 4.2 of the SDG Action plan should reflect this accordingly.
6. Guidelines on budgeting and allocations for schools should be issued by all provincial governments in accordance with inter-ministerial Circular No. 42/2013/TTLT-BGDĐT-BLĐTBXH-BTC.
7. Vocational training schools should be open to learners with disabilities and they should not be limited to attending only those schools that are reserved for them. The government may develop policies to achieve this in a phased manner.
8. Guidelines on Inclusive education at all levels should be developed in line with Article 24 of the CRPD as well as considering the observations in the General Comment on the Article, with emphasis on individualized supports, reasonable accommodation and ensuring inclusion in co-curricular and extra-curricular activities as well. The Scheme for Assistance of Disabled Persons should be amended to remove the qualifications of “ability to study”.
9. The role of the inclusive education facilitation centres at the provincial level should be strengthened, with adequate budgetary allocations, and resource rooms at the commune level should be set up as well.
10. The Government should promote the use and development of sign language, ICT, and the development of tactile materials and textbooks in Braille, as well as books and learning aids. Standards should be formalized towards a universal design of school infrastructure and facilities.

# Goal 5: Achieve gender equality and empower all women and girls

## Background

Regardless of which parameter of development one considers, women are always found to be left behind when compared to their male counterparts. As the intersectionalities of marginalization increase, women are even less likely to avail of the benefits of entitlements, or be able to access their rights. Though the SDG on gender equality does not specifically speak of women with disabilities, the goal is to end all forms of discrimination against all women and girls everywhere.

Figure 9 SDG 5: Gender Equality

## Gender equality for women with disabilities

The CRPD takes a twin track approach to gender equality. First, it enshrines equality between men and women as a General Principle under Article 3, which must inform all of the efforts taken by state parties on realizing the rights of persons with disabilities. Article 6 elaborates on this – placing the onus on the State to take cognizance of the multiple discrimination faced by women and girls with disabilities, and to take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the rights under the Convention.

Secondly, specific measures with regard to gender are highlighted at various points in the Convention.

## Country context: gender equality

Viet Nam has shown commitment towards gender equality and is generally considered to be among the countries in the region working towards betterment of gender equality. The Country’s UNDP Gender Inequality Index ratings rose from the low middle-rank group in 1999 to the upper middle-rank group in 2008 (Jones, 2012).

Viet Nam ratified CEDAW in 1982 and in 2006 implemented a law on Gender Equality[[37]](#endnote-37) that encompasses gender equality across the board – agencies, organizations, families and individuals, in various sectors including politics, economy, labour, education and training, science and technology, culture, information, sport, and public health.

The Constitution of Viet Nam reiterates the commitment to substantive gender equality.

**Article 26, Constitution of the Socialist Republic of Viet Nam**

1. Male and female citizens have equal rights in all fields. The State shall adopt policies to guarantee the right to and opportunities for gender equality.

2. The State, society and family shall create the conditions for women to develop comprehensively and to advance their role in society.

3. Gender discrimination is prohibited.

The implementation of the law on Gender Equality has been hit by a lack of accountability mechanisms and insufficient human, technical and budgetary resources and unawareness of the concept of substantive gender equality on the part of lawmakers, policymakers and government officials (CEDAW, 2015). In 2012, the Prime Minister approved of the National Strategy on Gender Equality for the 2011-2020 period[[38]](#endnote-38) which has seven objectives:

Figure 10 Objectives of the National Strategy on Gender Equality

There have been gaps found in gender equality particularly with regard to employment patterns, with a majority of women involved in unpaid work, and in vulnerable employment situations (World Bank, 2011). There have also been concerns raised by the latest concluding observations of CEDAW about the high prevalence of violence against women and girls, including dating violence, violence in public spaces and workplace sexual harassment; the low rate of reporting and conviction of perpetrators of violence against women; the inadequacy of victim assistance and rehabilitation services; and the lack of systematic collection of comprehensive data on violence against women (CEDAW, 2015).

## Gender equality and persons with disabilities

The 2006 law on gender equality does not make any specific reference to the situation of intersections of other forms of marginalization. The law on persons with disabilities makes only two specific references to women with disabilities.

**Article 23. Responsibilities of medical examination and treatment establishments**

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2. To prioritize medical examination and treatment for persons with exceptionally serious disabilities, persons with serious disabilities as well as children, elderly persons and pregnant women with disabilities in accordance with the law on medical examination and treatment.]

**Article 45. Nurture of persons with disabilities in social-relief establishments**

1. Persons with exceptionally serious disabilities without anyone to support or without ability to take care of themselves shall be admitted to social- relief establishments.

2. The State shall provide social relief centers with funds for nurturing persons with disabilities defined in Clause 1 of this Article, including:

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g/ Monthly personal hygiene for women with disabilities.

Figure 10 Law on persons with disabilities and gender equality

The National Strategy on Gender Equality[[39]](#endnote-39) does not make any reference to women and girls with disabilities. The scheme for assisting disabled persons[[40]](#endnote-40) does not make any specific reference to women and girls with disabilities, though it does include the Central Committee of the Viet Nam Women’s Union to participate in the implementation of the scheme.

### SDG National Action Plan

The SDG National Action Plan of 2017 does not, through its targets under Goal 5, make any specific mention of women and girls with disabilities[[41]](#endnote-41).

