



International
Labour
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▶ **Building an inclusive future**

Social protection as a catalyst for disability
empowerment in Viet Nam

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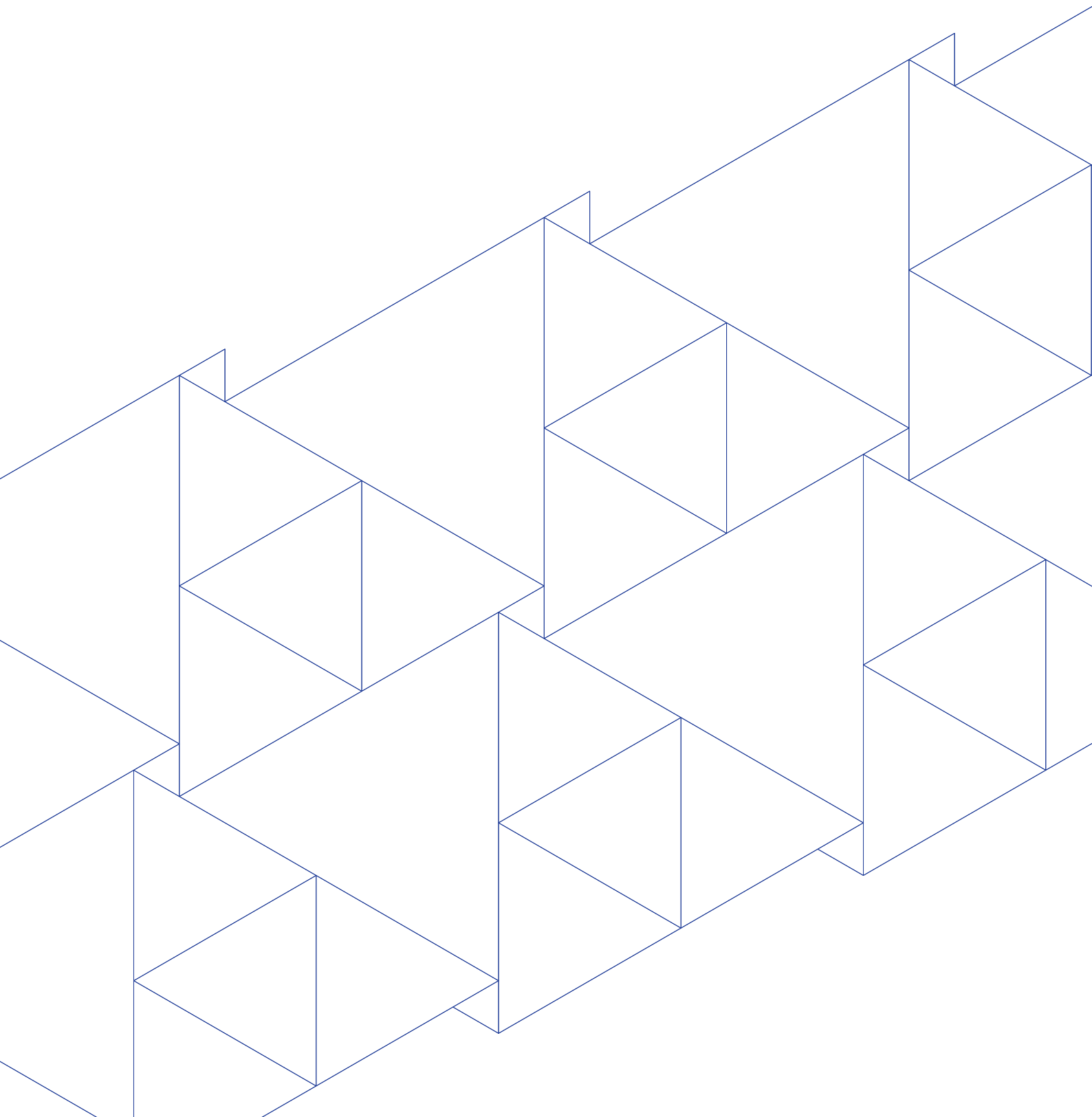
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▶ **Building an inclusive future**

Social protection as a catalyst for disability empowerment in Viet Nam



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► Acronyms

CFM	Child Functioning Module
CPC	Commune People's Committee
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Disability Assessment Council
DOLISA	Department of Labour, Invalids and Social Affairs
FGD	focus group discussion
GDP	gross domestic product
GNI	gross national income
GSO	General Statistics Office
ILO	International Labour Organization
IMF	International Monetary Fund
INOSTE	Institute of Science, Technology and Environment
KII	key informant interview
LFS	Labour Force Survey
LFS-DM	Labour Force Survey Disability Module
LOAD	Labour Accident and Occupational Disease (scheme)
MOLISA	Ministry of Labour, Invalids and Social Affairs
NSO	National Statistics Office
OECD	Organisation for Economic Co-operation and Development
OPD(s)	Organisation(s) of Persons with Disabilities
PPP	purchasing power parity
UNDP	United Nations Development Programme
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
VCA	Viet Nam Cooperative Alliance
VDS	Viet Nam Disability Survey
VFD	Viet Nam Federation on Disability
VHLSS	Viet Nam Household Living Standard Survey
VND	Vietnamese dong
VSS	Viet Nam Social Security
WG-ES	Washington Group – Extended Set
WG-SS	Washington Group – Short Set

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Worker with disability arriving at the workplace;
Dong Nai, Viet Nam; March 2014. © ILO / Nguyen A.

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Executive summary

This report seeks to contribute to the continuous improvement of social protection for persons with disabilities in Viet Nam, by undertaking a comprehensive assessment of the current system.

Viet Nam has made significant efforts to strengthen social protection for persons with disabilities over the last two decades. However, continuous efforts are required to enhance social protection measures in order to address gaps, improve effectiveness, and build a system that is fit for the future. This report aims to contribute to policy discussion by providing a comprehensive assessment of social protection for persons with disabilities, drawing on the most up-to-date international frameworks and benchmarks. It does this by collating and assessing the extensive existing research and evidence on this topic, complemented by new evidence from qualitative discussions conducted across the country.

Overall system assessment

Scope and coverage

The social protection system in Viet Nam includes a variety of measures to support persons with disabilities via social assistance¹, social insurance and health insurance. On the social assistance side, persons assessed as having severe or extremely severe disability are eligible for social assistance allowances and fully subsidised health insurance. Caregiver allowances available for caregivers of persons with extremely severe disabilities, while in-kind support is available through residential care in social protection centres. Persons with severe and extremely severe disability are also entitled to discounted public transport. On the social insurance side, insured members experiencing employment injury are eligible for a benefit package that includes lump sum or monthly allowances, depending on their assessed loss of work capacity. Those with an assessed loss of work capacity above 61 per cent are also eligible for early retirement with a decreased pension.

The country has made significant progress in covering persons with severe and extremely severe disabilities with social protection. Coverage of disability social assistance allowances have more than tripled over the last 15 years, and 1.7 million now receive such allowances (1.7 per cent of the population), alongside fully subsidised health insurance. Available data suggests that this means that the majority of persons with severe disabilities are covered by these arrangements, while the level of coverage also compares favourably to other middle-income countries. This has been supported by moves to a more accessible and inclusive disability determination system (see below) and the removal of a means-testing requirement since 2010. A further 600,000 people receive incapacity-related early-retirement benefits under the social insurance system, although these are mainly former public servants close to retirement age.

¹ As noted in Section 2.2.4, this report uses the term “social assistance” to refer to non-contributory benefits, whether or not they are means tested, in order to align with the language used in national policy discussions.

Those with mild disability, however, receive relatively limited support. Social protection support for persons with mild disabilities appears to be limited to public transport discounts in some localities, as well as employment support (see below). Meanwhile, in practice, few persons with mild disabilities go through the disability determination process and receive a certificate. This gap is important as – while those with mild disabilities may have comparatively lower support needs – they may still face important costs that provide a barrier to their participation on an equal basis with others, including in employment. Most persons with mild disabilities do have access to health insurance via other channels. Notably, employment injury benefits appear to be mostly paid to persons with mild disabilities, although the number of recipients of this scheme is relatively small (around 50,000). Some persons with mild disabilities also receive employment support services (discussed below).

The scope and coverage of benefits vary across the life course.

The report points to some key considerations:

- **Children make up a relatively small share of total beneficiaries of social protection** benefits, which partly reflects lower disability prevalence among children. Nevertheless, qualitative evidence points to gaps in uptake of disability assessment among children, which calls for further analysis.
- The effective coverage of social assistance allowances is highest among persons of disabilities of **working age**, and they make up the largest group of beneficiaries. However, despite the existence of incapacity-related employment injury and early retirement benefits, there is no periodic social insurance invalidity benefit for workers who acquire disability outside the workplace and before early retirement age.
- **Older persons** also make up a large share of disability social assistance allowance beneficiaries, and the disability-related benefits in the social insurance system are orientated towards old age. However, this may in fact point to the major gaps in the pension system, which disability-related benefits are only partly able to address.

Adequacy

People with disabilities receive some of the highest social assistance benefits available, and the purchasing power of these benefits has been on the rise. The coefficient for social assistance allowances for persons with disabilities is higher than many other groups, and is increased for extremely severe disability, as well as for children and older persons. This is a positive recognition of the higher disability-related costs faced by some groups of persons with disabilities. The real value of disability-related social assistance allowances has more than doubled since 2007. Employment injury benefits are also determined according to the assessed loss of work capacity, recognising the link between disability severity and costs. Subsidised health insurance and provision of caregiver allowances also recognise particular extra costs faced by persons with disabilities.

Nevertheless, Viet Nam remains on a journey towards a set of social protection benefits that adequately provide income security and cover the significant extra costs associated with disability. Despite increases in social assistance benefit levels in recent years, they fall short of relevant national and international poverty-lines and wage-related benchmarks. The benefits are also below average compared to other middle-income countries with non-contributory disability benefits in place. These gaps in adequacy were echoed in qualitative discussions which indicated that, despite the positive impact of social assistance allowances on recipients' lives, they generally only make a partial contribution to the often significant extra costs associated with disability. Employment injury and occupational disease benefits – under the social insurance system – also fall short of benchmarks set by international labour standards, being linked to a fixed reference salary, rather than previous earnings.

Gaps in the health insurance benefit package result in significant costs for some people with disabilities and limit the potential impact of social protection cash benefits. While virtually all persons with disabilities are covered by health insurance, many still report significant health expenditures due to gaps in the health insurance benefit package. Addressing these gaps – both for general and disability-related goods and services – would have a particular impact on persons with disabilities.

Financing

While investment in social protection for persons with disabilities has been growing, expenditure remains relatively modest. With disability-focused social protection expenditure at around 0.2 per cent of GDP, Viet Nam is among a number of middle-income countries that have made meaningful investment. However, this falls below higher performers among middle-income countries (found at around 0.5 per cent of GDP) and well below levels of expenditure in OECD countries (1.5 per cent of GDP). Addressing the limits of the social protection system to support people with disabilities cannot be achieved without greater investment.

However, well-designed investments in disability inclusive social protection should not simply be seen as a cost but can make positive contributions to the economy and the fiscal outlook. Two notable dimensions to this are:

- By supporting participation of persons with disabilities and those who care for them in employment, social protection can increase the contribution of persons with disabilities to the national economy – through increased labour supply – and also to social insurance and the tax system.

- Carefully designed disability benefits can also support transition to a more sustainable pension system, including increases in retirement age. Viet Nam has recognised the need to increase retirement ages of social insurance pensions to support system sustainability in the context of population ageing. However, these moves are only likely to be socially and politically sustainable if there are effective mechanisms to support people who face disability before retirement age.

Operational aspects

There is scope to build on the strong features of the disability determination system to improve its accessibility, fairness and consistency. The main disability determination system (for social assistance allowance and health insurance coverage) has many strong features by international standards. The determination has evolved to move beyond a purely medical approach used in many countries and – being led at the community level – supports accessibility for persons with disabilities. Many persons with disabilities reported being satisfied with the system, having navigated it with ease. Nevertheless, remaining issues included awareness of the system, seeming inconsistency in implementation in different locations and potential issues with the criteria for some forms of disability. There is thus space for continued refinement of the disability determination approach, while ensuring adequate resourcing, guidance and capacity building at the commune level.

There is need for vigilance to the specific situation of persons with disabilities as Viet Nam seeks to enhance benefit payment systems. The social assistance system is in a process of transition away from manual payment at the commune level, to payment either via bank transfer or through post offices. For many persons with disabilities, these new modalities have been an improvement, however, in some cases this presented new issues in terms of accessibility. These are influenced by factors such as the nature of an individual's disability, digital literacy, and the geographical distribution of ATMs and post offices. One inter-related dynamic is that of persons with disabilities relying on “proxies” (family members or friends) to collect benefits on their behalf. While this can be a convenient channel for some people with disabilities, caution is required to ensure that this mechanism is not overused, potentially resulting in loss of control of the social assistance allowance resources. Such issues may be exacerbated by difficulties in accessing other payment mechanisms.

Linkage to employment

Persons with disabilities are significantly less likely to be in employment than those without. Persons with disabilities in the labour force are also far more likely to be found in self-employment. Nevertheless, qualitative research highlights that many persons with disabilities are in employment or wish to engage in paid work. What often stands between persons with disabilities engaging in productive employment are various barriers including limited accessibility (including travel and infrastructure), stigma and other factors.

The design of existing social protection benefits is generally supportive of employment. One weakness of disability benefits across the world is that they are only provided based on assessed incapacity to work. By contrast, social assistance allowances in Viet Nam are not directly assessed based on work capacity, and recipients are permitted to engage in paid employment.

Viet Nam has a number of measures (legal and practical) in place to support employment of persons with disabilities, but the extent of support provided appears to be uneven. Viet Nam has

relatively well-developed systems of vocational training and employment support to many other middle-income countries, and this has been strengthened by the 2025 Employment Law. There is evidence that some persons with disabilities are using these services, nevertheless, usage appears to be lower than those without disabilities, and people with disabilities report various limitations to the support provided.

With the right support, many more persons with disabilities could engage in employment, and specifically wage employment. While persons with the very highest support needs may not be in a position to engage in paid work, many persons with disabilities can do so if provided with adequate support. A particular focus should be to support participation of persons with disabilities in wage employment. This is the part of the labour market best able to provide decent work, but also the one with the lowest participation of persons with disabilities. Nevertheless, it is also an area where government has stronger tools to support greater participation of persons with disabilities.

Policy options

Social assistance

- Increase social assistance allowance benefit levels towards relevant poverty and wage-related benchmarks.
- More frequently adjust social assistance allowance benefit levels to keep pace with price inflation.
- Consider the introduction of cash benefits for some categories of persons with mild disabilities.
- Strengthen provision of in-kind benefits including formal care and support services and subsidised public transport.

Social insurance

- Bring Labour accident and occupational disease (LOAD) benefits in line with international standards, while pursuing efforts to increase the coverage of these benefits.
- Consider strengthening provision of invalidity benefits in order to increase protection of persons with disabilities in working age.

Health insurance

- Review the health insurance benefit package to increase coverage of some of the largest cost drivers for persons with disabilities.
- Expand the entitlement to fully subsidised health insurance to all persons with mild disabilities.
- Remove the obligation for persons with severe and extremely severe disabilities to contribute to health insurance if in waged employment.

Operational considerations

- Invest in commune level capacity to strengthen the disability determination process.
- Continue to refine the assessment criteria to ensure the assessment adequately captures different types of disability.
- Support certification of persons with mild disabilities alongside expansion of benefit entitlements (described above).

- Ensure multiple payment options are accessible for persons with disabilities.

Measures to support productive employment

- Expand labour market policies and measures to increase labour force participation and promote productive employment and decent work for persons with disabilities.
- Consider approaches to improve incentives for recruitment of persons with disabilities in waged employment and to mobilise resources to support persons with disabilities in accessing employment opportunities.

Other system level considerations

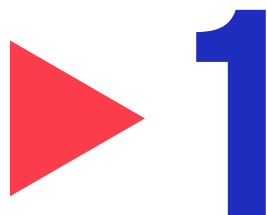
- Continue efforts to build an effective multitier pension system.
- Further strengthen the participation of organisations of persons with disabilities and other stakeholders in the social protection system.



Workers with disabilities at a garment factory; Dong Nai, Viet Nam; May 2014. © ILO / Nguyen A.



Workers with disabilities outside their home Dong Nai, Viet Nam, March 2014. © ILO / Nguyen A.



1. Introduction

Viet Nam has made significant efforts to strengthen social protection for persons with disabilities over the last two decades. Of particular importance has been the increasing coverage and adequacy of a package of benefits for persons with severe or extremely severe disabilities, including social assistance allowances and subsidised health insurance. There have also been notable developments with respect to social insurance and employment policies which are core to supporting participation of persons with disabilities in the labour market. These developments have been underpinned by various legal reforms, including the adoption of the 2010 Law on Persons with Disabilities and specific legislation linked to social assistance, social insurance and employment². There have also been adjustments to the disability assessment and certification to make it more inclusive and accessible. Developments in Viet Nam reflect those in various other middle-income countries that have, at least in part, been catalysed by the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2006, which Viet Nam ratified by the National Assembly in November 2014.

Nevertheless, continuous efforts are required to enhance social protection measures in order to address gaps, improve effectiveness, and build a system that is fit for the future. Disability is complex and heterogenous, and constant vigilance is required to ensure that people with different impairments, functional limitations and support needs receive the kind of support that promotes their participation in society. In line with the CRPD, it is also critical that social protection systems not only address poverty and deprivation, but support persons to participate in society on an equal basis with others. Meanwhile, social protection systems need to respond to wider societal changes – for example, demographic, social, cultural, environmental, technological, economic and labour market changes – that can create both challenges and opportunities for inclusion of persons with disabilities (Cote and Banks, 2025).

In this context, this report provides the first comprehensive assessment of disability-related social protection in Viet Nam that can contribute to continuous improvement of the system. The report seeks to add value to policy development in various ways. First, it is comprehensive in scope, by encompassing the range of components of the social protection system, namely, social assistance, social insurance and health insurance. Second, it draws on some of the most up to date global thinking on how to assess the inclusiveness of disability-inclusive social protection, which has developed significantly in the last five to ten years. Third, it considers how the social protection system can best support participation of people with disabilities in employment.

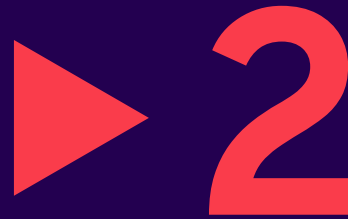
The report draws on a rich array of existing and new sources of evidence to undertake the analysis. Compared to many other middle-income countries, Viet Nam benefits from a relatively extensive data and research on the topic of disability and social protection. A central aim of the report is

² Particularly relevant pieces of legislation include the Law on Social Insurance 2024, the Law on Health Insurance of 2008 (amended in 2014 and 2024) and Decree 20/2021/ND-CP which governs the provision of social assistance benefits. With respect to employment, key legislation includes the Employment Law 2025, the Labour Code 2019 and the Law on Vocational Education and Training 2014.

to consolidate this analysis, while also undertaking new analysis of existing data sources – particularly administrative data. The report then supplements this analysis with evidence from interviews and focus group discussions undertaken across Viet Nam, which seeks to provide greater understanding of some of the key strengths and remaining weaknesses of disability-related social protection.

The report is structured as follows. Chapter 2 provides context for the report by outlining key characteristics of the population of people with disabilities, and describing in more detail the methodology for the report. The following chapters are focused on assessing key dimensions of the social protection system: Chapter 3 focuses on the scope of legal entitlements, Chapter 4 explores the coverage of the system, Chapter 5 reviews benefit adequacy, Chapter 6 considers financing of social protection, and Chapter 7 focuses on key the operational considerations of disability determination and benefit payment. Chapter 8 then considers the linkage between social protection and employment. Finally, Chapter 9 considers policy options for strengthening social protection for persons with disabilities, and Chapter 10 provides a conclusion.

It should be noted that the report and its analysis is based on the government and administrative structure in Viet Nam as of December 2024. This means that it does not account for subsequent changes in the configuration of Ministries and provinces. This reflects the fact that the field work for the report was conducted in 2024.



2. Context

► 2.1 Background

Latest data suggests that between 6 and 10 per cent of the population in Viet Nam is living with a disability. Measurement of disability prevalence is complex, however. Viet Nam has taken important steps to improve disability data in recent years. The latest edition of the Viet Nam Disability Survey in 2023 found that 6.1 per cent of the population are living with disability, although higher levels have been found in other surveys. Levels of disability rise with age and women are more likely to face disability than men, which is consistent with the picture in other countries. The nature of disability varies significantly in terms of severity (severe disability is estimated to affect between 1.7 and 2.6 per cent of the population) and the type of disability. These dynamics are discussed in further detail in section 4.1.

The nature of disability in Viet Nam is evolving. Historical conflict has had a major impact on the profile of disability in Viet Nam, both in terms of those who participated in the conflict, and the legacy in the form of unexploded ordnance and agent orange which continue to contribute to disability to this day. Broader factors common in low and middle-income countries – such as occupational risks, weaknesses in health systems and road traffic accidents – have also been a major contributor to the profile of disability. As the Vietnamese economy continues to develop, the drivers of disability are changing, for example, with a shift in the burden of disease from communicable to non-communicable diseases. Viet Nam is also already experiencing a rapid ageing of its population, which represents a shift in the nature of disability towards issues faced in older age.

People with disabilities face a wide range of barriers to participation on an equal basis with others. This has been illustrated in various studies and surveys conducted in years decades. People with disabilities are significantly less likely to be in employment, and those who are in employment are less likely to be in decent forms of work (General Statistics Office, 2018; World Bank, 2024)³. Children with disabilities are less likely to be in school, which can significantly affect their life chances (UNPRPD, 2022). Health care needs are higher among persons with disabilities, however, the services they require may not be readily accessible, while higher needs can result in higher health care costs (ILO, 2025). People with disabilities are also more vulnerable to shocks. During the COVID-19 pandemic, they experienced greater losses of work and income, and higher impacts on household finances (Banks et al., 2025). These and other factors contribute to greater poverty among persons with disabilities than those without (UNPRPD, 2022).

3 The General Statistics Office changed its name to National Statistics Office in 2025.

▶ 2.2 Methodology

This section describes the methodological approach to the research. It begins by describing the conceptual framework and research questions. It then describes the two main sources of evidence: (a) a desk review and analysis of existing data and (b) new qualitative research. The section then concludes with a summary of key definitions and technical clarifications.

2.2.1 Conceptual framework and research questions

The conceptual framework for the report draws on two main reference points.

The first is the concept of inclusive social protection for persons with disabilities as it has developed over the past 15 years. This has its roots in the CRPD which articulated the role of social protection not only to provide assistance to persons with disabilities, but to support their participation in society on an equal basis with others. This concept has been further developed and refined, including via a multi-agency joint statement and extensive analytical work which has culminated in a multi-partner guidance note on disability inclusive social protection (Cote et al., 2024; ILO and IDA, 2019) The concept of inclusive social protection for persons with disabilities is multifaceted, but key features include:

- ▶ **A combination of schemes purposefully designed to support socio-economic participation and inclusion.** This involves recognising the diversity of persons with disabilities and the different costs they face. It also involves moving away from a narrow approach to social protection as being related to incapacity to work.
- ▶ **Ensure accessibility and non-discrimination** to both disability specific and mainstream social protection benefits and services. This includes, for example, communication methods and formats adapted to different forms of disability, and physical accessibility or pay points and locations of service delivery.
- ▶ **Respect for dignity, personal autonomy, choice, control over one's life and privacy.** This relates to delivering benefits in a way that supports the choice and autonomy of persons with disabilities – for example – through individual rather than household benefits. It also relates to the importance of community-based care and support, as opposed to institutional care which typically limits the choice and control of persons with disabilities.
- ▶ **Meaningful consultation with representative organisations of persons with disabilities.** This is critical to ensure that policy design and implementation draw on the lived experience of persons with disabilities, and fosters ownership of reforms (Cote et al., 2024).

The second aspect of the conceptual framework are the range of international labour standards and associated analytical tools developed in relation to social protection system development.

These include, in particular, the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Social protection floors Recommendation, 2012 (No. 202), as well as the wider range of international labour standards relating to particular social protection contingencies, such as the Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128) and the Employment Injury Benefits Convention, 1964 (No. 121). The discussion of support to employment makes particular reference to the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159). The report also draws on various analytical approaches developed by the ILO, particularly in relation to assessment of coverage

(legal and effective) and benefit adequacy, which form the basis of the ILO's regular World Social Protection Report (ILO, 2024a).

It is important to highlight the distinction between the concepts of disability and invalidity.

Following the approach for the CRPD, this report defines persons with disabilities as including “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. In this context, participation relates to all aspects of life, including the full range of social, economic, political, and cultural activities. The nature and scale of barriers to participation in the labour market vary considerably among persons with disability. Invalidity is a concept more specifically related to employment and has historically been prominent in international labour standards and national legislation relating to social protection. International labour standards define invalidity as a reduction in the capacity to engage in “any gainful activity” (C102/R131).

Key guiding questions for the report are:

- What is the **legal scope and coverage** of social protection for persons with disabilities in Viet Nam? How comprehensive are these for persons with different kinds of disability across the life course?
- What is the effective **coverage** of these programmes in practice? To what extent programmes cover their target populations, and what is the consolidated picture of coverage across different schemes?
- What is the **adequacy** of existing support for persons with disabilities? To what extent do existing social protection mechanisms provide income security for persons with disabilities and address the different kinds of costs that they may face?
- What are the levels of **expenditure** of existing social protection for persons with disabilities?
- How accessible and inclusive are the key **operational processes** of disability assessment and benefit payment?
- To what extent does the existing social protection system **support employment** of persons with disabilities? What role do active labour market policies play in this respect?
- How does the situation in Viet Nam across these various areas compare to **international standards and international best practices**?
- What **policy options** which could contribute to better support and empowerment of persons with disabilities?

2.2.2 Desk review and data analysis

The desk review for this report focused on existing research undertaken in Viet Nam and legal documents. Existing research related both to disability-related social protection (for example, Banks et al. (2018) as well as research considering wider aspects of disability and social protection. The legal documents reviewed related to disability, to different aspects of the social protection system and to specific operational areas such as disability determination. For analysis of health insurance, the report draws heavily on a 2025 publication of access of persons with disabilities to social health protection in Cambodia, Lao PDR and Viet Nam (ILO, 2025). The desk review also encompassed international comparison based on evidence of social protection for persons with disabilities in other countries, drawing on nationally-focused or cross-country reports.

The report also includes new analysis of administrative data. This is based on detailed data files provided on social assistance and social insurance benefit payments. Analysis primarily involved

calculation of coverage indicators by comparison to population projections. The report also includes new analysis of benefit adequacy, by comparison to various benchmarks linked to poverty lines, wages and average incomes, and in relation to price inflation. This is based on published information on these different benchmarks, and economic data.

The report also makes extensive use of data from published surveys including analysis of disability, in particular, the Viet Nam Disability Surveys of 2016 and 2023 (National Statistics Office, 2024, 2018) and the Labour Force Survey of 2022 (World Bank, 2024).

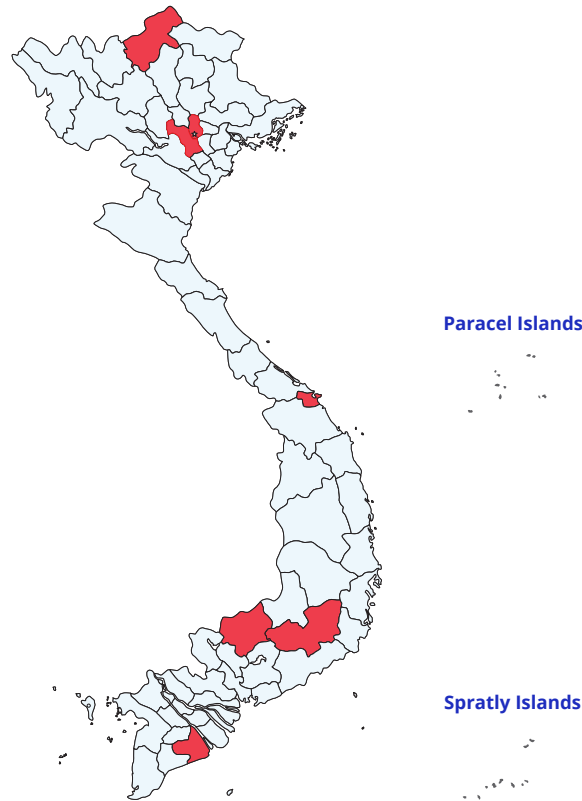
2.2.3 Qualitative research

Qualitative research sought to gain a deeper understanding of key topics not well captured in existing literature or data sources. The detailed research questions identified for the qualitative research can be found in the Appendix, and focused on the following issues:

- ▶ The impact of disability on the lives of people with disabilities, and the kinds of costs they face
- ▶ Access to social protection benefits, particularly in relation to the disability determination process
- ▶ The impact of disability social assistance allowances on the lives of beneficiaries
- ▶ Other forms of support received
- ▶ Engagement of people with disabilities in employment, and the kinds of support they may receive or require

Qualitative research included a combination of focus group discussions (FGDs) and key informant interviews (KIIs). The research was conducted in partnership with the Institute of Science, Technology and Environment (INOSTE) of Viet Nam Cooperative Alliance (VCA). Overall, 53 focus group discussions were conducted with a total of 264 participants. Field work was conducted between July and September 2024. Field work was conducted in six different locations (provinces or cities) in order to account for a range of different contexts, including urban and rural. These provinces were Binh Phuoc, Da Nang, Ha Giang, Hanoi, Lam Dong and Soc Trang (Figure 1). The six provinces/cities were selected to represent 6 social economic regions in Viet Nam, and to provide a good variety of socio-economic contexts, geographic locations, urban/rural areas, and include provinces where INOSTE had strong capacity to support the organization and implementation of the surveys. In total, 32 key informant interviews were conducted at province and central level. Key informants included provincial and district offices of Labour, Invalids and Social Affairs, associations of persons with disabilities, Women's Union, Red Cross, as well as other government and non-government representatives.

