



**Assessment of Educational and Health Needs for Children
and Youth with Disabilities Identified as Affected by
Agent Orange / Dioxin**

A Research Report

Hanoi, September 2007

TABLE OF CONTENTS

Acknowledgements.....	3
Research agency and researchers.....	3
Acronyms.....	4
EXECUTIVE SUMMARY	5
I. INTRODUCTION.....	7
II. RESEARCH OBJECTIVES.....	8
III. RESEARCH METHODOLOGY.....	8
IV. FINDINGS AND DISCUSSIONS	9
4.1. Distribution and ratio of dioxin-affected children with disabilities by gender and location.....	9
4.2. Distribution and ratio of disabilities by province	9
4.3. Functioning of dioxin-affected children with disabilities according to ICF.....	12
4.4. Existing situation and educational needs of children identified as dioxin-affected.....	14
4.5. Support for the education of dioxin-affected children with disabilities	20
4.6. Medical support for dioxin-affected children with disabilities.....	21
4.6.1. Implementation of policies supporting dioxin-affected children with disabilities	21
4.6.2. Medical intervention needs of dioxin-affected children with disabilities.....	21
4.6.3. Assistive devices for dioxin-affected children with disabilities	23
4.7. Economic status of households with dioxin-affected children with disabilities.....	24
4.8. Local policies supporting dioxin-affected children with disabilities	25
4.9. Community support for dioxin-affected children	26
V. CONCLUSIONS AND RECOMMENDATIONS.....	27
5.1 Evaluation of disability, education and medical intervention needs.....	27
5.1.1. Disabilities	27
5.1.2. Educational Needs	28
5.1.3. Medical intervention needs	28
5.2 Recommendations on support given to people identified as dioxin-affected	28
ANNEXES	31
Annex 1: Research tools	31
Annex 2: Photos.....	36

Acknowledgements

Within the framework of the Inclusion of Vietnamese with Disabilities (IVWD) project in Ninh Bình and Quảng Nam provinces, Catholic Relief Services (CRS) has conducted this initial survey research on the needs for education and health care among children and youth with disabilities who are identified as affected by Agent Orange/dioxin.

The research team would like to offer special thanks to the following organizations and individuals for their enthusiasm and efforts in supporting people with disabilities in general, and those affected by dioxin in particular, and for their contributions to this research:

- *Children and youth with disabilities and their families in Ninh Bình and Quảng Nam provinces*
- *People's Committees of Gia Viễn, Yên Mô, Duy Xuyên and Hiệp Đức districts*
- *People's Committees of Yên Nhân, Gia Hòa, Bình Lâm and Duy Nghĩa communes*
- *Vietnam Association for Victims of Agent Orange/Dioxin (VAVA)*
- *Local authorities and CRS staff*

Research agency and researchers

Implementing agency: Catholic Relief Services – Vietnam
27 Lý Thái Tổ, Rm. 342
Hà Nội, Việt Nam
Tel. (84-4) 934-6916
E-mail crs@vn.seapro.crs.org

Researchers: Phạm Huy Tuấn Kiệt
Dương Thị Hồng

CRS staff: Andrew Wells-Dang
Nguyễn Thị Thủy
Nguyễn Lê Khanh
Nguyễn Thuỳ Dương

Acronyms

AO	Agent Orange
CRS	Catholic Relief Services
CWD	Children with disabilities
DOET	Department of Education and Training
EPA	United States Environmental Protection Agency
FEA	Federal Environmental Agency of Germany
IARC	International Agency for Research on Cancer
ICF	International Classification of Functioning, Disability and Health
IVWD	Inclusion of Vietnamese with Disabilities
MOET	Ministry of Education and Training
MOLISA	Ministry of Labor, Invalids, and Social Affairs
PC	People's Committee
PWD	People with disabilities
SPSS	Statistical Package for the Social Sciences
USAID	United States Agency for International Development
WHO	World Health Organization
YWD	Youth with disabilities

EXECUTIVE SUMMARY

Catholic Relief Services has been implementing a model of inclusive education, vocational training and employment for children and youth with disabilities in Vietnam as part of the Inclusion of Vietnamese with Disabilities (IVWD) project since 2005, and in Vietnam generally since 1995.¹ The provincial-level activities of the IVWD project focus on six districts in the provinces of Ninh Bình (in the Red River Delta region of northern Vietnam) and Quảng Nam (on the South Central Coast). In early 2006, prior to IVWD project implementation, CRS conducted a baseline survey of children and youth with disabilities in the six districts.

As part of its ongoing support for all people with disabilities in Vietnam, CRS is committed to assisting children and youth who have been recognized as affected by Agent Orange/dioxin. This research process and report are the first steps in a process of assessing the needs for education and health care for this vulnerable group. In this research, led by an expert from the Hanoi Medical University who also was the lead consultant for the 2006 baseline survey, the research team compares the situations and needs for education and health care of two groups: children with disabilities identified as affected by dioxin and CWD as a whole. The findings of the 2006 baseline survey were used to analyze the needs of both groups, followed by field research in August 2007 in Ninh Bình and Quảng Nam.

For purposes of consistency, this report uses the terms “dioxin-affected CWD” and “CWD as a whole” to represent the two groups compared in this study. It is important to clarify that the identification of one group of children as dioxin-affected does not come from definitive scientific research, but rather from social views towards these groups within the scope of this report. An individual who is identified as affected by dioxin, even if no scientific conclusions have been reached, is still prone to resulting social stigmas and challenges attached, and therefore can be referred to as “dioxin-affected.”

Dioxin-affected CWD suffer from the same types of disabilities as other CWD, including mobility, visual, hearing, language and intellectual impairments. However, the dioxin-affected group has higher rates of disability in all of these areas, except for vision. In particular, the ratio of specific types of serious disability and of multiple disabilities is higher among dioxin-affected CWD than CWD as a whole. According to the twelve types of functioning defined in the International Classification of Functioning, Disability and Health (ICF), a uniform international reference guide to evaluate functioning in everyday activities, the ratio of dioxin-affected CWD who cannot perform basic physical and mental functions is also higher, especially in terms of memorizing, thinking, learning, and social participation.

An analysis of education for dioxin-affected CWD shows that approximately 50% attend mainstream schools with other children, while the remaining 50% stay at home. Among children with the five types of disability as listed above, the percentages of children with visual and intellectual impairment attending mainstream schools are the highest. On the contrary, the percentages of children with speech and mobility impairment enrolled in inclusive education are lowest. On the whole, dioxin-affected CWD have higher educational

¹ The IVWD project is funded by the U.S. Agency for International Development, together with private funds from Catholic Relief Services and World Concern Development Organization. The 2006 baseline survey was funded via USAID, while this follow-up research report was conducted using CRS private funds. The findings and recommendations of this report were prepared by CRS and do not reflect the viewpoints or policies of the U.S. or Vietnamese Governments.

needs than other CWD. Inclusive education is most appropriate for them at this stage, yet this requires appropriate and significant adjustments of educational curriculum and methodology, as well as the required physical adjustments.

Due to severe impairment, dioxin-affected CWD, on the whole, have greater needs for education and health care when compared with other CWD. Community-based rehabilitation, which places the responsibility of caring for people with disabilities in the hands of the community, can be considered the most appropriate method of medical intervention for this group. However, there is little evidence of this type of intervention in the researched sites. It is therefore strongly recommended to promote community-based rehabilitation. There is a great need of assistive devices for dioxin-affected CWD, such as cerebral palsy chairs, glasses and hearing aids, which have partially been provided by various charities or development agencies. Health care support is required for children with severe physical disabilities in order to participate in inclusive education. In addition, parents of CWD are in need of greater knowledge and skills to care for their children.

CRS and the research team expect that the results of this research will contribute to the development of educational and health support programs that are needed for dioxin-affected CWD in future programming.

What is inclusive education?

Inclusive education is the principle and practice of educating all children within a common educational setting. Inclusive education especially targets those children traditionally excluded from general education for reasons of gender, geographic remoteness, ethnicity, poverty, and disability. The principle of inclusion promotes the idea that in order to receive a quality education that is equal and accessible, children must be educated to the best of a community's ability in a general education classroom. Inclusive education is moreover a method of creating communities, schools, and societies free of discrimination.

Children with disabilities are frequently excluded from education. In the past, many people assumed that the best place for children with disabilities was in a special school or classroom, separated from non-disabled peers. Today, however, international experts and people with disabilities themselves are united in the belief that inclusive education in the child's local community school, together with their non-disabled peers, offers the best opportunity for social integration and self-sufficiency. Inclusive education models are particularly well suited for developing countries that cannot afford duplication or separation of essential educational services.

The benefits of inclusive education are numerous. Inclusive education brings the child into the community through daily interactions with other students, students' families, and teachers. Communities benefit from inclusion by gaining a knowledge and understanding of disability. Schools benefit from utilizing concepts of individualized education and diversified methods of teaching.

Children with disabilities furthermore benefit from the increased acceptance they feel in their classes, communities, and households. The skills children learn in the classroom can be used in every day life. After participating in inclusive education, children are often more active in household activities, community activities, and have more friends. Opportunities for educated children with disabilities post-school are greatly increased by having obtained an inclusive education, preparing a child for vocational work or a higher education degree. While supporting the right to an education for all, inclusive education has proven to be effective as well as beneficial to both students and communities.

Source: CRS/Vietnam, "How-to Guide on Inclusive Education for Children with Disabilities," 2006.

