

BRIEFING

RESPONSIVENESS OF SOCIAL PROTECTION SYSTEMS IN VIETNAM TO THE NEEDS OF PEOPLE WITH DISABILITIES

Key messages

- People with disabilities are often targeted as key beneficiaries in international social protection frameworks and national social protection systems. **However, little is known on whether the aims of social protection are being met for people with disabilities.**
- Evidence from Vietnam indicates that **there is a high level of need for social protection among people with disabilities.** People with disabilities are more likely to be living in poverty and face barriers to developing more sustainable livelihoods due to exclusion from decent work, education and affordable healthcare.
- **While coverage for key entitlements has expanded in recent years, access remains below need.** Key challenges include biases in assessment criteria, improper or inconsistent implementation of procedures and low levels of awareness about programmes' eligibility requirements. Strengths include the geographic and financial accessibility of the application process, and the involvement of Disabled Peoples' Organizations (DPOs) where possible in the assessment process.
- **Even when people with disabilities do access social protection, participation often does not guarantee the protection of minimum living standards, let alone**

the development of stronger

livelihoods. The majority of people with disabilities who were receiving the Disability Allowance were still living in poverty and faced barriers to inclusion in activities that can promote stronger livelihoods.

- **The Disability Allowance amount on its own is insufficient to ensure people with disabilities meet adequate standards of living, especially when they must contend with high extra disability-related expenses.** While other entitlements (e.g. transportation discounts, benefits to promote greater engagement in decent work and education) could also contribute to protecting against poverty and developing stronger livelihoods, their uptake was very low. Furthermore, these entitlements were not always designed appropriately for the contexts in which people with disabilities live.

Introduction

Due to high levels of poverty and social exclusion, people with disabilities – who comprise upwards of 15% of the global population – have been identified as a key target group for inclusion in social protection.

Although social protection schemes – either mainstream or disability-specific – are increasingly being implemented in low and middle income countries (LMICs), there is currently a lack of evidence on whether these programmes are

adequately reaching and meeting the needs of people with disabilities.

In this briefing note, we outline the main findings from a research report that explores the extent to which social protection systems in Vietnam are responsive to the needs of people with disabilities and what lessons can be learnt in the design and delivery of disability-inclusive social protection programmes.

Social protection for people with disabilities in Vietnam

Vietnam was selected as the setting for this research as it was identified in a rapid-policy analysis of countries in the Asia-Pacific as having a relatively well functioning social protection system, which puts a strong emphasis on the inclusion of people with disabilities.

Most social protection provisions in Vietnam are targeted to various vulnerable groups. Entitlements targeted to people with disabilities seek to address diverse drivers of poverty and marginalisation. Key benefits include an unconditional cash transfer (the Disability Allowance), state-subsidised health insurance, transportation discounts, vocational training, scholarships and other educational supports. In order to receive any disability-targeted forms of social protection, individuals must first undergo an assessment of disability.

What are the needs of people with disabilities that may be addressed through social protection?

Social protection is designed to ensure adequate standards of living, foster stronger livelihoods and reduce inequalities. In line with these aims, we

conducted research in one district in Vietnam (Cam Le) to explore the need for social protection among people with disabilities.

- **Many people with disabilities were living in poverty.** Almost two-thirds were living below the nationally-defined “minimum standard of living level”. People with disabilities were approximately four times as likely to be living in poverty compared to people without disabilities.
- **People with disabilities experienced high extra disability-related expenses** (e.g. extra transport, medical and rehabilitation costs, purchase of assistive devices) that further lowered their standard of living. This indicates that people with disabilities require a higher level of income to maintain a basic standard of living compared to people without disabilities, who do not have to contend with these extra expenses.
- **Spending on healthcare was a major source of extra costs that could contribute to poverty.** Households with members with disabilities spent over twice as much on healthcare a month compared to households without members with disabilities. People with disabilities also experienced lower levels of health compared to people without disabilities.
- **People with disabilities faced barriers to accessing education and participating in decent work.** Exclusion in these areas can propagate poverty and prevent the development of stronger livelihoods.