### Incidence

The data collected through the 2016 disability survey shows a higher incidence of impairments reported through the extended set of the Washington Group of questions across impairment groups:

Figure 12 Percentage of population with 'a lot of difficulty' or 'unable to do' per impairment group, disaggregated by gender

### Full and effective participation in society

In terms of status within the family, persons with disabilities are less likely to be named as ‘head of household’ than their non-disabled peers, but women with disabilities are even less likely to be so. Only 8.4% of women with disabilities were named as head of households, as opposed to 19% of men with disabilities. Among the non-disabled population, women are more likely to be the head of households than men, and 91.6% of women without disabilities are the heads of households.

We also see barriers for women with disabilities in accessing information and communication

Figure 13 Percentage of men and women with disabilities with access to internet and mobile communication

### Universal access to sexual and reproductive health and reproductive rights

As discussed above (see ‘Sexual and Reproductive Health’ under SDG 3) there are concerning gaps in the access for women and girls with disabilities to sexual and reproductive healthcare related services. Girls and women with disabilities are limited in accessing adequate social services, especially reproductive health services, due to gender-based prejudices of themselves, their family, the society and the community. In terms of equipping knowledge on reproductive health, access was very low, at only 19% of respondents primarily in the group of women with disabilities under 30 years of age, and 40.8% of women with disabilities responded that in the past two years, they have not had access to or knowledge of reproductive health.[[42]](#endnote-42) The main form of access is through social media such as books, newspapers, the Internet, television and especially through training programs organized by the Association of People with Disabilities in association with mass social-political organizations, counselling centres for family health etc. Even in the family, members also avoid / do not mention this issue to people with disabilities[[43]](#endnote-43). In the 2016 disability survey, only 26% of respondents were unequivocal in their opinion that persons with disabilities should get married. A majority of participants were sceptical, with 8% of respondents completely averse to the idea. Though respondents were not asked this, the burden of these misconceptions fall more on women with disabilities, who are deemed to be incapable of marriage, relationships and procreation.

### Right to marriage

### There is a lack of specific policy integration in the Law on Marriage and the Family 2014 to ensure equal rights of people with disabilities, especially women with disabilities’ right to equality in marriage and in decisions to have children, in accordance with the spirit of the Convention on the Rights of Persons with Disabilities. This has also been acknowledged in the VNR[[44]](#endnote-44).

### Violence

In Viet Nam, there are no official statistics or studies available on incidences of sexual violence and violence in groups of people with disabilities (UN Women, 2018). According to a 2016 field survey in nine provinces, many women with disabilities had experienced sexual abuse and three cases were found where women with disabilities had been made subjects of medical/scientific experiments without their consent.[[45]](#endnote-45) The Child Helpline (111) has yet to provide services to children with hearing, speech and communication impairments. These children are also having difficulties in accessing other support services for victims of abuse and violence due to communication barriers. The Department of Child Affairs has worked with many organizations to develop a series of communication materials and programs to prevent child abuse and violence. However, these materials and programs have not been developed and designed to ensure access for children with disabilities, particularly children with sensory and communication impairments.

## Recommendations

1. To include specific measures to address inequalities against women with disabilities in all policies and legislation relating to gender inequality and sustainable development
2. To ensure that all reporting and monitoring mechanisms in relation to violence, abuse and exploitation are responsive to the needs of women and girls with disabilities and are made accessible at all stages
3. In line with the recommendation of the CEDAW Committee, enhance the collection, analysis and dissemination of comprehensive data, disaggregated by sex, age, disability, ethnicity, location and socioeconomic status, and the use of measurable indicators to assess trends in the situation of women and progress towards the realization of substantive gender equality
4. To amend the 2014 Law on Marriage and Family with the perspective of fulfilment of Article 23 of the CRPD to enable women with disabilities to exercise their choices in relation to marriage and parenting.
5. To ensure access for women with disabilities to information and services relating to sexual and reproductive health and rights and to reframe Target 5.6 of the SDG Action Plan to include a requirement for this.
6. To ensure access of women and girls with disabilities to social protection schemes and other programmes to improve their access to information and communication on an equal basis with their non disabled peers.

# Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

## Background

In general, worldwide, there has been economic growth, with an increase in labour productivity and a decrease in unemployment. The numbers do not reveal the entire story, especially with regard to the question of this growth being inclusive and sustainable. Many people, particularly from marginalized groups find themselves in situations of exploitative or unsafe work with little or no recourse to legal or regulatory authorities.

The focus on this goal is not merely with regard to employment – it takes into account other factors of harnessing economic growth and ensuring that this trickles down to the end employee whose efforts lead to this growth.

## Full and productive employment, and decent work, for persons with disabilities

Employment is a bridge to help persons with disabilities to integrate and affirm their status in the community. Perceptions of ‘unemployability’ and inability to contribute are at the root of discrimination against persons with disabilities. Consequently, ensuring access to livelihood is one of the priority areas of the disability sector worldwide. There have been various barriers noted in access to full and productive employment that have been substantiated by data, worldwide.

An analysis of the SDG relating to employment shows very deep reflections with many articles of the CRPD, not just with Article 27 that deals with employment. The recognition of a person with disability as a person, who us capable of entering into financial and legal relationships, such as seeking financial services and signing contracts of employment, is a necessary prerequisite to the realization of the goals relating to employment and financial inclusion.