I. INTRODUCTION

It has been over 30 years since the end of the Vietnam War. Vietnamese people have been making great efforts to overcome tremendous difficulties and develop a brighter future. Currently, Vietnam and the United States have developed strong diplomatic relations and have also become important economic partners. The dioxin substances used by the U.S. during the war, however, still exert their damaging effects. According to official statistics of the U.S. Army, 76.9 million liters of chemical substances, of which 64% contained dioxin, were sprayed on Vietnam's soil and forests during the period between 1961 and 1971. Thirty years after the war, dioxin is still an issue of controversy because its producers and relevant decision-makers have not acknowledged its negative effects on people's health while many others, including former American soldiers, confirm the existence of damaging effects from which they themselves have suffered.

In discussing the harmfulness of these substances, international scientific research agencies such as the United States Environmental Protection Agency (EPA), the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO), and the Federal Environmental Agency of Germany (FEA) identify dioxin as a cause of cancer in their reports and state that there is no level of exposure to dioxin that can be considered safe to people's health. Aside from severe disabilities and birth defects, Agent Orange/dioxin is also attributed to causing other health problems such as acne, diabetes, rectal cancer without Hodgkin's disease, reduced fertility in both men and women and mental impairment. Although there is a lack of widely agreed upon scientific evidence, the social reality of the aftereffects of the substance is recognized as a humanitarian legacy of the war.

At present, there is still great controversy over the actual danger of dioxin to people's health between its producers and users on one side and people identified as affected (and their families) on the other. Although the U.S. Government does not officially recognize the effects of dioxin, it has decided to provide assistance to people with disabilities in general and to assist in overcoming the resulting environmental consequences through the use of federal funding.

The United States has been supporting non-governmental organizations (NGOs) which assist people with disabilities (PWD) in Vietnam through the United States Agency for International Development (USAID). Through this assistance, CRS is implementing the Inclusion of Vietnamese with Disabilities (IVWD) project in six districts of two provinces, namely Ninh Bình and Quảng Nam. Among the project's activities, inclusive education and vocational training are the two key areas of intervention which aim to provide support to CWD for community integration. Limited direct assistance for health interventions is also available through a generous private grant to CRS. Among the beneficiaries of the IVWD project are a sub-set of children and youth identified as dioxin-affected. In order to better support this group, CRS decided to conduct research to examine the special needs, if any, of those children and youth identified as affected by dioxin.

II. RESEARCH OBJECTIVES

The research aims to:

1. Assess the health situations and levels of disability of children and youth who are recognized as affected by dioxin in the IVWD project sites.
2. Assess and compare educational and health care needs between dioxin-affected CWD and CWD as a whole, in order to identify any special needs of the former.
3. Give recommendations for further intervention on education and health care for CWD who are recognized as dioxin-affected.

III. RESEARCH METHODOLOGY

The research was conducted by a combination of qualitative and quantitative methods.² The research team collected data for analysis and comparison from the following sources:

1. Baseline survey report which was conducted prior to the project implementation in 2006:

- Researchers who participated in conducting the baseline survey and reporting the results were invited to join this research to ensure consistency of data and approach.
- In the baseline survey report, data relating to causes of disability was collected when interviewing children and youth with disabilities in Ninh Bình province (Gia Viễn, Kim Sơn and Yên Mô districts), and Quảng Nam province (Duy Xuyên and Hiệp Đức districts, and Hội An town). By reviewing this data, the research team was able to note the number of CWD who are recognized as dioxin-affected, as well as relevant personal information.

2. Analysis of baseline data:

- Process the baseline survey data
- Data was formatted and analyzed using SPSS software

During the field visit in August 2007, the research team focused on qualitative methods. Communes with the highest number of dioxin-affected CWD in four districts (out of the six project districts) were selected for in-depth interviews and group discussions.

3. In-depth interviews of community leaders working on dioxin and disability issues from the following agencies:

- The Vietnam Association for Victims of Agent Orange/Dioxin

² Copies of the research tools are attached in the Annex.

- District People's Committee: one official in charge of Social Affairs, one in charge of Home Affairs, one staff member of the Department of Education and Training (DOET) in Yên Mô and Gia Viễn districts in Ninh Bình and Hiệp Đức and Duy Xuyên districts in Quảng Nam
- Commune People's Committee: one commune leader, one official in charge of social affairs of Yên Nhân commune (Yên Mô), Gia Hòa commune (Gia Viễn), Bình Lâm commune (Hiệp Đức) and Duy Nghĩa commune (Duy Xuyên).

4. Group discussions with dioxin-affected CWD and CWD as a whole:

- Four to five parents and four to five dioxin-affected CWD/YWD per commune
- Four to five parents and four to five other CWD/YWD per commune, selected randomly from the database of all CWD in selected communes collected during the CRS baseline survey in 2006.

5. Home visits to families with CWD/YWD who are identified as affected by dioxin

- Interviews and checklists were used to collect information relating to the economic situation of the household.

IV. FINDINGS AND DISCUSSION

4.1. Distribution and ratio of dioxin-affected children with disabilities by gender and location

An analysis was made from the baseline survey. 101 CWD (aged birth to 16) in six districts were reported to be affected with dioxin, out of a total of 5,636 CWD identified overall. In Ninh Bình, many dioxin-affected CWD are children of war veterans or of parents who used to live in areas where dioxin substances were sprayed during the period between 1961 and 1971. In Quảng Nam, most dioxin-affected CWD come from families whose members used to live in areas exposed to dioxin substances during the period between 1961 and 1971. The distribution and ratio of these dioxin-affected CWD by gender and location are summarized in the following table:

Table 1: Distribution and ratio of dioxin-affected CWD by gender and location

Province	District	Ratio of dioxin-affected CWD compared to total number of CWD				Total	
		Male		Female			
Ninh Bình	Gia Viễn	7	1.07%	4	0.84%	11	0.97%
	Kim Sơn	12	1.90%	6	1.29%	18	1.65%
	Yên Mô	9	1.76%	7	2.15%	16	1.91%
Subtotal		28	1.56%	17	1.34%	45	1.47%
Quảng Nam	Duy Xuyên	18	2.82%	13	2.39%	31	2.62%
	Hiệp Đức	10	3.58%	12	3.37%	22	2.67%
	Hội An	0	0.00%	3	1.04%	3	0.53%
Subtotal		28	2.02%	28	2.36%	56	2.18%
Total		56	1.76%	45	1.83%	101	1.80%

(Source: Data from baseline survey conducted in 2006)

The ratio of dioxin-affected CWD in Ninh Bình at 1.47% is lower than that in Quảng Nam, which is 2.18%. The two rural districts surveyed in Quảng Nam have higher rates of children identified as dioxin-affected (over 2.6%), while Hội An Town has only a very few cases. In the three districts of Ninh Bình, the number of male dioxin-affected CWD (28) is higher than that of the female group (17). In Quảng Nam, the number of male dioxin-affected CWD is equal to that of the female group (28).

4.2. Distribution and ratio of disabilities by province

Information relating to the disabilities of the 101 dioxin-affected CWD, in comparison with all CWD surveyed as a whole, is summarized in the following table:

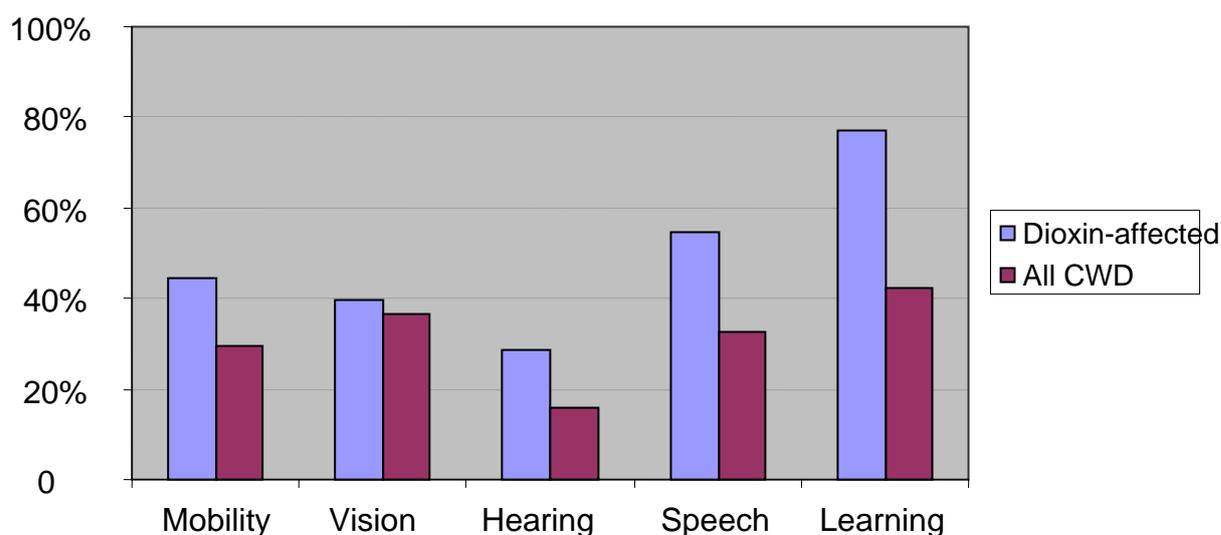
Table 2: Distribution and ratio of dioxin-affected CWD by disability