Figure 1: Locations for qualitative research



Note: The map represents the provinces in Viet Nam as of July to September 2024 when the field work took place.

Sampling of focus group discussions took account of a number of factors. The Key information on the profile of focus group discussion participants are included in Table 1 and Table 2. The process for sampling focus groups was based on Government list of beneficiaries for those receiving benefits and based on the list of members of organisations of persons with disabilities (OPDs) for those do not receive social assistance benefits. The following factors were accounted for in the sampling of focus group discussions.

- **Type of disability:** Focus groups were divided into four different types of disability: mobility, hearing, visual and a final category combining intellectual and mental disabilities. This builds on international experience of qualitative research which suggests that persons with a similar kind of disability are like to have more comparable circumstances and feel more at ease sharing their experiences.
- **Receipt of social protection:** For each type of disability, separate focus groups were conducted with persons receiving disability social assistance allowances, and those not receiving disability social assistance allowances. In order to understand the experience of beneficiaries of social insurance, dedicated focus groups were conducted with recipients of periodic benefits under the Labour Accident and Occupational Disease scheme (work injury). It should be noted that some participants selected for non-recipient groups were – in fact – receiving the disability allowance due to challenges in sampling. An attempt has been made to account for this in the description of respondents in the testimonies throughout the report.

- **Gender balance:** An effort was made to achieve a balance of men and women represented in the focus group discussions. Overall, there were more male than female participants in the focus group discussions, although this varied by province, and for individual focus groups. The reason for the higher number of male participants is not completely clear but may relate to factors including lower number of female social assistance allowance recipients (see Chapter 4) and higher levels of participation of men in associations of people with disabilities, that were used for sampling focus group participants.
- **Age:** An effort was also made to include persons with disabilities of different ages. The youngest person represented in the focus groups was 10 years old, and the eldest was 79 years old. The average age of participants in focus groups was 44.5 years old.
- **Role of caregivers:** The research sought to include the experience of caregivers of persons with disabilities. Caregivers were mainly represented in focus groups with people with intellectual disabilities and hearing impairments (supporting communication), and in groups including children.

In implementing focus group discussions, adaptations were made to account for different types of disability. For example, focus groups with persons with hearing impairments included sign language interpretation, and an effort was made to ensure that all focus group discussions are physically accessible. Considerable efforts were made to identify sign language interpreters who were not only professionally trained but also familiar with local dialects and signing variations specific to each region. This was particularly important to ensure full and accurate communication for participants, especially in provinces with distinct local sign language or accents. Focus group discussions were recorded, transcribed and translated to English. Thematic analysis was then conducted using Excel.

► **Table 1: Focus group discussion participants by province, sex, social protection benefits receipt and average age**

Province	Total	Male	Female	With allowance	Without allowance	Work injury	Average age
Binh Phuoc	30	14	16	18	9	3	39.8
Da Nang	50	33	17	24	19	7	42.9
Ha Giang	38	25	13	19	14	5	47.5
Hanoi	43	14	29	25	18	0	43.8
Lam Dong	53	32	21	23	24	6	44.1
Soc Trang	50	33	17	21	24	5	48.2
Total	264	151	113	130	108	26	44.6

► **Table 2: Focus group discussion participants by type of disability, sex, social protection benefit receipt and average age**

Province	Total	Male	Female	With allowance	Without allowance	Work injury	Average age
Mobility	63	27	30	33	30	0	50.3
Visual	54	34	20	31	23	0	50.5
Hearing	56	29	27	30	26	0	34.1
Intellectual and mental	65	38	27	36	29	0	40.2
Work injury	26	21	5	0	0	26	52.3
Total	264	151	113	130	108	26	44.6

2.2.4 Definitions and technical clarifications

This report takes a particular approach to defining certain key terms.

“Social protection” in this report relates to:

- Non-contributory cash and in-kind benefits typically described as “social assistance” in Viet Nam. This report uses the term “social assistance” to refer to these benefits. The most recent legal foundation of these benefits is Decree 20/2021/ND-CP (supplemented by Decree 76/2024/ND-CP).
- Social insurance benefits falling under the Social Insurance Law (most recently updated in 2024), the Employment Law (2025) and the Law on Occupational Safety and Health (2015). These schemes are managed by Viet Nam Social Security (VSS). Eligibility for these benefits is based on previous contributions by workers and (where relevant) employers.
- Health care benefits covered by the Law on Health Insurance (most recently updated in 2024).

This is in line with the ILO definition of social protection which draws on a range of international labour standards (ILO, 2024a). It also follows the definition set out in recent global guidance on inclusive social protection for persons with disabilities (Cote et al., 2024). Unlike some other definitions, social protection is not considered here to include active labour market policies. Instead, the relationship of labour market policies to social protection is described in Chapter 8.

Social protection in Viet Nam may also be considered to include benefits for persons with meritorious services to the nation. These are briefly described in Chapter 3, however, they are not discussed in detail due to a lack of available data.

Social protection benefits can be either in cash or in-kind. In addition to health care benefits, **in-kind social protection benefits** may include concessions such as free or discounted public transport, and other care and support services. Such **care and support services** include, for example, personal assistance, sign language interpretation and residential care. This report refers to care and support services, rather than “long-term care” as the latter term tends to be more strongly associated with care and support services in old age.

“Disability determination” in this report refers to processes of disability assessment, determination and certification, most notably the system that determines eligibility to disability social assistance allowances (see section 7.1). Such systems typically include multiple stages of screening (identifying a person likely to have disability), assessment (collecting information about a person’s situation) and determination/certification (establishing if a person should have a legal disability status). The term “disability determination” is used in this report as shorthand for the whole system. This follows the terminology used in Viet Nam.



One of the 25 workers with disabilities featured in a photo exhibition titled "Live and Work", Dong Nai, Viet Nam; March 2014. © ILO / Nguyen A.

► 3

3. Scope

Social protection measures for persons with disabilities in Viet Nam exist across the social assistance, social insurance and health insurance system. This chapter summarises the main benefits that exist for persons with disabilities (material scope) and who they seek to cover (personal scope) as set out in legislation in Viet Nam. This is discussed with reference to international labour standards.

► 3.1 National social protection legal framework for persons with disabilities

The 2010 Law on People with Disabilities provides the overall framework for disability-related issues in Viet Nam. This includes a number of chapters with relevance to social protection for persons with disabilities, most notably:

- Chapter II on Disability Determination sets out the main process and responsibilities for the disability determination system in the country.
- Chapter III on Health Care describes the kind of health care services that persons with disabilities are entitled to, including with reference to health insurance policies.
- Chapter V on Employment and Vocational Training describes rights to these services
- Chapter VIII on Social Protection describes entitlements to social assistance allowances, and to support from social protection centres.

The Law is accompanied by Decree No. 28/2012/ND-CP which provides details and guiding principles for its implementation. Meanwhile, specific regulations relating to persons with disabilities are set out in a wide array sector-specific legislation or regulations (such as around social assistance allowances and health insurance) and on those relating to specific processes such as disability certification. Indeed, various key policies and programmes predate the 2010 Law. These are referred to in more detail below. It should be noted that disability is also referred to in legislation that relates to different stages of the life cycle, for example, the Law on Children issued in 2016 explicitly recognises the rights of children with disabilities and includes them as a disadvantaged group (National Assembly of Viet Nam, 2016).

The 2010 Law on People with Disabilities also sets out a definition of persons with disabilities, and key types of disability. The Law defines persons with disabilities as “those who have impairment of one or more parts of their body, or functional impairment, which are shown in different forms of disability, and may cause difficulties in work, daily life and learning”. This definition has been assessed as still focusing on a medical model of disability, and not fully encompassing a social model reflected in the UN Convention on the Rights of Persons with Disabilities (UNPRPD, 2022; Viet Nam Federation on Disability, 2020). Types of disabilities are categorized into (a) mobility, (b) hearing and speaking, (c) vision, (d) mental, (e) intellectual and (f) other disability/impairments. The law describes three levels of disability severity:

- **Extremely severe:** “those who are unable to support themselves in their daily activities”
- **Severe:** “those who are able to support themselves in some of their daily activities”
- **Mild:** those who do not fall into either of the above categories.

These levels provide a valuable reference point for interpretation of key aspects of the social protection system described throughout this report.

Responsibilities for social protection for persons with disabilities are distributed across a range of government institutions. As of 2024, the Ministry of Labour, Invalids and Social Affairs (MOLISA) was responsible for guiding the implementation of the Decree on social assistance policies and was also the lead Ministry on issues relating to persons with disabilities. From 1 March 2025, both of these responsibilities have been taken on by the Ministry of Health. Provincial People’s Committees organize the implementation of social assistance policies for the beneficiaries, including people with disabilities. The Provincial People’s Committee (PPC) assigns the Department of Labour, Invalids and Social Affairs (starting from 1 March 2025, the Department of Health) to consolidate and report on policy implementation results; PPC is also responsible to allocate funding for beneficiaries expanded beyond the national policies. PPC also decides the method of benefit disbursement in line with local conditions; and inspects and audits the implementation of social assistance policies in their locality.⁴

Viet Nam also has a relatively well-established network of organisations of persons with disabilities (OPDs). OPDs (sometimes referred to as associations of persons with disabilities) exist in many provinces and also in some districts. A 2020 situational analysis on the rights of persons with disabilities found that they existed in 21 out of 63 provinces (UNPRPD, 2022). These are membership organisations – requiring payment of a membership fee – that provide and coordinate a range of activities to support persons with disabilities. As of 2024, Provincial Departments of Labour, Invalids and Social Affairs (DOLISA)⁵ were responsible for overseeing their registration and operation. They receive varying levels of financial support from the DOLISA, potentially including start-up costs, ongoing funding, and funding for specific projects. The Viet Nam Federation on Disability (VFD) is the umbrella national-level OPD which provincial-level and other OPDs are a member. There are also other notable OPDs, including the Viet Nam Blind Association, which is the most long-standing OPD having been founded in 1969 (UNPRPD, 2022). Various other socio-political organisations (including the Fatherland Front, the Viet Nam Women’s Union, etc.) and social organisations (such as the Red Cross) are involved in providing support and services to persons with disabilities.

► 3.2 Social assistance

Social assistance allowances are provided for both persons with disabilities and those that provide care to them, based on a number of stated criteria. The most updated regulation for the social

⁴ On 12 June 2025, the Government issued Decree No. 147/2025/ND-CP regulating the division of authority between the two tiers of local government in the areas under the state management of the Ministry of Health. Accordingly, Article 5 stipulates that the authority to decide on entitlement, adjustment of benefit levels, and termination of monthly social assistance benefits lies with the Chairperson of the commune-level People’s Committee.

⁵ From 1 March 2025, this responsibility is taken by the Ministry of Health.

assistance system in Viet Nam is set out in Decree 20/2021/ND-CP. This describes the provision of social assistance allowances for a range of different groups of persons, including persons with disabilities.⁶ The Decree explicitly references the provisions of the 2010 Law on Persons with Disabilities in setting out allowances for persons with disabilities, which consist of:

- Allowances for **persons with severe and extremely severe disabilities** (Article 5, clause 6). Eligibility is established by the disability determination processes, with no means-testing. However, the allowance is “benefit-tested”⁷ in that an individual receiving pensions or monthly allowance from the social insurance system or merit benefits are not entitled to the social assistance allowance.⁸
- Allowances for households and individuals that provide care to persons with extremely severe disabilities (Article 20, Clause 2). The caregiver benefit is provided in addition to the benefit provided to the person with disabilities. A distinction is made between caregivers who are relatives, and those who are non-relatives, which affects the benefit level (see Chapter 5) (Government of Viet Nam, 2021).

While not specifically targeting persons with disabilities, other social assistance allowances may be of relevance to persons with disabilities. This is most notable in the case of old age benefits, given that prevalence of disability is higher at more advanced ages (see section 4.1). Old age social assistance allowances were available for the following groups at the time when the field work for this research was undertaken. The allowance for older persons has been amended effective from 1 July 2025 in accordance with the new provisions of the 2024 Law on Social Insurance (Article 21). These changes are noted.

- Older persons aged 80 years and over not receiving pensions, or other social assistance allowances. The 2024 Law on Social Insurance determines that, from July 2025, the age of this benefit will be reduced to 75 years.
- Older persons aged 75-79 in poor or near-poor households in mountainous and ethnic minority areas. The Law on Social Insurance determines that, from July 2025, the age of this benefit will be reduced to 70-74 years.
- Older persons (60+) in poor households, without anyone to provide care and support⁹.
- Older person (60+) living in poor households, having no individuals with obligations and rights to care for, inadequate to live in community, adequate to be admitted to social support facilities or receiving care, nurture in community.

A result of the Law on Social Insurance is that the first two benefits in the list above are no longer governed by Decree 20/2021/ND-CP, but by the 2024 Law on Social Insurance and Decree No. 176/2025/NĐ-CP dated 30 June 2025 which provides detailed guidance on the implementation of these benefits.

Benefit levels vary for different types of disability allowances. These are defined relative to a standard social assistance level, which was set at VND360,000 per month in Decree 20, but has since been increased to VND500,000 (under Decree 76/2024/ND-CP). The benefit levels for different

6 There is no limitation on non-national residents receiving social assistance.

7 Benefit testing is a situation where eligibility for a given social protection benefit is removed (or the value reduced) where an individual is already in receipt of another social protection benefit.

8 This is stated in Article 51 of the 2010 Law on Persons with Disabilities.

9 This includes in the case that the caregiver receives a social assistance allowance.

sub-groups are set out in terms of a coefficient relative to the standard benefit. For example, a coefficient of 2 would result in a benefit of VND1,000,000 (VND500,000 x 2). The coefficients for persons with disabilities vary based on age and severity of disability, as well as in the case a person with a disability is pregnant or raising a child under 36 months of age (Article 20, Clause 2). These benefit levels are discussed in more detail in Chapter 5.

Viet Nam is one of a growing number of countries across the Asia Pacific region providing disability social assistance allowances. Various low- and middle-income countries across the Asia region and the world have taken steps to introduce new non-contributory disability benefits, or make improvements to their coverage and adequacy (ILO, 2024b; Knox-Vydmanov et al., 2023; UNICEF, forthcoming). Viet Nam is noteworthy in being one of a smaller number of countries that have chosen to avoid the use of means testing¹⁰ in provision of disability benefits, which can create particular barriers for persons with disabilities. This decision also recognizes that people with disabilities always face disability-related extra costs, regardless of their socioeconomic situation (ILO, 2024b). Additionally, Viet Nam is one of only a handful of countries in the Asia Pacific region which provide caregiver benefits, which recognise the opportunity costs of providing unpaid care by family members and others.

In addition to the provision of monthly social assistance allowances, the decree outlines the entitlement to:

- Health insurance (see section 3.4 below)
- Funeral expenses
- Care of persons with disabilities within social protection centres. The eligibility for receiving care in these – residential – facilities is defined in the 2010 Law on Persons with Disabilities as being “persons with extremely severe disabilities who have neither support nor the possibility to live with family or in the community” (National Assembly of Viet Nam, 2010). Similar provisions exist for older persons according to conditions established in the 2009 Law on the Elderly.¹¹

Persons with severe and extremely severe disabilities are also entitled to **free or discounted public transport** according to **the 2010 Law on Persons with Disabilities**. In some provinces and cities this entitlement has been extended to people with mild disabilities.

Some persons with disabilities may also receive benefits for persons with meritorious services, but inadequate data is available to assess the role of these benefits within this report. In Viet Nam, the Policy for “Persons with Meritorious Services to the Nation” also contributes to ensuring income security for a group of meritorious persons. Beneficiaries include persons with meritorious services to the revolution and their relatives, such as martyrs, war invalids, diseased soldiers, and those who participated in the resistance war for national liberation. Persons with meritorious services are entitled to various benefits, including monthly allowances (e.g. relatives of martyrs, persons who provided support to the revolution). If they live alone, they may also receive an additional caregiving allowance. All beneficiaries are entitled to health insurance coverage. The standard base amount for preferential allowances for persons with meritorious services is VND 2,789,000. However, due to lack of available data, this report is not able to assess the income coverage for this group.

¹⁰ Note, while “benefit testing” may be considered a form of means testing, usually the term means testing is used to refer to an approach that assesses multiple sources of income and/or types of assets of an individual or household.

¹¹ The Law specifically states that “Elderly people from poor households who have no one with the obligation and right to support them, do not have the conditions to live in the community, and wish to” may be admitted to social protection centres” (National Assembly of Viet Nam, 2009).

► 3.3 Social insurance

The social insurance scheme in Viet Nam includes various disability-related benefits:

- **Early retirement pensions:** As well as providing benefits to those above the retirement age who may have a disability, the social insurance scheme includes specific provisions for early retirement linked to assessed loss of work capacity. According to the 2024 Law on Social Insurance, retirement age is reduced to by up to five years for insured members with a reduced work capacity of 61 per cent, and by up to ten years for insured members with a reduced work capacity of 81 per cent.¹² Retirement ages can be reduced further for workers who have been in heavy, hazardous or dangerous jobs and also have a loss of work capacity of 61 per cent or more. To receive a pension, workers must also have completed a minimum number of years of social insurance contribution. Retirement age is in the process of gradually increasing every year based on stipulations in the 2019 Labour Code, and as of 2025, stands at age 61 year and 3 months for men, and age 55 years and 4 months for women.¹³
- **Labour Accident and Occupational Disease (employment injury):** Individuals with assessed reduced work capacity (of at least 5 per cent) resulting from work related accidents or occupational disease are eligible for a range of benefits. The scope and level of benefits is linked to the assessed degree of work incapacity. A lump sum allowance is provided to those with a 5-30 per cent reduction in work capacity, and a monthly allowance to those with more than 31 per cent reduction.¹⁴ Other benefits including attendance allowance, medical equipment, death benefit and leave for convalescence and rehabilitation are also available in a defined set of circumstances. The attendance allowance (often called a “constant attendance allowance” in other countries) is provided to individuals with a loss of work capacity of 81 per cent or more, and is set at the basic salary.
- **Survivor benefits:** Dependent survivors¹⁵ who have a reduction in work capacity of 81 per cent or more may receive a monthly survivor’s benefit if the deceased social insurance contributor had: (i) at least 15 years of compulsory social insurance contributions; or (ii) was receiving a pension or had their pension temporarily suspended; or (iii) died due to an occupational accident or occupational disease under the Law on Occupational Safety and Hygiene; or (iv) was receiving or had temporarily suspended a monthly employment injury/occupational disease benefit with a reduction in work capacity of 61 per cent or more. Monthly survivor’s benefits do not apply if the dependent is currently receiving wages and participating in compulsory social insurance, or is receiving a pension, monthly loss of work capacity allowance, or other monthly allowance equal to or greater than the reference benefit level¹⁶.

¹² Prior to the 2024 Law on Social Insurance, specific ages were referred to for early retirement. By contrast, the 2024 Law establishes the number of years before the retirement age when individuals may be eligible for early retirement.

¹³ According to amendments to the 2019 Labour Code, starting 1 January 2021, the age of retirement of employees working in normal conditions will increase by 3 months per year for males and by 4 months per year for females until the age of retirement of males reaches 62 years in 2028, and the age of retirement of females reaches 60 years in 2035 (ILO, unpublished).

¹⁴ Provided throughout the contingency, that is, as long as the individual has this level of assessed work incapacity.

¹⁵ Dependents include children, biological father, biological mother; or the biological father/mother of the spouse for whom the social insurance contributor has a legal obligation to support.

¹⁶ With the exception of allowances provided under preferential policies for persons with meritorious services to the revolution.

Despite these provisions, there are some gaps in the level of protection provided. The ILO Convention No. 102 defines the invalidity life contingency as the inability to engage in any gainful activity, to an extent prescribed, which inability is likely to be permanent or persists after the exhaustion of sickness benefit (Convention No. 102, art. 54). A limitation of existing social insurance provisions is that an individual who acquires a disability earlier in their working life – and outside of the scope of their work¹⁷ – will not receive any periodic social insurance benefit. Such individuals would need to rely on the social assistance system, rather than earnings-related benefits under the social insurance system. In theory, such individuals may have options to receive other benefits from the social insurance system, for example, in the form of lump sum withdrawals, or by continuing to participate voluntarily in the system to receive other benefits at a later stage (for example, retirement). Nevertheless, this does not fulfil the definition of a periodic invalidity benefit according to ILO Convention 102. A person assessed as having inability to engage in gainful activity will also likely not have a source of income that allows them to participate voluntarily in social insurance.

► 3.4 Social health insurance

Various channels exist through which persons with disabilities can enter the government social health insurance scheme in Viet Nam. The Law on Health Insurance of 2008 (amended in 2014 and 2024) defines eligible groups (Article 12) and associated co-payment levels (article 22). The configuration is relatively complex. Figure 2 provides a simplified illustration of the main channels of particular relevance for persons with disabilities.¹⁸

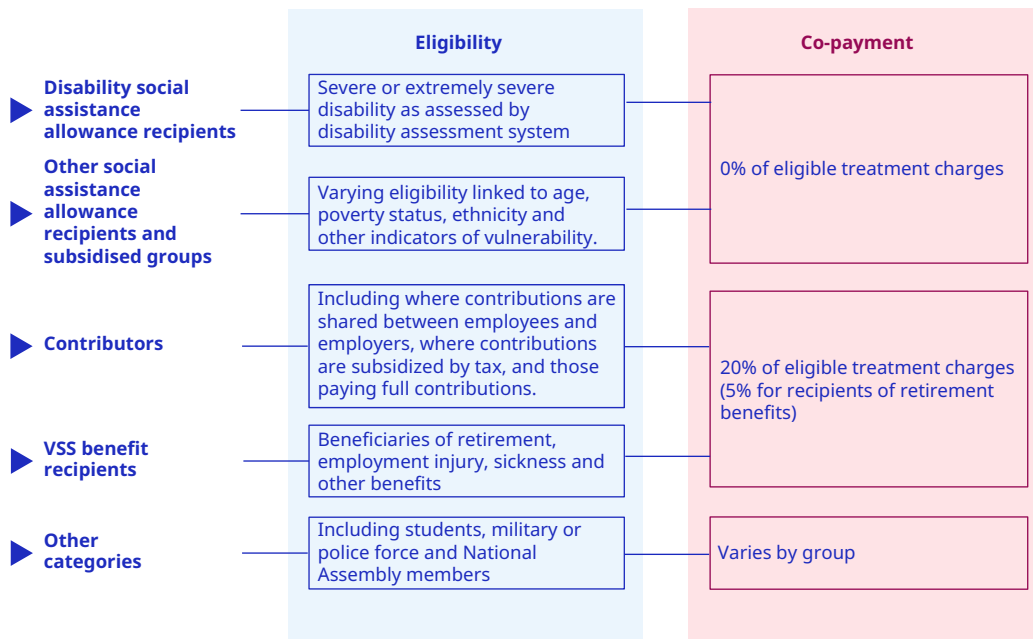
- The main disability-specific channel for support is as a recipient of the social assistance allowance for persons assessed as having severe or extremely severe disabilities, who are automatically enrolled in the health insurance scheme, with the contribution fully paid by the State.
- Persons with disabilities may also be entitled to health insurance as recipients of other social assistance allowances, or by belonging to subsidized age groups such as children aged 0–6 years. For each of these groups, the cost of eligible healthcare services is fully covered, so there is no co-payment.
- Other notable groups include: employees, whose contributions are shared between the employer and employee; those that contribute to the health insurance scheme as “households” (that is, when not belonging to any other groups); and those covered as beneficiaries of social insurance benefits. These groups must pay a co-payment of 20 per cent, with the exception of individuals receiving retirement benefits who pay 5 per cent.

¹⁷ For instance, a 30 year old worker, who has been registered in compulsory social insurance for 10 years, who becomes invalid in a circumstance outside the scope of his/her job (for instance due to an accident with an unexploded ordinance) would not be eligible to benefit from an earlier retirement benefit, nor from employment injury insurance, meaning that they would have no access to any disability-related periodic benefit based on his/her past contributions, despite their long career, and would as such only have access to the non-contributory (social assistance) benefit for persons with disabilities.

¹⁸ For further information, see ILO (2025) and ILO (2021b).

► It is also worth noting that some provinces extend health insurance to persons with mild disabilities, as in the case in Hanoi.¹⁹ Various key informants also highlighted this was a policy proposal that was being discussed.

► **Figure 2: Channels to access social health protection scheme for persons with disabilities in Viet Nam**



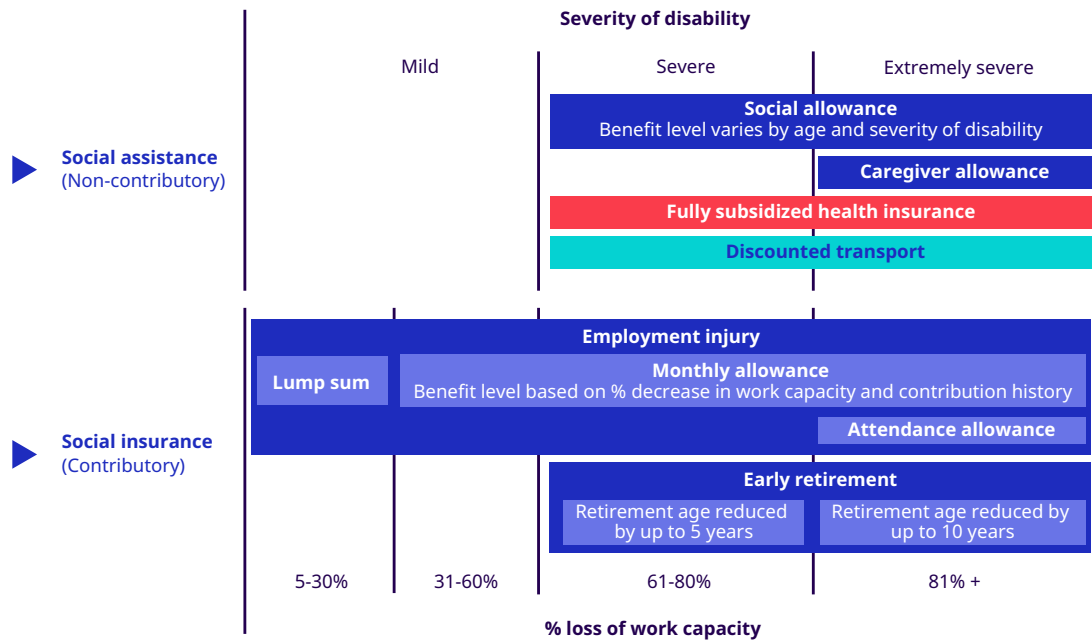
Source: Adapted from ILO (2021b) and the Amendments to the Law on Health Insurance. No: 46/2014/QH13 (2014).

► 3.5 Consolidated analysis

Overall, the legal scope of social protection benefits in Viet Nam is orientated towards persons with more severe disabilities. This is captured in the visual illustration of the scope of benefits relative to severity of disability in Figure 3. Within national legislation, social assistance allowances, free health insurance and discounted transport are only provided to persons assessed as having severe or extremely severe disability. Allowances are also provided to caregivers of persons with extremely severe disabilities. Similarly, the greatest support from the social insurance system is for persons with greater severity of disability. A loss of work capacity above 81 per cent provides entitlement to the lowest retirement age under the retirement scheme, and to an attendance benefit (as well as a pension) under the employment injury scheme. Nevertheless, the employment injury scheme is notable in also providing lump sum or periodic benefits to those with more mild disability (work injury loss of 60 per cent or below).

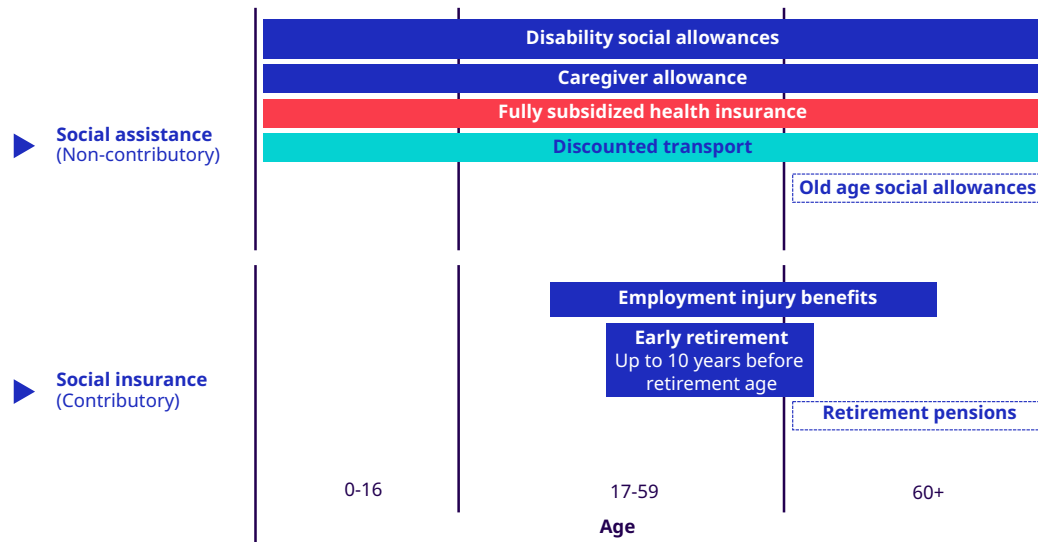
¹⁹ Key informant interview with DOLISA, Hanoi.