Are people with disabilities accessing social protection?

National coverage of the Disability Allowance is estimated as 11% of all

people with disabilities and 41% of people who are likely to meet eligibility criteria. Coverage for state-subsidized health insurance is similar. While access to other disability-targeted benefits or inclusion in non-disability targeted programmes is not tracked nationally, evidence from Cam Le indicates a low uptake of many entitlements.

Key strengths of Vietnam's social protection system that promoted access for people with disabilities included:

- **Applications including disability assessments, are conducted at local level**, improving geographic and financial accessibility.
- **Disability assessment criteria are increasingly focusing on functioning**, rather than clinical impairments which is more in-line with international standards.
- **Assessment bodies comprise individuals from a range of backgrounds and perspectives**, and include representatives from local Disabled Peoples' Organizations, where they are present.

Still, there are areas for improvement:

- **Assessment criteria may be biased against certain impairments.** For example, criteria underestimate the impact of psychosocial and hearing impairments.
- **Inadequate training of assessors can lead to inconsistent or improper implementation of procedures.** For example, assessors may dissuade people from applying if they do not believe they will be eligible for social assistance, even though they may be eligible for other entitlements. Similarly, older adults may be discouraged from applying, due to perceptions that functional decline from ageing is "not disability".

- **Low levels of awareness**, either about programmes or their eligibility for them, can hamper access.
- **Certain disabilities are difficult to assess presently without clinical expertise (e.g. in young children, psychosocial impairments).** These cases are then referred for medical examination, which less geographically accessible for applicants.

Does participation in social protection address the needs of people with disabilities?

Even among social protection recipients, there were high levels of poverty and exclusion from activities that could promote stronger livelihoods, indicating that social protection participation is not fully meeting the needs of recipients with disabilities. In comparing the living conditions between people with disabilities who were and were not receiving the Disability Allowance, there were few tangible differences.

Still, it is important to first acknowledge that there are some strengths to the current system that can be built upon. For example:

- **The value of the Disability Allowance was increased** in 2012 and there are recommendations for further increases.
- The range of benefits offered indicates **an intention to address multiple drivers of poverty and marginalisation.**
- **State-subsidized health insurance was a key benefit, reducing out of pocket healthcare spending by two-thirds.** As healthcare was a major source of extra disability-related costs, this benefit can help to protect against healthcare spending induced poverty.

Factors that could have limited the ability of social protection to meet its intended aims for recipients with disabilities could include:

- **Mismatch in the content of existing benefits and the needs of people with disabilities.** For example, assistive devices and many types of rehabilitation are not covered through health insurance. Similarly, vocational training programmes tend to be centralised and do not provide people with disabilities with employable skills based on their individual abilities and the demands of the local job market.
- **Disability Allowance amount on its own is insufficient in ensuring people with disabilities meet adequate standards of living,** especially when they must contend with high extra disability-related expenses. While other entitlements (e.g. transportation discounts, benefits to promote greater engagement in decent work and education) could also contribute to protecting against poverty and addressing disability-related extra costs, their uptake was very low.

How can the design and delivery of social protection be improved to better meet the needs of people with disabilities?

There are many strengths of the system in Vietnam which can be built upon to improve the design and delivery of social protection so that it meets its intended aims.

- First, to increase access to social protection entitlements, **assessment criteria and procedures will need reform**, a process the Government of Vietnam is currently engaged in. For example, assessment criteria need to be updated to ensure certain groups

are not excluded or face undue burdens in completing the application process. Similarly, assessors need further training to properly and consistently perform assessments.

- Second, **the content of benefit packages must be better aligned with the needs of people with disabilities in order to address the specific challenges people with disabilities face that are propagating poverty and marginalisation.** This could include a combination of increasing the value of the Disability Allowance and improving the content and uptake of benefits designed to address sources of extra costs and drivers of poverty.
- Third, **actively involve people with disabilities in all elements of social protection decision-making**, from programme design, delivery to monitoring and evaluation. Failure to include the input of people with disabilities, particularly in programmes that directly concern them, will lead to less responsive and inefficient systems that propagate continued marginalisation.