Box 1 Linking SDG 8 with the CRPD

GOAL 8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services

* Article 27 (1) (f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one’s own business;

GOAL 8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

* Article 27 (1) (a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions
* Article 27 (1) (b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances
* Article 27 (1) (g) Employ persons with disabilities in the public sector;
* Article 27 (1) (h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures
* Article 27 (1) (i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace

GOAL 8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training

* Article 27 (1) (d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training
* Article 27 (1) (e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment

GOAL 8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms

* Article 27 (2) States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

GOAL 8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

* Article 27 (1) (c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;

GOAL 8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all

* Article 12 (5) States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

## Country context: economic growth, full and effective employment, decent work

The Government has issued policies to implement specific objectives of the SDGs with regard to employment, besides the SDG National Plan 2017. These include the national action plan for sustainable production and consumption until 2020, with a vision towards 2030[[46]](#endnote-46) to link economic growth with production and consumption activities nationwide, the national industrial development policy until 2030 with a vision toward 2045[[47]](#endnote-47) for industrial activities, and the project on supporting small and medium enterprises for rural development[[48]](#endnote-48) in the agricultural sector in rural areas. The Government also pays special attention to the labour force in the process of international integration through the promulgation of the strategy on international labour and social integration until 2020 with a vision to 2030[[49]](#endnote-49) promoting the implementation of the sustainable employment program; increasing quality employment opportunities for workers; implementing gender equality, with the priority being placed on closing the gender gap and gradually eliminating the stigma and gender inequality in the social life, especially in the issue of employment in rural, impoverished, mountainous areas, and areas of ethnic minorities etc.

The Constitution of Viet Nam has specific provisions relating to the right to work, as well as for the protection of workers. The Communist Party of Viet Nam is said to be the “…vanguard of the labouring people and Vietnamese nation, faithfully representing the interests of the working class, labouring people and entire nation”. One of the most important organizations in the Viet Nam governance system is the Trade Union of Viet Nam.

The right to safe and decent working conditions is also acknowledged within the Constitution, for all citizens:

**Article 33, Constitution of the Socialist Republic of Viet Nam**

Everyone has the right to freedom of enterprise in the sectors and trades that are not prohibited by law.

**Article 35, Constitution of the Socialist Republic of Viet Nam**

1. Citizens have the right to work and to choose their occupations, employment and workplaces.

2. Employees are guaranteed equal and safe working conditions; and have the right to wages and rest periods.

3. Discriminatory treatment, forced labor or the employment of people below the minimum working age is prohibited.

**Article 10, Constitution of the Socialist Republic of Viet Nam**

The Trade Union of Viet Nam is a socio-political organization of the working class and laborers voluntarily established to represent laborers, care for and protect the lawful and legitimate rights and interests of laborers; participate in the state management and socio-economic management; participate in the examination, inspection and supervision of the operations of state agencies, organizations, units and enterprises regarding issues related to the rights and obligations of laborers; and mobilize laborers to learn to improve their professional qualifications and skills, abide by law, and build and defend the Fatherland.

Employment in Viet Nam is governed by the Labour Code, which has been amended last in 2012[[50]](#endnote-50). The Code has detailed provisions around employment contracts, vocational training and skill development, collective bargaining, wages, working hours, occupational injuries, disciplinary proceedings, trade unions, dispute resolution, social insurance and there are special provisions relating to certain categories of vulnerable workers.

The majority of the workforce in Viet Nam is employed in the informal sector. In 2016, the number of workers in informal employment was 57.2 per cent of non-agricultural workers nationwide. The rate of informal workers would stand at 78.6 per cent with the inclusion of agricultural labour. 60% of the informal workforce is based in rural areas. 43.9% of the informal workers were further classified as being in ‘vulnerable’ jobs (General Statistics Office, 2016).

## Legal provisions relating to employment for persons with disabilities in Viet Nam

Discrimination on the grounds of disability is prohibited under Article 8 of the Labour Code. Section 4 of the labour code specifically deals with provisions regarding employment of workers with disabilities

**Article 176: State policies for workers with disabilities**

l. The State shall protect the rights to work and to self-employment of workers with disabilities, adopt policies to encourage and provide incentives for employers to create work for and to employ workers with disabilities in accordance with the Law on People with Disabilities.

2. The Government shall provide policies on preferential loans from the National Employment Fund for employers who employ workers with disabilities.

**Article 177. Employment of workers with disabilities**

1. Employers shall provide reasonable accommodation with respect to working conditions, working tools, and occupational safety and health measures, which are suitable for workers with disabilities and shall take care of their health on a regular basis.

2. Employers must consult with workers with disabilities before deciding on matters of relevance to the rights and interests of the workers with disabilities.

**Article 178. Prohibited acts in employment of workers with disabilities**

1. It is prohibited to employ workers with disabilities with at least a 51% reduction in their ability to work to perform overtime work and night work.

2. It is prohibited to employ a worker with disabilities to perform heavy or hazardous work, or work with exposure to toxic substances as stipulated in the list issued by the Ministry of Labour, Invalids and Social Affairs in coordination with the Ministry of Health.