► **Figure 3: Consolidated scope of main disability-related social protection benefits relative to severity of disability**



An assessment from a life cycle perspective shows greater availability of benefits in working age or old age. This is captured in the visual illustration of the scope of benefits across the life course in Figure 4. Social assistance allowances and subsidised health insurance are available for all persons assessed as having severe or extremely severe disability across the life course. This is a positive feature of the Vietnamese system compared to some other countries, where non-contributory disability benefits are limited to people of a certain age (for example, working age). Social insurance benefits, on the other hand, are more focused on persons of working age (via the employment injury scheme) and old age (through early retirement). This is partly linked to the nature of social insurance schemes as being a mechanism to build social protection entitlements based on employment history. Nevertheless, the absence of a general invalidity benefit – and strong link to early retirement – means that disability-related benefits are more connected to older ages. While not a disability-specific benefit, the role that old age allowances and retirement benefits play in supporting older persons with disabilities is also highlighted in the visual, as another relevant benefit available in later life. One notable feature of the Vietnamese social insurance system is the absence of a family benefit, which is another factor that limits available support for children with disabilities.

► **Figure 4: Consolidated scope of main disability-related social protection benefits across the life course**



Despite some strong elements, there are also gaps in the scope of care and support services available within the social protection system. Two key considerations in the scope of benefits relating to care and support are:

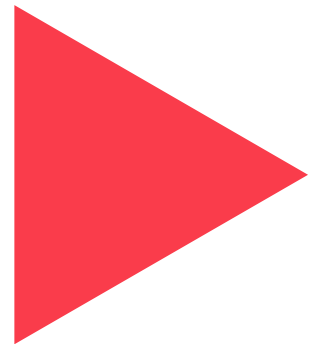
- **Caregiver allowance:** One positive aspect of the social protection system in Viet Nam is the existence of cash benefits seeking to cover the costs of care provided to persons with disabilities. This includes the caregiver allowance available for caregivers of persons with extremely severe disabilities under the social assistance system, and the constant attendance allowance under the social insurance LOAD scheme. This is notable given that cash benefits to support costs of care are relatively rare in low- and middle-income countries. A potential consideration for the social assistance caregiver benefit would be to make the payment to the individual with disabilities where possible, thus providing greater choice about who and how care should be provided.²⁰
- **Care and support services provided in kind** remain very limited in Viet Nam. The main type of in-kind care and support service defined within Viet Nam's legal framework is care provided to persons with disabilities admitted to social protection centres. Provision of home-based and community-based services remains extremely limited (Thu, 2022). The focus on institutional settings is not well aligned with the emphasis of the CRPD, which emphasises the role of community support services which support persons with disabilities to live independently within the community (Cote et al., 2024). There are also an array of in-kind care and support services which may be implemented at province and commune level, including by non-government organisations, but these could not be adequately captured by this research.

²⁰ While caregiver benefits are mostly non-controversial for parents of children with disabilities, there are potentially issues in relation to agency, choice, and control over the use of the benefits aimed at care givers of working age and older persons with disabilities. An alternative approach is a "third-person support" benefit that is paid to the person with disability (Cote et al., 2024).

► 4



Worker with a disability tending pigeons as a livelihood activity, Dong Nai, Viet Nam, March 2014. © ILO / Nguyen A.



4. Coverage

This chapter reviews the effective coverage of social protection benefits in Viet Nam across the life cycle. The chapter starts by considering relevant benchmarks for assessing coverage of disability benefits, with a focus on disability prevalence. It then reviews coverage indicators for social assistance, social insurance and health insurance based on available administrative and survey data. Finally, it considers the consolidated picture of coverage across the life cycle. An important factor that influences the level of effective coverage are processes of disability determination, however, these are discussed separately in Chapter 7.

► 4.1 Reference points for assessing social protection coverage of persons with disabilities

Identifying relevant reference points to assess the coverage of disability-related social protection benefits is challenging. Ideally, it would be possible to access precise indicators on the number of persons with disabilities (of different profiles) against which to compare the number of recipients of different kinds of programmes and services. However, in practice this is challenging for several reasons. Disability is a complex concept which relates to functional limitations that result from medical conditions, or impairments, when interacting with contextual factors or barriers in the environment (Mactaggart et al., 2021). This is complicated by the significant diversity in the experience of people with disabilities, relating to factors such as the type of impairment (e.g. hearing, visual, or intellectual), its severity, and barriers to participation in the wider environment. The way in which disability is measured will also depend on the purpose of the information, for example, whether this is to identify people with need for assistive devices, or to identify those with high support needs or disability-related costs. Methodologically, measurement of disability prevalence remains challenging and most countries across the world are on a journey to better understand the scale and nature of disability.

Viet Nam can be considered a pioneer in the collection of data on disability. Viet Nam has integrated questions on disability within various national surveys and – of particular note – has implemented two rounds of the Viet Nam Disability Survey (VDS) in 2016 and 2023. This makes Viet Nam one of a small number of countries to implement this type of dedicated survey. The country is also one of only a few that have included a disability employment survey module in the 2022 edition of its Labour Force Survey. These surveys have used different version of the Washington Group question sets on disability which were developed to improve the quality and consistency of data identifying persons with disabilities in censuses and national population surveys across the globe (see Box 1) (Cote and Banks, 2025).

► Box 1: Washington Group Question sets

The Washington Group Questions sets were developed by the United Nations Statistical Commission Washington Group on Disability Statistics (WG), with a focus on assessing functioning. Each set asks a group of questions relating to different functional domains, with respondents identifying the level of difficulty faced (no difficulty, some difficulty, a lot of difficulty or cannot do at all). There are various different question sets which have been used in Viet Nam:

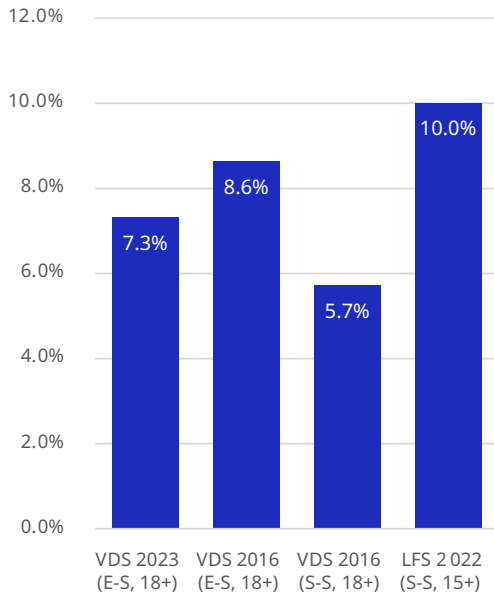
- **Short set (WG-SS):** This includes six questions relating to six functional domains (vision, hearing, mobility, cognition (remembering), self-care and communication. This was designed as a question set that could be easily included in census and other national surveys.
- **Extended set (WG-ES):** This includes the WG-SS questions, plus additional questions on additional questions on upper body mobility and psychosocial issues.
- **Child Functioning Module (CFM):** This module developed by the Washington Group and UNICEF includes a set of questions adapted to assessing functioning among children.
- **Labor Force Survey Disability Module (LFS-DM):** This module was developed by the Washington Group and ILO to be integrated in Labour Force Surveys in order to better understand issues of employment and disability.

Source: National Statistics Office (2018), Cote and Banks (2025).

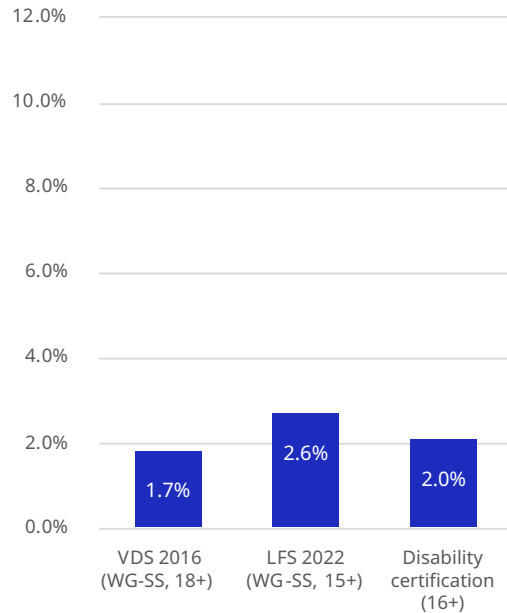
Available data suggests that between 6 and 10 per cent of adults live with moderate or severe disability. When using the Washington Group question sets described in Box 1, persons with disabilities are usually defined as those with at least one domain reporting “cannot do at all” (severe disability), or one domain reporting “a lot of difficulty”. By this measure, recent surveys have found that between 5.7 and 10.0 per cent of adults²¹ in Viet Nam have a disability (Figure 5). It is not unusual for countries to find this kind of variation in indicators of disability prevalence from different surveys, and this reflects some of the conceptual and methodological challenges noted at the start of this sub-chapter. Notably, the two VDS surveys found disability prevalence within a smaller range (between 7.3 and 8.6 per cent). There is a strong argument to suggest that the VDS provides a more accurate estimate than other results, given that it used the WG-ES, and that dedicated disability surveys are likely to take disability-related issues in survey implementation than more general-purpose surveys.

21 Defined as 18 years and over, with the exception of the LFS 2022 where data is only available for the population aged 15 and over.

► **Figure 5: Prevalence of moderate and severe disability using Washington Group questions, various surveys and years**



► **Figure 6: Prevalence of severe disability by various sources**

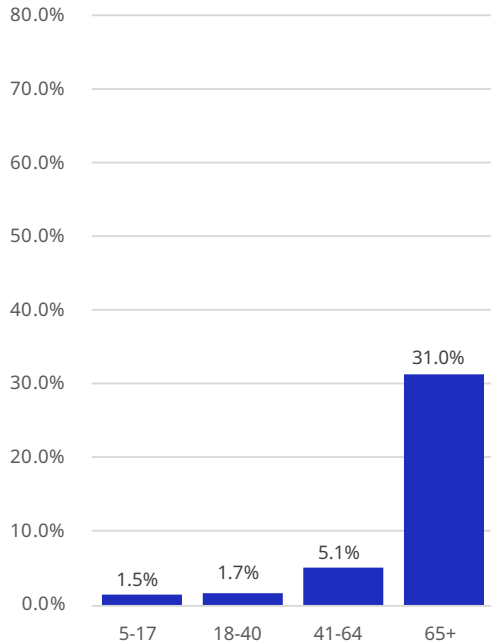


Source: National Statistics Office (2024, 2018), World Bank (2024) and administrative data on social assistance as of October 2023.

Existing data suggests that levels of severe disability are between 1.7 and 2.6 per cent of the adult population. Information focused on persons with severe disabilities (“cannot do at all” in at least one functional domain) is not available using the WG-ES in the VDS. However, this data is available when using the WG-SS in the VDS 2016 and the LFS 2022, which indicates between 1.7 and 2.6 per cent of adults fall into this group. Notably, the proportion of the population aged 16 and over certified as having severe or extremely severe disabilities (and thus receiving a social assistance allowance) falls within this range (at 2 per cent of the population).

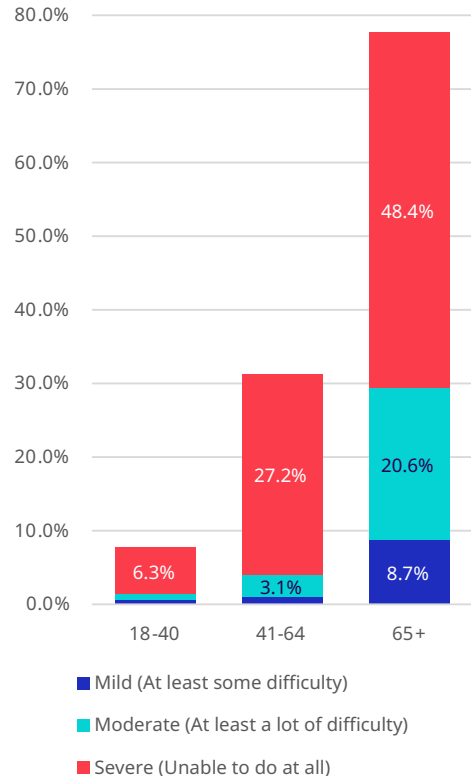
Prevalence of disability is significantly higher at more advanced ages. Data from the VDS 2023 (Figure 7) sheds indicates that prevalence of disability is lowest for children (1.5 per cent) and adults aged 40 or younger (1.7 per cent). However, prevalence rises significantly among the older working age population (5.1 per cent) and reaches nearly one third of the population aged 65 and over (31 per cent). This reflects patterns found across the globe (WHO and World Bank, 2011). The picture is even more striking when disaggregating by severity of disability. Compared to 1 per cent of the population aged 41-64 with severe disability, 9 per cent of persons aged 65 and over are in this category. When incorporating “mild” disability (including persons with “some difficulty” in at least one functional domain), nearly 80 per cent of older persons would have some form of disability.

► **Figure 7: Prevalence of moderate and severe disability by age (WG-ES), VDS 2023**



Source: National Statistics Office (2024).

► **Figure 8: Prevalence of disability by severity and age (WG-SS), VDS 2016**



Source: National Statistics Office (2018).

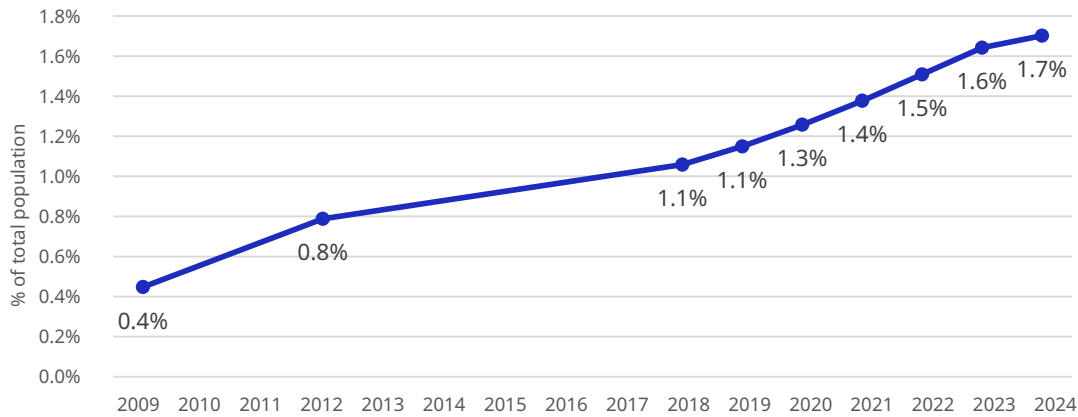
Other notable observations on disability prevalence include:

- Disability prevalence appears to be higher among women than men. This finding is consistent in the VDS 2016 and 2023 and the LFS 2022. Nevertheless, it appears that the trend is stronger at older ages. For example, while the LFS finds that more women (2.8 per cent) have a severe disability than men (2.4 per cent), age disaggregated data shows that prevalence is in fact lower for all ages apart from the age group 60+ (World Bank, 2024).
- Mobility and intellectual disabilities appear to be the most common in Viet Nam. This, again, is a picture shown consistently across the VDS 2016 and 2023, and the LFS 2022.

► 4.2 Social assistance

Coverage of disability allowances has more than tripled over the last 15 years. As of November 2024, administrative data indicates that 1.7 million persons were receiving a social assistance allowance for severe or extremely severe disabilities. This marks a dramatic increase in coverage compared to the 385,000 people receiving these benefits in 2009. Compared to the total population, this represents an increase from 0.4 per cent of the population, to 1.7 per cent of the population (Figure 9).

► **Figure 9: Recipients of disability social assistance allowances as a share of the total population (2009-2024)**

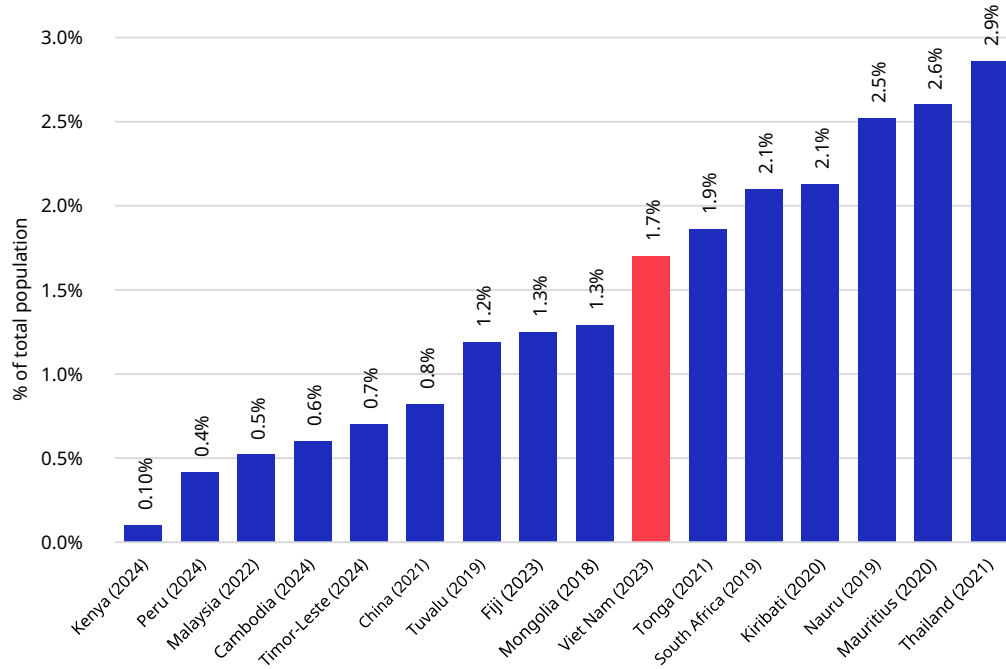


Source: Data for 2009 and 2012 is from Banks et al. (2018). Data for 2018 to 2022 is from MOLISA and ILO (2023). 2023 and 2024 is from analysis of social assistance administrative data for October 2023 and November 2024.

While careful interpretation is required, it appears a substantial portion of persons with severe disabilities, potentially the majority, are receiving disability social assistance allowances. As illustrated above in Figure 6, the total proportion of the population with a disability certificate over the age of 16 (2 per cent) equates to around 80 per cent of the adult population with severe disability as measured by the LFS 2022 (2.6 per cent), and is higher than the adult population with severe disability as per the VDS 2016 (1.7 per cent). This would indicate that the vast majority of persons with severe disabilities are receiving disability allowances. Some caution is required in interpreting these figures, as the population identified as having a severe disability by survey-based questions only partially overlaps with those certified as having a severe disability by the disability determination process. For example, the LFS 2022 finds that only 33 per cent of those identified as having a severe disability from survey questions have a disability certificate in practice. This should not be interpreted as meaning that the certification process reaches the wrong people, as it measures different things from the survey-based questions. In sum, despite these caveats and the uncertainty around the coverage gaps, these numbers suggest the disability allowance represents a significant effort relative to the scale of severe disability in the country.

Coverage of disability social assistance allowances in Viet Nam is above average compared to other middle-income countries with non-contributory disability benefits. Among countries with non-contributory disability allowances in place, coverage ranges from very low levels (e.g. 0.1 per cent of the population in Kenya) to around 3 per cent of the total population in the highest coverage countries (such as Mauritius and Thailand). Viet Nam – at 1.7 per cent of the total population covered – is among some of the higher-performing countries. The relatively high coverage is likely linked to the non-means-tested nature of the scheme, the relatively accessible disability determination system (see Chapter 7) and the fact the allowances in Viet Nam cover people of all ages.

► **Figure 10: Proportion of the total population receiving non-contributory disability benefits, selected countries, latest available year**



Source: Cote and Banks (2025), UNICEF (forthcoming), Knox-Vydmanov, Cote and Wodsak (2021).

More than three quarters of social assistance allowances are paid for persons with severe, rather than extremely severe disabilities. Table 3 shows the number of recipients by severity and sex as of October 2023. At this time, 1.2 million of a total 1.6 million beneficiaries were classified as having a severe disability (77 per cent), compared to 0.36 million having an extremely severe disability (23 per cent). The sex distribution of recipients is discussed later in this chapter alongside evidence from survey data.

► **Table 3: Recipients of disability social assistance allowances by severity of disability and sex, October 2023**

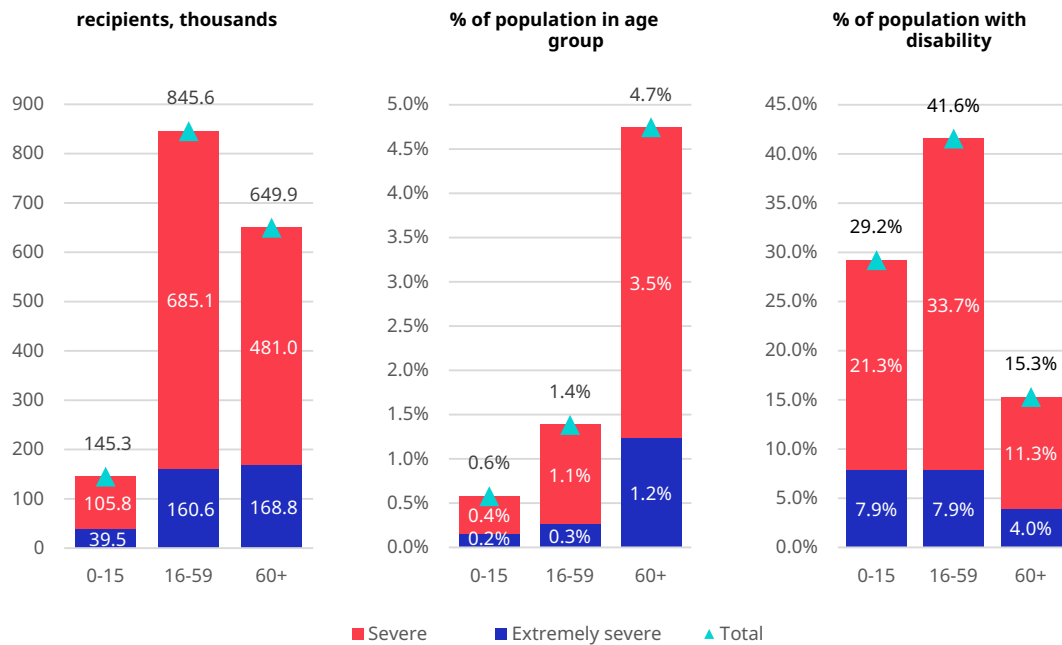
Severity of disability	Males	Females	Total
Number of recipients			
Extremely severe	179,396	182,739	368,856
Severe	645,366	601,051	1,271,938
Total	824,762	783,790	1,640,794
% of population, by sex			
Extremely severe	0.4%	0.4%	0.4%
Severe	1.3%	1.2%	1.3%
Total	1.7%	1.6%	1.6%

Source: Social assistance administrative data for October 2023.

Note: The sum of male and female beneficiaries is lower than the total for men and women, presumably due to gaps in information on sex within province-level data.

Assessment of coverage across the life course provides a mixed picture. Figure 11 shows different measures of the recipient population according to the three main age groups provided in social assistance administrative data: children (0-15), working age (16-59) and older persons (60+). In absolute numbers (first panel), working age recipients are the largest group (over 800,000 recipients), followed by older persons (around 650,000), and with far fewer children receiving benefits (around 150,000). When compared to the population in each age group, the highest coverage is found in the older age group (4.5 per cent). Nevertheless, it is important to recognise that prevalence of disability is strongly associated with age. When comparing to disability prevalence as measured in the VDS 2023, coverage is highest for working age (over 40 per cent), lower for children (less than 30 per cent) and lowest for older persons (15 per cent).

► Figure 11: Coverage of disability social assistance allowances by age group, October 2023



Source: Administrative data on social assistance recipients as of October 2023. The denominator for the second panel is the 2023 population based on projections from the 2019 Population and Housing Census. The third panel takes the percentages in panel 2 as a share of the total population with severe disabilities according to the VDS 2023 (National Statistics Office, 2024).

The relatively lower levels of coverage among children may be for a number of reasons. Assessing disability among children is typically more challenging at earlier ages than for adults, particularly as it can be difficult to distinguish different speeds of development from long-term impairments and functional difficulties (UNICEF, 2018). Gaps in coverage of children was also a recurrent theme in key informant interviews when discussing gaps in coverage of the disability assessment process. In some cases, this related to the particular issue of determining disability with less visible forms of disability – such as autism and epilepsy. There was also a recurrent perception that some parents were reluctant to acknowledge their child has a disability, linked to issues of shame and stigma.

“The problem is whether people’s families want to send their children for assessment or not, which is also a barrier in people’s thinking”. Key informant interview with Association of People with Disabilities, Hanoi.

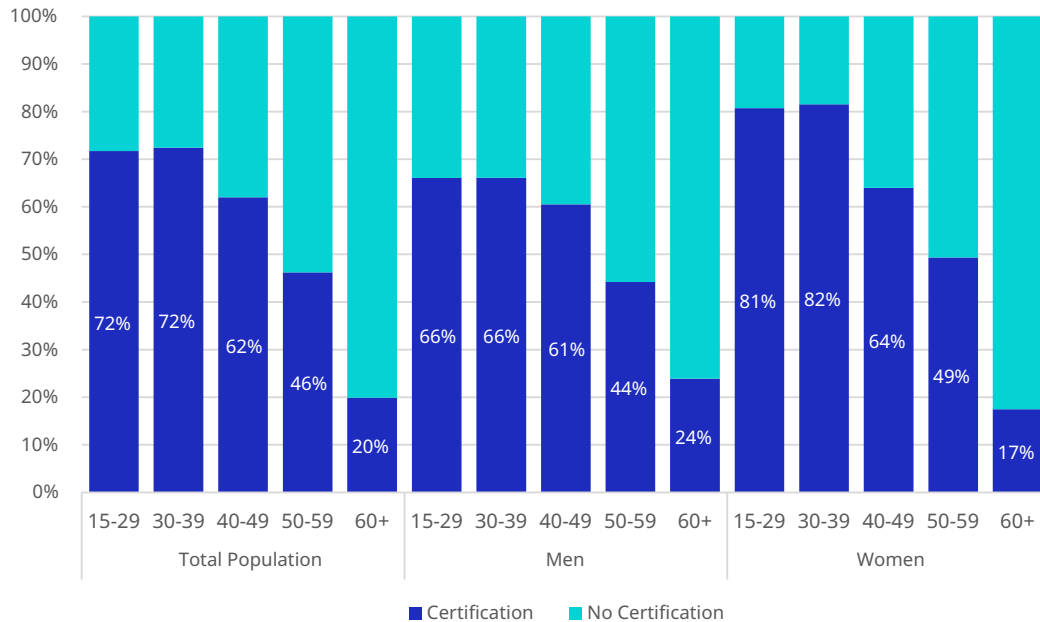
“Now people with disabilities’ awareness are better than before. Previously, when I went to the community and asked people with disabilities about their needs, they just said that they wanted cash allowance without mentioning that they wanted to be recognized as people with disabilities. At that time, many parents of children with disabilities (CWD) did not want to admit that their children were children with disabilities, so they did not undergo the process”. Key informant interview with DOLISA, Da Nang.

“Many families have poor awareness when they think that the family with a disabled person is due to bad virtue, so they are ashamed and hide it”. Key informant interview with Association of the Blind, Central level.

Data from the 2022 Labour Force Survey reinforces the picture that the greatest coverage gaps are in older age. Figure 12 shows the proportion of the population aged 15 and over with severe disabilities (as measured in the Labour Force Survey using the Washington Group questions (WG-SS)) that have a disability certificate. The share of persons with severe disabilities with a certificate is relatively high at younger ages (at 72 per cent between age 15 and 39) but this figure reduces at more advanced ages, with only 20 per cent of older persons with severe disabilities having the certificate. One likely driver of this pattern is that older persons with disabilities – or those that assess them – may not consider their age-related functional limitations as a form of disability.

It should be noted that some older persons with disabilities may be receiving old age allowances, however, the overall coverage of these allowances is low. This may apply, for example, to older persons who have a mild disability, or those with severe disability who have not gone through the disability determination process. Nevertheless, of the 13.7 million persons projected to be over the age of 60 in 2023, only 10 per cent (1.40 million) were receiving old age allowances, The vast majority (95 per cent, or 1.33 million) were receiving the benefit for older persons over the age of 80.²² As a result ,old age allowances – which are also paid at a lower level than disability allowances - are unlikely to be significantly filling the gap in coverage among older people with disability. The consolidated picture, which accounts for social insurance benefits, is discussed further below.

► **Figure 12: Percentage of persons with severe disabilities according to the Washington Group Questions by certification, age and gender, LFS 2022**



Source: World Bank (2024).