Province	Disability distribution of CWD									
	Mobility Impairment		Visual Impairment		Hearing impairment		Speech impairment		Learning disability	
Ninh Bình	16	35.56%	18	40.00%	13	28.89%	20	44.44%	30	66.67%
Quảng Nam	29	51.79%	22	39.29%	16	28.57%	35	62.50%	48	85.71%
Total dioxin-affected CWD	45	44.55%	40	39.60%	29	28.71%	55	54.46%	78	77.23%
All CWD surveyed	29.3 %		36.4%		16.0%		32.8%		42.1%	

(Source: Data from baseline survey conducted in 2006)

Compared to CWD as a whole, the ratio of dioxin-affected CWD with the five major disability types of mobility impairment, hearing impairment, visual impairment, speech impairment and learning difficulty is higher. The biggest gap can be seen in speech impairment (54.46% >> 32.8%) and learning difficulty (77.23% >> 42.1%). Results are presented in the following chart:

Chart 1: Ratio of dioxin-affected CWD and CWD as a whole by disability



(Source: Data from baseline survey conducted in 2006)

In Ninh Bình, all eight CWD (three in Yên Nhân commune and five in Gia Hòa commune) identified as affected by dioxin have more obvious symptoms of intellectual delays and neurological disorders than the non-dioxin-affected group. Two of them cannot take care of themselves. The mother of one child in Yên Nhân said, “I only wish my child could feed himself and go to the toilet by himself. We have made many efforts in teaching him these skills but we have failed. Now we are still in good health and able to help him. But we are worried about how he will be supported when we get older and weaker.” Five children out of eight have neurological disorders and mental retardation. These children also suffer from other health problems such as epilepsy, reduced visual ability, myasthenia, limited functioning of mobility, and more frequent illnesses. The mother of one dioxin-affected

CWD in Yên Nhân said, “*He often has health problems. He is often the first person to get fever and the last to recover.*”

In Quảng Nam, group discussion with dioxin-affected children and their parents revealed similar results. These eight children all have intellectual delays and speech difficulties. Four out of the eight have poor memory and poor learning ability. Additionally, they are in very poor health and are of smaller stature in comparison to other children of the same age. Local authorities in Quảng Nam emphasized that the children who attended these group discussions have less severe impairments than many other dioxin-affected CWD in the region. One staff member working in the Home Affairs unit of Duy Xuyên district said, “*Dioxin-affected children often have severe intellectual disabilities. The number of these children going to school is very limited. Many children are paralyzed and stay in bed. Their families have to take care of them and it is so hard.*”

The differences in the severity of disabilities among those children identified as dioxin-affected becomes clearer using a Likert scale of functioning based on the International Classification of Functioning, Disability and Health.

4.3. Functioning of dioxin-affected children with disabilities according to ICF

The assessment of the functioning of children is based on the twelve fundamental functions as defined by ICF. The following table summarizes the functions of dioxin-affected CWD and CWD as a whole.

Table 3: Reduced functioning of dioxin-affected CWD and CWD as a whole, according to ICF assessment performance categories

Functioning/ability		Level of performance (%) between dioxin-affected CWD and CWD as a whole					
		Unable to perform task	Able with constant assistance	Able with occasional assistance	Reduced functioning but no need for assistance	Able to perform with effort	Able to perform normally
		0	2	4	6	8	10
1. Sight	Dioxin affected	3.3%	6.7%	8.9%	7.8%	23.3%	50.0%
	All CWD	1.5%	7.9%	4.9%	7.8%	17.0%	60.9%
2. Hearing		6.7%	5.6%	0	6.7%	24.7%	56.3%
		4.4%	2.7%	0	3.1%	8.4%	79.3%
3. Holding, carrying, moving an object		21.7%	13.0%	2.2%	4.3%	10.9%	47.8%
		5.8%	3.3%	2.5%	3.4%	12.3%	72.7%
4. Standing still and moving the body		20.2%	5.3%	4.3%	3.2%	8.5%	58.5%
		5.6%	2.3%	1.5%	2.3%	8.4%	79.9%
5. Walking		19.8%	6.3%	7.3%	0	8.3%	58.3%
		5.9%	2.5%	1.7%	3.5%	9.7%	76.5%
6. Ability to concentrate, remember and think		47.4%	11.3%	10.3%	8.2%	9.3%	13.4%
		13.6%	9.6%	5.1%	5.8%	15.6%	50.4%

7. Learn and absorb knowledge	53.6% 17.7%	8.2% 10.0%	10.3% 4.2%	3.1% 5.1%	14.4% 19.3%	10.3% 43.6%
8. Going to school	51.1% 17.3%	5.3% 4.5%	2.1% 1.6%	1.1% 1.9%	5.3% 7.4%	35.1% 67.2%
9. Doing housework	54.8% 19.4%	11.8% 6.2%	2.2% 3.0%	1.1% 2.6%	5.4% 12.7%	24.7% 56.2%
10. Taking care of one's self (<i>bathing, dressing, eating, drinking</i>)	44.7% 15.3%	8.5% 7.9%	2.1% 3.2%	3.2% 1.8%	7.4% 8.2%	34.0% 63.6%
11. Communicating	46.3% 16.2%	9.5% 6.4%	4.2% 3.0%	2.1% 4.9%	16.8% 16.8%	21.1% 52.7%
12. Participating in social activities	65.9% 26.0%	3.7% 3.8%	1.2% 1.5%	1.2% 2.1%	12.2% 12.8%	15.9% 53.8%

(Source: Data from baseline survey conducted in 2006)

The level of functioning of dioxin-affected CWD is significantly lower than that of CWD as a whole, especially in terms of concentrating, remembering and thinking; learning and absorbing knowledge; going to school; and participating in social activities.

Group discussions with dioxin-affected and non-dioxin-affected groups provide similar results as follows:

Taking care of themselves

In Ninh Bình:

- Ten out of ten non-dioxin-affected CWD are able to take care of themselves.
- Two out of eight dioxin-affected CWD are unable to take care of themselves. The mother of a child in Yên Nhân - Yên Mô said, "*He does not know anything. We have to feed him. He cannot control his toileting. Therefore, it is very hard.*"

In Quảng Nam:

- Eleven out of eleven non-dioxin-affected CWD are able to take care of themselves.
- Four out of eight dioxin-affected CWD are unable to take care of themselves. The mother of a child in Bình Lâm said, "*She has poor memory and she has great difficulties in eating and drinking. We have to feed her.*"

Comments: In the sample observed during qualitative field research, fewer dioxin-affected CWD are able to take care of themselves than those children identified as non-dioxin affected. In several cases, children need great help from their families.

Social and communication skills:

In Ninh Bình

- Two out of ten non-dioxin-affected CWD have Down syndrome. The others are able to socialize. The father of a child said, "*He can play and socialize with others.*"
- Only one out of eight dioxin-affected CWD have the ability to communicate. The others have more limited functioning of communication; some are not able to even socialize with others. The father of a child in Gia Hòa said, "*He cannot talk. He gets angry very easily...*" The father of another child in Yên Nhân explained, "*He does not go out of the house. He never talks to anybody.*"

In Quảng Nam:

- All eleven non-dioxin-affected CWD are able to communicate, even though four cases experienced epilepsy. They were able to respond to questions raised in interviews.
- Eight dioxin-affected CWD have limited functioning in communication. At best, they can talk, but are unable to express their ideas effectively.

Comments: As mentioned in section 4.2, dioxin-affected CWD have more limited functioning in communication than those who are not exposed to dioxin, leading to great disadvantages in social participation.

Learning abilities:

- Non-dioxin-affected CWD, except children with Down syndrome, were generally able to learn, memorize and concentrate. They participated in inclusive education at regular schools. Two out of ten youth with disabilities completed their secondary education. The father of a child with disability said, *“She can learn new things. Those children who go to school share the wish to have a job so their lives will be better.”* A child with disability affecting mobility, a grade 9 student, said *“I don’t have any difficulties in learning. My classmates and I study together. I participate in learning activities as an equal to other classmates, except in physical education. I am allowed to run a shorter distance than my classmates due to my weak legs.”*
- Two out of eight dioxin-affected CWD in Ninh Bình and four out of eight dioxin-affected CWD in Quảng Nam were able to go to school and participate in learning activities with other peers, yet they faced difficulties in understanding and learning new things. One said, *“I can learn but find math and chemistry very difficult. I cannot understand.”* His parents said, *“He tries to learn, however he cannot learn much. He was allowed to pass his grade because he is a child of a war veteran. He is in grade 6 now, however he cannot read and write very well.”* Another parent of a CWD said, *“He doesn’t know anything. He stayed in grade 1 for five years, however he is not literate.”* Another explained, *“We tried to send our two children to school, so they wouldn’t feel ashamed. Moreover, there was nothing for them to do at home. One of them does not know anything, so he is better staying at home. If the children go to school, we have to bring them there and pick them up, which is very hard for us.”*

Comments: In the qualitative interview sample, learning abilities of dioxin-affected CWD appeared to be more limited and lower than those of non-dioxin-affected CWD. The parents of the dioxin-affected group prioritized health care over inclusive education and in some cases had little hope for their children to be included in society.

4.4. Existing situation and educational needs of children identified as dioxin-affected

Interviews and research on the existing situation reveal that parents of CWD identified as dioxin-affected prefer a variety of educational models for their children, including home schooling, inclusive education in mainstream schools, and special education.