In addition to this, the law provides for concessions and accommodations in general provisions for the disabled. Article 111 provides for an annual leave of 14 days for employees with disabilities, as opposed to 12 days for employees without. Article 152 mandates that employers must organize health check ups once every 6 months for employees with disabilities, for other employees it must be organized ‘periodically’. The labour code specifically states that it meant to work in harmony with the law on persons with disabilities[[51]](#endnote-51) that also provides for provisions on employment.

The law on persons with disabilities has provisions on vocational training of persons with disabilities (See ‘Provisions for children and adults with disabilities’) and on employment in Article 33 of the law.

1. The State shall create conditions for persons with disabilities to have their working functions rehabilitated, to receive free job advice, to be employed and perform jobs suitable to their health and characteristics.

2. Agencies, organizations, enterprises and individuals may neither refuse to recruit persons with disabilities who fully satisfy the recruitment conditions nor set recruitment criteria in violation of law in order to restrict working opportunities of persons with disabilities.

3. Agencies, organizations, enterprises and individuals employing persons with disabilities shall, depending on their specific conditions, arrange jobs and ensure the working conditions and environment suitable to these persons.

4. Agencies, organizations, enterprises and individuals employing persons with disabilities shall comply with the labor law concerning employees with disabilities.

5. Job placement organizations shall provide vocational training and job advice as well as job recommendation for persons with disabilities.

6. Self-employed persons with disabilities or households creating jobs for persons with disabilities may borrow loans at preferential interest rates for production and business activities and to be guided in production, technology transfer and receive support in product sales according to regulations of the Government.

The law on persons with disabilities also has provisions relating to incentivizing employment of persons with disabilities.

**Article 34. Production and business establishments employing many persons with disabilities**

Production and business establishments which employ persons with disabilities accounting for 30% or more of their total employees may receive supports for improvement of their working conditions and environment suitable to persons with disabilities; be exempt from enterprise income tax; borrow loans at preferential interest rates under production and business development projects; receive priority in land, ground and water surface lease and be exempt from rents of land, ground and water surface to serve production and business activities in proportion to the percentage of employees with disabilities, the degree of their disabilities and the size of enterprises.

**Article 35. Policies for recruitment of persons with disabilities**

1. The State encourages agencies, organizations and enterprises to employ persons with disabilities. Enterprises employing many persons with disabilities are entitled to preferential policies provided in Article 34 of this Law.

2. The Government shall detail policies of encouraging agencies, organizations and enterprises to employ persons with disabilities under Clause 1 of this Article.

There are also tax exemptions under the law on enterprise income tax[[52]](#endnote-52) for income from production and sale of goods and services of enterprises that have at least 20 employees, of which at least 30% are disabled people, detoxified people, or have HIV/AIDS. This does not apply to enterprises engaged in finance and real estate.

Under the targets for the scheme for assisting disabled persons[[53]](#endnote-53), in the 2012-2016 period, 250,000 disabled people who are in working age and have “ability to work” should have received vocational education and have suitable employment. In the 2016 – 2020 period, an additional 300,000 persons with disabilities who are in working age and have ability to work should be enabled to receive vocational education and have suitable employment. The responsibility for this rests with the MoLISA.

### The SDG National Action Plan 2017

Despite the specific mention of persons with disabilities in International Goal 8.5, the action plan does not mention persons with disabilities specifically[[54]](#endnote-54). The Action Plan makes reference to many laws and policies around the subject of employment and which may be implemented in the near future.

## Inclusion of persons with disabilities in the workforce

### Training and literacy

As seen in the section on ‘Gaps in effective inclusion of persons with disabilities in education’, above, persons with disabilities have less access to education and vocational training than their non-disabled peers.

Viet Nam currently has over 1.2 million people with disabilities in the working age (15 to 60 years old) with the ability to work but with no vocational training[[55]](#endnote-55). The percentage of people with disabilities receiving vocational training and job creation is very low even in urban areas (27%) compared to rural areas (16.9%). Post vocational training, however, the number of people with disabilities able to access loans from funding sources for employment from the Viet Nam Bank for Social Policies and the National Employment Fund is still very limited. The VNR states that by the end of 2016, about 17,000 persons with disabilities were supported to have vocational training and jobs[[56]](#endnote-56).

### Participation in labour force

As stated above, the majority of the labour force in Viet Nam is engaged in the informal sector. As for overall participation of persons with disabilities in the labour force, 83.2% of the non-disabled population was engaged in the labour force, whereas only 32.76% of the population of persons with disabilities are engaged in the labour force. In the primary ‘working age’ of 18 to 40, only 46.3% of persons with disabilities were in the labour force, as against 91.8% of persons without disabilities.

From amongst persons with disabilities who were outside the labour force, the majority them were outside the labour force as they were either too young (enrolled in school) or too old to work. 19.48% of respondents declared themselves ‘unable to work’, and 14.07% reported that they were not working because they were disabled. It is quite possible that this self-blame is in part brought on by the barriers persons with disabilities face with regard to employment, which may be reinforced through the use of “ability to work” which also finds itself in government policy. 4.21% of persons with disabilities were involved in unpaid domestic work, such as childcare.

### Obligations of employers

According to a 2016 Field Report[[57]](#endnote-57), out of 937 people with disability who were surveyed, 59.2% reported to have free health insurance card issued by the State, and of the remaining, 20.6% had health insurance cards provided for them by the organization/company they worked for, as provided for under the Labour Code, and 33.1% reported to have voluntary health insurance cards.