Gaps in disability social assistance allowance coverage in old age appear to be one of the main drivers of lower average coverage among women with disabilities. Table 3 above indicates that

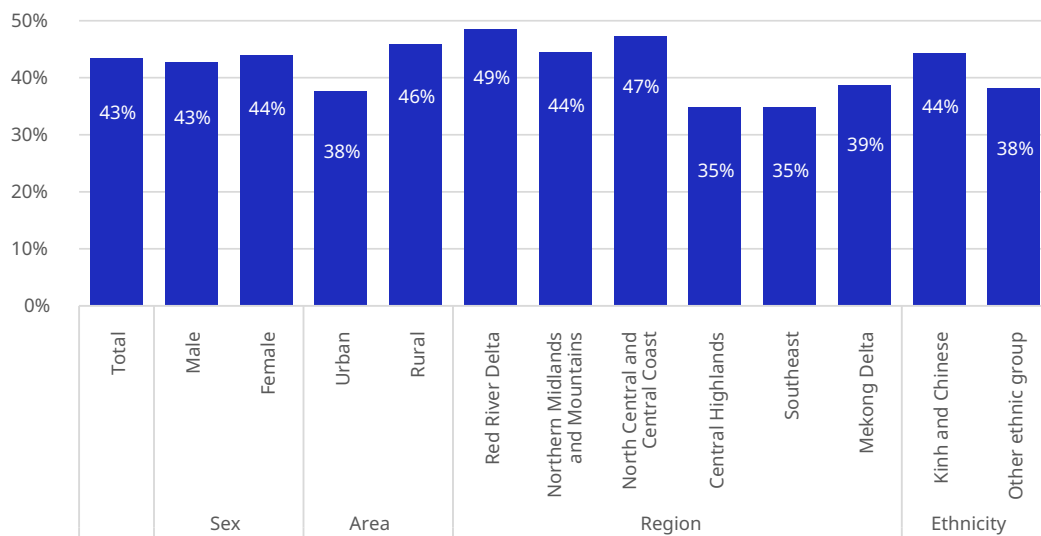
²² Calculations based on administrative data on social assistance recipients as of October 2023 and the 2023 population based on projections from the 2019 Population and Housing Census.

the total number of women receiving a disability allowance (783,790) was lower in October 2023 than men (824,762), and coverage of women is also slightly lower as a share of female population than the equivalent for men. The LFS 2022 also indicates that the proportion of women with severe disabilities with a disability certificate is lower among women (29 per cent) than men with severe disabilities (38 per cent). However, these figures need to be interpreted keeping in mind the differences in disability prevalence among men and women. As noted in part 4.1 above, the higher disability prevalence among women is strongly influenced by higher prevalence in old age, and prevalence among younger adults is – in fact – higher among men. The interaction of this dynamic is illustrated in Figure 12 for which shows that at younger ages women with severe disabilities are more likely to be covered than men, but at older ages they are less likely to be covered. This suggests women – who have higher disability prevalence than men at older ages – are more affected by the gaps in social assistance allowance coverage in old age.

Coverage of social assistance allowances appears to be slightly lower for persons with disabilities in some regions, and for ethnic minorities.

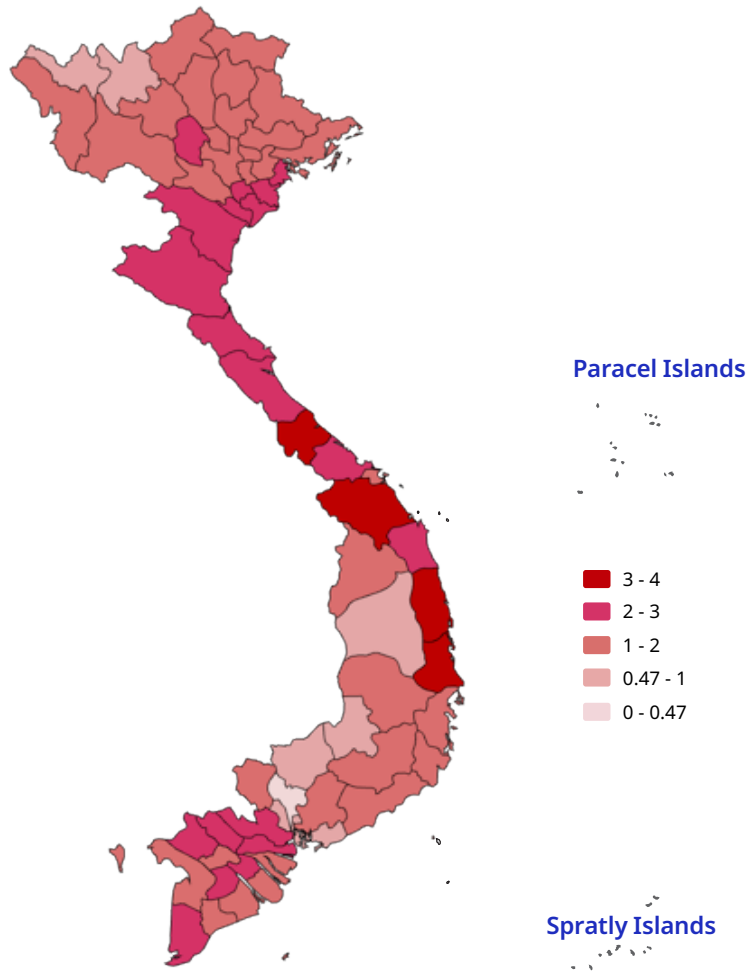
Figure 13 shows data collected in the VDS 2023 on the proportion of persons with disabilities (as measured by the survey definition using the WG-ES question set) receiving monthly subsidies. It should be noted that this would include all subsidies (including those targeted at older persons, children and other groups) so does not relate specifically to disability social assistance allowances. Coverage is notably lower in three regions (Central Highlands, Southeast and Mekong Delta) than in the other three shows in the analysis. Similar patterns have been found in other research focusing on maternity and pension coverage (Gama and Dat, 2023; ILO, forthcoming). Coverage is also lower for “Other ethnic groups” relative to Kinh and Chinese. This picture also appears to be reflected in administrative data. Figure 14 shows the proportion of the total population receiving disability allowances by province, based on the reported number of beneficiaries. Again, the provinces with the highest coverage appear to be in the regions with higher levels of coverage in Figure 13. Overall, coverage for October 2023 ranges from 0.47 per cent in Binh Duong to 3.7 per cent in Quang Nam.

► **Figure 13: Percentage of persons with disabilities receiving subsidies monthly, by area, sex, ethnicity and age, VDS 2023**



Source: National Statistics Office (2024).

► **Figure 14: Percentage of the total population receiving disability allowances, by province, October 2023**

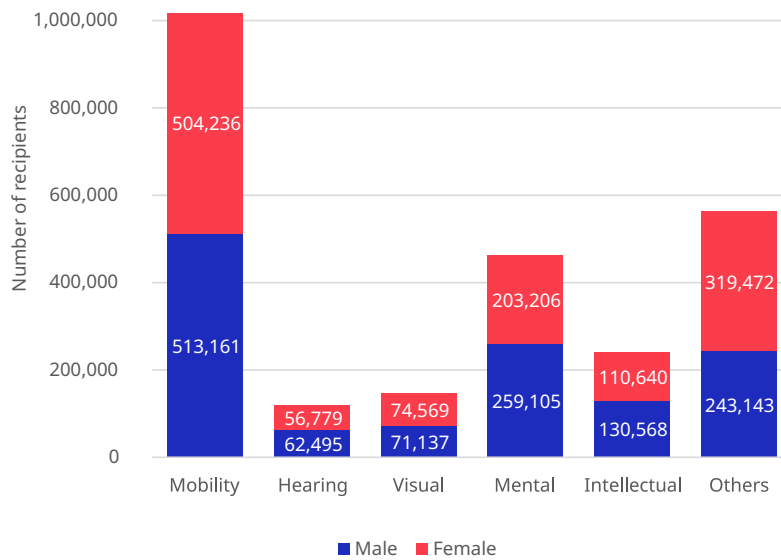


Source: Administrative data for October 2023 compared to province-level population, based on projections from the 2019 Population and Housing Census.

Note: The map represents the provinces in Viet Nam as of October 2023.

Recipients of disability social assistance allowances are predominantly those with mobility and intellectual/mental impairments. Figure 15 shows the number of reported recipients by impairment in November 2024. It should be noted that the total number of recipients in this chart exceed the total number of recipients (1.7 million) presumably as some persons with disabilities report multiple types of impairments. Mobility impairments are by far the most common, relating to over one million recipients, while mental and intellectual impairments are also common, along with “others”. The share of recipients with visual or hearing impairments is comparatively low. To an extent, this reflects patterns in terms of disability prevalence described above (part 4.1), however, the significance of mobility impairments appears more pronounced. This at least partly relates to the nature of the disability determination process, described in Chapter 7.

► **Figure 15: Number of recipients of disability social assistance allowances by impairment and sex, November 2024**



Source: Administrative data on social assistance recipients as of November 2024.

Beyond social assistance allowances, the effective coverage of in-kind social assistance benefits appears to be very low.

- Administrative data from October 2023 indicates that 11,957 persons with disabilities were in residential social protection centres – most of which were aged 16-60. A further 2,491 older persons (without a disability certificate) were in such centres. Evidence on how this compares to the level of need for government-provided care services is not readily available and requires further analysis, but this is a small number compared to the population of people with extremely severe disability (368,856 people, as indicated in Table 3 above). It is also worth restating the limitations of institutional care discussed in section 3.2. Overall, the provision of a caregiver benefit is a much more significant measure in Viet Nam in terms of coverage, than the provision of in-kind care services.
- The availability of meaningful discounts for public transport appears to be limited. The main type of entitlement available appears to be a bus pass that provides free or discounted travel, however, this is not in place in all parts of the country. Qualitative discussions indicated that free bus passes were available (including for people with mild disabilities) in Hanoi and Da Nang cities, but not in Lam Dong and Soc Trang. The availability is likely linked to the level of development of public transport services, which are more extensive in urban areas. Regardless of the availability of free or subsidised public transport, a common theme across focus groups was the inaccessibility of public transport services.

“People with mild disabilities... are not eligible for disability cards.... The proposal to issue free bus cards for people with disabilities has been proposed for a long time but has not been available so far, because the current transport units are all owned by shares or private ownership, not by the State”. Key informant interview with Association of People with Disabilities, Lam Dong.

“In Da Lat, there are no discounts on bus fares for people with disabilities, I didn't even know we might be entitled to one”. Male, 35 (Lam Dong, hearing impairment, without social assistance).

“[The Ward People's Committee] said I was not eligible to any social assistance except for a free-of-charge bus pass. Recently, I also got a free-of-charge health insurance card for 2024-2025, which helps me save some money”. Male, 63 (Hanoi, mobility impairment, without social assistance).

► 4.3 Social insurance

Early retirement pensions are the most significant disability-related scheme provided by the social insurance system. Table 4 includes data on recipients of key schemes in 2019 based on detailed administrative data. Of 1.9 million people receiving retirement pensions from the social insurance system, around a third (596,250) were receiving early retirement benefits linked to loss of work capacity.²³ It is notable that, while there are slightly more women who receive retirement pensions than men overall, fewer women than men receive early retirement benefits. One other important observation is that the vast majority of retirement benefits currently being paid from the social insurance system are for public sector workers. Of the 1.9 million retirement pension recipients under the compulsory scheme in 2019, only 10 per cent (177,433) were private sector workers. By comparison, around 49,000 people were receiving monthly benefits under the Labour Accident and Occupation Diseases in 2019. More than three quarters of these recipients were men.

► **Table 4: Beneficiaries of disability-related social insurance benefits by type, 2019**

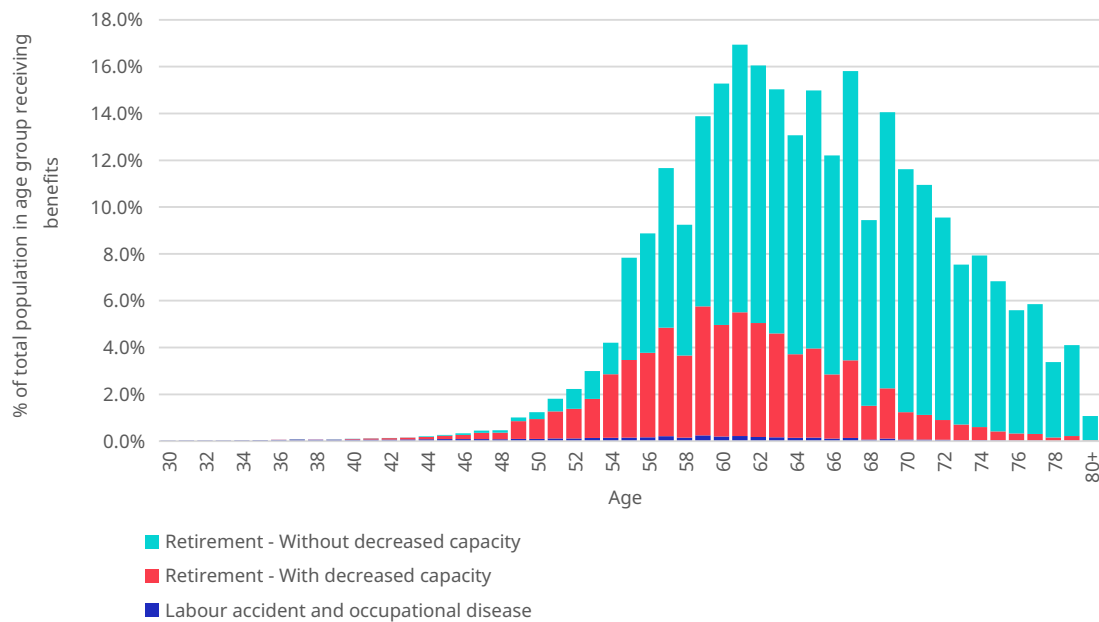
Scheme	Beneficiaries	Male	Female
Retirement			
Normal retirement	1,278,732	605,842	672,890
Early retirement pensions (work capacity loss)	596,250	327,912	268,338
Total	1,874,982	933,754	941,228
Labour accident and occupational disease			
Monthly benefits	48,393	37,141	11,252

Source: Viet Nam Social Security administrative data.

²³ This includes workers with a loss of work capacity of at least 61 per cent, regardless of whether they have a period of working in hazardous employment.

The result is that most recipients of disability-related social insurance benefits are aged 50 and over. To illustrate this point, Figure 16 shows the proportion of the population by single year of age receiving any disability-related social insurance benefit. Recipients of retirement benefits linked to decreased work capacity are found from age 36, but coverage is highest at age 60 (at around 5 per cent of the population). Labour accident and occupational disease benefits are paid to recipients across these age groups, but coverage is very low, at no more than 0.2 per cent of the population. The chart also shows receipt of normal retirement benefits which are not linked to reduced labour capacity. Accounting for these benefits, coverage of social insurance benefits peaks at around 16 per cent of the population at age 60, then reduces at more advanced ages.

► **Figure 16: Cumulative coverage of disability-related social insurance benefits as a share of the total population by single year of age (30+), 2019**

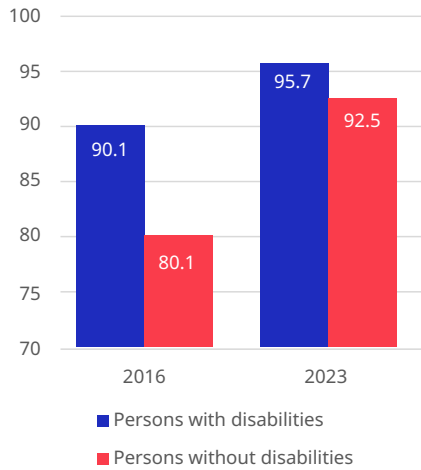


Source: Viet Nam Social Security administrative data compared to population data from the 2019 Population and Housing Census.

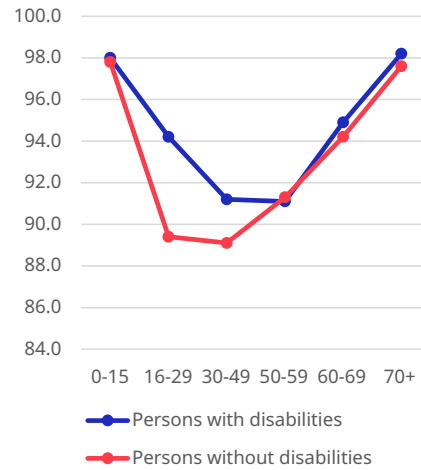
► 4.4 Health insurance

Health insurance coverage of persons with disabilities is near-universal in Viet Nam. The VDS 2023 indicates that 96 per cent of people with disabilities have health insurance, which is slightly higher than persons without disabilities (93 per cent). Coverage has increased both for persons with and without disabilities since 2016 which is linked to broader government efforts to extent health insurance. It is worth emphasising that this information relates to all persons with disabilities as measured in the VDS, rather than only those assessed as having severe or extremely severe disabilities.

► **Figure 17: Percentage of population with and without disabilities with health insurance, VDS 2016 and 2023**



► **Figure 18: Percentage of population with and without disabilities with health insurance, by age group, VDS 2023**

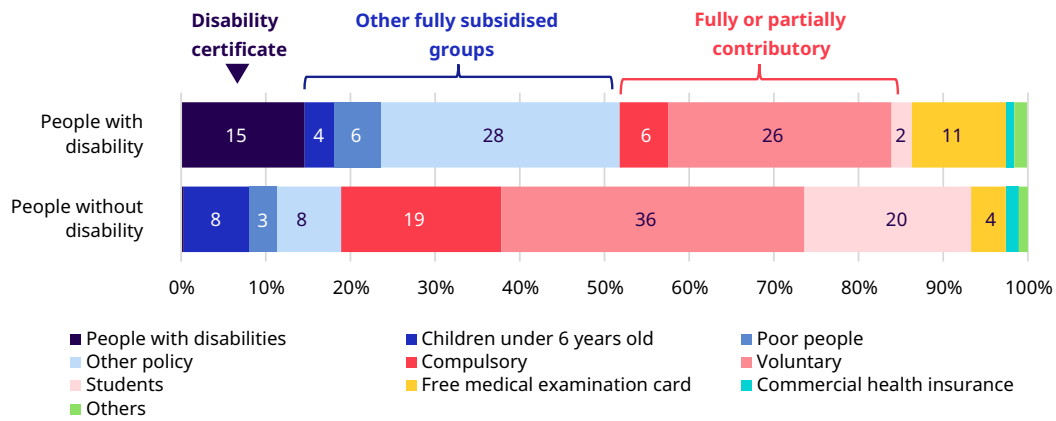


Source: National Statistics Office (2024, 2018).

Nevertheless, persons with disabilities access health insurance through different channels. As already noted (in section 3.4), a key channel for persons with disabilities to access health insurance is through the disability determination process, which provides access to allowances and health insurance. Coverage of health insurance via this channel should be identical to the figures on coverage of social assistance in section 4.2 above. However, persons who have not been assessed to have severe or extremely severe disabilities will need to access health insurance by other channels. Figure 19 shows data from the VDS 2023 the portion of persons with and without disabilities accessing health insurance by different channels. By the measure of disability in the VDS 2023, only 15 per cent were covered by health insurance via a disability certificate. An additional 37 per cent of persons with disabilities were receiving health insurance being part of other subsidized groups (which include children, poor households and other recipients of social assistance allowances such as older persons). A remaining 35 per cent were either fully or partially contributing to the system. Compared to people without disabilities, those with disabilities were more likely to be in subsidized groups, and less likely to be contributing to health insurance.

This data suggests that there may be important groups for which coverage gaps remain. Existing data indicates that the largest gaps may relate to those of working age who are neither assessed as having severe or extremely severe disability or covered under other subsidised groups. Figure 18, above, points to the largest coverage gaps being among persons with disabilities aged 30 to 59. This is a gap that deserves attention in ongoing strengthening of the health insurance system. One option to cover this group would be to extend health insurance coverage to persons with mild disabilities, an option that was raised in various key informant interviews.

► **Figure 19: Percentage of persons with and without disabilities having health insurance, by type, Viet Nam, 2023**



Source: National Statistics Office (2025).

Note: Social Subjects refers to other groups receiving social assistance allowances as per Decree 20/2021/ND-CP.

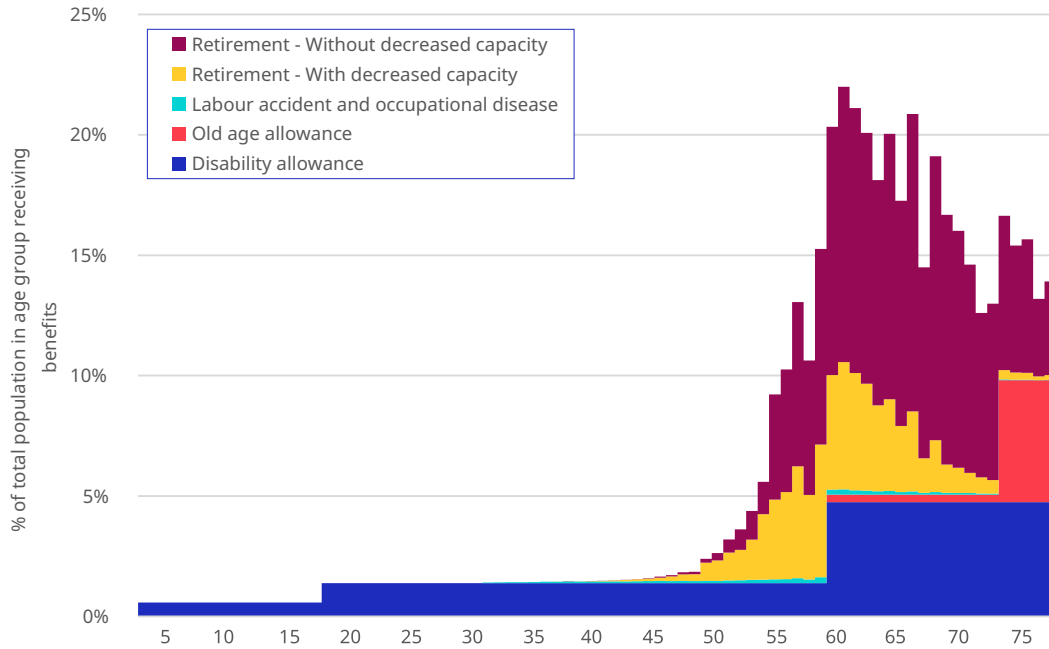
► 4.5 Consolidated analysis

Consolidating coverage data across the life course points to a number of notable gaps for attention. Figure 20 shows data on coverage of social insurance benefits by year (already shown in Figure 16 above), with data on social assistance coverage by age. Social assistance data includes both disability allowances, and old age allowances. Social assistance data is, unfortunately, not available by single year to the coverage is averaged across years based on the available age groups.²⁴ The Figure reinforces the picture that a smaller portion of children and working age adults receive social assistance benefits and social insurance benefits than older adults. However, as discussed above, this does not necessarily indicate a lower coverage of persons with disabilities, given that disability prevalence is lower at younger ages. Indeed, while coverage is much higher at older ages, the combined coverage of disability and old age-related benefits peaks at around 20 per cent at age 60. This highlights significant gaps in the coverage of Viet Nam’s pension system. One notable aspect that is not included in this visual, is that coverage increases significantly for the age group 80+ (to over 70 per cent), due to the social assistance allowance available for older persons ages 80 and over without other pension or social assistance allowance income (at the date of analysis)²⁵.

²⁴ These are 0-15, 6-59 and 60+.

²⁵ As noted above, the age of eligibility for this entitlement is reduced to 75 years as of July 2025, in line with 2024 Social Insurance Law.

► **Figure 20: Cumulative coverage of disability-related social assistance and insurance benefits as a share of the total population by single year of age (0-79 years)**

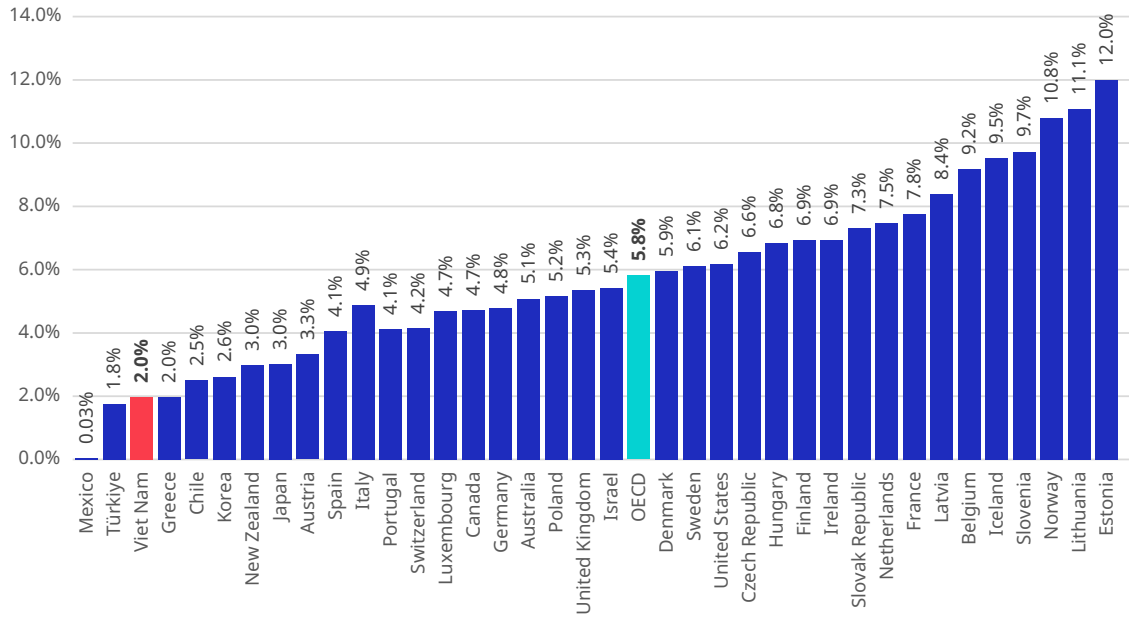


Source: Viet Nam Social Security administrative data (for 2019) compared to population data from the 2019 Population and Housing Census and social assistance administrative data (for October 2023) compared to the 2023 population, based on projections from the 2019 Population and Housing Census.

Despite progress on expanding disability-related benefits, coverage of benefits among persons of working age also remains well below most higher income countries. As noted above, the coverage of Viet Nam’s disability allowance compares favourably to other low- and middle-income countries with non-contributory disability benefits. However, coverage is lower than that found in high income countries for disability benefits as a whole. Figure 21 compares coverage of disability benefits in Viet Nam to coverage in OECD countries, which is measured by the coverage of the working age population with disability benefits. The combined coverage of disability social assistance allowances and disability-related social insurance benefits among working age persons in Viet Nam is 2 per cent.²⁶ This is less than a third of the average among OECD countries (6 per cent) and well below countries with the highest coverage (12 per cent in Estonia).

²⁶ This is the sum of the share of the population 16-59 receiving disability social assistance allowances in 2023 (1.4 per cent) and the share of the population aged 20-64 receiving early retirement benefits (with decreased work capacity) and labour accident and occupational disease pensions under the social insurance system in 2019 (0.6 per cent).

► **Figure 21: Percentage of working age population receiving disability benefits in OECD countries and Viet Nam**



Source: OECD (2022) and authors' calculations for Viet Nam based on October 2023 administrative data and population projections from the 2019 Population and Housing Census.

Note: OECD data is for 2018. Viet Nam data is for 2019 (social insurance) and 2023 (social assistance). OECD defines working age population as those age 20-64. The same definition is used for calculating coverage of disability-related social insurance benefits in Viet Nam. For social assistance, the coverage of the population aged 16-59 is used.

► 5

Worker with a disability repairing a motorbike;
Dong Nai, Viet Nam; March 2014. © ILO / Nguyen A.



5. Adequacy

This chapter reviews the adequacy of disability-related benefits provided across the social assistance, social insurance and health insurance systems. The chapter begins by considering the different kinds of costs that social protection benefits may seek to cover, which is a key conceptual reference point for assessing adequacy. It then reviews adequacy indicators for different kinds of social protection benefits. This is complemented by insights from qualitative research, and from other research.

► 5.1 Social protection and disability-related costs

Social protection benefits can be designed to address a diverse range of disability-related costs. These costs can be divided into two main groups. Which are:

- **Direct costs:** These relate to extra expenditures that persons with disabilities may have related to their disability. This can include:
 - **Extra spending on regular items** such as health care, transportation, childcare services and housing. Extra costs may result from greater need for such services (such as more regular health visits) or because lower costs services – such as public transportation – are not accessible for people with disabilities.
 - **Disability-specific spending**, such as on assistive devices, specialized rehabilitation services or human assistance (such as personal assistance or sign language interpreters).
- **Indirect costs:** These relate to the costs of reduced access to employment for both persons with disabilities and those that may provide care and support to them, as well as lost opportunities for other activities such as education (Cote et al., 2024).

Focus group discussions undertaken for this report highlight the wide array of disability-related costs encountered by persons with disabilities in Viet Nam. One of the opening questions of focus group discussions asked participants to describe the main costs associated with their disability. Key trends from discussions included:

- Health care was the most common direct cost mentioned by focus group discussion, which reflects other research on disability-related costs in Viet Nam (Banks et al., 2018; Palmer et al., 2015). These costs related to a range of goods and services, including examination, treatment and medicines, but also to additional costs of accessing health care services, such as costs of transport or support from family members. Participants often described the scale of costs as relating to gaps in the health insurance benefit package, which is discussed in more detail below (section 5.4). While not as prominent as wider health care costs, some focus group participants also described the costs of purchasing assistive devices.

"It is difficult to get [to the doctor for an eye examination], I have to ask my grandchild to take me there. Health insurance covers drugs, but the insured drugs are not as effective as non-insured ones, so I often buy the latter which costs me about 1 million VND per month". Male, 63 (Soc Trang, visual impairment, without social assistance).

"Persons with mobility impairment also have to buy assistive devices such as prostheses, crutches, wheelchairs, etc. We have to pay for them by ourselves, so it is very difficult". Female, 48 (Da Nang, mobility impairment, with social assistance).

"The hospital here can't treat me, the medication is too mild to be effective. I have to go to Saigon once a month, but due to financial difficulties, I only go when it's severe. In Saigon, the doctor prescribes medication costing 4-5 million VND per month. When I feel better, I stop, but when it gets worse, I go again. I asked Da Lat Hospital, but they don't have the medication and can't treat me". Female, 41 (Lam Dong, intellectual/mental impairment, without social assistance).