Results are summarized in the table below (note: not all parents responded on the question of needs):

Table 4: Existing situation and parentally-identified educational needs of dioxin-affected CWD

Province	Existing situation			Need identified by parents		
	Home schooling	Inclusive education with non-CWD	Special education	Home schooling	Inclusive education with non-CWD	Special education
Ninh Binh	21 (48.8%)	21 (48.8%)	1 (2.3%)	9 (23.1%)	19 (48.7%)	11 (28.2%)
Quảng Nam	28 (51.9%)	24 (44.4%)	2 (3.7%)	11 (24.4%)	23 (51.1%)	11 (24.4%)
Total	49 (50.5%)	45 (46.4%)	3 (3.1%)	20 (23.8%)	42 (50.0%)	22 (26.2%)

(Source: Data from baseline survey conducted in 2006)

Analysis of the existing situation shows that approximately 50% of dioxin-affected children stay at home and the remaining 50% are enrolled in mainstream schools and receive inclusive education. Only a very small number of dioxin-affected CWD study in special schools. Responding to the question of what is an appropriate model of education for their children, more than half of the parents of dioxin-affected children not currently enrolled in school expressed an aspiration to send their children to special schools.

The table below specifies the educational models of children identified as dioxin-affected, categorized by the five key types of disability:

Table 5: Distribution and rate of dioxin-affected children by type of disability and educational model

Educational Model	Distribution and rate of dioxin-affected children by type of disability									
	Mobility		Vision		Hearing		Speech		Learning	
At home	28	66.7%	19	51.4%	16	61.5%	35	67.3%	40	53.3%
Inclusive education in mainstream schools	14	33.3%	18	48.6%	9	34.6%	15	28.8%	30	42.7%
Special education	0	0%	0	.0%	1	3.8%	2	3.8%	3	4.0%

(Source: Data from baseline survey conducted in 2006)

The highest percentage of dioxin-affected children receiving inclusive education can be found in the categories of those with vision impairment and mobility impairment while the lowest percentage falls in the category of speech impairment.

Analysis was also made for educational model according to school age which is detailed in the table below:

Table 6: Distribution and rate of surveyed dioxin-affected children by school age and educational model

Education model	Distribution and rate of dioxin-affected children by school age							
	At preschool age		At primary school age		At junior-secondary school age		At upper-secondary school age	
At home	6	75.0%	14	63.6%	24	44.4%	4	33.3%
Inclusive education	1	12.5%	8	36.4%	29	53.7%	7	58.3%
Special education	1	12.5%	0	0%	1	1.9%	1	8.3%

(Source: Data from baseline survey conducted in 2006)

At junior-secondary school age, there are 29 dioxin-affected children enrolled in inclusive education in the mainstream system. Eight children at primary school age and seven at upper-secondary school age are enrolled in inclusive education. At the preschool level, most parents choose to look after their dioxin-affected children at home instead of sending them to preschool.

However, qualitative research at CRS project sites shows that parents tend to send their children with disabilities who identified as dioxin-affected to mainstream schools for inclusive education at preschool and primary levels. This may be a result of effective advocacy and communication carried out by CRS and local partners between the time of the baseline survey in early 2006 and qualitative research in August 2007. Parents want to send their children to school because preschool and primary school teachers tend to be very helpful and enthusiastic in helping dioxin-affected students. One staff member of the Yên Mô Department of Education and Training shared, *“Almost all families try to send their children with disabilities to school. Except for children with severe learning difficulties, most parents want their disabled children to integrate into society and go to school like other non-disabled people. It is easier to send those kids to preschool and primary schools than to secondary schools because at lower education levels, teachers can spend more time to teach and look after each student and the learning material is also less complicated.”*

Screening results and educational needs assessment by type of disability according to the baseline survey are summarized below. The educational model needed is according to the assessment of the team of doctors who conducted the screening in early 2006; CRS believes that in theory, all children can benefit from inclusive education provided that sufficient accommodations and adjustments are made in the curriculum and teaching methodology.

Table 7: Educational needs assessment results from screening dioxin-affected children

Disability	Identified as dioxin-affected	Not identified as dioxin-affected	Remarks
Mobility	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 15 (53.6%) - Special education: 13 (46.4%) <p><u>Adjustments required in inclusive education:</u></p> <ul style="list-style-type: none"> - Curriculum and methodology adjustment: 15 (71.4%) - Combine inclusive education with special educational support: 5 (17.2%) - Curriculum adjustment: 1 (4.8%) 	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 877 (78.4%) - Special education: 176 (15.7%) <p><u>Adjustments required in inclusive education:</u></p> <ul style="list-style-type: none"> - Curriculum and methodology adjustment: 340 (37.9%) - Combine inclusive education with special educational support: 47 (5.2%) - Curriculum adjustment: 492 (54.9%) 	Dioxin-affected children have a greater assessed need for special education than non-dioxin-affected children with disabilities. If inclusive education is chosen, both curriculum and methodology adjustments are required.
Vision	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 13 (92.9%) - Special education: 1 (7.1%) <p><u>Adjustments required in inclusive education:</u></p> <ul style="list-style-type: none"> - Physical accommodation such as seating and lighting: 10 (76.9%) - Combine inclusive education with special educational support (Braille): 2 (15.4%) - Curriculum and methodology adjustment: 1 (7.7%) 	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 1306 (97.3%) - Special education: 19 (1.4%) <p><u>Adjustments required in inclusive education:</u></p> <ul style="list-style-type: none"> - Physical accommodation such as seating and lighting: 1258 (95.4%) - Combine inclusive education with special educational support (Braille): 15 (1.1%) - Curriculum and methodology adjustment: 37 (2.8%) 	Dioxin-affected children who are visually impaired need to receive both inclusive and special education. Both curriculum and methodology have to be substantially adjusted.
Hearing	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 7 (58.3%) - No adjustments required: 3 (25.0%) - Special education: 2 (16.7%) <p><u>Adjustments required in inclusive education:</u></p> <ul style="list-style-type: none"> - Combine inclusive education with special educational support (sign language): 4 (30.8%) - Curriculum and methodology adjustment: 1 (14.3%) - Physical accommodation such as seating and lighting: 2 (28.6%) 	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 507 (85.8%) - No adjustments required; 69 (11.7%) - Special education: 15 (2.5%) <p><u>Adjustments required in inclusive education:</u></p> <ul style="list-style-type: none"> - Combine inclusive education with special educational support (sign language): 172 (33.9%) - Curriculum and methodology adjustment: 48 (9.4%) - Physical accommodation such as seating and lighting: 244 (48.0%) 	Dioxin-affected children have a greater need for special education than non-dioxin-affected children with disabilities. If inclusive education is chosen, both curriculum and methodology adjustments are required.
Speech	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 22 (62.9%) - Special education: 13 (37.1%) <p><u>Adjustments required:</u></p> <ul style="list-style-type: none"> - Curriculum and methodology adjustment: 10 (43.5%) - Physical accommodation such as seating and lighting: 8 (34.8%) - Combine inclusive education with special educational support: 5 (21.7%) 	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 1339 (84.8%) - Special education: 166 (10.5%) <p><u>Adjustments required:</u></p> <ul style="list-style-type: none"> - Curriculum and methodology adjustment: 512 (37.9%) - Physical accommodation such as seating and lighting: 487 (36.0%) - Combine inclusive education with special educational support: 219 (16.2%) 	Dioxin-affected children have a greater need for special education than non-dioxin-affected children with disabilities. If inclusive education is chosen, both curriculum and methodology adjustments are required and special education should be integrated
Learning	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 28 (68.3%) - Special education: 13 (31.7%) <p><u>Adjustments required:</u></p> <ul style="list-style-type: none"> - Curriculum and methodology adjustment: 18 (60.0%) - Curriculum adjustment: 7 (23.3%) - Methodology adjustment: 2 (6.7%) - Physical accommodation such as seating and lighting: 3 (10.0%) 	<p><u>Educational model:</u></p> <ul style="list-style-type: none"> - Inclusive education: 1447 (83.6%) - Special education: 234 (13.5%) <p><u>Adjustments required:</u></p> <ul style="list-style-type: none"> - Curriculum and methodology adjustment: 829 (56.7%) - Curriculum adjustment: 361(24.7%) - Methodology adjustment: 222 (15.2%) - Physical accommodation such as seating and lighting: 23 (1.6%) 	Dioxin-affected children have a greater need for special education than non-dioxin-affected children with disabilities.

(Source: Data from baseline survey conducted in 2006)

Data from the screening shows that a greater number of dioxin-affected children were identified as in need of special education when compared with CWD as a whole. This conforms to the previous finding that CWD identified as dioxin-affected have more severe disabilities than CWD overall. For those who are able to follow inclusive education in mainstream schools, adjustments are required not only in physical accommodation such as seating, lighting and/or architectural structure of the classroom or building, but also in curriculum and methodology. This can include changing teaching and learning styles from lecture and rote memorization to methods involving games, songs, drawing and other participatory activities, which can also benefit the education of all children.³

Group interviews produce similar findings as the above quantitative results, detailed below:

Inclusive Education

- Group interviews with CWD (both dioxin-affected and non-dioxin-affected) and their parents in two communes in Ninh Bình find that parents share a wish that their children could go to mainstream schools for inclusive education, despite limited learning ability. Except for two cases where one child is epileptic and the other is not able to take care of himself, most parents did not mention special education. The mother of one disabled child in Yên Nhân commune said, *“We send him to school with other non-disabled children to learn from them. It is better for him to be with those normal and clever kids than with those with learning difficulties like him. All we want now is that he gets better by learning from his non-disabled friends. If he is put together in a group of children with learning difficulties, he will learn nothing.”*
- For dioxin-affected children who have severe learning difficulties or who cannot look after personal hygiene, parents do not see the possibility for their children to attend school because they feel it is more important to take care of them at home. The mother of one dioxin-affected girl in Yên Nhân commune said, *“She never gets out or sits on a bicycle because of fear. She will faint if being pushed too much to do something.”* However, five out of eight of the dioxin-affected children were at one point or currently are going to school to study with non-disabled students, but mainly at the preschool and primary levels. The mother of one dioxin-affected child in Bình Lâm commune said, *“He has been repeating grade 1 for six years now and is not yet able to move to grade 2. We are very poor and don’t know what to do.”* Due to disadvantages in health and learning abilities, dioxin-affected children need extra effort from teachers or family members outside school hours to help them with the learning material.
- At the secondary education level, inclusive education is very difficult to implement for children with learning difficulties. One dioxin-affected grade 9 student reported, *“I have tried but still study slower than other students. I wish that teachers could spend more time to explain the lessons to me, especially in mathematics and chemistry.”*
- Local authorities working in inclusive education and the Department of Labor, Invalids and Social Affairs in project sites agree that it is more difficult to help children with disabilities identified as affected by dioxin to keep up to speed in inclusive educational environments. Or if the children can follow the material, their progress is not obvious due to the severity of their disabilities. According to one staff member working in the field of inclusive education in Duy Xuyên district, *“Disabled*

³ CRS-Vietnam, *How-to Guide on Inclusive Education of Children with Disabilities*, 2006.

children whose learning ability is not severely damaged can participate in inclusive education. Some of them perform very well with good results. But unfortunately, this is not the case with many dioxin-affected CWD; it is very difficult for them. However, the temporary solution of sending them to school for inclusive education can solve part of the problem for their family.”

- The research team shares the conclusion that sending dioxin-affected children to mainstream schools for inclusive education is an appropriate solution for most children. However, curriculum and methodology adjustments as well as combining with special educational support at mainstream schools are necessary, as recommended in the analysis of the baseline survey in 2006. One staff member of the Duy Xuyên Department of Education and Training said, *“Although inclusive education is being implemented in the district and some teachers were trained in methodology for teaching inclusive classes, there are other difficulties such as lack of special teaching equipment and lack of rehabilitation equipment. Dioxin-affected children, most of whom have learning difficulties, need to be provided with special education combined with inclusive education in normal schools.”*⁴ Bình Lâm commune (Hiệp Đức district, Quảng Nam province) has organized a class to teach sign language to children with hearing and speech difficulties twice a week at the communal Cultural House. One staff member working in the Department of Labor, Invalids and Social Affairs said about the class, *“They are very happy and optimistic and so are their families. Every week they look forward to the class.”*

Vocational Training

The research team conducted interviews at the project sites on vocational training/employment with youth with disabilities (YWD) in general, and dioxin-affected youth in particular. Although the results of these interviews have not been compared with data from the baseline survey, a general picture of the situation of vocational training/employment for dioxin-affected youth is drawn below:

- Only dioxin-affected YWD who are not mentally impaired can participate in vocational training with other disabled youth. As a result, the number of dioxin-affected YWD in vocational training is much smaller than that of non-dioxin-affected YWD. Most of them have learning difficulties which make it too challenging for them to learn skills for a job which others may learn much more easily. Despite challenges, some parents and their dioxin-affected children desire extra attention in vocational training so that the child can attain a suitable job in the future. One social worker in Yên Nhân commune said, *“At school, they can learn from their friends and be greatly supported by teachers. In vocational training, it takes a lot of time for them to learn one simple thing. For example, it is impossible for them to finish a course in tailoring in two months.”*
- The most frequently chosen jobs for youth with disabilities in general, and dioxin-affected youth in particular, are embroidery and simple handicrafts. Tailoring, repair/maintenance and computing are other preferences. However, after completing vocational training, finding employment can be a tough challenge for dioxin-affected youth. According to a social worker in Yên Nhân commune, *“Dioxin-affected youth who complete training in tailoring cannot find employment nor open a business. This*

⁴ Note that these views do not fully conform to research results and show a limited understanding of inclusive education philosophy.

job requires skillfulness and creativity which I don't expect much of from them. Therefore, it is more feasible for them to learn making handicrafts or polishing furniture."

- In Quảng Nam province, vocational training/employment for YWD in general, and dioxin-affected youth in particular, is a real challenge. Interviews in Hiệp Đức and Duy Xuyên districts reveal that there are few job or enterprise choices for dioxin-affected YWD. Although tuition fees are supported by certain non-governmental organizations and tax privileges are given by the government to enterprises supporting people with disabilities, as stated in several legal documents, the real challenge is the lack of a supply-demand mechanism that contributes to promoting employment for YWD.
- However, some dioxin-affected youth have the capacity and passion to develop skills and find employment which brings about stable and long term income. One staff member of the Ninh Bình Department of Labor, Invalids and Social Affairs told us, *"They might be a little slow in learning, but are hard working. Enterprise owners see them as a stable supply of labor, as they rarely move to other areas."*

4.5. Support for the education of dioxin-affected children with disabilities

Support given for inclusive education of dioxin-affected children is summarized in the table below:

Table 8: Support for the inclusive education of dioxin-affected children

Province	Type of support			
	School fee exemption	50% school fee reduction	Provision of money to buy learning aids	Merit stipend
Ninh Bình	8 (36.4%)	4 (13.6%)	0 (0%)	0 (0%)
Quảng Nam	9 (34.6)	4 (15.4%)	0 (0%)	0 (0%)
Total	17 (35.4%)	8 (14.6%)	0 (0%)	0 (0%)

(Source: Data from baseline survey conducted in 2006)

Reductions or exemptions of school fees are given to approximately 50% of dioxin-affected children enrolled in school (mainly for inclusive education), a third of whom are fully exempted from any fees. This ratio is significantly higher than that of CWD as a whole, which is 13.7%. There is not a big difference between Ninh Bình and Quảng Nam in terms of school fee support. No child is supported with learning aids or merit stipends.

In Ninh Bình and Quảng Nam provinces, all dioxin-affected CWD participating in group interviews said that they are exempted from school fees. This is certainly a great support for CWD attending school. However, almost all dioxin-affected children would benefit from also being provided with books and learning aids. Purchasing learning aids can be a great financial burden for families whose members are affected by dioxin, especially in Quảng Nam, where three of the four households visited by the research team have more than one child affected by dioxin.

4.6. Medical support for dioxin-affected children with disabilities

4.6.1. Implementation of policies supporting dioxin-affected children with disabilities

The implementation of policies supporting dioxin-affected children is detailed in the table below:

Table 9: Medical support for dioxin-affected children

Province	Medical support			
	Free health services	Health insurance card	Community-based rehabilitation	Others
Ninh Bình	12 (26.7%)	20 (44.4%)	3 (6.7%)	0 (0%)
Quảng Nam	11 (19.6%)	33 (58.9%)	5 (8.9%)	0 (0%)
Total	23 (22.8%)	53 (52.5%)	8 (7.9%)	0 (0%)

(Source: Data from baseline survey conducted in 2006)

A majority of dioxin-affected CWD are provided with health insurance or with free health services as part of governmental policies supporting people affected by dioxin, as per Decision 139 on supporting poor households. Field research finds that with health insurance provided for free, other related expenses such as traveling and food when hospital stays are required remain significant for these households. This is why some families do not bring their dioxin-affected children to the hospital for health checks and treatment, even when medical services are provided for free. The father of one dioxin-affected child who has a mental disorder told us, “*My son and I are always in bad shape. My wound hurts and I need injections. Once my son’s disorder got too serious and we had to bring him to the hospital. Medication is not a problem because it is free, but food and traveling are very costly to us. Luckily, we had an allowance; otherwise it would have been extremely hard.*”

Local staff of the four surveyed districts share that medical assistance to dioxin-affected children is vital. However, the budgets of local governments which are allocated to medical support for dioxin-affected children are very limited. Paradoxically, in Quảng Nam province, which was directly sprayed with Agent Orange during the war, many people affected by dioxin are not officially recognized and hence are not provided with benefits. Due to limited budgets, only a small number of dioxin-affected people who are identified as war veterans receive those benefits. Although health insurance is provided by local authorities, the identification and delivery of various types of medical support is essential.

4.6.2. Medical intervention needs of dioxin-affected children with disabilities

The table below explains the screening results and needs identification of medical intervention for each category of disability, of both dioxin-affected CWD and all CWD:

Table 10: Needs identification for medical intervention for dioxin-affected children

Disability	Dioxin-affected CWD	All CWD screened	Remarks
Mobility	- Rehabilitation: 13 (46.4%) - Cerebral palsy chair: 11(39.3%) - Surgery: 1 (3.6%) - Walking frame/crutches: 1 (3.6%) - Orthopedic splint: 1 (3.6%) - Orthopedic shoes: 1 (3.6%)	- Rehabilitation: 413 (36.6%) - Cerebral palsy chair: 127 (11.3%) - Surgery: 280 (24.8%) - Walking frame/crutches: 38 (3.4%) - Orthopedic splint: 48 (4.3%) - Orthopedic shoes: 26 (2.3%)	Dioxin-affected children have greater need of cerebral palsy chairs and rehabilitation than CWD as a whole. In cases of severe disabilities, surgery does not really help.
Vision	- Glasses: 9 (81.8%) - Internal treatment: 1(9.1%) - Surgery: 1 (9.1%)	- Glasses: 866 (69.2%) - Internal treatment: 97 (7.7%) - Surgery: 235 (18.8%)	Dioxin-affected children with visual impairments have a lower need for surgery and medical treatment than non-dioxin-affected children.
Hearing	- Internal treatment: 8 (61.5%) - Hearing aid: 2 (15.4%) - Surgery and hearing aid: 2 (15.4%) - Surgery: 1 (7.7%)	- Internal treatment: 242 (41.7%) - Hearing aid: 216 (37.2%) - Surgery and hearing aid: 56 (9.6%) - Surgery: 60 (10.3%)	Dioxin-affected children have a greater need of internal and external treatment before using hearing aids. Their disability is also more severe than non-dioxin-affected children.
Speech	- Rehabilitation: 33 (94.3%) - Surgery: 2 (5.7%)	- Rehabilitation: 1469 (93.2%) - Surgery: 75 (4.8%)	No differences between the two groups
Learning	- Internal treatment: 100%	- Internal treatment: 98.4 %	No significant difference