However, when asked as to whether these cards had been paid for, without which they would not have any value, among the respondents who had cards issued by their employers or availed of voluntarily, only 20.6% reported that the cards had been paid for till date. 39.6% of respondents reported that their cards had not been paid for, and 39.8% did not know whether they are paid for or not. This raises the question that employers who are employing disabled people, and perhaps availing of various concessions and tax benefits as a result, are actually securing their disabled workers’ welfare in compliance with the Labour Code and Law on Persons with Disabilities.

## Recommendations

1. The Government must ensure the right of persons with disabilities to equal employment opportunities and enforce the prohibition on discrimination on the grounds of disability, which includes denial of reasonable accommodation.
2. Government must ensure appropriate measures such monitoring authorities and institutions, policies and sanctions to ensure that persons with disabilities in the working age have stable employment and help them to eliminate stigma and discrimination in the working environment.
3. Policies which support the choices of persons with disabilities must be in place in accessing job opportunities and vocational education choices. Vocational education institutions should be made accessible for persons with disabilities instead of limiting their choices to ‘special’ institutions.
4. The State must develop preferential policies for the participation in the labour market of persons with disabilities, including public procurement policies, and create mechanisms for credit loans with preferential interest rates from banks for social policies or funds for affairs of employment through the organizations of persons with disabilities themselves.
5. Policies to support employees who have had to leave the labour force to recover from disabling conditions, including mental health conditions, should be introduced.
6. Social protection systems, in line with ILO Recommendation 202, should be introduced to cover the additional costs related to disability related needs and extra costs, and should not be denied to persons with disabilities who are employed.
7. The General Statistics Office of Viet Nam should include questions relating to disability of employees in the annual Labour Force Participation survey.
8. Persons with disabilities, particularly those in sheltered working conditions, must be monitored for exploitative working conditions or non compliance with laws and policies relating to employee welfare.
9. For employees or trainees in sheltered workshops, the Government should develop plans to phase persons working in such training centres into the mainstream workforce, and in the interim, ensure that they are receiving benefits which are entitled to other employees as per the Labour code.
10. Disabled People’s Organizations should be consulted with regard to the laws and policies proposed in the SDG National Action Plan such as the Law on Support to Small and Medium Enterprises; targeted programme on job training and labour safety and hygiene 2016-2020; the Viet Nam employment strategy 2021-2030; scheme to support young people to establish careers and startup businesses; and the law and national policy on labour safety and hygiene. The said laws should be strengthened to ensure non-discrimination against persons with disabilities.

# Goal 13: Take urgent action to combat climate change and its impacts

## Background

It is often said that questions of human rights come secondary to that of the crucial issues presented by climate change and its effects. If there is no world to live in, the question of infrastructure and services being accessible is moot. The SDG framework allows all of these issues to be considered as interdependent. Climate change and its potential effects affect all human beings, but it is also true that some are more vulnerable to the effects of climate change than others. Goal 13 encapsulates State commitments in relation to climate change.

Box 2 Targets under Goal 13

Aligned with the SDGs relating to climate change and disaster risk reduction, the Sendai Framework for Disaster Risk Reduction 2015–2030[[58]](#endnote-58) was adopted at the Third United Nations World Conference on Disaster Risk Reduction, held in March 2015 in Sendai, Japan. This document took stock of previous international standards on disaster risk reduction and rehabilitation. Effective disaster risk management has been seen to lead to sustainable development.

## Persons with disabilities and climate change

Persons with disabilities are at grave risk due to climate change, and this risk continues through the stages of rescue, relief and rehabilitation in the event of emergencies. Persons with disabilities may find themselves more vulnerable because they are located in living situations which are poorly equipped for the dangers of climate change related natural disasters. Information regarding emergencies is often inaccessible for persons with disabilities, and when such information is conveyed, planned systems of rescue and evacuation are not designed with their needs in mind. Many persons with disabilities end up losing their assistive devices and other modes of support either temporarily or permanently in the aftermath of disaster. Relief camps and temporary measures are not accessible, and even immediate medical relief is not equipped to handle specific medical needs of persons with disabilities. Persons with disabilities are also threatened by the risk of acquiring additional impairments on account of poor access to sanitation, hygienic and accessible facilities, and the trauma of such life changing events. Lastly, resettlement programmes and facilities do not take into account the needs of persons with disabilities and the additional costs they have to undergo to remake their new place of residence as per their own needs for accessibility.

The Sendai framework recognizes the impact of bottom-up planning for disaster risk reduction. It advises governments to engage with relevant stakeholders, including women, children and youth, persons with disabilities, poor people, migrants, indigenous peoples, volunteers, the community of practitioners and older persons in the design and implementation of policies, plans and standards.

According to this framework, disaster risk reduction requires a multi-hazard approach and inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability, as well as on easily accessible, up-to-date, comprehensible, science-based, non-sensitive risk information, complemented by traditional knowledge. This envisaged persons with disabilities as subjects of data as well as consumers of it.

The final priority of the Sendai framework is enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction, which is an important consideration for persons with disabilities. The framework also stresses the importance of empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches.

## Country context: impacts of climate change

Viet Nam is one of the five countries in danger of seawater intrusion and environmental disaster. Every year both Viet Nam’s coastal areas and mainland areas have to suffer the consequences of many disasters.