- Respondents often described having higher direct costs for transportation. In many cases, this was linked to the lack of available public transport and limitations in being able to ride a motorbike themselves. This results in people with disabilities having to take more expensive forms of transport (such as motorbike taxis) or rely on others to run errands. Issues of transportation costs were particularly prominent among people with visual impairments. One related area of discussion was the difficulty for people with disabilities in obtaining driving licenses, and the costs of adapting motorbikes to tricycles.

"As I can't see, I have to take a grab bike whenever I want to go anywhere; or order items from shops and they ship to me. It is expensive". Female, 58 (Hanoi, visual impairment, without social assistance).

"Here, buses don't have lifts for persons with disabilities to roll their wheelchairs in, like in Hanoi and Saigon. Persons with disabilities are reluctant to take the bus, and there are no fare exemptions". Female, 53 (Lam Dong, mobility impairment, with social assistance).

- Challenges of engaging in employment were also often described a significant cost associated with disability, and therefore one of the most prominent indirect costs that reduced earned income. Participants described both how they found it more difficult than others to find a job, and that employment was often less stable. The employment patterns of persons with disabilities and the barriers they face are discussed in depth in Chapter 8.

"Being visually impaired, we have less opportunities for a job and our income is unstable". Male, 28 (Da Nang, visual impairment, with social assistance).

"It is very difficult for me to get a job. My health is poor, the right side of my body hurts a lot and I can't move that side". Female, 41 (Da Nang, mobility impairment, without social assistance).

- Care and support needs can also result in significant costs, most notably where provided by family members (indirect costs). The focus group discussions included some cases of family members, typically women, leaving employment in order to provide care and support to persons with disabilities. This mainly related to cases of people with intellectual and mobility impairments that had significant challenges with activities of daily living. However, a many more persons with disabilities required more intermittent forms of support, such as support to visit medical facilities discussed above, which can, nonetheless, represent a notable time cost to family and friends. There were a small number of cases where respondents described paying for care and support, including people with hearing impairments having to pay for sign language interpretation.

"[My daughter] can't do anything by herself, we have to take care of her. It's hard work". Mother of female, 18 (Da Nang, intellectual/mental impairment, without social assistance).

"I can't walk well, so I have to ask others for help with some activities of daily living. I can't take care of myself. My husband does not help much, I must hire others to help me in bathing, doing personal hygiene, which costs me 50 thousand VND per time. I don't have much money, thus I have to limit the hiring of people. Normally, I clean myself and have a bath once every 1-2 weeks because that is when I have to hire people". Female, 46 (Soc Trang, mobility impairment, with social assistance).

"I have to assist him in walking because of his poor eyesight. In general, I have to do personal hygiene for him, feed him in every meal. He doesn't remember the names of our children, he just recognizes that they are his children". Caregiver of male, 74 (Ha Giang, intellectual/mental impairment, without social assistance).

Social protection benefits can address disability-related costs in different ways. Broadly, disability-related cash benefits can be divided into the following main groups:

- **Income security benefits:** These benefits focus on compensating for lost income (indirect costs) related to the barriers to employment faced by persons with disabilities. This is the logic behind disability and old age pensions within the social insurance system in Viet Nam, including early retirement and employment injury benefits that are assessed based on loss of work capacity. In some countries, non-contributory disability benefits are also primarily understood as an income security benefit that compensates for barriers to employment.
- **General extra cost benefits:** Some countries provide cash benefits to cover a more general set of direct and indirect costs related to disability (for example, transportation, assistive devices and care and support). These may be additional to income replacement benefits. For example, the United Kingdom's personal independence payment is provided to persons with disabilities – meeting the assessment – to cover such extra costs, regardless of their employment status.
- **"Hybrid" benefits:** Various low- and middle-income countries have benefits that potentially cover both income replacement and/or other extra costs. As discussed below, the disability social assistance allowances in Viet Nam can be considered to fall into this category.
- **Care and support benefits:** Given the significant care and support needs of some persons with disabilities, some countries provide dedicated benefits to cover these costs. The caregiver allowance in Viet Nam is an example of such a benefit. In some other countries, an alternative approach is used where "third-person support" benefits are paid to persons with disabilities to support them to cover the cost of care.

The different function of these benefits will influence how their adequacy is assessed, something that is discussed in more detail in the subsequent sections.

In addition to cash benefits, health systems play a critical role in reducing the direct costs that people with disabilities incur in accessing health care. In Viet Nam, the health insurance system is most relevant in this respect.

► 5.2 Social assistance

Disability social assistance allowances in Viet Nam appear to have been designed to address a range of direct and indirect disability-related costs. While the specific function or intention of the social assistance allowances is not precisely defined, key aspects of the design and eligibility criteria point to the social assistance allowances having a “hybrid” function. The move away from a means-tested approach and criteria focused on work capacity indicate the disability allowances are not considered purely as an income security benefit – that is – compensating for barriers to earning an income from employment. As explored in section 7.1, the disability determination system prioritises persons with the most significant functional limitations and support needs in undertaking daily activities, that are likely to have the highest care and support and other costs. Nevertheless, people with these limitations and support needs are also likely to be those that face the greatest challenges in accessing employment, meaning the income replacement function will still be relevant in many cases. In sum, it may be best to consider disability social assistance allowances as seeking to address both income security and other costs for those with the greatest severity of disability. For those with lower levels of severity, it may be considered to address only one dimension, or both to a lesser degree.

The disability social assistance allowance benefit structure seeks to respond to higher disability-related costs among some groups. As discussed in section 3.2, the benefit structure is set out in Decree 20/2021/ND-CP, with benefit levels for different categories of persons with disabilities being defined using a coefficient with reference to a standard benefit level. The standard benefit level was increased to VND 500,000 per month in 2024 for all social assistance allowances, with the coefficient ranging from 1.5 to 2.5 for disability social assistance allowances. This means that the individual benefit ranges from VND750,000 to 1,250,000 per month (Table 5). The fact that the minimum disability social assistance allowance is higher than the standard benefit (coefficient 1.5) indicates some recognition of the higher costs faced by persons with disabilities compared to some other groups. The coefficient is also higher for persons with extremely severe disabilities, and for both older persons and children. It should be noted that provinces may increase benefit levels beyond the levels in the decree.

► **Table 5: Benefit levels of social assistance allowances for persons with disabilities**

	Children (0-15)	Working age (16-59)	Older persons (60+)
Coefficient			
Severe	2	1.5	2
Extremely severe	2.5	2	2.5
VND per month			
Severe	1,000,000	750,000	1,000,000
Extremely severe	1,250,000	1,000,000	1,250,000

Note: While the age ranges may not precisely align with national and international definitions of children, working age and older persons, they approximately reflect the benefit levels provided to these groups.

Source: Government of Viet Nam (2021).

The benefit level of caregiver benefits varies according to whether or not the caregiver is a relative, and is higher for children. As noted in Chapter 3, this is only provided to those providing care to persons with extremely severe disabilities. For caregivers who are relatives of the person with disabilities, the monthly benefit is at VND 500,000 (coefficient 1); for non-relatives it is at 750,000 (coefficient 1.5) rising to VND 1,250,000 for caregivers of children 1,250,000 (coefficient 2.5) (see Table 6). The allowance is calculated per person with disabilities meaning that a caregiver may receive multiple benefits if caring for more than one person with disabilities.

► **Table 6: Benefit levels of social assistance allowances for caregivers of persons with extremely severe disabilities**

	Children	Working age	Older persons
Coefficient			
Caregiver (relative)	1.0	1.0	1.0
Caregiver (non-relative)	2.5	1.5	1.5
VND per month			
Caregiver (relative)	500,000	500,000	500,000
Caregiver (non-relative)	1,250,000	750,000	750,000

Source: Government of Viet Nam (2021).

Other relevant benefit levels worth noting include:

- An additional benefit is also provided to persons with severe or extremely severe disabilities who are pregnant or caring for children under 36 months of age. This is set at VND 750,000 (coefficient 1.5) if pregnant or raising one child, and VND 1,000,000 (coefficient 2.0) if raising two children or if the individual is both pregnant and raising another child under 36 months.

- The funeral grant for persons with disabilities has a coefficient of 20 This represents a one-off payment of VND 10,000,000 based on the current standard benefit level.
- The coefficient for most old age allowances that are paid is 1 (VND 500,000), but this rises to 1.5 or 2 in some cases.²⁷

As a result, monthly social assistance allowances received by a household with an individual with disabilities can vary from VND 750,000 to 1,750,000 in most cases. Figure 22 provides an illustration of different benefit levels for hypothetical profiles of persons with disabilities. The lowest level is for a person of working age with severe disabilities, who would receive VND 750,000. The highest benefit of the four scenarios is a child with severe disabilities cared for by their parents, who would receive an individual benefit of VND 1,250,000 plus a caregiver benefit of VND 500,000, totalling VND 1,750,000. The benefit would be even higher for a child cared for by a non-relative, but this is likely to be a relatively uncommon state of affairs.

► **Figure 22: Illustration of benefit level for different profiles of persons with disabilities**

Profile of person with disability	Disability level	Main social allowance	Additional benefits	Total benefit
 Person of working age	 Severe	VND 750,000		VND 750,000
 Older person	 Severe	VND 1,000,000		VND 1,000,000
 Child, cared for by parents	 Extremely severe	VND 1,250,000	VND 500,000 (Caregiver benefit)	VND 1,750,000
 Working age PWD, caring for newborn	 Severe	VND 750,000	VND 750,000 (For 1 child under 36 months)	VND 1,500,000

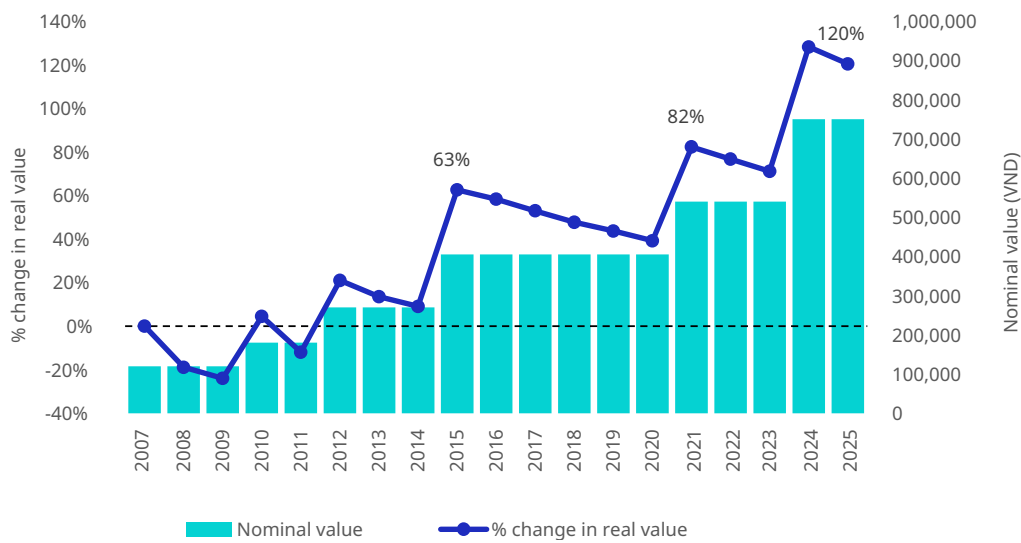
Positively, social assistance allowance benefits for persons with disabilities have increased in adequacy over the last two decades. To illustrate this, Figure 23 shows the change in the value of the minimum social assistance allowance benefit for persons with disabilities since 2007. Over the period, the nominal value of the minimum social assistance allowance has increased from VND120,000 to VND750,000. Even when accounting for inflation, this has resulted in the real value of the benefit increasing by 120 per cent, meaning its purchasing power is more than twice as high as in 2007. The increase in the benefit level has resulted both from the increase in the standard social assistance allowance benefit, and the increase in the coefficient applied for persons with disabilities.²⁸ Nevertheless,

27 The coefficient is 1 for older people aged over 80 years (reducing to 75 years in July 2025), and also for the group aged 75-79 in poor or near-poor households in mountainous and ethnic minority areas (reducing to age 70-74 in July 2025). Older persons in poor households, without anyone to provide care and support receive a coefficient of 1.5 if aged 60-79, and 2.0 if aged 80 or over. See section 3.2 for a description of these groups. As of October 2023, the vast majority of recipients of old age allowance recipients (1,326,613 of 1,397,785) were in the 80 years and over group and receiving a coefficient of 1.

28 The minimum disability allowance had a coefficient of 1 from 2007 to 2011, but increased to 1.5 as of 2012.

it should be noted that the fact that benefit levels are adjusted once every few years means that the real value often falls in the intervening period. This means that the purchasing power of the social assistance allowance is volatile, so that it would not be able to cover the same set of costs in the years between benefit increases.

► **Figure 23: Evolution of minimum social assistance allowance benefit for persons with disabilities, nominal values and per cent change in real value, 2007-2025**



Note: Authors' calculations based on historical benefit levels and data on consumer prices from IMF (2024).

Despite these positive features, the disability-allowances fall below poverty-related benchmarks for benefit adequacy. Poverty lines provide a useful benchmark for assessing disability benefit adequacy. For a person with the greatest functional limitations and support needs, one would expect a benefit to – at the very least – provide adequate income for an individual to live a life of dignity free from poverty. The idea that non-contributory disability allowances should be set – at a minimum – at national poverty lines is indicated by recent international labour standards such as the ILO’s Recommendation No. 202 on social protection floors, and has been incorporated into recent global costing of disability benefits (Cattaneo et al., 2024; ILO, 2012).²⁹ Key poverty-related indicators include:

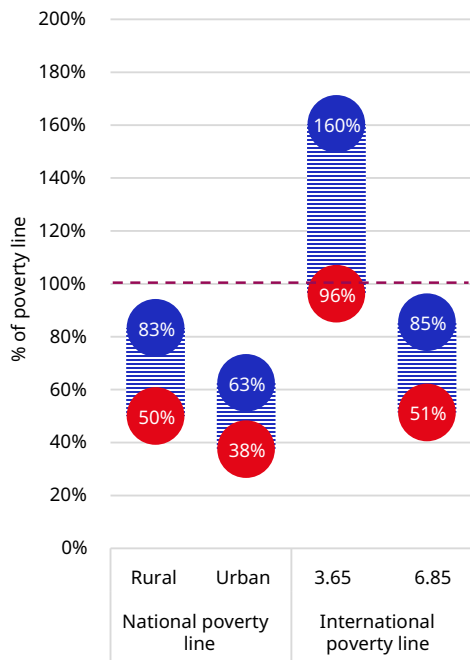
- Compared to the national poverty line the highest disability allowance corresponds to 83 per cent of the rural poverty line, and just 63 per cent of the urban poverty line (Figure 24). Given these poverty lines were set in 2021 they also do not account for price inflation over the last four years, as such adequacy may now – in practice – be lower.

²⁹ It is worth noting that the Committee of Experts on the Application of Conventions and Recommendations (CEACR) has emphasized that minimum income levels cannot be considered adequate if they are below the national poverty line or do not cover the value of the set of goods and services defined as necessary (ILO 2019, 496).

► When compared to international poverty lines, disability social assistance allowances compare more favourably to the poverty line recommended for lower-middle-income countries (US\$ PPP 3.65) such as Viet Nam (with the maximum disability allowance at 160 per cent of this line). Nevertheless, given that Viet Nam is expected to imminently move to upper-middle income country status, a more relevant benchmark may be the poverty line recommended for this group of countries (US\$ PPP 6.85) against which the benefit compares less favourably. This international poverty line is close to the national rural poverty line.

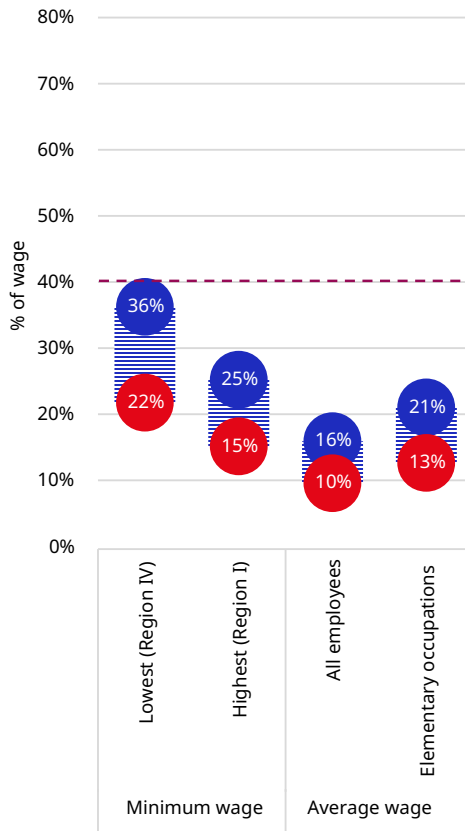
Another important consideration is that standard poverty lines do not take account of the extra costs of persons with disabilities. International evidence indicates that persons with disabilities need to reach a higher threshold than those without disabilities to exit poverty (James and McClanahan, 2019; Mont and Cote, 2020). Therefore, to secure, as a minimum, protection against poverty, vulnerability and social exclusion and enable a dignified and healthy life, disability allowances should – ideally be set at some level above national poverty lines. There is scope for deeper research in Viet Nam to explore what level of benefit would adequately cover the varying levels of disability-related costs faced by persons with disabilities.

► **Figure 24: Disability social assistance allowance benefit level as a percentage of poverty lines, 2024**



● Maximum benefit (VND1,250,000)
● Minimum benefit (VND750,000)

► **Figure 25: Disability social assistance allowance benefit level as a percentage of wage-related benchmarks, 2024**



● Maximum benefit (VND1,250,000)
● Minimum benefit (VND750,000)

Note: Average wage data is for 2023.

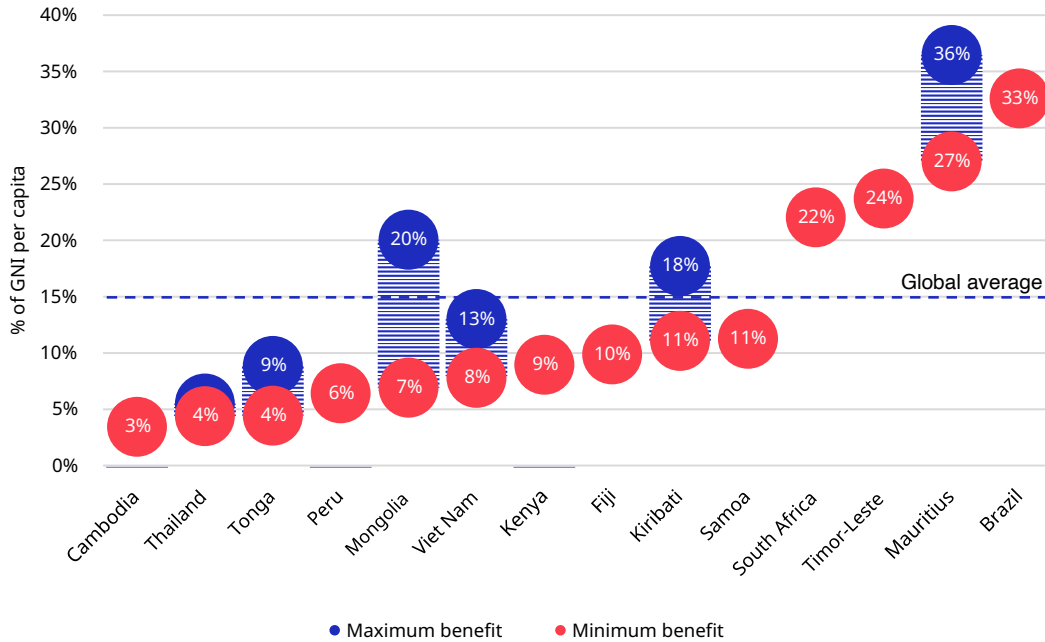
Similarly, disability allowances fall below relevant wage-related thresholds. Wages have long been used as another benchmark for social protection benefit adequacy, reflecting that benefits should keep pace with levels of workers' earnings within the economy. ILO up-to-date social security Conventions establish that, at a minimum, the benefit should correspond to 40 and 50 per cent of a relevant reference wage identified at the national level. For flat-rate benefits and benefits provided under non-contributory schemes, said reference wage should correspond to the earnings of a person deemed typical of unskilled labour (i.e., an ordinary adult male labourer identified according to the guidance provided by the conventions).³⁰ Relevant proxies for this type of worker in Viet Nam include the minimum wage and the average wages of an individual in elementary occupations.³¹ When compared to minimum wages, the highest disability social assistance allowance falls below the 40 per cent replacement rate, being 36 per cent of the lowest minimum wage (in Region IV) and 25 per cent of the highest minimum wage (in Region I) (Figure 25). Similarly, the highest disability social assistance allowance is just 21 per cent of the average wage for elementary occupations. As with poverty lines, it can be reminded that the minimum thresholds established by ILO social security standards, notably Convention No. 102 (i.e., at least 40 per cent of the reference wage) correspond to the minimum standards, and therefore consideration should be given to progressively providing higher levels of protection, including to take account of disability-related costs.

Social assistance allowance benefits are also below average compared to other middle-income countries with non-contributory disability benefits. Figure 26 shows the benefit levels of non-contributory disability benefits in a variety of middle-income countries as a share of GNI per capita, which provides an indication of adequacy relative to the size of each country's economy. Viet Nam is one of a number of countries that provides a range of benefit levels based on factors such as disability severity and age, so the Figure shows both the minimum and maximum benefits available. International comparative research indicates that the average minimum benefit level across countries with non-contributory disability benefits is 15 per cent of GNI per capita. The maximum benefit in Viet Nam (VND1,250,000) falls just below this threshold (13 per cent of GNI per capita), while the minimum benefit (VND750,000) is a little over half. Benefit levels in Viet Nam fall well below countries such as Brazil, Mauritius, South Africa and Timor-Leste where benefits exceed 20 per cent, or even 30 per cent of GNI per capita.

³⁰ See articles 66 and 68 of ILO Convention No. 102 and article 27 of ILO Convention No. 128.

³¹ As defined under ISCO-08. This analysis considers both males and females (unlike Conventions 102 and 128 which focus on males). Comparative practice in other countries indicates that the average wage of an ordinary unskilled worker generally corresponds to 120 per cent of the minimum wage. In the case of Viet Nam, the average wage for elementary occupations is equal to 120 per cent of the highest minimum wage (Region I) suggesting this is a robust benchmark.

► **Figure 26: Benefit level of non-contributory disability benefits as a percentage of GNI per capita, selected countries (latest year)**



Source: Cote and Banks (2025).

Note: GNI per capita is used for better comparability with other countries (especially Pacific islands).

Despite the positive feature of caregiver allowances, their lower benefit level will limit their capacity to adequately cover care costs. In most cases, the caregiver allowance paid will have a coefficient of 1 (VND 500,000) which makes it lower than the minimum available disability social assistance allowance (coefficient of 1.5). This will undoubtedly provide a welcome supplement to households with a person with extremely severe disability and mean they receive significantly more than a household with an individual with severe disability (see comparison in Figure 22 above). Nevertheless, the costs of providing care and support to a person with extremely severe disabilities are likely to be significant and may, for example, entail a caregiver having to forego paid employment. With its lower benefit compared to other disability allowances, the caregiver benefit falls further behind the poverty and wage-related benchmarks described above, meaning it is unlikely to cover these kinds of costs.

Reflecting these gaps in benefit adequacy, focus group participants usually described disability social assistance allowances as only partially contributing to their living expenses. Participants generally described that the benefits supported them to cover part of their monthly expenditures – such as food and utility bills – but were not sufficient to fully cover these costs. Some described how the allowances supported them to cover out of pocket health care expenditures or assistive devices, but often this was described as not being sufficient. One discussion that emerged was that – despite the higher benefit level for those with extremely severe disability – this amount often remained insufficient given the particularly high costs they face. In this context, persons with disabilities often described having to rely on financial support from family members, and income from employment where possible.

“This amount (VND 750,000) helps me cover monthly medical examinations and pay electricity and water bills”. Male, 34 (Soc Trang, visual impairment, with social assistance).

“I enjoy a higher rate, but in general it is not enough to cover my food, water and electricity during the month”. Male, 36 (Ha Giang, visual impairment, with social assistance).

“Frankly speaking, it’s a very small amount. I’m still healthy so it is OK to me, but for persons with disabilities in difficult circumstances, that money is not enough for them at all”. Male, 56 (Soc Trang, mobility impairment, with social assistance).

The gaps in benefit adequacy were also raised in key informant interviews, and have been found in other research in Viet Nam. The perceived low benefit level was a common theme in key informant interviews across a wide range of government and non-government actors. A survey of persons with disabilities conducted in 2022 also found similar issues, with the vast majority of persons with disabilities (86 per cent) responding that the social assistance allowance at the time was not enough to meet their minimum subsistence (MDRI and UNDP, 2023).

Despite the limits to the costs that the social assistance allowance can cover, some participants highlighted the contribution the benefit could make to their own autonomy. Various participants described that the benefit reduced the extent that they felt they were a “burden” on their families. In some cases, despite the modest value of the benefit, it was seen to better enable persons with disabilities to make decisions about their lives. This highlights to the potential for, even small benefits, to support greater autonomy and dignity of persons with disabilities.

“The allowance covers my food and medicines, reducing the burden for my wife and children”. Male, 57 (Ha Giang, intellectual/mental impairment, with social assistance).

“[Without the social assistance allowance] then I will have no money to cover my travel and breakfast. I will have to ask my children for it. It will be better if I spend my own money on my own affairs as I am then more free and pro-active”. Female, 71 (Hanoi, visual impairment, with social assistance).

“I am mentally happy because I am cared for by the government. Materially, the amount is small and does not help much, but it is better than nothing”. Female, 53 (Hanoi, mobility impairment, with social assistance).

► 5.3 Social insurance

The Labour accident and occupational disease benefits in Viet Nam fall short of international standards for benefit adequacy. According to ILO Convention No. 102, employment injury benefits should correspond to at least to 50 per cent of former earnings in case of temporary and permanent incapacity to work. In Viet Nam, work injury benefits provided to an individual assessed as being unable to work (loss of work capacity of 61 per cent) correspond to 90 per cent

of a fixed reference salary.³² The benefit level rises with increased levels of assessed work incapacity. A supplementary benefit is also provided based on the period of social insurance contribution payment.³³ Nevertheless, it is worth noting that, the main benefit is not calculated using the actual earnings of the person concerned to calculate the benefit amount. Instead, the reference salary is the “base salary” for Vietnamese public employees, which stood at VND2,340,000 a month as of 2024 (The Investor, 2024). This falls well below the average wage of a standard beneficiary identified according to the guidance provided by Convention No. 102³⁴, that the ILO estimated as VND 6,834,000 as of 2022 (ILO, forthcoming). In this configuration, the benefit provided to individuals assessed as unable to work (loss of work capacity of 61 per cent) would correspond to 24 per cent relative to this the reference wage of a standard beneficiary, well below the 50 per cent established by ILO Convention No. 102. While the supplementary benefit is linked to previous earnings, this would generally constitute a very small part of the total benefit. Therefore, to ensure that employment injury benefits can effectively achieve their objectives consideration should be given to using insurable earnings – rather than the base salary – as the reference point for the main employment injury cash benefits.

The benefits provided under the labour accident and occupational disease (LOAD) scheme are, nevertheless, higher than equivalent disability social assistance allowances. Table 7 shows the kinds of benefits that working age individuals facing a similar severity of disability might receive from both the social assistance and social insurance (LOAD) system. A person with a loss of working capacity of 61 per cent under the LOAD would receive VND 2,106,000, more than double than a person with severe disability under the social assistance system (VND 750,000). The LOAD benefit would be three times higher in the case of extremely severe disability. Notably, the LOAD scheme also provides a benefit for those with mild disability, which the social assistance system does not. It should be noted that, given the different approach taken to disability assessment, the assessed severity of disability under the two schemes is not directly comparable.

32 Specifically, employees suffering a working capacity decrease of 31 per cent or more are entitled to a monthly allowance equal to 30 per cent of the basic salary, supplemented with 2 per cent of the basic salary for each additional 1 per cent working capacity decrease. This would equal 90 per cent of the basic salary for a person with 61 per cent loss of work capacity.

33 This is calculated at 0.5 per cent for the first year or less, and an additional 0.3 per cent for each subsequent year of contribution. It is calculated based on the contributory wage of the month immediately preceding the month in which the occupational accident occurred or the occupational disease was determined.

34 This is calculated as the earnings of an unskilled manual male labourer.

► **Table 7: Comparison of hypothetical benefit levels for disability social assistance allowances and labour accident and occupational disease, 2024**

Severity of disability	Social assistance	Labour accident and occupational disease
Mild (31% loss of work capacity)	No benefit	702,000 (30% replacement rate)
Severe (61% loss of work capacity)	750,000 (coefficient 1.5)	2,106,000 (90% replacement rate)
Extremely severe (81% loss of work capacity)	1,000,000 (coefficient 2.0)	3,042,000 (130% replacement rate)

Note: LOAD benefits (with the exception of the supplementary benefit) are calculated as a share of the basic salary, which was VND2,340,000 as of 2024.

Source: Authors’ calculations based on benefit levels and formula established in legislation.

In practice, benefits in the LOAD system are disproportionately provided to those with mild disability. ILO analysis of VSS data indicates that the average loss of work capacity of new beneficiaries under the LOAD scheme in 2019 was between 39 and 42 per cent.³⁵ In the same year, the average benefit was just under VND 1 million. A similar picture was echoed in focus group discussions where many respondents described benefit levels close to VND 1 million and mentioned that they only had a partial loss of work capacity. It should be noted that these benefit levels may have increased in 2024 with an increase to the base salary in that year.