(Source: Data from baseline survey conducted in 2006)

Analysis of screening results from the baseline survey in 2006 shows that medical intervention varies among types of disability and the needs are also different between dioxin-affected CWD and CWD as a whole. This statement is confirmed by the results of the field research:

- Dioxin-affected children are more likely to have multiple and/or severe disabilities compared with other CWD. They also have higher rates of illness. In addition to learning difficulties or mental disorders, they may suffer from digestive disorders, fever, eye sores, speaking difficulties, swallowing difficulties, and other health problems.
- Community-based rehabilitation is an economic solution for dioxin-affected households. One parent of a dioxin-affected child said, *“It is a financial issue to bring them to the hospital. It would be better to have their health checked on a regular basis. They also need a regular supply of medicine.”* Another parent said, *“Half of [oru daughter’s] body is very weak, so we want her to undergo therapy. We took her to a rehabilitation centre in Hanoi and to the Children’s Hospital as well, but we can’t stay there forever.”*
- The research team did not observe many community-based rehabilitation activities in visited project sites. Most families have to make rehabilitation equipment themselves such as *“a special kind of chair supporting the neck to prevent choking when eating.”*

One member of the health staff in Hiệp Đức said, “*There have not been any community-based rehabilitation activities in this area in recent years. Before, thanks to the budget from the national action plan, some rehabilitation activities were organized.*”

- Medical intervention activities for children with disabilities, whether attributed to dioxin or not, are mainly carried out with external funding. A member of the health staff of Yên Mô district said, “*Hearing aids were provided to 24 hearing impaired children and two others were operated on and rehabilitated thanks to the funding of CRS.*”
- Improving the health status of dioxin-affected children enables them to better participate in inclusive education. As one health staff member of Yên Nhân commune said, “*Medical intervention should be a priority. With medical support, children with disabilities will be in a better condition to participate in inclusive education.*”
- Community-based rehabilitation should be regularly combined with education in order to support dioxin-affected children. The need for medical assistance is clear with this group because many of them have multiple disabilities and/or severe disabilities and illness. In some cases, parents of dioxin-affected CWD give priorities to health intervention over educational intervention. In both Ninh Bình and Quảng Nam province, medical assistance and rehabilitation support for children with disabilities in general, and dioxin-affected children in particular, are not sufficiently provided. One local official in Hiệp Đức district said, “*It is necessary to implement educational and medical intervention at the same time. There has not been collaboration between health and educational staff. Inclusive education is already in place while health intervention is far behind. People here are poor. Parents cannot provide their visually impaired children with glasses and the situation is worse for children with learning or mobility difficulties.*”
- In addition to medical support for dioxin-affected children, there is also a need to provide parents with knowledge and skills in rehabilitation. There is a particular interest in learning about methodology in teaching children with learning difficulties among parents who will collaborate with schools to promote inclusive education. One district official in Hiệp Đức told us, “*Training for parents is necessary in collaborating with schools to help children with disabilities. It is important to include more stakeholders in trainings on rehabilitation and looking after children with disabilities.*”

4.6.3. Assistive devices for dioxin-affected children with disabilities

The availability and use of assistive devices for dioxin-affected children is detailed in the table below:

Table 11: Assistive devices for dioxin-affected CWD

Province	Assistive Devices					
	Glasses	Hearing aids	Crutches	Wheelchairs	Prosthetic limbs	Others
Ninh Bình	1 (2.2%)	0 (0%)	0 (0%)	7 (15.6%)	0 (0%)	1 (2.2%)

Quảng Nam	1 (1.8%)	1 (1.8%)	0 (0%)	8 (14.3%)	0 (0%)	6 (10.7%)
Total	2 (2.0%)	1 (1.0%)	0 (0%)	15 (14.9%)	0 (0%)	7 (6.9%)

(Source: Data from baseline survey conducted in 2006)

The ratio of dioxin-affected children using wheelchairs was fairly high (14.9%). Lowest ratios can be seen in the use of other devices such as glasses (2.0%) and hearing aids (1.0%). No dioxin-affected child used crutches or prostheses. Among the above mentioned assistive devices, 86.7% were donated and 13.3% were purchased. When comparing the use of these devices between dioxin-affected CWD and CWD as a whole, the use of wheelchairs by the former, at 2%, is much lower than that of the latter, while the use of glasses of the former is higher (8.9%) and the use of hearing aids at 2.2% of the former is not much different from that of the latter. 58.4% of assistive devices used by dioxin-affected children were donated.

The results of group interviews and family visits show that one out of eight dioxin-affected children used wheelchairs. The remaining group did not use any assistive devices.

4.7. Economic status of households with dioxin-affected children

In the baseline survey conducted in 2006, households with dioxin-affected children self-assessed their economic status by comparing themselves with others in the neighborhood. Results are summarized below:

Table 12: Self-ranking on economic status by households with dioxin-affected children (ages 0-16)

Province	Wealth ranking				
	Poor	Below average	Average	Above average	Wealthy
Ninh Bình	12 (27.9%)	11 (25.6%)	17 (39.5%)	3 (7.0%)	0 (0%)
Quảng Nam	15 (28.3%)	19 (35.8%)	17 (32.1%)	2 (3.8%)	0 (0%)
Total	27 (28.1%)	30 (31.3%)	34 (35.4%)	5 (5.2%)	0 (0%)

No dioxin-affected households self-identify as being well-off. Only a few households rank their economic status above average. In general, the ratio of poor, below average and average households are equally divided. Comparing Ninh Bình and Quảng Nam shows that the ratio of average households of the former is higher, while the ratio of below average households is lower than the latter. Statistical analysis shows that the economic status of dioxin-affected households in Ninh Bình is better than that in Quảng Nam. This conclusion is supported by the results of the field research in that most dioxin-affected households in Ninh Bình include war veterans, which allows them to receive an allowance funded by the government. The percentage of dioxin-affected children receiving living allowances in Ninh Bình is 40%, much higher than that of Quảng Nam at 25%.

Of families with non-dioxin-affected CWD, 20.5% self-identify as being poor, 24.2% as below average and 42.2% as average level. Only 7.2% of households rank themselves above

average or wealthy. Statistics show that dioxin-affected households self-rank as being poorer than non-affected households. There is not a remarkable difference in self-ranking of non-dioxin-affected households between Ninh Bình and Quảng Nam, as in the case of dioxin-affected households.

Findings of the baseline survey in 2006 are verified by qualitative research. In Ninh Bình, 4/5 of dioxin-affected households have above average living standards because they receive the allowance for war veterans from the government covering their dioxin-affected children as well. Although they cannot spare any savings from the allowance, some medical expenses can be covered and help them to escape poverty. One mother in Yên Nhân district said, *“The allowance is enough to cover expenses for my child and me. We therefore don’t have to borrow.”* Only one household self-ranks as a poor household. The dioxin-affected child often has epilepsy and illness for which the parents have to take her to the hospital very often. This negatively impacts the family’s agricultural production. The child’s mother said, *“I have to take her to the hospital every month. She has epilepsy, which prevents her from looking after herself. When I leave the house, I have to ask neighbors to watch over her. So I have little time left for farming.”*

In Quảng Nam, the actual ratio of poor households reaches 35% according to the authorities of the two districts visited. All dioxin-affected households that the research team visited were poor. Although some households were provided with a monthly allowance of 65,000 VND or US \$4.06 per child, they were still poor because they were not able to work when their children were ill. Even when their children were not ill, parents could not count on the children for housework or for earning extra income. Moreover, as mentioned in Section 4.5, some households had two or more dioxin-affected children with disabilities. It is therefore very hard for them to escape poverty. In Hiệp Đức district, a mountainous area with regular drought and non-irrigated fields, some households do not even have enough food four to five months a year. They have to find extra work in other areas to earn their living. Parents of two dioxin-affected children said, *“We can only afford fish sauce and rice for food, costing us 20,000 dong [US \$1.25] per week. Rice is bought by income from taking extra jobs. There is hardly any support from the local government. Last year for Tet we were provided with 15 kilograms of rice.”* Another said, *“It is extremely difficult for us. We don’t dare to borrow money from anyone and nobody will lend it to us anyway. Even if we can borrow from somebody, we don’t know when and how we can pay them back. The only way is to work for somebody to earn food.”*

Comment: Dioxin-affected households tend to self-rank their economic status lower than that of non-dioxin-affected children with disabilities. However, dioxin-affected households in Ninh Bình province have better living standards than those in Quảng Nam because they receive a government allowance for war veterans.