The Government of Viet Nam has the following legal and policy measures in place concerning climate change disaster risk reduction:

* Law on natural disaster prevention and control[[59]](#endnote-59)
* The National target program on climate change response
* Project on community awareness raising and community-based disaster risk management[[60]](#endnote-60)
* National Strategy for Natural Disaster Prevention, Response and Mitigation to 2020[[61]](#endnote-61)

## Disaster risk reduction and persons with disabilities in Viet Nam

### Inclusion in legal frameworks

Persons with disabilities are not expressly included in most of the documents referred to above. They have been included in ‘Vulnerable groups’ in the Law on natural disaster prevention and control – a category which also includes children, elderly people, pregnant women, women nursing under-12-month children, people suffering from dangerous diseases and poor people. There are repeated mentions of considerations and accommodations for vulnerable persons throughout the document. Section 2 of this law speaks of the methods to be used while communicating information regarding natural disasters, and only states that this information must be timely, accurate and meet the needs of various target groups, and made in a common language (Vietnamese), paying special attention to vulnerable groups, though there is no specific requirement for this to be accessible or guidelines on how this should be done.

The scheme of assistance for persons with disabilities does not speak about disaster risk reduction. It does mandate accessibility of infrastructure and communication, but does not specifically include emergency services.

### SDG Action Plan 2017

The Action plan does not make specific mention of provisions for persons with disabilities[[62]](#endnote-62). However, it does speak of strengthening management and planning capacities for response to climate change, with a particular focus on women, young people, local communities and “frequently neglected groups”. One of the targets is to “revise, amend, and improve technical standards/ codes for designing works, construction planning schemes, infrastructures based on future climate change scenarios.” Another speaks of “information, communications and advocacy to improve community awareness of disaster risk mitigation”.

### Community plans and inclusion of persons with disabilities

Under the CBDRM, all villages and communes in high risk areas for disaster occurrence will be facilitated to develop natural disaster (prevention) risk reduction and response preparedness plans, possess communication systems and build up core manpower with disaster mitigation expertise and volunteer forces to guide and support residents in disaster prevention, response and mitigation. Each community will, for instance, have to make hazard and vulnerability maps for each community.

## Participation of persons with disabilities in disaster risk reduction planning

Organizations for persons with disabilities have not been included in the process of planning and implementing of disaster warning and disaster risk reduction from the central to local levels. In the 2016 survey, 71.3% of communes/wards reported that they had integrated issues on persons with disabilities into the disaster relief plans of the commune. The compliance was higher in the urban areas with 74.8% of the wards having complied as opposed to 69.1% in the rural areas. In communes located in remote areas, and in communes under Programme 135[[63]](#endnote-63) this reduced to 60.1% and 60.2% respectively.

The persons with disabilities in some provinces and cities still do not receive early warnings. The coordination between local authorities and organizations of persons with disabilities when implementing activities to protect the safety of persons with disabilities in emergency situations is not regularly maintained. In a survey conducted by VFD, only one in five respondents said that the locality coordinated with the organizations of persons with disabilities in activities, one in five see no coordination, the rest do not know if such coordination exists[[64]](#endnote-64).

## Recommendations

1. The Government of Viet Nam must prioritize implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030, particularly with regard to the participation of persons with disabilities at all levels of planning, data collection and dissemination, and the prioritization of ‘Building Back Better’ in rehabilitation efforts.
2. The dissemination of information regarding situations of risk of natural disasters must be standardized in accessible formats at all levels, and the SDG Action Plan target relating to information, communications and advocacy to improve community awareness of disaster risk mitigation must reflect this.
3. Commune and ward level disaster management plans must be evaluated, with the participation of persons with disabilities, for inclusive practices. Good practices within these should be identified and publicized.
4. Infrastructure and communications accessibility targets under the scheme for assistance of disabled persons must include emergency and disaster risk management services and shelters.
5. Data collection and dissemination towards disaster risk management and reduction should be disaggregated by sex, age and disability.
6. During relief efforts, focus must be given to enhance recovery schemes to provide psychosocial support and mental health services for all people in need, including persons with disabilities
7. Persons with disabilities and their organizations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration, inter alia, the principles of universal design. Accordingly, they must be included in all levels of planning around disaster risk reduction, including before, during and in the aftermath of disasters.

# Conclusions

While the Government of Viet Nam has taken steps towards both implementation of the CRPD and on achieving the SDGs, it appears that gaps still exist in the overall syncing of the two objectives. The concerned authorities have committed to the participation of civil society in the SDG process as can be seen by the VNR process that was undergone in 2017. It would be of immense value for the already ongoing process of consultation with the disability sector to go deeper into the meaning of each sustainable development goal for persons with disabilities, including the various intersectionalities that they inhabit. The implementation of the SDGs opens up a multitude of opportunities in terms of law and policy interventions which has to be seen from the lens of the CRPD with the involvement of persons with disabilities. It is only through the fulfilment of “nothing about us without us” that no one will be left behind.