Furthermore, as mentioned under section 3.3 of this report, there are workers whom, despite contributing to compulsory social insurance for several years, would still only be entitled to non-contributory benefits should they become invalid, which would put the benefits received in question from adequacy standpoint as they would not be calculated with basis on past earnings as well.

► 5.4 Health insurance

The health insurance benefit package in Viet Nam has some important features in terms of covering costs of persons with disabilities. Overall, the health insurance benefit package in Viet Nam encompasses a relatively broad set of benefits including diagnosis and treatment, rehabilitation, antenatal care, delivery care and, in some situations and for certain groups, medical transport (ILO, 2021). The inclusion of rehabilitation is positive from a disability-perspective given that this is a service that is of particular relevance to persons with disabilities. There have been some initiatives in recent years to increase the scope of rehabilitation services covered under the health insurance benefit package, such as via Circular No. 18/2016/TT-BYT on “Regulations for rehabilitation techniques and items and reimbursement of daytime rehabilitation cost under coverage of health insurance fund” which expanded the package of devices covered under health insurance, mainly relating to orthopaedic and

³⁵ The range is included as averages were calculated for different groups (private and public sector workers, and men and women).

rehabilitation devices (ACDC, 2018). As a result of these various factors, qualitative research has pointed to the positive impact of the health insurance scheme on the lives of people with disabilities.

“Without health insurance every time I go to the hospital it will cost me a lot of money”. Female, 47 (Hanoi, intellectual/mental impairment, with social assistance).

“In general, health insurance is beneficial to us. It covers our treatment costs, inpatient bed, and food”. Male, 36 (Ha Giang, visual impairment, with social assistance).

Nevertheless, there are important gaps in the benefit package in terms of general services, and those more directly related to persons with disabilities. First, various general services are not covered by the health insurance scheme or require a higher level of co-payment from patients. For example, the health insurance only pays between 30 and 50 per cent of the cost of some healthcare services, including injections for a range of conditions, treatment for hepatitis C and robotic laparoscopic surgery. Meanwhile, certain scans – such as a PET-CT scan – will only be covered by health insurance once every 12 months.³⁶ Second, there are major gaps in the coverage of more disability-related goods and services. Despite the expansion of rehabilitation services covered under the health insurance, there are still various services not covered. The health insurance benefit package also includes limited coverage of assistive devices, and explicitly excludes optometry, hearing aids and mobility devices (ILO, 2025). Various focus group discussion respondents highlighted that – despite being covered by health insurance – they often had to pay high out of pocket costs for health care. Despite these issues and observations from qualitative analysis, there is scope for deeper analysis in Viet Nam to understand the nature of the gaps in social health insurance benefit package and how they impact persons with disabilities.

“[My daughter] is entitled to insured medicines, but they are just normal medicines, not specialized ones. We have to buy specialized medicines for her, without which she may have 2-3 seizures a day. When she takes specialized medicines, she has 2-4 seizures a month”. Father of girl, 16, with epilepsy (Binh Phuoc, intellectual/mental impairment, without social assistance).

“It [the allowance] is not enough for my husband’s medicines. Every month he has to take kidney medicines, gout medicines, which we have to buy with out-of-pocket money. Such medicines are not covered by health insurance. The allowance is not enough for medicines, let alone for food”. Wife of male, 74 (Ha Giang, intellectual/mental impairment, with social assistance).

“In addition to the insured medicines, we have to take extra medicines which are costly, for example brain drugs, and some others”. Male, 47 (Ha Giang, intellectual/mental impairment, with social assistance).

The provision of rehabilitation is also uneven, and depends on a range of factors, including funding. Data from the VDS 2016 found that only a very small share of persons with disabilities (2.3 per cent) had received functional rehabilitation services within the previous year. The same survey also showed that only 57 per cent of communal health stations provided rehabilitation services, with lower rates in rural areas than in urban areas (National Statistics Office, 2018). The availability of funding

³⁶ Circular No. 35/2016/TT-BYT (2016).

appears to be a key factor in the provision of services. Recent ILO research focused on social health protection found the provision of rehabilitation services was dependent on support from philanthropists and charities, which does not align with a rights-based approach. It also found that, where rehabilitation services are being implemented, they are mainly focused on physical disabilities and are much more limited for services such as speech and psychological therapies. Meanwhile, some rehabilitation services and assistive devices are only provided through specialized hospitals, and gaining a referral to these specialist hospitals can be time consuming (ILO, 2025).

Beyond rehabilitation, one common issue in accessing health care is physical accessibility. A

thorough analysis of these issues goes beyond the scope of this report but some key issues have been highlighted in recent research, and emerged in qualitative discussions. A recent ILO study assessing social health protection in Viet Nam identified issues including limited physical accessibility of health care centres. This is echoed in data from the VDS 2023 which showed that only around half (55 per cent) had ramps and walkways designed for persons with disabilities, while less than a third (29 per cent) had sanitation facilities designed for persons with disabilities (National Statistics Office, 2024).

There is also perceived inconsistency in some cases on the coverage of health care costs for people with disabilities in different insurance arrangements. While the health insurance scheme covers

100 per cent of insured goods and services for persons with a disability certificate, other groups are not fully covered. Individuals receiving periodic cash benefits for loss of work capacity under the labour accident and occupational disease scheme only have 80 per cent of the cost of health care covered. The same applies for some groups who pay contributions for their own coverage, whether as employees in enterprises, or through other contributory arrangements. In other words, a person with disability covered by these provisions under the social insurance system – but without a disability certificate – will be required to make a higher level of co-payment.

“I wish health insurance will cover 90% of medical expenses (instead of 80%) because medical examination is not costly but inpatient treatment is. Persons with disabilities have low allowance and income, they can hardly afford it”. Male, 63 (Da Nang, work injury).

“I already go to the social insurance agency to ask about that. They explain that according to the law, victims of occupational accidents are just entitled to 80% medical expenses coverage. Although I lost 63% of work ability, equivalent to severe disability, I can't enjoy the same health benefits as other persons with disabilities. At the moment the Association of Persons with Disabilities is fighting to get that policy change”. Male, 49 (Da Nang, work injury).

► 5.5 Consolidated analysis

Overall, adequacy of disability allowances and other cash benefits in Viet Nam can be considered reasonable for a middle-income country on a journey to strengthening social protection provision.

Both social assistance and social insurance (work injury) benefits fall below various relevant national and international benchmarks, including those set by international social security standards. Qualitative research also provides a consistent picture that disability social assistance allowances only make a partial

contribution to covering costs of persons with disabilities. However, benefit levels have progressively increased over the last two decades and, in some cases, are reaching closer to such benchmarks. The disability allowance benefit structure also has strong features in providing greater support to those with the most severe kinds of disability, and at certain stages of the life cycle.

Nevertheless, there are various areas for continued improvement of benefit adequacy over time.

A reasonable ambition for Viet Nam would be to bring minimum disability social assistance allowance benefit closer to relevant national and international poverty lines, while retaining higher benefits for certain groups. This would also increase the benefit level relative to other benchmarks such as the minimum wage. There is also a case for more frequently adjusting benefit levels to ensure that – at the minimum – it keeps pace with price inflation. These measures would logically be considered as part of adjustments to the social assistance system as a whole, given that the gaps in adequacy also affect other benefits, and that some of these measures would likely require adjustments to the standard social assistance benefit. Beyond the social assistance allowance, there is a case for adjusting the formula for employment injury benefits to strengthen the link to past earnings, rather than the basic salary. This would follow the approach of other benefits within the Vietnamese social insurance system (such as pensions, maternity and unemployment benefits) and bring them in line with international social security standards.

Addressing limitations of the health insurance benefit package is also critical to covering the costs of people with disabilities. This report echoes evidence from previous research showing that health care is one of the most significant extra costs faced by persons with disabilities. Despite progress in extending population coverage to the vast majority of persons with disabilities, gaps in the benefit package mean that some persons with disabilities still face significant costs. Tackling this issue requires addressing the gaps relating to general services, and also those relating to goods and services which are of particular relevance to persons with disabilities – such as provision of rehabilitation and assistive devices.



Fishing by a worker with a disability using traditional net casting;
Tri An Lake, Viet Nam; 2007. © ILO / Hung Nguyen

► 6

6. Financing

This chapter explores key issues relating to the financing of disability-related social protection. It begins by reviewing key indicators on the level of expenditure of the social protection system. It then moves on to discuss some key considerations for future sustainability, including with respect to how disability-related social protection links to other parts of the social protection system – most notably old age pensions – and also the labour market.

► 6.1 Social assistance

The substantial share of the social assistance budget allocated to disability social assistance allowances reflects a significant government commitment to disability inclusion. Table 8 shows data on social assistance expenditure disaggregated by the main population group targeted and the type of support for October 2023, with estimates of the annual expenditure.³⁷ Overall, of an estimated VND24 trillion allocated to social assistance, nearly two thirds was allocated to persons with disabilities (64 per cent, or VND 15.5 trillion). This was primarily in the form of social assistance allowances to persons with disabilities (VND 1.15 trillion per month), with a smaller share for allowances to caregivers (VND 141 billion). This shows a strong prioritization of persons with disabilities within the social assistance system.

► **Table 8: Social assistance expenditure by type of benefit, October 2023**

Population group	Monthly expenditure, VND billions				Estimated total annual expenditure			
	Social assistance allowances	Caregiver allowances	Residential facilities	Total	(VND billions)	% of total	% of GDP	% of government expenditure
Children	150.1	11.8	1.7	163.6	1,962.9	8%	0.02%	0.10%
Persons with disabilities	1,152.6	140.9	-	1,293.5	15,521.4	64%	0.15%	0.78%
Older persons	542.1	0.1	0.8	543.0	6,516.5	27%	0.06%	0.33%
Other	20.3	-	0.0	20.3	243.1	1%	0.00%	0.01%
Total	1,865.1	152.7	2.4	2,020.3	24,244.0	100%	0.24%	1.22%

Source: Provincial administrative data on social assistance, October 2023.

Notes:

- Children and older persons who receive the disability allowance are included under the “Persons with disabilities” category.
- Annual expenditure is estimated by multiplying the monthly expenditure by 12. IMF (2024) is used as the source of GDP and general government expenditure data in 2023.
- Expenditure data includes both benefits according to eligibility and benefit levels set out in Decree 20/2021/ND-CP, as well as additional beneficiaries or expanded eligibility determined at the province level.

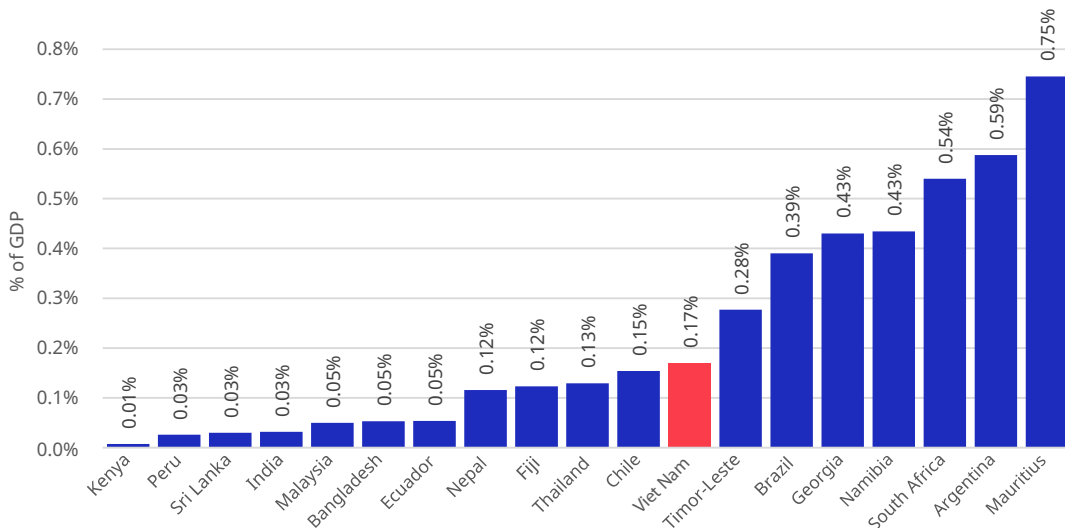
³⁷ This is calculated by multiplying the monthly expenditure by 12. This may not account for changes in the caseload from month to month.

One important caveat to this point is that a large share of disability allowance benefits support older persons. This is linked to the fact that a significant share of recipients (39 per cent) are older persons, as illustrated in Figure 11 in section 4.2 above. Meanwhile, the proportionally higher coefficient for benefits to older persons, and the proportionally higher share of older persons with severe disabilities, means that they receive 45 per cent of expenditures for disability social assistance allowances. One important driver of this dynamic is likely to be the relatively stringent eligibility criteria for old age social assistance allowances, which increases the role of disability social assistance allowances in old age (see Chapter 4 on coverage).

Disability can also be considered a large share of a relatively small pie allocated to social assistance. The total social assistance budget of VND 24 trillion is equal to 0.24 per cent of GDP, or 1.22 per cent of general government expenditure in 2023 (which was around 20 per cent of GDP in 2023 (IMF, 2024). With the increase of the base benefit from VND360,000 to VND500,000 in 2024, the scale of expenditure will have risen. However, with increases in inflation and GDP growth, the picture shown in Table 8 is unlikely to have changed substantially.

Expenditure on social assistance allowances is also modest compared to other low- and middle-income countries. Total expenditure on disability social assistance allowances in 2024 is 0.17 per cent of GDP. This can be considered to be somewhere in the middle of the pack in terms of expenditure on non-contributory disability benefits in middle income countries (Figure 27). Expenditure in Viet Nam is higher than countries such as Fiji, Malaysia and Nepal, however, it is less than half of that in Argentina, Georgia, Mauritius and South Africa. Various factors contribute to the higher levels of expenditures in some countries, including higher coverage (larger age groups covered, and less use of means testing), the nature of disability determination (broader definitions of disability and more accessible disability assessment systems) and higher benefit levels (UNICEF, forthcoming).

► **Figure 27: Expenditure on non-contributory disability benefits, per cent of GDP, latest year**



Source: Development Pathways (2023) Partnerships for Social Protection (2024) and Cote and Banks (2025).

Note: The figure for Viet Nam is annual expenditure as of November 2024, therefore partially takes account of the increased benefit level as of July 2024. However, it does not appear to include expenditure on caregiver allowances.

► 6.2 Social insurance

Disability-related social insurance expenditure constitutes around 0.3 per cent of GDP as of 2019. As shown in Table 9, most of this expenditure relates to early retirement benefits (VND24 trillion), with only a small portion relating to the employment injury scheme (VND0.8 trillion). These components are equal to 14 per cent of total social insurance expenditure, which totalled 2.7 per cent of GDP in 2019. Overall, the lion's share of this expenditure (76 per cent) is in the form of retirement benefits.

► **Table 9: Social insurance expenditure, 2019**

Item	Scheme	VND billion	% of GDP	% of total
a	Retirement - periodic benefits	111,707	1.45%	60%
b	Of which: Early retirement (work capacity loss)	24,426	0.32%	13%
c	Retirement - lump sum	28,769	0.37%	16%
d	Unemployment	13,066	0.17%	7%
e	Sickness and maternity	30,719	0.40%	17%
f	Labour accident and occupational disease	808	0.01%	0%
	Total	185,069	2.40%	100%
b+f	Disability-related	25,234	0.33%	14%

Source: ILO (unpublished).

Note: Disaggregated expenditure data was not available for early retirement benefits (with work capacity loss). This is estimated based on the share of retirement periodic benefits.

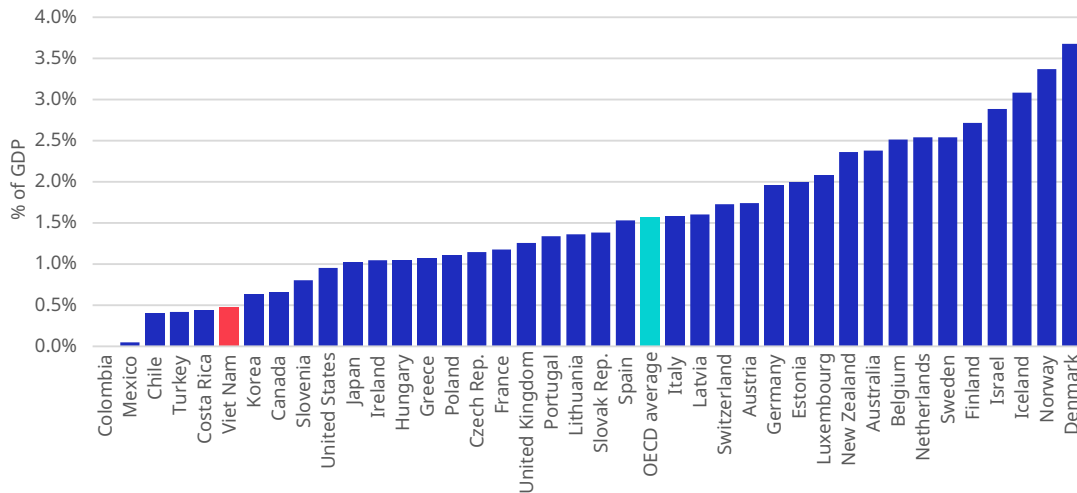
Early retirement benefits and the LOAD scheme face different kinds of issues in terms of financial sustainability. Early retirement benefits linked to work capacity loss represent a significant portion of total social insurance expenditure, meaning that decisions around eligibility and benefit adequacy are likely to have an important influence on the financial sustainability of the social insurance system as a whole. The LOAD scheme faces different kinds of issues. In fact, in 2019, the expenditure of the scheme was just 11 per cent of the total revenue, meaning that the scheme is building a reserve. The low levels of expenditure of the scheme compared to the contribution revenue requires further investigation, but points to factors including the gaps adequacy of benefits discussed above.

► 6.3 Consolidated analysis

Overall disability-related social protection expenditure in Viet Nam falls below levels found in high income countries. Figure 28 shows data from OECD countries on incapacity-related expenditure (not including sickness) which captures disability-related benefits to people of working age. An estimation of this measure is included for Viet Nam – at 0.5 per cent of GDP – which is calculated as the sum of social

assistance and social expenditure as a per cent of GDP, based on calculations above.³⁸ This falls at the lower end of levels of expenditure found in high-income countries, with the OECD average being 1.5 per cent of GDP, and some countries spending as much as 3.5 per cent of GDP.

► **Figure 28: Incapacity-related public social expenditure (minus sickness) according to SOCX classification**



Sources: OECD (2023).

Increased expenditure on social protection for persons with disabilities can be considered an investment at an individual, family and economic level. Social protection systems as a whole play a critical role in supporting investments in human capital and can also have direct positive impacts on the functioning of the economy. ILO analysis has described how social protection can support sustainable economic growth in Viet Nam by creating fiscal multipliers, reducing inequality and stabilising the economy in times of shocks (ILO, 2023a). In relation to disability, the role of social protection in covering wide-ranging disability-related costs can support households to invest in the participation of persons with disabilities, and in other household members. Global analysis has found that this can have important economic returns, indicating that policies which increase employment of persons with disabilities can contribute to higher levels of GDP (Cote and Banks, 2025).

The data presented here suggest that increasing investment in disability-related social protection would be reasonable when put in comparison to other countries. Viet Nam’s current expenditure on disability social assistance allowances is relatively average compared to other middle-income countries that have non-contributory benefits, and it is well below levels of expenditure found in high-income countries. Any such moves would clearly require an assessment of the extent of fiscal resources required to finance such a move.

Increased investment in disability-related social protection could be channelled in several different directions. These include expansion of coverage and/or adequacy of disability social assistance

³⁸ The calculation sums social assistance expenditure in 2023 (0.15 per cent of GDP) with disability-related social insurance expenditure in 2019 (0.33 per cent of GDP) to reach a total of 0.48 per cent of GDP. Using values across different years mean that this figure should be considered an estimate.

allowance, with the view of addressed gaps discussed in previous chapters. They could also be used to expand beyond cash benefits, to strengthen the range of broader care and support services provided to persons with disabilities.

It is also important to consider how the sustainability of disability-related benefits links to other parts of the social protection system, particularly old age pensions. As already discussed, there is significant overlap in the role of benefits provided to persons with disabilities and those provided to older persons, given the significantly higher prevalence of disability in old age. The interaction of disability and old age benefits is particularly relevant for sustainability given the rapid ageing of Viet Nam's population. There are two particularly relevant considerations in this respect:

- Strengthening the coverage and adequacy of pension benefits would reduce the weight on the disability allowance system for providing support in old age. The 2024 Social Insurance Law has already taken significant steps towards building an effective multi-tier pension system in Viet Nam, including by extending coverage of the old age social assistance allowance (see section 3.2), reducing the number of years of contribution required to receive a contributory social insurance pension and creating an allowance for individuals who do not meet the minimum requirements for a retirement pension.³⁹ This is an important step in a process to build a true multi-tiered pension system which can achieve universal coverage with adequacy.⁴⁰ Higher contributory and non-contributory pension coverage would mean fewer older people need to rely fully on disability social assistance allowances in old age.
- On the other hand, strengthening of working age disability benefits can support measures to strengthen the financial sustainability of the pension system. Where disability benefits support productive employment of persons with disabilities, this will increase participation in social insurance schemes and accumulation of old age pension benefits. This, in turn, lowers the dependence on social assistance financed by the national budget. The link between social protection and productive employment of persons with disabilities is discussed in Chapter 8.

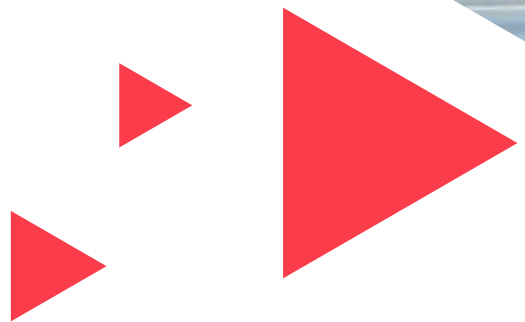
³⁹ The Social Insurance Law 2024 introduces a new type of pension arrangement that allows persons who have reached retirement age but do not meet the eligibility conditions for a contributory pension — and who are not yet eligible for the social pension — to claim a monthly allowance derived from their own past contributions, provided they do not opt for a lump-sum withdrawal and do not defer their entitlements. The duration and level of this monthly allowance are based on the individual's total contribution period and contributory wage. The minimum monthly benefit is set at the same level as the monthly social pension. Where the total contributions accumulated by the individual are sufficient to finance a higher benefit amount (for the period between reaching retirement age and qualifying for the social pension), the beneficiary may receive an allowance higher than the minimum

⁴⁰ For discussion of options, see ILO (2023b).



Worker with a disability operating a sewing machine;
Dong Nai, Viet Nam; March 2014. © ILO / Nguyen A.

► 7



7. Operational considerations

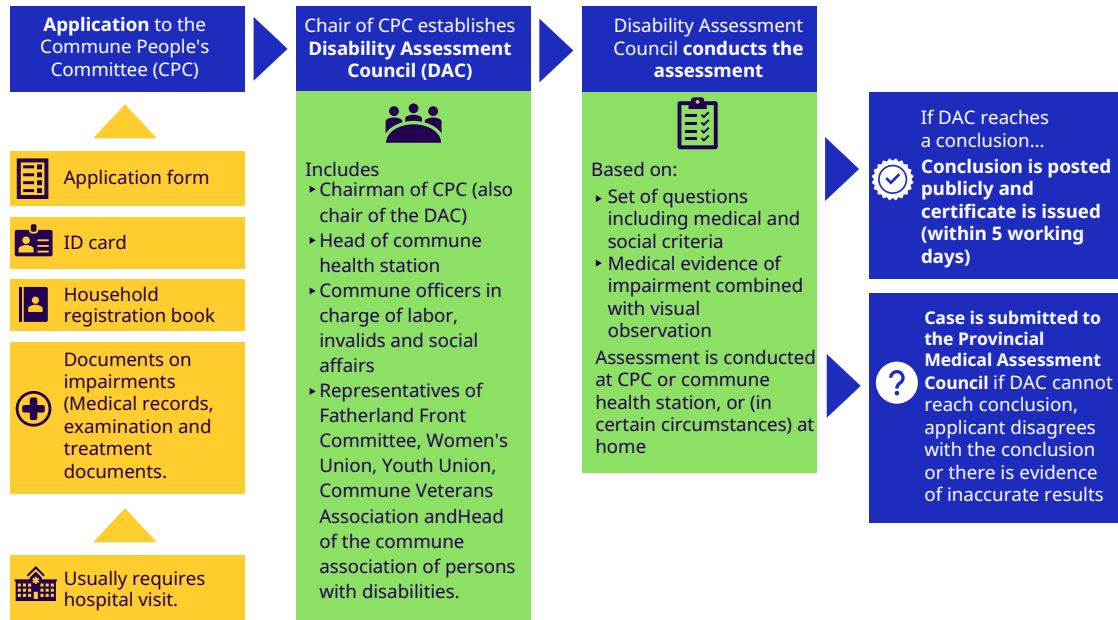
This chapter reviews two key aspects of operations that are of particular importance for disability-related social protection. The first is the disability determination system, which is the channel for receipt of social assistance allowances and fully subsidised health insurance. The second is the payment modality for the disability allowance, which has been in the process of change in recent years, with particular implications for persons with disabilities. The rationale on focusing on these two aspects is their relevance for supporting a disability-inclusive social protection. Specifically, the disability determination system is the key factor in determining who receives social assistance and fully subsidised health insurance, while the payment system is the main regular point of interaction of persons with disabilities with the social protection system. Both topics also emerged prominently in qualitative discussions.

► 7.1 Disability determination

The main disability determination system in Viet Nam has evolved significantly over the last two decades. Prior to 2010, the principal disability allowance within the social assistance system was targeted at “seriously disabled persons in poor households who have no working or self-serving capacity” (Decree 67/2007/NĐ-CP). The disability determination was undertaken by a Medical Examination Council at the provincial government level. Between 2010 and 2012, various adjustments were made to the eligibility and disability determination process. Decree 13/2010/NĐ-CP (Feb 2010) removed the means testing criteria for the disability social assistance allowance. Meanwhile, following the adoption of the Law on People with Disabilities (2010), new regulations in 2012 (Joint circular No. 37/2012) substantially changed the disability determination process in various ways. First, the new process was led by the Commune People’s Committee (CPC), with referral only being made the provincial Medical Assessment Council where the CPC cannot come to a conclusion, where the applicant does not agree with the conclusion or where there is evidence of an inaccurate result.⁴¹ Secondly, the determination methodology moved away from a pure medical approach to include consideration of functioning and support needs (discussed further below). The specific assessment of working capacity was also removed. Some additional modifications were made in 2019 (Circular No. 01/2019/TT-BLDTBXH). The current process is summarised in Figure 29. A separate process is used to determine eligibility for various social insurance benefits, which involves an assessment of incapacity to work and is implemented by the Ministry of Health medical board.

⁴¹ The cases in which a case can be referred to the Medical Assessment Council are defined in Article 15 of the 2010 Law on Persons with Disabilities.

► **Figure 29: Disability determination process**



The disability determination system established under the Law on People with Disabilities has many positive features by international comparison. Many disability determination systems across the globe have significant shortfalls in terms of their accessibility, and their comprehensiveness – commonly following a purely medical approach to disability determination (Cote et al., 2024). The community-centred system of disability determination in Viet Nam helps to address issues of accessibility, while the approach incorporates assessment of both social and medical aspects of disability. The fact that the system provides a gateway to multiple kinds of benefits is also a positive aspect although, notably, it stands in isolation to the mechanism under the social insurance system. By contrast, the system implemented under the social insurance scheme is more narrowly focused on capacity to work, using a purely medical assessment.

7.1.1 Entry points to the disability determination process

People with disabilities learn about the disability determination process – and associated benefits – through a variety of different channels. Many participants mentioned hearing about the disability determination process through word-of-mouth, or from CPC staff and village heads when approaching them to enquire about potential support available in the context of their disability. Some were also informed and guided through the process by OPDs which they were members of. In some cases, the CPC has undertaken outreach to directly inform people with disabilities of the opportunity to undergo the assessment. Some persons with disabilities were also directly referred to the CPC for disability determination while seeking medical treatment.

“The CPC staff came to our house to inform us of the allowance”. Father of female, 24 (Binh Phuoc, hearing impairment, with social assistance).

“I heard about [information about benefits for persons with disabilities] on mass media. Nowadays the visually impaired are able to use smartphones with a lot of apps facilitating their access to information on Google”. Male, 44 (Da Nang, visual impairment, with social assistance).

“I learned about it through the Association of People with Disabilities, then went for a health check, submitted the documents to the commune, and they scheduled a date for the assessment”. Male, 44 (Lam Dong, mobility impairment, with social assistance).

Lack of knowledge is a major factor in not applying for the disability determination process. This was a common response of participants in focus groups who had not applied for the process. Key informant interviews with government and non-government actors also highlighted lack of knowledge about the assessment process as being an issue. Respondents in Hanoi, Ha Giang and Lam Dong described this as being a particular issue in remote areas, while the interviewee for the Association of People with Disabilities in Ha Giang described illiteracy and a lack of knowledge of the Kinh language being an issue. Nevertheless, in general, knowledge of the disability determination process and the availability of social assistance benefits and health insurance appear to be relatively widespread including among focus group participants not receiving social assistance. Indeed, many had undergone (or sought to access) the disability determination process, albeit unsuccessfully. There is, nevertheless, some possibility this picture is biased by the fact that focus groups of non-recipients were sampled in collaboration with OPDs, meaning that those sampled may have benefitted from their communication initiatives.