4.8. Local policies supporting dioxin-affected children with disabilities

At all visited sites, there was a steering committee facilitating support given to dioxin-affected children and CWD as a whole. Policies on health insurance, school fee reductions and living allowances for dioxin-affected children are well implemented. One local official in Gia Viễn said, *“We have a steering committee on support for children with disabilities in general and dioxin-affected children in particular at all levels. Children identified as dioxin-affected receive support as per government policies.”*

In addition to local resources and government budgets, these communes are supported by CRS in building the capacity for inclusive education and in partly meeting the needs for medical intervention for children with disabilities. Additionally, districts “*collaborate with CRS to organize training for parents of children with disabilities on inclusive education and rehabilitation,*” as shared by a social worker in Yên Nhân commune. However, the content and number of trainees should be expanded.

In Quảng Nam province, which was directly sprayed with Agent Orange during the war, the number of dioxin-affected people is significant. The People’s Committee of Hiệp Đức district and Duy Xuyên district submitted applications for dioxin-affected children to provincial authorities in order to increase the number of beneficiaries of the governmental policy, of which many have been turned down for benefits since they are not households with war veterans. One district official in Hiệp Đức told us, “*We have submitted an extra 1,000 applications. Many parents used to live or work in dioxin-affected areas, which has led to negative effects on many of their children. However, these effects on children are not recognized by provincial authorities. Despite being affected by Agent Orange, they do not benefit from the government’s policies because their parents are not war veterans.*” Many areas in Quảng Nam were sprayed with Agent Orange during the Vietnam War. Since the central government and provincial authorities have limited funds to assist people affected by Agent Orange/dioxin, they cannot provide support to all people who may be affected and have given priority to children of veterans first.

4.9. Community support for dioxin-affected children

In the visited districts in Ninh Bình and Quảng Nam, communication and education are well implemented. Children with disabilities in general and dioxin-affected children in particular appear to receive understanding, sympathy and support from neighbors. According to local authorities, “*People’s awareness has dramatically improved, prejudices and wrong perceptions against children with disabilities no longer exist [and the community] has no prejudices against children with disabilities and people are willing to help them in inclusive education.*” The mother of a dioxin-affected child touchingly shared, “*We are cared for and supported by the people around us. With a strong sense of community, including both adults and children, my child’s classmates are kind in helping us.*”

However, parents of dioxin-affected girls worry that their daughters will not be able to marry due to their disabilities. On the contrary, parents of dioxin-affected boys are less concerned about their son’s chances of finding a partner. In fact, the research team visited one youth with disabilities in Yên Mô, who is married and has one son despite his mental disorder.

V. CONCLUSIONS AND RECOMMENDATIONS

5.1 Evaluation of disability, education and medical intervention needs

5.1.1. Disabilities

Dioxin-affected children tend to have more severe disabilities than non-affected children with disabilities. A comparison between the dioxin-affected group and all CWD surveyed in the 2006 baseline shows that dioxin-affected children have high rates of all five types of disability, namely impairments of mobility, vision, hearing, speech and learning difficulty. With the exception of visual impairments, which are relatively equal in frequency among the two groups, the children identified as affected by dioxin have rates of disability that are 50-75% higher than CWD as a whole.

The levels of functioning of dioxin-affected children are also lower than that of CWD as a whole, indicating a greater severity of disabilities among the dioxin-identified group. For all twelve functions as defined in the ICF, the percentage of dioxin-affected children who can perform tasks normally is lower than CWD as a whole, while the percentage who are unable to perform each task is higher. Differences are especially marked in the functions of concentrating, memorizing, movement, walking, communication, and participating in social activities.

Some of this reduced functioning may be directly related to physical and mental impairments linked to exposure to Agent Orange / dioxin. Lower functioning could also be the indirect result of educational and social exclusion; for instance, children who do not go to school and interact with their peers are more likely to develop speech and behavioral problems. A third possibility is that given the stigma and uncertain benefit of a child being identified as dioxin-affected, the identification may only be given in cases of severe disability, while milder disabilities and health problems of children in families with a past history of exposure to Agent Orange / dioxin are not included. More research would be necessary to confirm this hypothesis.

5.1.2. Educational Needs

Analysis of the existing situation shows that approximately 50% of dioxin-affected children in the focus districts of Ninh Bình and Quảng Nam provinces go to mainstream schools for inclusive education, while the remaining 50% stay at home. This is lower than the approximately 70% attendance rate for all CWD in CRS project areas, but still substantially higher than the nationwide figure of about 25%, according to the Ministry of Education and Training. The ratio of dioxin-affected children with vision and learning difficulties following inclusive education is highest, while the lowest is the ratio of children with speech and mobility impairments. At junior-secondary school age, there were 29 dioxin-affected children participating in inclusive education. This number for preschool age and primary school age is seven and eight respectively. At preschool age, parents tend to keep their children at home.

Dioxin-affected children have a greater need for special educational support than non-dioxin-affected children with disabilities. However, inclusive education is the most practical solution for these children, provided that adjustments of not only physical accommodation, but also of teaching curriculum and methodology are made to meet the needs of each type of disability.

Results of field research verify the need for inclusive education. Thanks to effective advocacy, raised awareness has led to an increase in the number of dioxin-affected children participating in inclusive education at preschool and primary education levels.

5.1.3. Medical intervention needs

Due to more severe and/or multiple disabilities, dioxin-affected children have a greater need for medical care than non-dioxin-affected children with disabilities. Community-based rehabilitation is found to be necessary. However, the actual level of these activities is modest in visited areas.

Although some assistive devices have been donated by social and development organizations, there is still a great need for assistive devices for dioxin-affected children to improve their health. In some cases of severe disability, parents give priority to medical intervention over education. Therefore, there should be a strong relationship between inclusive education and medical support.

In addition, parents of dioxin-affected children also want to attain greater knowledge and skills to better care for their children. However, medical intervention is very expensive and the IVWD project budget for medical assistance cannot meet the demand of all CWD in these areas. In comparison with CWD as a whole, dioxin-affected children who have mobility impairment have a greater need for cerebral palsy chairs and rehabilitation. Due to the severity of disability, operations generally cannot help dioxin-affected children who have visual impairment and they have not been provided with glasses. With hearing impairment, dioxin-affected children need both internal and external treatment combined with hearing aids. With speech and learning difficulties, both dioxin-affected and non-affected CWD need similar medical intervention.

5.2 Recommendations on support given to children and youth identified as dioxin-affected

The Inclusion of Vietnamese with Disabilities project of CRS has successfully implemented inclusive education in six districts in Ninh Bình and Quảng Nam. The research team would like to recommend some forms of assistance to dioxin-affected children as follows:

- *Place as many children as possible in mainstream schools:* Children with disabilities must be included as equals in schooling, families, peer groups and communities. Inclusive education can help a child develop social skills as well as intellectual abilities to participate in and contribute to daily life. Children currently living in special centers should receive support to return to their communities of origin and attend regular schools.
- *Provide training and support for education and social inclusion for all children with disabilities:* Inclusive education must be promoted regardless of the cause of disability and all CWD must be treated as people with distinct abilities and dignity, not as victims.
- *Focus on assistance to children with severe disabilities:* Programming should continue to promote inclusive education for all CWD. Since children identified as

dioxin-affected tend to have more severe disabilities, CRS will better reach the needs of these children if there is a particular focus on the educational needs of severely disabled children, particularly those with intellectual disabilities and multiple impairments.

- *Adjusted inclusive education combined with special educational support:* Inclusive education for CWD will only succeed if adequate specialized support is available to children, together with adjustments in curriculum and methodology. For instance, dioxin-affected children with severe learning difficulties would benefit from special educational support within the framework of inclusive classes.
- *Advocate for inclusive education to parents and local authorities:* Many parents of dioxin-affected children give priority to medical intervention over education. Advocacy to raise awareness in parents and local authorities is important in mobilizing inclusive education for dioxin-affected children.
- *Support to parents' associations at the primary and secondary school levels in dioxin-affected areas:* Parents can act as a strong force to support education, improve their communities and provide services to disadvantaged groups. This is particularly the case in communities with high levels of disability. However, most parents' associations in Vietnamese schools operate at a low level of capacity. The operation of parents' associations should be facilitated and funded to increase their capacity.
- *Provision of learning aids and transportation options:* In Quảng Nam, some poor households give priority to economic development to improve living conditions over education. For this group, the provision of learning aids and transportation options to reduce financial expenses should be considered.
- *Medical intervention:* Medical intervention for dioxin-affected children can be implemented by the following activities:
 - Providing assistive devices such as cerebral palsy chairs, glasses and hearing aids.
 - Supporting district health offices in implementing community-based rehabilitation in communal health stations.
 - Organizing training for parents of dioxin-affected children on the rehabilitation of children with severe physical and mental impairments.
- *Vocational training:* Parents of dioxin-affected youth who do not have learning difficulties aspire that their children can attain job skills from vocational training. Skills chosen for training include embroidery, handicrafts, tailoring, repair/maintenance and computing. Field research shows that vocational training and finding employment is a significant challenge for dioxin-affected youth due to a shortage of enterprises and low market demand. The possibility for these youth to open businesses is also very limited. However, the need for vocational training and employment is undeniably apparent. If they can begin working, it is likely that they can continue working for a long period of time. There should be a special teaching method for each individual type of disability (teachers should have both knowledge and pedagogical skills in teaching youth with disabilities). The duration of each vocational training course should be extended as well.
- *Provide knowledge and training to households:* The implementation of government policies for dioxin-affected people was found to be successful in Ninh Binh and Quảng Nam. Communities of these two provinces also have a positive attitude which

leads to greater care and support extended to people identified as dioxin-affected. The project should implement further communication and advocacy activities with a focus on providing knowledge for dioxin-affected households in taking care and supporting dioxin-affected people.