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“Universal five year preschool from 2010 to 2015” Decision No. 239/QD-TTg, made on 9 February 2010

“Policies for the development of early childhood education from 2011 to 2015” Decision No. 60/2011/QD-TTg, made on 26 October 2011,

“The Law on Gender Equality” No.73/2006/QH11

Decision No. 2351/QD-TTg of December 24, 2010, approving the 2011-2020 national strategy for gender equality

“National action program on sustainable production and consumption up to 2020,with a vision toward 2030” Decision No. 76/QD-TTg dated January 11th 2016.

“National industrial development policy until 2030 with a vision toward 2045” vide Resolution No. 23-NQ/TW dated March 22nd 2018.

Scheme “Supporting small and medium enterprises indeveloping sectoral linking clusters in the value chain of agricultural and rural sector” Decision No. 644/QD-TTg dated May 5th 2014.

“On approval of the international integration strategy with regard to labor and society towards 2020, with a vision towards 2030” Decision No. 145/QD-TTg dated January 20th 2016.

“Labour Code” 10/2012/QH13

“Amendment 2/2013/QH13 dated June 19, 2013 to the “law on enterprise income tax” 14/2008/QH12

“Law on Natural Disaster Prevention and Control” 33/2013/QH13

“Approving the Scheme on improvement of community awareness and community-based management of natural disaster risks” 1002/QD-TTg

“Approving the national strategy on natural disaster prevention, fighting and reduction till 2020.” 172/2007/QĐ-TTg