CPC staff play a significant gatekeeping role to the disability determination process. As shown in Figure 29 above, the first official step to the disability determination process is the submission of an application form. However, a common practice is that people with disabilities who the CPC deem as unlikely to pass the disability determination process are told not to apply. This appears to be done to avoid what might be considered by the CPC as unnecessary administrative effort. While people with mild disabilities can technically receive a disability certificate the limited entitlements available for this group means that the administrative process may not be considered worthwhile either by administrators or persons with disabilities. This was an issue described in other research, such as by Banks et al (2018) in Cam Le district, Da Nang. Some focus group discussion participants also mentioned that the process (including a medical assessment) would only be free of charge if the CPC staff provided a referral.

“Well, disability level assessment is not easy at all. They say if a person with disability can still serve himself, they will not assess such a person. Here many people are rejected although their disability is visible... I must be referred to the assessment service provider by the local authority before I can get the assessment”. Female, 53 (Hanoi, mobility impairment, without social assistance).

“I have never applied because one time I asked a CPC social affairs officer about it and she said persons with mild disability like me would not be eligible”. Male, 50 (Da Nang, intellectual/mental impairment, without social assistance).

“At the beginning of this year, I went to the CPC to ask about that process. They looked at me and then told me to go home. I didn’t understand anything”. Male, 48 (Soc Trang, mobility impairment, without social assistance).

This gatekeeping process may result in unfair exclusion of some persons with disabilities, and an under-estimation of the population with mild disabilities. The informal nature of the gatekeeping process may mean some persons with disabilities who would pass the full assessment are not considered. This may particularly affect persons with less visible forms of disability. The issue is likely to be exacerbated where CPC staff do not have full understanding of the disability determination criteria. This could potentially be addressed by a more systematic screening process. Another implication is that the number of people with a certificate for “mild” disabilities is very small. This would need to be addressed if a more extensive set of entitlements were to be extended to this group.

7.1.2 Application of disability determination criteria

The official disability determination criteria involve a number of layers. These criteria are set out in Circular No. 01/2019/TT-BLDTBXH, which is accompanied by a set of assessment forms. The logic of the determination is as follows:

- The first part of the determination involves identifying the type of disability, which includes a list of 30 possible types, classified into different groups (movement, hearing and speaking, visual, neurological and mental, intellectual and other). These types of disability include a mix of impairments, functional limitations and behaviours. A person with one of these types of disability is deemed to have a disability.
- The second part of the determination involves establishing whether the level of disability is “severe” or “extremely severe”. This is determined in one of two ways:
 - An individual is automatically deemed to have severe or extremely severe disability if:
 - Persons 6 years or older: they have one of six defined categories of impairments (for example, missing two hands, blindness in both eyes, medical diagnosis of cerebral palsy).
 - Children below the age of 6: they have one of 13 defined categories of impairments
 - Otherwise, if the person is aged 6 or over, the individual’s “personal living needs” are assessed according to a scoring system.
 - If an individual is not deemed to have a severe or extremely severe disability in the second part of the assessment, they are considered to have a mild disability.

The type of disability and whether an individual falls within the six defined categories (or 13 for children under the age of 6) can be assessed using medical documents provided during the application. However, the assessment of personal living needs is undertaken by the Disability Assessment Council. According to the guidelines, the DAC “observes the person with disabilities through the performance of simple activities that serve daily personal needs, using a set of questions based on medical and social criteria [described in the guidelines] and other simple methods to determine the type and level of disability for each person with disabilities.”. The scoring system used to assess these personal living needs is shown in Table 10. The level of disability is then determined according to the total number of points, as follows:

- Extremely severe: 14 points or more
- Severe: 7-13 points
- Mild: From 0-6 points

It should be noted that the above logic only applies to individuals aged 6 and over. For children under the age of 6, the assessment of personal living needs is not undertaken, but there is an expanded list of categories of impairments that automatically determine the level of disability.

► **Table 10: Scoring for personal living needs (age 6 and over)**

Level of implementation Activities	Can do (0 points)	Can do it but need help (1 point)	Unable to do (2 points)	Undetermined (mark x)
1. Walk				
2. Eat and drink				
3. Urinating and defecating				
4. Personal hygiene such as brushing teeth, washing face, bathing...				
5. Put on and take off clothes and shoes				
6. Listen and understand what others say				
7. Express your wishes and thoughts through words				
8. Do household chores such as folding clothes, sweeping the floor, washing dishes, and cooking rice appropriate to age; work; labour, production and income generation				
9. Social communication and community integration appropriate to age				
10. Reading, writing, calculation and other study skills				

The way in which the scoring of personal living needs plays out depends significantly on the nature of an individual's disability. While an in depth analysis of the disability determination criteria goes beyond the scope of this report, a number of observations can be made about the system:

- There is a strong emphasis on the Activities of Daily Living⁴² which relate to managing an individual's basic physical needs. These are captured under Activities 2, 3, 4 and 5. This implies that those with the highest scores are people who have significant difficulties in undertaking these activities, and thus require significant care and support.

⁴² Activities of Daily Living include walking, feeding, personal hygiene, continence and toileting (Edemekong et al., 2025)

- The framework also captures some aspects of Instrumental Activities of Daily Living⁴³ which are focused on activities relating to living independently. Many of these are aggregated under activity 8, and also included in 1 and to some extent in 7, 9 and 10.
- The aggregation of many activities under Activity 8 may create some challenges, for example, in the case that an individual may be able to undertake many household chores but not take part in work or income generating activities.
- The assessment of activities “appropriate to age” raises some questions about the application of the scoring to older persons. For example, certain difficulties in activities may be common at more advanced ages but still create significant challenges and the need for support from others.

The criteria for assessing disability broadly align with the conceptualisation within the 2010 Law on Persons with Disabilities. Box 2 briefly discusses how the alignment, also taking into account classification of disability in survey-based measures.

► **Box 2: Reconciling different concepts of disability severity**

The three levels of severity set out in the disability determination system seek to put into practice the definitions set out in the 2010 Law on People with Disabilities. The “extremely severe” classification is focused on those who are unable to undertake (many) activities of daily living. The “severe” classification applies to those that are unable to undertake some of these activities (without support). The lowest level is essentially those with significant functional limitations or impairments that do not fall into the other two categories.

It is also useful to compare these levels to those assessed in survey-based measures (such as the Washington Group questions) which have been used in various surveys including the VDS (2016 and 2023) and the LFS 2022. The Washington Group Question sets are different in nature to the definitions in the 2010 Law and in the disability determination system as they can be only seen to partially assess activities of daily living. However, conceptually, severe disability can be seen to align with the two highest levels of disability captured in the Law, and in the disability determination system. People who “cannot do at all” one of the main functional domains are likely to be those who have difficulties in undertaking at least some daily activities without support. “Moderate” functional limitations are more likely to align with the “Mild” category used in Viet Nam. It should, nevertheless, be emphasised that there is not perfect overlap in these classifications.

⁴³ Instrumental Activities of Daily Living include transportation, managing finances, shopping, meal preparation, housecleaning and home maintenance, managing communication with others, and managing medications (Edemekong et al., 2025).

► **Table 11: Different definitions of levels of disability severity**

Law on Persons with Disabilities 2010	Mild	Severe	Extremely severe
	Those who do not fall into either “Moderate” or “Severe” categories.	Unable to support themselves in some of their daily activities	Unable to support themselves in their daily activities
Disability determination system	Mild	Severe	Extremely severe
	Those with a defined set of functional limitations or impairments.	Those with functional limitations or impairments that limit ability to undertake some daily living activities and may require support to do so.	Those with functional limitations or impairments that limit ability to undertake many daily living activities.
Washington Group Questions	Moderate	Severe	
	Those that respond “a lot of difficulty” in undertaking certain functional activities	Those that respond “cannot do at all” to certain functional activities. However, the link to being able to undertake daily living activities is complex.	

Note: One consideration in Viet Nam would be to adjust the labelling of the “mild” category to “moderate” for better consistency and alignment with survey-based measures.

The understanding of disability determination criteria varied among focus group participants and did not necessarily reflect the official guidelines. In some cases, this reflects the fact that individuals went through the determination process many years ago when the criteria were different. For example, some participants mentioned the focus of the assessment on capacity to work, or limitation of social assistance benefits only to low-income households, both of which appear to relate to the pre-2012 determination system. However, some of these dynamics also related to understanding of the current system. It is also possible that some CPCs are not following the most up-to-date guidelines. For example, one key informant interviewee suggested that the economic conditions of people with disabilities are taken into account in the assessment, even though this is not stipulated in the guidelines.

The understanding of the criteria generally reflected the emphasis on people with disabilities who have high support needs. Some perspectives are included in the testimonies below. One fairly consistent perception is that people who have significant care and support needs are more likely to be considered eligible, which reflects the nature of the official criteria. There is also a perception that requiring assistive technology is more likely to lead to being assessed as having severe or extremely severe disability, which is reflected in the official guidelines (score “1” of needing help with activities includes in relation to assistive devices). Some understandings are more at odds with the official guidelines. For example, the idea that people with eye disease are not considered as people with disabilities does not align with the guidelines that specify that blindness in both eyes automatically implies an extremely severe level of disability. It should be noted that these perceptions may reflect inconsistencies in the application of the

criteria and/or poor communication to people with disabilities on the actual reason for the determination of the level of disability.

“Some assessors have prejudice that *persons with disabilities* who have a job or good economic conditions are those with mild disability and don’t need social assistance. That is a wrong thinking”. Key informant interview with Association of People with Disabilities, Da Nang.

“They told me that eligible persons are the persons with disabilities who are not aware of anything, unable to move or take care of himself/herself, need a caregiver all the time. I was not like that; thus I was ineligible”. Female, 50 (Ha Giang, mobility impairment, without social assistance).

“As far as I know, there is a Decree stipulating that people with eye diseases are not considered as persons with disabilities. That’s why we are ineligible”. Male, 44 (Da Nang, visual impairment, without social assistance).

“The CPC refuse to provide the person with disability allowance for me because they say I still can walk normally. They only provide it for people who lie in bed most of the time. I can walk, but I have frequent dizziness”. Male, 60 (Da Nang, intellectual/mental impairment, without social assistance).

“Normally if a person with disability can walk, s/he is considered as having mild disability and thus is not cared for”. Male, 22 (Binh Phuoc, mobility impairment, without social assistance).

Despite these aspects, the disability assessment process was perceived by some to be subjective. To some extent, this reflects the fact that the decisions on the level of disability will often require a judgement call by the Disability Assessment Council. This is particularly the case for the scoring of personal living needs, which emerged in focus group discussions and key informant interviews as one of the more contentious elements of the assessment process. Another factor may also be different levels of understanding of local officials on the implementation of the assessment, which may be related to training and experience.

“The most difficult part is the interview with the disability assessment council, because their assessment is quite subjective”. Male, 49 (Da Nang, visual impairment, with social assistance).

“CPC staff rotate every 2-3 years, new officers may not know about updated regulations, thus their disability assessment is not objective. Sometimes, persons with disabilities have to get additional information from the Association of Persons with Disabilities and provide new CPC staff with such information”. Male, 54 (Da Nang, mobility impairment, with social assistance).

“Every CPC officer is like that. They assess the level of disability of persons with disabilities subjectively. For example, my daughter seems to be normal if we just look at her appearance until one communicates with her”. Mother of female, 18 (Da Nang, intellectual/mental impairment, without social assistance).

One recurring topic was that representatives of persons with disabilities are not included in the Disability Assessment Council at the commune level. As indicated in Figure 29, regulations stipulate that the head of the commune level association of persons with disabilities should be included in the Disability Assessment Council. Key informant interviews across various provinces, however, highlighted that this

does not happen in practice as associations of persons with disabilities have not yet been established at the commune level (only at district and provincial levels). This creates a fundamental barrier to the incorporation of the perspectives of persons with disabilities into the determination process.

7.1.3 Disability determination process

There were mixed views of the complexity of the disability determination process. Many people with disabilities described the application process as being simple, and some mentioned that they were supported through the process by CPC officials. There were also cases where people with disabilities had been supported by OPDs or village heads. However, others described the process as having been complex, often requiring multiple visits to medical facilities and government offices. Negative views were more common among non-recipients of social assistance who had unsuccessfully gone through the process.

“The process was simple and inexpensive”. Female, 31 (Hanoi, intellectual/mental impairment, with social assistance).

“The village head completed all the paperwork for me I didn’t have to do anything”. Male, 29 (Hanoi, intellectual/mental impairment, with social assistance).

“My child has been receiving the allowance for 4 years. The procedures were simple because we had discharge papers from the psychiatric hospital”. Father of male, 37 (Lam Dong, intellectual/mental impairment, with social assistance).

“I have to go back and forth to complete all the procedures. As far as I can remember, it took me 3 year and 8 times going to the Ward People’s Committee to complete all the procedures”. Female, 69 (Hanoi, visual impairment, with social assistance).

Nevertheless, in general the process is perceived to have become simpler and less time consuming in recent years. In some cases, this was described specifically as relating to the reform to the disability determination regulations in 2012. It appears that some of the more negative perceptions of the determination process related to applications before 2012. Indeed, among both recipients and non-recipients of social assistance there were examples of individuals who had made multiple applications but were only successful more recently. One change noted by various participants in qualitative discussions was that the determination had become better at incorporating autism since the amendment to regulations in in 2019. Varying levels of complexity may also reflect inconsistencies in the implementation of the guideline in different communes, and cases where applications are referred to the Medical Assessment Council.

"In the past it was very difficult to get approval for the social assistance allowance, later it became easier... The first time when I applied, assessors said that they knew my family had some cows and pigs, that meant I was rich and thus ineligible. After that, a Decree was issued which better guarantees the rights of people with disabilities. I applied the 2nd time and was successful. I have been enjoying the allowance since 2014". Male, 44 (Da Nang, visual impairment, with social assistance).

"Before, [the disability assessment process] was complicated. It took me some months and I still couldn't complete the procedures. But now, I just go to the ward health station, I don't have to travel far. Previously I had to ask my relatives who lived in the city to do the paperwork for me, they went back and forth many times and still couldn't complete the required documents". Male, 50 (Ha Giang, mobility impairment, with social assistance).

There were similarly mixed perceptions about the cost of the disability determination process. While many participants described the process as being low-cost, some described notable costs. These mainly related to the cost of medical assessments, and the costs associated with multiple visits to hospitals and government offices. While the reference to medical assessment may relate to the previous system of disability determination, they may also relate to the collection of key medical documents before making a formal application.

"It's easy. I had to pay no cost for the disability assessment". Male, 56 (Soc Trang, mobility impairment, with social assistance).

"The Ward People's Committee asked me to get medical assessment from hospital, which would cost tens of millions of VND. Then one day I felt too painful, I went to the Persons with Disabilities Division of the hospital to ask for help, they said if I had a written referral from the Ward People's Committee, the assessment would be free-of-charge. But the mentioned Committee did not give me one". Female, 63 (Hanoi, mobility impairment, without social assistance).

"It does not cost much, but it is hard to go back and forth many times". Female, 41 (Da Nang, mobility impairment, without social assistance).

"It costed me 1,600,000 VND for that medical assessment, and [my daughter] was still not approved. Since then, I don't apply anymore, because I am poor and can no longer afford for the medical assessment". Mother of female, 18 (Da Nang, intellectual/mental impairment, without social assistance).

The duration of time for an application also varied. Some participants in focus group discussions described only waiting some weeks, or even only days, between making an application and receiving a benefit. However, in some cases the process took much longer, running over many months or even years. The processes with longer durations appeared to relate to those which required many visits back and forth to hospitals and government offices. One factor described in some key informant interviews was that, in some communes, the Disability Assessment Council would only be convened after a certain number of individuals had applied.

There appeared to be limited awareness of any formal grievance and redress mechanisms. The main formal appeals mechanism is the process by which an individual who disagrees with the outcome of

the assessment can ask for the case to be reviewed by the Medical Assessment Council at the province level. However, examples of this happening did not emerge prominently in focus group discussions. One reason – cited by some key informant interviewees – was that applicants to the Medical Assessment need to pay a fee for the assessment if they are unsuccessful, and this payment needs to be advanced. When focus group participants were asked who they could speak to if they had a problem with their allowance, many mentioned CPC staff. Some others said they did not know who to ask. It does not appear that there is widespread understanding of any mechanisms to make formal complaints or appeal decisions made by the CPC. The area where potential grievances were most evident were around disability determination decisions. However, while those who were assessed typically reported being disappointed and dejected, they commonly accepted the decision and did not describe there being any option to appeal. More common was that individuals sought disability determination after some time had passed.

There is scope for clarifying the conditions and processes for recertification of disability certificates. Legislation states that re-certification primarily takes place at the initiative of the person with disabilities or their legal representative.⁴⁴ However, various focus group discussion respondents reported that they had previously received a disability social assistance allowance, but this had been suspended. This points to circumstances where the recertification process has been initiated by the CPC.

► 7.2 Payment

The payment process for the disability allowance has been in a period of transition from cash to bank-based payment. Historically, the payment of the allowance has been made by local authorities, with recipients having to come and collect the payment on dedicated days every month. Viet Nam is currently in the process of transitioning to payment of benefits via bank transfer. Data collection by the Mekong Development Research Institute (MDRI) and UNDP has found that 75 per cent of people with disabilities were still receiving the disability allowance in cash as of 2024, with the remaining quarter mainly via bank accounts (either of the person with disabilities or a family member). However, the level of receipt by bank transfer varies significantly across locations (MDRI and UNDP, 2025). Qualitative data collection for this report found that direct cash payment from local authorities appears to be unavailable in many locations, in which case recipients have either the choice of receiving the benefit via bank transfer or cash payment from the post office from the post office.

There were a range of perspectives on whether the cash payment or bank-based payment was more preferable. Many disability allowance recipients who had moved to the payment by bank transfer found this convenient and preferred it to the cash payment from the local authority. Reasons for the preference included being able to avoid long waits at payment points and being able to easily use the payment through digital apps on mobile devices. Other recipients, however, shared their preference for the cash payment, often due to challenges they faced in using technology, and fees for withdrawals from ATMs. The coverage of ATMs remains much lower in rural and mountainous areas than in urban areas. A few respondents shared challenges in opening bank accounts, although others appear to have done so with

⁴⁴ The Law on Persons with Disabilities states in Article 20 that “Person with disabilities or his/her legal representative shall have right to request a reclassification of disability in case of an event that changes the level of disability.” (National Assembly of Viet Nam, 2010)

relative ease. Distance was clearly a factor in preference for a payment modality, although there was not a consistent picture. It is worth noting that analysis by MDRI and UNDP in 2024 found that 80 per cent of disability allowance recipients faced “no difficulty” in receiving the benefits, suggesting the issues affect a minority – albeit a not insignificant one.

“Bank transfer is more convenient. It is tiring to wait at the post office”. Mother of female, 16 (Binh Phuoc, intellectual/mental impairment, with social assistance).

“Cash is more convenient. For bank transfer, we have to go to an ATM to withdraw the money, which is inconvenient. Secondly, we have to use our smart phone to make withdrawals, if we accidentally click on the wrong button we may lose money. Thus I prefer cash”. Male, 49 (Da Nang, visual impairment, with social assistance).

“I think both modes of payment have certain limits. When it is cash, we have to come early otherwise we will have to queue for a long time. When it is bank transfer, we have to go to an ATM to withdraw money. Meanwhile, the ATM is not very close to my home, moreover we have to pay a fee for withdrawing money”. Male, 56 (Da Nang, mobility impairment, with social assistance).

“Previously I got cash, but as I was sick and could not go to the CPC to get it by myself, I had to ask my stepsister to get it for me, and I paid her 50 thousand VND per time for her help. Now bank transfer is more convenient”. Female, 46 (Soc Trang, mobility impairment, with social assistance).

In some cases, adjustments to the cash payment process had created greater barriers to access. For example, in some instances the move from payment by the CPC, to cash payment at post offices or banks was seen as less accessible.

“Some persons with disabilities here do not have a bank account, so they go to the post office to receive it by themselves. Normally on 10th or 12th of the month, they go there and ask if the allowance is available or not. If the post office staff say it is unavailable, the persons with disabilities go back home. Some days later, they go back there, probably still unavailable. You see, they have to go back and forth until they get it. For visually impaired people, it is really hard to go back and forth 3 times for the social assistance allowance, especially when it is sunny and hot”. Female, 41 (Ha Giang, visual impairment, with social assistance).

“[The post office] is also near. Previously, the allowance was paid at the provincial hospital, which was a bit far for persons with disabilities. Not all of us can reach the provincial hospital easily. The majority of persons with disabilities are weak, they cannot drive a vehicle. If they ask someone to get the money for them, it is impossible because such person cannot sign on behalf of the persons with disabilities”. Male, 40 (Ha Giang, mobility impairment, with social assistance).

There are some instances where payments are delayed. This appears to be an issue linked to the release of budgets for the benefit payments. Generally, these delays do not appear to be significant, but do add a challenge of predictability, particularly where recipients are expected to travel to pay points when the benefit is made available. One specific issue with the move of cash payment from CPCs to post offices is that recipients are no longer notified of the date of disbursement.

Various persons with disabilities authorized family members to receive the payment on their behalf. This approach of identifying a “proxy” for receipt of a benefit payment is common in disability cash benefits across the world, as a response to barriers that persons with disabilities often face to accessing pay points. The identification of a proxy was common among focus group participants, and the predominant picture was that this was opted for out of convenience. In many cases, this responded to issues of travel and navigating outside the home that created challenges for accessing pay points.

It is not clear the extent to which proxy payment may affect the control people with disabilities have over the allowance. One concern about proxy payments is that they may reduce the control that people with disabilities have over the payment, and thus limit their choice and autonomy (Cote et al., 2024; MDRI and UNDP, 2025). This issue did not emerge strongly in focus group discussions, although there were some cases of caregivers of people with intellectual impairments managing the allowance. The CPC was generally described as the decision maker in determining whether proxy payment was acceptable, and – where referenced in discussions – appears to be seeking to follow due process.

“My grandmother gets my allowance because I don’t have a vehicle and can’t communicate well”.
Female, 18 (Da Nang, hearing impairment, with social assistance).

“Sometimes I ask a neighbour to get it for me. The CPC in my commune allows it”. Father of male, 13
(Soc Trang, hearing impairment, with social assistance).

“If persons with disabilities are old, they can authorize their child in writing to receive the allowance for them via the child’s bank account”. Female, 48 (Da Nang, mobility impairment, with social assistance).

“Our city encourages persons with disabilities to receive transfers. If one cannot, the caregiver will help”.
Male, 44 (Da Nang, visual impairment, with social assistance).

“Previously CPC staff brought it my house and I just signed to get it. Now I work in the Blind Association, so I authorize my father to receive it for me”. Male, 25 (Soc Trang, visual impairment, with social assistance).

“The money is transferred to my brother’s account. When I need some money, I tell him and he gives it to me”. Male, 47 (Ha Giang, intellectual/mental impairment, with social assistance).

“People don’t let me go, I’m intellectual impaired. So the officer only allows my family member to pick the benefit... My dad keeps the money. I still go to work and try to earn for breakfast. Sometimes I ask him money to fill up the fuel for the motorbike”. Male, 42 (Ha Giang, hearing impairment, with social assistance).

Ongoing vigilance is required to ensure a balance between the use of proxy payments to help overcome barriers faced by people with disabilities (such as mobility, public transport and accessibility) while ensuring the system is not overused. One area for consideration is how the move to bank transfers may affect control of resources by persons with disabilities. Where payment by the CPC or the post office requires a formal process to designate a proxy recipient, there is far more scope with bank transfers for beneficiaries to share bank details with others to make withdrawals, who eventually have greater control of the funds.

► 8



Worker with a disability watering plants at home;
Dong Nai, Viet Nam; March 2014; © ILO / Nguyen A.

8. Strengthening linkages to productive employment

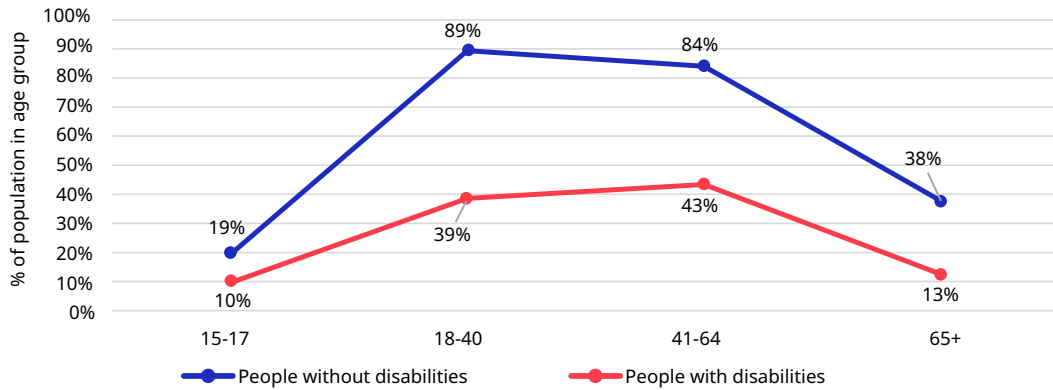
This chapter explores how employment and social protection interventions can better support persons with disabilities to access productive employment. The chapter begins by describing the profile of employment among persons with disabilities and then describes some of the key barriers persons with disabilities face to accessing productive employment. It then considers the extent to which the current social protection system and other active labour market interventions are supportive of engagement in the labour market.

► 8.1 Profile of employment among persons with disabilities

Persons with disabilities are less than half as likely to be in the labour force than persons without disabilities. Data from the VDS 2023 indicates that only 24 per cent of people with disabilities were participating in the labour force, compared to 77 per cent of those without disabilities. This largely reflects the picture found in the VDS 2016 and in the LFS 2022.⁴⁵ The gaps exists for persons with and without disabilities at all ages, but is particularly pronounced for the age group 18-40 (who are less than half as likely to be in employment) and for those 65+ (who are only around a third as likely to be in employment (Figure 30).

⁴⁵ The VDS 2016 found that 32 per cent of persons with disabilities were in employment compared to 82 per cent of persons without a disability. The LFS 2022 found that 6 per cent of those with severe disabilities and 27 per cent of those with moderate disabilities were in employment compared to 73 per cent of those without disabilities.

► **Figure 30: Labour force participation rate of population with and without disabilities, by age, VDS 2023**

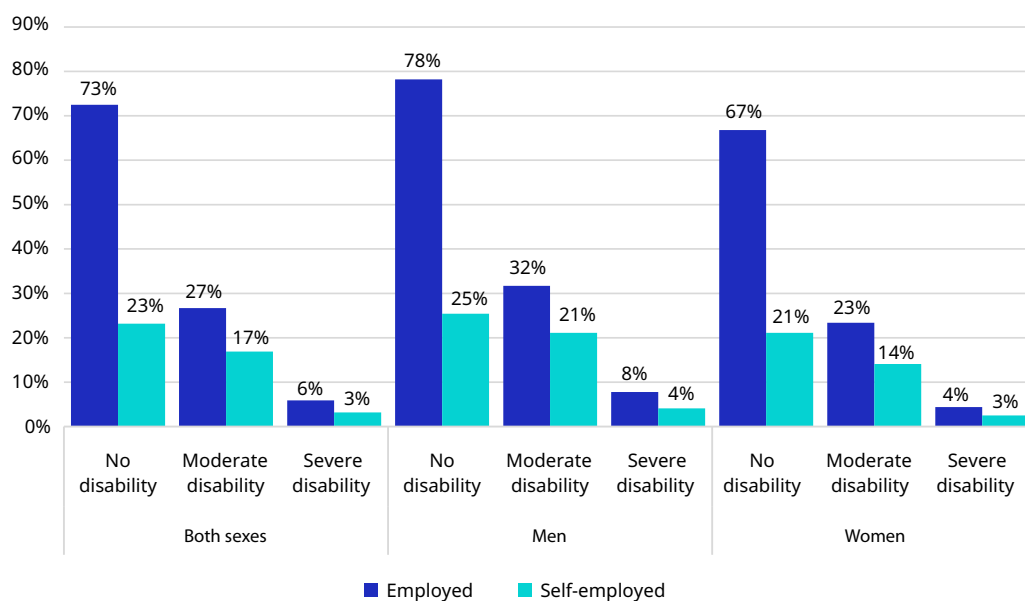


Source: National Statistics Office (2024).

Employment levels are lowest amongst those with severe disabilities and also lower for women. Figure 31 shows data on levels of employment among people with different levels of disability, and by sex, from the 2022 Labour Force Survey. While around 27 per cent of persons with moderate disabilities were found to be in employment, this was the case for only 6 per cent of people with severe disabilities.

The survey also finds that levels of employment are lower for women than for men. Levels of employment are lower for women than men regardless disability, however, gap between men and women appears to be greater among people with disabilities. For example, the employment rate of women with severe disabilities (4 per cent) is around half that of men (8 per cent).

► **Figure 31: Employment and self-employment rate of persons with and without disabilities by sex and severity of disability in Viet Nam, 2022**



Source: World Bank (2024).

Persons with disabilities are significantly more likely to be in less secure forms of employment than those without disabilities. Figure 31 also shows data on the proportion of people with disabilities in self-employment, where the levels and predictability of labour income is usually lower, and employment rights are far more limited compared to wage employment. While less than a third of workers without disabilities are in self-employment (23 per cent, compared to 73 per cent in employment) the majority of workers with disabilities are found in self-employment. Specifically, 17 per cent of those with moderate disabilities are in self-employment, compared to a total of 27 per cent in employment.

The predominance of self-employment was reflected in focus group discussions. This spanned a wide range of activities including street and market selling (such as selling coffee, groceries, lottery tickets), taxi services, massage services, domestic work, home-based production (such as tailoring) and construction work through day labour. Some people with disabilities were business owners, for example, owning small shops or repair workshops. In more rural locations such as Ha Giang, agricultural activities were common. There were also some cases of online work, such as selling different products or earning revenue from performing on apps such as Bigo Live and TikTok (for example, performing music or dance). The reasons for working in self-employment included barriers to accessing wage employment, and the greater flexibility provided by self-employment.

