Community Based Rehabilitation in Vietnam

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Vietnam & disability information

- Population: about 86.2 millions
- 63 provinces, 687 districts, 11013 communes
- GDP per capita: about 1000 USD

- Disability prevalence:
  ✓ about 6% by traditional measurement
  ✓ about 15.3% by using ICF approach

- Main types of disability:
  ✓ Mobility disability
  ✓ Communication
  ✓ Intellectual disability
  ✓ Visual disability
CBR Components – A quick review

Community Based Rehabilitation

- Medical Rehabilitation
  - Home based Rehab
  - Supportive devices
  - Health Promotion
  - IBR
  - Prosthesis
  - Early detection
  - Early intervention

- Educational Rehabilitation
  - Special Education
  - Inclusive Education
  - Early intervention

- Social support
  - Vocational training
  - Job placement
  - Income generation
  - DPO, SHG
  - IT accessibility
  - Sports and games

Medical approach => Right-based approach => Social approach
Stages of CBR development in Vietnam

- Started in 1987
- From 1987 to 1992: Piloting
- From 1992 to 1999: Multiply CBR into provinces
- From 1999 up to now: Stable development
CBR implementation system and distribution of human resource

- Implementer
- PWDs and families
- Doctor, Nurse, teacher, Village health worker, …
- Doctor of rehabilitation, PT
- Doctor of rehabilitation, PT
- Specialists in PT, OT, ST...

Health Network/Management system
- Health commune station
  - Commune steering committee
- District health Center District Steering Committee
- Provincial general hospital Provincial steering Committee
- Central institute/hospital Central steering committee

Family

Commune

District

Province
Main achievements

- **Coverage**
  - 46 out of 63 province apply CBR with different level of development
  - 24% districts and 24% communes

- **Benefits of PWDs achieved in areas with CBR program**
  - 64% adults with disability; 71% CWD are provided with health care and Rehab services
  - 50% CWD accessed Education service
  - 24% PWD have job and improve their incomes

Main achievements

- **Capacity building**
  - 21,193 commune workers trained in CBR
  - 8,602 district workers trained in CBR
  - Graduate and Postgraduate students of all medical universities were provided with CBR training courses.
  - Many Master and PhD students took their researches in CBR
  - A national master trainer group of CBR developed
  - A guideline for implementation of CBR in context of Vietnam issued by MoH
  - A set of CBR manuals for training different actors in CBR program developed and in use

- **Service system development**
  - 90s: Rehabilitation Departments (RD) established at all provincial hospitals and medical universities.
  - 2007: RDs established at district hospital as a requirement.
  - 2008: National center of Rehabilitation established
Policy development in CBR

- Ordinance on disability issued in 1998 (CBR is major strategy to solve disability)
- Strategic plan to strengthen the healthcare and education for PWD
  - By 2010: 75% PWD are provided with health care
  - By 2010: 70% CWD in school age access education
- National action plan to support PWD 2006 - 2010
- Law on disability: would be approved by early 2010
- Series of decision/policies on development of rehabilitation/healthcare services and system. (Government’s Decree; Health insurance for poverty, incl PWD)
- Series of decision/policies supporting education for children with disabilities.
- Series of decision/policies supporting PWDs with vocational training and jobs.
- Series of decision/policies supporting to appropriate environment for PWDs such as the Standards of Construction, Sport for PWDs…
Lesson learned

- High political commitment from authorities at all levels.
- Integrate CBR system into the existing system, not build a new separate system.
- Active participatory of PWD and their family members and DPO/SHG are essential factors for CBR sustainability.
- Integration of CBR in Primary Health Care at community is important to save the cost of intervention.
- Multi-sector collaboration and cooperation is the key of social mobilization for a comprehensive support to PWD.
- Strengthen capacity of community in supporting PWDs’ inclusion.
- Use effectively the support of international organization.
Challenges in implementation

- Coordination and multi-sector collaboration at high levels
- How to have a harmonization among stakeholder in definition, collection and management of disability data
- Classification of disability in ICF language
- Empowerment of PWDs and DPOs
- Services provision for mental and multi-disability
- Budget allocation for CBR implementation
Challenges-Areas not addressed

- Prevention of disabilities
- Early detection of disabilities
- Issue related to Orange Agents
Focuses of CBR future development

- Advocate CBR as the national program while increase international cooperation to have more resource for CBR
- Capacity development for DPO and PWD
- Strengthening the quality of services, especially disability prevention and early Intervention.
- Poverty alleviation for PWD, in which vocational training and job placement are priorities.
- Active participation into international CBR network for experience sharing and exchange
Thank you for your attention!