# Endnotes

1. Decision No. 622/QD-TTg dated 10th May 2017 [↑](#endnote-ref-1)
2. Viet Nam’s Voluntary National Review on the Implementation of the Sustainable Development Goals <https://sustainabledevelopment.un.org/content/documents/19967VNR_of_Viet_Nam.pdf> p. 14. [↑](#endnote-ref-2)
3. As per latest estimates <https://www.gso.gov.vn/default_en.aspx?tabid=774> [↑](#endnote-ref-3)
4. Rehabilitation is defined as a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments (WHO, 2011). [↑](#endnote-ref-4)
5. See Figure 5. [↑](#endnote-ref-5)
6. *Doi Moi* was apolitical and economic renewal campaign launched in 1986 that introduced reforms intended to facilitate the transition from a centralized economy to a "socialist-oriented market economy." It combined government planning with free-market incentives. (Hayton, 2010) [↑](#endnote-ref-6)
7. The WHO has proposed that health expenditure be viewed as catastrophic whenever it is greater than or equal to 40% of a household's non-subsistence income, i.e. income available after basic needs have been met. [↑](#endnote-ref-7)
8. “Law on medical examination and treatment” 40/2009/QH12 (hereinafter referred to as the ME&T law) which came into force on January 1, 2011. English translation accesed from <http://vbpl.vn/TW/Pages/vbpqen-toanvan.aspx?ItemID=10482> visited on 5th April 2019. [↑](#endnote-ref-8)
9. “The law on health insurance”, 25/2008/QH12, which came into force on July 1 2009. The law was amended by 46/2014/QH13 with effect from January 1 2015 [↑](#endnote-ref-9)
10. “Amendments to the law on health insurance” 46/2014/QH13, Article 12 (2) [↑](#endnote-ref-10)
11. 46/2014/QH13, Article 12 (3) [↑](#endnote-ref-11)
12. 05/2008/QĐ-BYT available at <http://apps.who.int/medicinedocs/documents/s19532vi/s19532vi.pdf>. This has now been updated to include 900 medications <https://iris.wpro.who.int/bitstream/handle/10665.1/13677/WPR-2017-DHS-015-vnm-eng.pdf>. [↑](#endnote-ref-12)
13. “Law on persons with disabilities” 51/2010/QH12 [↑](#endnote-ref-13)
14. “Scheme for assisting disabled people in the 2012-2020 period” No. 1019/QD-TTg [↑](#endnote-ref-14)
15. “SDG National Action Plan” No. 622/QĐ-TTg [↑](#endnote-ref-15)
16. 622/QĐ-TTg pp. 23 to 28. [↑](#endnote-ref-16)
17. Circular 21/2014/TT-BXD National technical regulation on construction for disabled access to buildings and facilities [↑](#endnote-ref-17)
18. 51/2010/QH12, Article 22 (2) [↑](#endnote-ref-18)
19. According to the guidelines laid down by the Disability Degree Determination Council under MoLISA a certification of 81 per cent and aboveis considered “extremely severe” and 61–80 per cent is considered “severe”. [↑](#endnote-ref-19)
20. “Law on health insurance” 25/2008/QH12 Article 23 [↑](#endnote-ref-20)
21. A/HRC/20/15/Add.2 [↑](#endnote-ref-21)
22. https://data.worldbank.org/indicator/SE.XPD.TOTL.GB.ZS?locations=VN [↑](#endnote-ref-22)
23. “Education Law” 38/2005/QH11 [↑](#endnote-ref-23)
24. “Amending and supplementing a number of Articles of the Education Law” 44/2009/QH12 [↑](#endnote-ref-24)
25. “Law on higher education” 08/2012/QH13 [↑](#endnote-ref-25)
26. “ Law on Vocational Education” 74/2014/QH13 [↑](#endnote-ref-26)
27. “Law on child affairs” 102/2016/QH13 [↑](#endnote-ref-27)
28. “Inter ministerial circular regulating conditions and procedures for establishing, operating, reorganizing, and dismantling the Supporting Centre for Developing Inclusive Education” Circular No 58/2012/TTLT-BGDĐT-BLĐTBXH [↑](#endnote-ref-28)
29. “Inter ministerial circular regulating policies on education for persons with disabilities” Circular No. 42/2013/TTLT-BGDĐT-BLĐTBXH-BTC [↑](#endnote-ref-29)
30. “Universal five year preschool from 2010 to 2015” Decision No. 239/QD-TTg, made on 9 February 2010 [↑](#endnote-ref-30)
31. “Policies for the development of early childhood education from 2011 to 2015” Decision No. 60/2011/QD-TTg, made on 26 October 2011, [↑](#endnote-ref-31)
32. 74/2014/QH13 [↑](#endnote-ref-32)
33. 1019/QD-TTg [↑](#endnote-ref-33)
34. 622/QĐ-TTg pp. 28 to 32. [↑](#endnote-ref-34)
35. Viet Nam’s Voluntary National Review on the Implementation of the Sustainable Development Goals <https://sustainabledevelopment.un.org/content/documents/19967VNR_of_Viet_Nam.pdf> footnote 36. [↑](#endnote-ref-35)
36. Inter-ministerial Circular No. 42/2013/TTLT-BGDĐT-BLĐTBXH-BTC [↑](#endnote-ref-36)
37. The Law on Gender Equality No.73/2006/QH11 [↑](#endnote-ref-37)
38. Decision 2351/QD-TTg, english translation accessed from <http://www.chinhphu.vn/portal/page/portal/English/strategies/strategiesdetails?categoryId=30&articleId=10050924> [↑](#endnote-ref-38)
39. Decision No. 2351/QD-TTg of December 24, 2010, approving the 2011-2020 national strategy for gender equality [↑](#endnote-ref-39)
40. 1019/QD-TTg [↑](#endnote-ref-40)
41. 622/QĐ-TTg pp. 32 to 36 [↑](#endnote-ref-41)
42. Independent report on the implementation of the UN Convention on the Rights of Persons with Disabilities inViet Nam conducted by VFD and members. [↑](#endnote-ref-42)
43. <http://arrow.org.my/wp-content/uploads/2017/10/AFC_23_3_2017.pdf> [↑](#endnote-ref-43)
44. Viet Nam’s Voluntary National Review on the Implementation of the Sustainable Development Goals <https://sustainabledevelopment.un.org/content/documents/19967VNR_of_Viet_Nam.pdf> p. 40. [↑](#endnote-ref-44)
45. Independent report on the implementation of the UN Convention on the Rights of Persons with Disabilities in Viet Nam conducted by VFD and members. [↑](#endnote-ref-45)
46. “National action program on sustainable production and consumption up to 2020,with a vision toward 2030” Decision No. 76/QD-TTg dated January 11th 2016. [↑](#endnote-ref-46)
47. “National industrial development policy until 2030 with a vision toward 2045” vide Resolution No. 23-NQ/TW dated March 22nd 2018. [↑](#endnote-ref-47)
48. Scheme “Supporting small and medium enterprises indeveloping sectoral linking clusters in the value chain of agricultural and rural sector” Decision No. 644/QD-TTg dated May 5th 2014. [↑](#endnote-ref-48)
49. “On approval of the international integration strategy with regard to labor and society towards 2020, with a vision towards 2030” Decision No. 145/QD-TTg dated January 20th 2016. [↑](#endnote-ref-49)
50. “Labour Code” 10/2012/QH13 [↑](#endnote-ref-50)
51. 51/2010/QH12 [↑](#endnote-ref-51)
52. “Amendment 2/2013/QH13 dated June 19, 2013 to the “law on enterprise income tax” 14/2008/QH12 [↑](#endnote-ref-52)
53. 1019/QD-TTg [↑](#endnote-ref-53)
54. 622/QĐ-TTg, pp 42 to 47. [↑](#endnote-ref-54)
55. Report on activities to assist persons with disabilities in Viet Nam in 2016 [↑](#endnote-ref-55)
56. Viet Nam’s Voluntary National Review on the Implementation of the Sustainable Development Goals <https://sustainabledevelopment.un.org/content/documents/19967VNR_of_Viet_Nam.pdf> p. 16. [↑](#endnote-ref-56)
57. Independent report on the implementation of the UN Convention on the Rights of Persons with Disabilities in Viet Nam conducted by VFD and members. [↑](#endnote-ref-57)
58. https://www.unisdr.org/files/43291\_sendaiframeworkfordrren.pdf [↑](#endnote-ref-58)
59. “Law on Natural Disaster Prevention and Control” 33/2013/QH13 [↑](#endnote-ref-59)
60. “Approving the Scheme on improvement of community awareness and community-based management of natural disaster risks” 1002/QD-TTg [↑](#endnote-ref-60)
61. “Approving the national strategy on natural disaster prevention, fighting and reduction till 2020.” 172/2007/QĐ-TTg [↑](#endnote-ref-61)
62. 622/QĐ-TTg pp. 59 to 61 [↑](#endnote-ref-62)
63. Programme 135 is a five-year poverty reduction programme of the Government of Vietnam, implemented between 2006 and 2010. The programme targets 1,644 poor and mountainous communes in 45 provinces that are home to the majority of Vietnam’s ethnic minorities. [↑](#endnote-ref-63)
64. ACDC/VFD Report [↑](#endnote-ref-64)