Experience and research indicate that the priority needs of children and youth with disabilities are access to quality, inclusive education; support from the family and community; and equal employment opportunities as well as access to health care. Implementation of the above recommendations on inclusive education and health care could greatly improve the lives of children affected by dioxin and their parents directly, as well as improve the environment of entire communities.

Inclusive education encourages children with disabilities to become functioning members of society without facing shame or discrimination. It encourages intellectual growth and leads to the formation of social networks and bonds within the community. Youth with disabilities who participate in vocational training create the opportunity to be productive, find fulfillment in employment and contribute economically. With open participation in society, communities become more knowledgeable and accepting of people with disabilities, creating an environment free of discrimination. Meeting health care needs enables children and youth with disabilities to participate in inclusive education. Citizens can help form community-based rehabilitation centers/programs which improve care for those in need without completely relying on government or donor funding and without having to travel great distances for care, making health care more accessible to poor families.

Inclusive education provides the right to an education for all children and has lasting and sustainable effects for individuals and communities. Inclusive education and health needs for children with disabilities, especially those who have been identified as dioxin-affected and who have higher rates of more severe disabilities and multiple disabilities, must be strongly supported by government policies, NGOs, educational systems, communities and families. Through increased and continued support, the needs of all children and youth with disabilities will be better met and will henceforth impact the quality of life of people with disabilities in Vietnam.

ANNEXES

Annex 1: Research tools

1. Questions for group interview with parents of dioxin-affected youth and parents of non-dioxin-affected youth with disabilities

Province.....District.....Commune.....Time of interview.....

1. *Could you please tell us about the cause or the situation in which you were affected by dioxin?*

- In what situation do you think that you were exposed to dioxin?
- Did you learn about your condition through district health staff or by yourself?

2. *Could you share with us what educational and medical interventions you think are necessary for your children?*

- What medical interventions do you think your children need? (Suggestions: medicinal treatment, therapy, external treatment, supporting devices (such as hearing aids, glasses, crutches, wheelchairs, etc.)
- What are the educational needs for your children? Should they go to school to learn with non-disabled students at their age or should they go to specialized school to study with other disabled students?
- What are advantages and disadvantages of studying with non-disabled children in mainstream schools?
- In your opinion, what are necessary the changes/adjustments needed to help your children study in an inclusive class: in terms of lighting, seat location, teaching methodologies and curricula?

3. *Could you share details about your access to available support in the area you live and describe what other support you think would be necessary?*

- Living allowance (please specify the minimum level)
- Educational support (tuition fees, scholarship, learning equipment)
- Medical assistance (medical insurance, community-based rehabilitation)

4. *Knowledge about and evaluation of possibility for vocational training and employment for dioxin-affected people:*

Knowledge:

- What do you know about the Ordinance on people with disabilities?
- What do you know about government and local policies on vocational training and employment for dioxin-affected youth?
- How do schools assist in educating youth with disabilities?
- Do you know about the responsibility of local enterprises to contribute to the employment fund for people with disabilities?

Opportunities for vocational training and employment for youth with disabilities:

- What do you think about the opportunities for vocational training for your children, in comparison to non-dioxin-affected youth?
- How do you assess the opportunities for employment for dioxin-affected youth in the area?
- Do you or your children have any plans for employment or opening a business in the future?

5. Social attitudes and support for dioxin affected people

- 5.1. Is there any support from the community for people with disabilities in general and dioxin-affected people in particular? If there are, please specify.
- 5.2. What are people's perceptions/opinions of people with disabilities and dioxin-affected people?
- 5.3. Do you or your family members know about government policies and regulations on dioxin-affected people and people with disabilities?
- 5.4. Do you think that there is a need to change people's awareness (parents, communities) about disability? If there is a need, what would you recommend?

2. Questionnaire for household interviews

Household: (Head).....

Name of child (or children) with disabilities.....

Province.....DistrictCommune.....

1. Could you please tell us about the level of disability (of your child/children) according to your own assessment?

- 1.1. Does he/she have the ability to hear, see, carry, move items or walk? Are these abilities examined by doctors? (Suggestions: mobility impairment, vision impairment, hearing impairment, speaking difficulties, learning difficulties, etc.)
- 1.2. Does he/she have the ability to concentrate, memorize, reflect and learn? If going to school, what do you think of his/her learning capacity?
- 1.3. Can he/she do housework? Can he/she look after himself/herself?
- 1.4. Can he/she communicate with others and take part in social activities? Can you name activities that he/she took part in?

2. Could you share what educational and medical interventions you think are necessary for your children?

2.1. What medical interventions do you think your children need?

(Suggestions: medicinal treatment, therapy, external treatment, supporting devices such as hearing aids, glasses, crutches, wheelchairs, etc.)

2.2. What are the educational needs for your children? Should they go to school to learn with non-disabled students at their age or should they go to a specialized school to study with other disabled students?

2.3. What are advantages and disadvantages of studying with non-disabled children in mainstream schools?

3. Could you describe your access to available support in the area you live and suggest other support that you think would be necessary?

- Living allowance (please specify the minimum level). Availability and needs
- Educational support (tuition fees, scholarship, learning equipment). Availability and needs
- Medical assistance (medical insurance, CBR). Availability and needs

4. Social perceptions about people with disabilities

- 4.1. Do you and your family feel confident in social interactions?
- 4.2. How do people in the community treat you and people in general with disabilities? Could you briefly describe the economic status of your family?

(Suggestions: financial burden when raising and looking after a disabled child; income level, medical and educational needs of dioxin-affected children with disabilities)

Checklist when visiting dioxin-affected households to learn about living conditions (photos taken).

- a. How many people are in your family?
- b. How many generations are living together in your family?
- c. Does your family always have enough food?
- d. If not, how many months does your family starve?
- e. What is the main source of income?
 - Rice
 - Vegetables grown in garden
 - Animal husbandry
 - Trade
 - Additional jobs
 - Salary
 - Other income
 - Unidentified
- f. Has your household submitted a request for verification by local authorities to be a poor household?(If yes, please show your request)
- g. How do you rate your family's economic status :
 - Wealthy
 - Above average
 - Average
 - Poor
 - Hungry
 - N/A
- h. Could you tell us how much your household spends a month on average?
- i. Could you tell us the expenses paid for the education and medical care for your children in the last 6 months?

Do you have to borrow money to cover the expenses for education and medical care?

3. Checklist combined with photos when visiting households (head and name of child/children with disabilities)

Province.....DistrictCommune.....

1. House conditions: (observation)
 - Bamboo frame, earthen walls, thatched roof
 - Bamboo frame, earthen walls, corrugated iron roof
 - Brick roof, earthen walls
 - Brick walls, thatched roof
 - Brick roof, brick walls
 - Storied, concreted roof
 - Others (specify)
 - Square meters..... (m2)
2. Household facilities (observation):
 - Radio
 - Color television
 - Black and white television
 - Furniture wardrobe

- Refrigerator
 - Couch
 - Sewing machine
 - Others
3. Transportation vehicles:
- Bicycle
 - Motorbike
 - Boat
 - Buffalo wagon
 - Motor wagon
 - Car
 - Others (specify)

4. Checklist with Central Association of Agent Orange Victims

Time:.....

Respondents:.....

1. Diseases fully associated with Agent Orange
2. Diseases partly associated with Agent Orange
3. Specific measures/policies supporting dioxin-affected people in education, medical intervention and social welfare
4. Policies on inclusive education for children and youth affected with dioxin
5. The implementation of policies supporting people affected by dioxin in education, medical intervention and social welfare? Advantages and disadvantages?
6. How does the Fund for children with disabilities and dioxin-affected children work?

5. Topics and questions for group interview with district officials

Province.....District..... Commune.....

Time of interview.....

Interviewees (name, title)

.....

1. Understanding about government policies on supporting dioxin-affected people: Suggestions:
- Could you tell us about government and local policies on *supporting, vocational training and employment* for people with disabilities in general and dioxin-affected people in particular? (such as a monthly allowance, reduction or exemption of tuition fees for education and vocational training, free medical services, etc.?)
 - What do you know about government and local policies on *inclusive education* for people with disabilities in general and dioxin-affected people in particular?
 - What do you know about government incentives to enterprises employing people with disabilities in general and dioxin-affected people in particular in your area?
 - Education and medical intervention and other social welfare for dioxin-affected people:
 - What do you think about the implementation of *supporting inclusive education and vocational training and employment* for dioxin-affected people in this area?
 - What are some advantages and disadvantages in sending your children to school to study with non-disabled students?
 - In your opinion, what are the necessary changes/adjustments needed to help your children study in an inclusive class, in terms of lighting, seat location, teaching methodologies and curriculum?

- How would you assess the ability of your district in mobilizing and implementing inclusive education and meeting vocational training and employment needs for local people with disabilities? Advantages and disadvantages?
- Is there a fund to support people with disabilities in general, and dioxin-affected people in particular? If there is, how is this fund used?
- Can you tell us about local needs *for inclusive education and vocational training and employment* for dioxin-affected children and youth?
- What are the advantages and disadvantages in implementing vocational training and counseling for people with disabilities? What kind of job do you think would interest people with disabilities identified to be caused by dioxin?
- Could you tell us about social attitudes towards people with disabilities and dioxin-affected people?
- How do people in the community treat people with disabilities and their families?
- What support is needed to enable dioxin-affected people to learn and attain employment in your area?
- How does the community help dioxin-affected children and youth in education and vocational training and employment?
- What support has been given to encourage activities inclusive of dioxin-affected people in your community?

- Annex 2: Photos taken during visits to households of people identified as dioxin-affected