“I mainly farm at home with my parents. One or two days a week I work as a construction worker in the village to earn extra income. I mainly work in the village, I can't go far because the doctor said I shouldn't work in the sun, just do light work”. Male, 42 (Ha Giang, hearing impairment, without social assistance).

“I currently work as a Grab driver. Previously I worked for a company but I could not meet the high targets assigned to me. In meetings, I did not understand what they said. Thus I informed the manager that I would like to leave”. Female, 39 (Da Nang, hearing impairment, with social assistance).

“I do not apply for a job at a company because I prefer to work as a freelancer, it is more comfortable and less controlled. I do farming for others, every day I earn 300-400 thousand VND. Later on, if I am no longer hired for this kind of work, I will apply for a job at a company”. Male, 35 (Soc Trang, visual impairment, without social assistance).

“I do home-based sewing of fashionable clothes. Being a person with disability, I cannot compete with younger people in terms of quantity, but my products are of better quality, so I get higher payment per product”. Male, 56 (Da Nang, mobility impairment, with social assistance).

“Persons with disabilities can do some online work. For example, they can teach sign language online or build a TikTok channel about their daily life (go fishing, cooking, other activities) so that the community will know more about them”. Brother of female, 28 (Binh Phuoc, intellectual/mental impairment, with social assistance).

“I sell lottery tickets and my son has to push my wheelchair along streets, otherwise I just stay in a place and can't move”. Female, 46 (Soc Trang, mobility impairment, with social assistance).

A smaller number of focus group participants with disabilities work in waged employment. The nature of this work including working in coffee shops, manufacturing, as security guards and providing

massage services. One common scenario was of people with disabilities working in social enterprises established specifically for persons with disabilities, such as an Association of the Blind in Da Nang that runs massage services. Massage services were described in multiple focus groups as being a more easily accessible form of employment for people with visual impairments. The focus group discussions may be over-representative of such employment given they were sampled with the support of such associations. Key informant interview respondents tended to describe wage employment of persons with disabilities as something that existed but was relatively uncommon.

The contractual status of wage employment varied. While some wage workers reported that they had written contracts and paid social insurance, various others reported that this was not provided by their employers, sometimes in spite of having specifically requested it. This reflects a broader issue of informal employment among wage workers in Viet Nam.

"I work for a coffee shop introduced by an acquaintance, I don't have a labour contract, and don't need to show them my ID card. My wage is 1.5–2 million VND/month. I work 2–3 days per week, 7 hours per day". Female, 20 (Hanoi, Hearing impairment, with social assistance).

"Currently I run my own business, I trade in construction materials. At the same time, I also work as a shopkeeper for 6 days a week. My income is stable, I have a written labour contract but no social insurance". Female, 41 (Hanoi, mobility impairment, not with social assistance).

"I work as a waiter at a cafeteria. My wage is 7 million VND/ month. I don't have social insurance. I buy health insurance by myself". Male, 45 (Da Nang, hearing impairment, without social assistance).

"I work in a workshop, we produce aluminium doors. I have been doing it for 3 years, since 2019. Every month I earn 3 million VND. I have a labour contract and social insurance too". Male, 39 (Da Nang, intellectual/mental impairment, with social assistance).

"I am working as a security guard for a company for 2–3 years, but they always threaten to fire me because of my visual impairment... The company does not sign a contract with me so that they don't have to pay certain tax". Male, 58 (Da Nang, visual impairment, without social assistance).

"[When I previously signed a contract with a massage establishment] they told us that they would not pay social insurance for us, instead at the end of the year they would give us an equivalent amount as a saving for each of us. Then I said I didn't need such saving, I just need insurance. At that time no one, including my younger sister, chose insurance. I told them that they may not need it then, but in case they were hospitalized, the insurance could save them a lot of money, because I had experienced it already... [Later] our employer started paying social and health insurance premiums for employees, and many people followed my choice. Since then, whenever they recruit new staff, they let the staff chose insurance or cash at the end of the year". Male, 58 (Da Nang, visual impairment, with social assistance).

► 8.2 Barriers to productive employment of persons with disabilities

Lower levels of decent and productive employment among persons with disabilities relate to an interaction of their impairments with barriers in the labour market. In the focus group discussions conducted for this report, many participants described their impairments and associated functional limitations as the main barrier to their employment. These were perceived either by employers or persons with disabilities themselves to limit the extent to which they could perform tasks necessary for different forms of employment, or reduce their productivity. Challenges included difficulties in performing manual tasks for persons with physical impairments, and communication difficulties for those with hearing or intellectual impairments. Some persons with disabilities also described that the pain associated with their impairments limited their capacity to engage in paid work. The articulation of impairments and functional limitations as barriers to employment is at odds with a social model of disability which considers these barriers to relate to limitations in the environment. However, it is noteworthy that many people with disabilities perceived barriers in these terms.

“Who will recruit us – those which have difficulties in sitting down, standing up and walking around?”. Female, 43 (Hanoi, mobility impairment, with social assistance).

“We have weak health so we cannot meet the requirements of the job. If we work with others, our co-workers might have to do more to support us, and they do not like it”. Female, 46 (Hanoi, intellectual/mental impairment, without social assistance).

“They do not recruit persons with disabilities because we cannot meet the requirements of work, for example we take stairs slowly, do the washing or cleaning also slowly”. Female, 53 (Hanoi, mobility impairment, with social assistance).

“Youngsters with disabilities here cannot get paid jobs because employers don’t want to employ them, they prefer productive workers who can communicate well. I think these youngsters can do manual work only, e.g. farming, bricklaying, etc. as freelancers, not as employees at companies”. Grandfather of male, 16 (Soc Trang, hearing impairment, with social assistance).

“I used to provide hair washing service. But when I sat for a long time to wash people’s hair, I had pain in my back, arms and bones”. Female, 50 (Ha Giang, mobility impairment, without social assistance).

“I don’t think employers accept persons with disabilities. They prefer effective staff, and they often think persons with disabilities are ineffective”. Male, 40 (Binh Phuoc, work injury).

Some people with disabilities articulated barriers to employment in terms of a lack of reasonable accommodation by employers to support their participation. Issues raised included physical inaccessibility of working environments, a lack of sign language interpretation, ride hailing apps not being adapted for persons with hearing impairments and also a lack of accommodation for sick leave. Greater occupational risks faced by persons with disabilities were also mentioned. These included employers justifying not employing persons with disabilities due to a perceived greater risk in the case of fire.

"I asked some Vietnamese companies ..., they said if they employed me, they may get some fine from the Labor Inspectorate". Male, 30 (Soc Trang, mobility impairment, without social assistance).

"Some time ago, I went to an employment service centre to ask if there are any jobs, but they said that companies did not accept persons with disabilities because persons with disabilities could not run when there was a fire." Female, 38 (Binh Phuoc, mobility impairment, with social assistance).

"Non-deaf drivers can invite customers to use their service or work as platform drivers. As I am deaf, I cannot use telephone while I am in traffic thus cannot be a platform driver." Male, 64 (Hanoi, hearing impairment, without social assistance).

Stigma and discrimination were also cited as an issue, either from colleagues or from managers. In some cases, this was linked to issues of persons with disabilities receiving lower pay for the same kind of work activities as others, or having fewer opportunities for promotion. Nevertheless, some focus group participants mentioned that there were few issues related to stigma, and that levels of stigma had reduced over time.

"When we work as waged workers, sometimes we hear insulting words. It discourages us". Female, 71 (Hanoi, visual impairment, without social assistance).

"I used to work as a garment worker in Saigon [with another person with a hearing impairment]. The other co-workers were quite open, but managers were not friendly to us. We produced the same quantity of products like hearing workers, but our wage was lower. When I asked the manager why, she said it's because the other could speak while we couldn't". Female, 24 (Da Nang, hearing impairment, without social assistance).

"If persons with disabilities are lucky, they will meet easy-going employers who agree to employ them. But there are many tough employers who are afraid that persons with disabilities are unable to meet job requirements, thus they don't like persons with disabilities". Female, 41 (Da Nang, mobility impairment, without social assistance).

"People in my hometown have a prejudice about the capacity of persons with disabilities, that is, they do not believe persons with disabilities can do things. Thus when I intended to participate in a vocational training course on massage, which is a common job for the blind, my mother prevented me. After that, I worked as a telesales staff, the salary was not high but enough to cover my living, then due to a few problems with the working equipment, I had to quit that job. In the subsequent 2-3 years, I submitted my CV to many employers but no-one recruited me. In addition, Vietnamese people still have stigma and discrimination towards persons with disabilities, I myself have encountered certain offense. Businesses are often not willing to recruit persons with disabilities because if they do, they will have to invest in renovating the working infrastructure and environment to suit persons with disabilities, which is time-consuming and costly". Male, 22 (Hanoi, visual impairment, without social assistance).

"Before I worked as a coffee shop, non-deaf people were paid 20,000 VND/hour while I was paid only 10,000 VND/hour. The shop owner easily got angry, so I worked there for 1/5 years and then quit job". Female, 25 (Hanoi, hearing impairment, without social assistance).

A lack of support from families may create barriers to employment of persons with disabilities. Recent analysis of the Labour Force Survey 2022 found that 84 per cent of people with disabilities reported that their families were not supportive of their efforts to work. Support was lowest among older persons and among women. Questions around this topic were included in some focus group discussions, however, only a small number of focus group participants mentioned discouragement from families. Limited support from families may relate to a number of factors, including fear that persons with disabilities may be exposed to stigma and a lack of confidence in the employment opportunities available, among others.

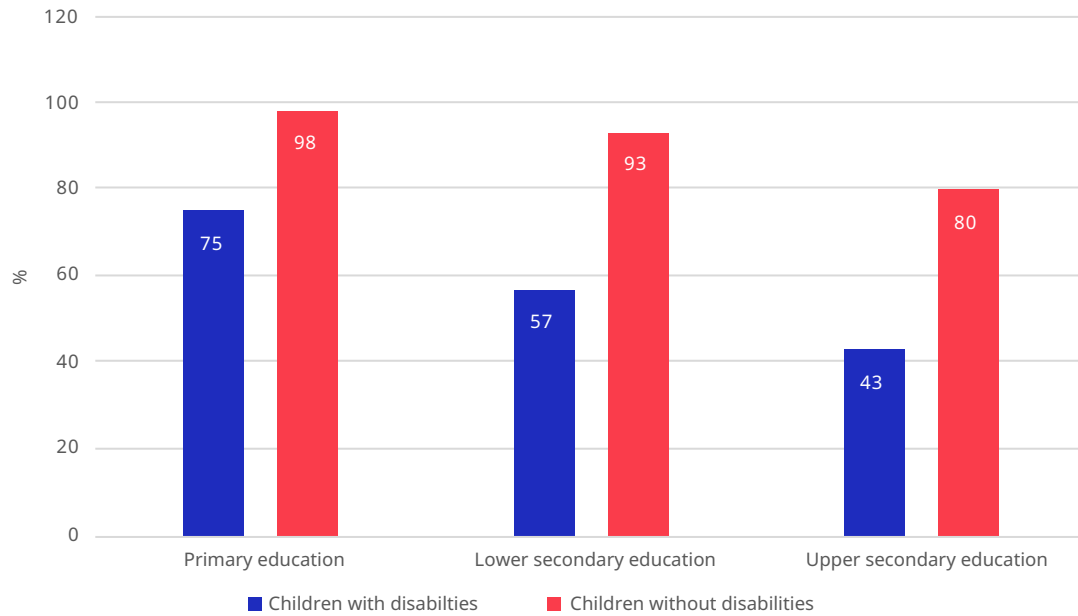
The idea that only some types of employment are suitable for persons with disabilities may exacerbate barriers to productive employment. A common perspective across both focus group discussions and key informant interviews was that certain occupations were suitable for persons with disabilities. This influences the kind of support people with disabilities receive to access employment from OPDs, government officials and family members. To a large extent, this was part of an attempt to identify types of work that would be more accessible given the different impairments and functional limitations faced by persons with disabilities and barriers in the environment. Nevertheless, a risk of this approach is that it may not confront the barriers to more productive forms of employment due to discrimination and a lack of reasonable accommodation in the workplace.

Lower levels of education and qualifications among persons with disabilities were also described as a barrier. This related particularly to people with impairments from birth, or who had acquired them during childhood. Levels of enrolment in education are significantly lower for children with disabilities than those without, especially at lower and upper secondary levels (Figure 32). Many children also only complete schools at a later age than persons without disabilities. Some focus group discussion participants described the challenges they had faced in schools during their childhood, including stigma and an absence of accessible learning environments. One indication of the lower level of educational attainment is that the literacy rate among all persons with disabilities has been found to be just 74 per cent, compared to 96 per cent among persons without disabilities (UNPRPD, 2022).

“Enterprises still have some stigmatization towards us. It is because we are not qualified as non-persons with disabilities, not all families can afford persons study for persons with disabilities. In Da Nang, there are thousands of visually impaired people, but approximately 20 have a university degree. State agencies and businesses always require qualifications for any position, we can hardly meet such requirements. That’s why most of us just do massage or manual work”. Female, 43 (Da Nang, visual impairment, with social assistance).

“If a family has a child with disabilities, it will be a big disadvantage for them. Previously, the society as well as families of persons with disabilities used to think that it was no need to send persons with disabilities to school. I was almost illiterate, fortunately my family sent me to school at the age of 10 years. At school, I encountered obstacles in integrating with others, moving myself, participating in extracurricular activities. When I became mature, I had difficulties in getting a job”. Female, 48 (Da Nang, mobility impairment, with social assistance).

► **Figure 32: Gross enrolment rate of children with and without disabilities, VDS 2023**



Source: National Statistics Office (2024).

Another notable barrier to employment related to transportation. Even if workplaces are accessible and inclusive, travelling to them may be costly. Transportation in Viet Nam is generally not considered to be accessible for many persons with disabilities, meaning they may need to take more expensive forms of transport (such as taxis) or be accompanied when travelling. This is likely to particularly limit opportunities for employment at greater distance.

“It is easier to get a job at my age, but travelling is a problem”. Female, 27 (Hanoi, mobility impairment, with social assistance).

“I submitted so many job applications which cost a lot of money, but at that time I was young and enthusiastic, so I kept making efforts to get a job. After 6 months, I was tired because I spent a lot on transportation (I had to ask a family member or a motorbike taxi driver to take me to recruiters because I couldn’t drive). After that, I decided not to look for an accounting job anymore, I started to work in an industrial park where I packed electronic chips. My only difficulty at work was that my office was on the second floor, so it was difficult for me to move up”. Female, 35 (Da Nang, mobility impairment, with social assistance).

Ageing was a factor that intersected with many of the issues above. Persons with disabilities of more advanced ages mentioned the greater challenges they faced to engaging in employment, often framed in relation to specific impairments, sickness and issues such as stamina. This related both to older persons who had acquired a disability earlier in life, and those where disability was more linked to age-related factors.

Finally, some persons with disabilities described how specific shocks like COVID-19 had impacted their

employment opportunities. It was not always clear how far these employment impacts were specifically related to the individuals' disability, but there was one case where this connection was made. This reflects recent research which found that people with disabilities in Viet Nam experienced greater losses of work and income during the COVID-19 pandemic, and higher impacts on household finances (Banks et al., 2025). It also reflects a broader global trend of persons with disabilities having been particularly vulnerable to the employment shock resulting from the COVID-19 pandemic.

"Previously I worked as a waiter at a restaurant, but during the Covid-19 pandemic they reduced the number of employees and I have been unemployed since then. Now, it is difficult to find a job, especially for persons with disabilities like us". Male, 31(Da Nang, intellectual/mental impairment, with social assistance).

"I worked as a vendor on the street. Right before the Covid-19 period, there were many articles saying about the increase of allowance for persons with disabilities, thus local security collaborators think that persons with disabilities like me are getting better support and prevent us from selling things on the street. Another reason is that the number of tourists (my customers) is reduced. Now I am waiting for the number of tourists to increase and local security collaborators to loosen their control before I come back to work as a vendor on the street again". Female, 69 (Hanoi, visual impairment, with social assistance).

"In the past, an acquaintance connected me to a company. I worked there for a while, then get layoff during the Covid-19 pandemic. I was very sad because without income how could I support myself and my child. When the pandemic was over, an employment centre sent me to a company to work as a cleaner, but the employer there refused me when they saw my lost arm. Then the employment centre sent me to another employer, which was a bank. The boss there was aware of my condition, and she allowed me to work there". Female, 41 (Da Nang, mobility impairment, without social assistance).

► 8.3 Design of social protection compatible with work

The design of social assistance allowances in Viet Nam is conducive to supporting employment of persons with disabilities. One common practice in social protection systems across the globe is to limit social protection benefits to those assessed as not having capacity to work, with employment sometimes being prohibited. Such an approach creates additional barriers to employment and ignores the fact that social protection benefits can in fact enable employment by covering costs such as specialized transportation and other support needs. The disability allowance system does not prohibit work and, since 2012, has moved away from a disability determination system that is directly linked to work incapacity. While persons with the most severe forms of disability undoubtedly face significant barriers to employment, the current social protection system is not considered to actively prevent employment.

The supportive design of disability social assistance allowance is illustrated by the various recipients in focus group discussions that were in employment. While some focus group participants shared that they were not in employment, many reported that they were. This included the various forms of self-employment and wage work described above. The commonality of employment among focus

group participants is somewhat surprising given the data suggesting low levels of employment among persons with disabilities – especially with severe disabilities. In part, this may reflect the sampling of focus groups via organisations of persons with disabilities. It is possible, for example, that respondents were better positioned than the average for persons with disabilities to access employment, while some organisations of persons with disabilities offered or actively supported employment.

The social insurance employment injury scheme is also supportive of employment. While the scheme is assessed based on capacity to work, it does not specifically prohibit employment. Moreover, beneficiaries of the scheme may be considered to have “partial” loss of work capacity, therefore assuming they would continue to have some access to employment. This was the case for various individuals in focus group discussions with individuals receiving work injury benefits.

Nevertheless, the limited social protection support to persons with mild disabilities may be a missed opportunity to better support employment. Compared to persons assessed as having severe or extremely severe disability, persons with more mild forms of disability may face less significant barriers to employment. For example, a person with a lower mobility impairment may be able to perform necessary tasks in a textile factory with limited assistance but not be able to reach the place of work due to inaccessible public transport. In such cases, a potentially small cash benefit could contribute to covering such costs and enabling access to decent employment. Such measures would not only boost the income security of persons with disabilities but could have positive impacts on outcomes including overall economic activity and participation in social insurance.

► 8.4 Employment and active labour market policies for persons with disabilities

Active labour market policies can play an important role in supporting the participation of persons with disabilities in employment. These include ensuring people with disabilities have the skills to engage in the labour market, that they have access to employment opportunities, and the employers provide a supportive employment environment for persons with disabilities. The ILO’s Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) sets out key principles and actions for member states to implement vocational rehabilitation and employment measures for persons with disabilities. Article 7 sets out a range of services, namely, “vocational guidance, vocational training, placement, employment and other related services to enable disabled persons to secure, retain and advance in employment”. These may be provided specifically for persons with disabilities, or by adapting existing services for workers generally. Viet Nam adopted Convention No. 159 in 2019.

Viet Nam has a comparatively elaborate legal and policy framework related to employment of persons with disabilities. This includes targeted legislation through the Law on Disabilities (2010) with various articles defining provisions in relation to employment of persons with disabilities. It also includes integration in general employment and labour market policies and legislation that references disability in employment-related laws. Of particular relevance is the revised Employment Law was endorsed by the National Assembly on 16 June 2025 and will take effect in January 2026. The Law introduces stronger and more detailed provisions to promote employment for persons with disabilities (persons with disabilities).

Key policies include:

- **Non-discrimination and equal opportunity:** The Law promotes equal treatment for persons with disabilities in the workplace. Employers must ensure that persons with disabilities are treated on par with other employees, without stigma or preferential treatment. Discrimination in recruitment, remuneration, promotion, or job assignment is prohibited. Employers are not allowed to reject qualified applicants with disabilities or apply discriminatory criteria in the hiring process.
- **Decent work conditions:** Jobs must be designed in alignment with workers' health, abilities, and specific disabilities. Employers are required to provide accessible tools and a suitable working environment. Persons with disabilities cannot be assigned to hazardous or physically demanding work unless they voluntarily agree, having been fully informed of the associated risks.
- **Incentives for inclusive employers:** Employers with a workforce composed of 30 per cent or more persons with disabilities are eligible for various incentives, including financial support to improve workplace accessibility, corporate income tax exemptions, preferential loans, and land rent waivers or reductions depending on the proportion of persons with disabilities employed. In addition, the revised Employment Law also stipulates that employers may receive a reduction in the unemployment insurance contribution payable by the employer for workers with disabilities, for a period not exceeding 12 months when recruiting and employing new workers with disabilities.
- **Preferential loans:** Workers with disabilities are eligible to borrow preferential loans for job creation, job maintenance and expansion at lower interest rates. In addition, workers in households who are directly providing care for persons with particularly severe disabilities, as well as workers who take on the care of persons with particularly severe disabilities, are also eligible to access preferential loans to create jobs, maintain employment, and expand employment opportunities at lower interest rates.
- **Employment support:** People with disabilities are entitled to support when participating in training, upskilling, skills improvement programmes, and in the assessment and certification of national occupational skills. Persons with disabilities are also prioritised for participation in public employment programmes.

Other relevant laws include the Labour Code (2019) and the Law on Vocational Education and Training (2014).

This section discusses three key aspects of active labour market policies: (1) vocational training – which emerged relatively prominently in focus group discussions (2) other services including preferential loans and employment services, and (3) broader measures to tackle discrimination and support reasonable accommodation in the workplace.

8.4.1 Vocational training

Vocational training can provide an important mechanism to support employment of persons with disabilities. Vocational training has the potential to reach a relatively wide array of persons with disabilities (compared to measures focused on formal employment) and has the potential to fill skills gaps – not least for persons with disabilities experiencing gaps in education during childhood. Viet Nam has a relatively extensive system of vocational training establishments, and these include specialised establishments providing vocational training for persons with disabilities. The Law on Persons with Disabilities (2011) stipulates that vocational training should be provided free of charge to persons with disabilities (Article 32) (National Assembly of Viet Nam, 2010). The Law on Vocational Education (2014)

also reaffirms the support of the government State vocational training of persons with disabilities (UNDP, 2020).

Many focus group participants had taken part in vocational training. This included a mix of vocational training provided by state agencies, and those provided by associations of persons with disabilities. In the case of state-provided vocational training, it was not always clear the extent to which this involved trainings which had been tailored to the situation of persons with disabilities, but some instances of this existed.

Nevertheless, there are various indications of lower coverage of vocational training among persons with disabilities compared to those without. The VDS 2023 indicates that only 9 per cent of persons with disabilities had received vocational training, compared to 22 per cent of those without disabilities (National Statistics Office, 2025).⁴⁶ Decision 1190/QĐ-TTg of 2020 which approved the scheme for assisting people with disabilities in the 2021 – 2030 set a target that 200,000 persons with disabilities should receive vocational education between 2021 and 2025, and 300,000 between 2026 and 2030 (Prime Minister of Viet Nam, 2020). However, this only relates to six specialised vocational training centres in six regions of the country, not training of people with disabilities in mainstream training institutions, or others such as those managed by OPDs. Data does not appear to be available on whether this target has been achieved.

Qualitative discussions also highlighted a number of potential issues in access of persons with disabilities to vocational training. While a comprehensive assessment of vocational training goes beyond the scope of this report. A common theme was that mainstream vocational training courses were not adapted to account for the functional limitations of persons with disabilities, and the types of employment that were likely to be most appropriate. This emerged both in focus group discussions, and key informant interviews with organisations of (and supporting) persons with disabilities. This appears to be a reason why vocational training provided by such organisations is considered to be more relevant for persons with disabilities. Other issues included a lack of information on available training and/or referral from disability determination processes. Other research has also highlighted the inaccessibility of relevant examinations (Banks et al., 2018; UNDP, 2020).

⁴⁶ Other research has found slightly higher levels – at 12 per cent (Toan, 2012)

"I already attended a vocational training course on tailor skills but I couldn't do it well and then my mom got sick so I paused and came home to take care of her. Now my mother is passed away, but I cannot get back to that training course due to weak limbs". Female, 47 (Hanoi, intellectual/mental impairment, with social assistance).

"Persons with disabilities in general and visually impaired people in particular are provided with many vocational classes such as acupressure massage, presentation skills, traffic access skills, etc". Male, 61 (Hanoi, visual impairment, with social assistance).

"Vocational training is available, but not dedicated to persons with disabilities only". Female, 53 (Soc Trang, mobility impairment, with social assistance).

"For the visually impaired, the law is that they have the right to learn a job and work, that is clear, but what to study, what to do, how to learn is currently open because general vocational training centres cannot teach the visually impaired. People all teach sewing and repairing cars with refrigeration, those professions are not suitable for the ability of the visually impaired and the method of teaching the visually impaired is to hold hands, so the teacher must also have skills. This is not available in vocational schools, so most of the professions, such as the spearhead profession you just mentioned, are all organized by associations". Key informant interview with Association of Visually Impaired People – Hanoi.

"A number of people with disabilities can't move but their intellectual is good and they can do well IT work; some others can cook very well or make good clothes; some want to sell lotteries and are in need of a wheelchair/disability tricycle so that they can do that job. Now vocational training is provided for persons with disabilities but sometimes it does not respond to their needs. Also, the duration of vocational training courses for persons with disabilities is the same as that for non- persons with disabilities, whereas persons with disabilities need more time to understand/absorb the knowledge and skills before they can really do things. Thus it is necessary to extend vocational training periods because persons with disabilities ability and awareness are more limited". Key informant interview with Association of Persons with Disabilities – Binh Phuoc.

"After the occupational accident, I had been in a shock for a few years. Then I got training on computer skills and got a job. Later, when the labour law changed, there were more priority policies for persons with disabilities". Male, 49 (Da Nang, work injury).

8.4.2 Other employment policies

The existence of preferential loan arrangements for people with disabilities was discussed in many focus groups, although they also highlighted the barriers to access. Preferential loans are available from the Social Policy Bank, with a value up to VND 100 million and with an interest rate of 0.3 per cent (reduced from 0.6 per cent for people with disabilities). Nevertheless, some participants reported that the application process was challenging, particularly in being able to prove the ability to pay back loans. Some persons with disabilities also worried about their own capacity to pay back such loans. Participants had also benefitted from loans from other actors, including associations of persons with disabilities, as well as the Viet Nam Women's Union and the Bank of Agriculture and Rural Development.

The role of other types of employment support services was more limited. Various public employment services exist in Viet Nam which are delivered via Employment Service Centres. The legal framework

does not define a specific mandate for public employment services to support persons with disabilities although persons with disabilities are among the target group for such support, and some specific services exist. There are, nevertheless, broader limitations to public employment services, including their decentralisation, and their focus on recipients of unemployment insurance. (Prospera, 2024). Some persons with disabilities had benefitted from job placement, with associations of persons with disabilities appearing to be particularly active in this respect. The role of mainstream public employment services appears to be much more limited and rarely tailored for persons with disabilities.

“The biggest challenge is how persons with disabilities can prove they can repay the loan. First, the Bank asks for a permanent residence book, persons with disabilities who temporarily stay in rented rooms will not be able to get the loan. Second persons with disabilities have to prove that their relatives have an income good enough to guarantee for their loan”. Female, 44 (Da Nang, mobility impairment, without social assistance).

“Previously, I participated in a workshop where it was said that persons with disabilities are entitled to loans at very low interest rates to improve their livelihood, but such loans are not for persons with disabilities out of the working age”. Female, 69 (Hanoi, visual impairment, with social assistance).

“There are job fairs organized by the Provincial Department of Labor, Invalid and Social Affairs. In such fairs, there are just few jobs for persons with disabilities, with clear requirements from employers. Every year, the Association of Persons with Disabilities introduces several persons with disabilities to employers for jobs like data entry, Photoshop activities, kitchen assistance in hotels/restaurants”. Male, 49 (Da Nang, work Injury).

“In districts [in Ha Giang], many job fairs are organized to introduce common jobs to everyone, there are no separate events for people with disabilities. Because if there are separate activities for people with disabilities, it is necessary to coordinate with the Provincial Association of Persons with Disabilities. Job fairs are organized massively but not targeting persons with disabilities”. Key informant interview with Association of Persons with Disabilities, Ha Giang.

8.4.3 Addressing discrimination and working conditions

Despite legal provisions, discrimination and inadequate working conditions appear to be a major barrier to persons with disabilities accessing more productive employment. The Law on People with Disabilities 2010 specifies that agencies, organisations, enterprises and individuals shall not discriminate against persons with disabilities by denying them recruitment based on their disability. Meanwhile, both the Law on Persons with Disabilities 2010 and Labour Code specify that all agencies, organisations, enterprises and individuals employing persons with disabilities must ensure suitable working conditions and working environment. Despite these provisions, qualitative discussions undertaken for this report highlight that many persons with disabilities face discrimination or workplaces that are not accessible (see section 8.2). This appears to be a particular barrier for accessing more productive employment in formal enterprises and seems to be one driver of persons with disabilities opting for self-employment activities.

Viet Nam could consider revisiting the role of an employment quota system to support employment of persons with disabilities. Viet Nam previously had a quota system in place which mandated business to

hire 3 per cent of their workforce as disabled employees. Fines for non-compliance were to be channelled to a provincial employment fund. However, as of 2009, only three provinces had successfully introduced a fund and inspecting employers (ILO, 2009). The provision was removed as part of deliberations towards the 2010 Law on Persons with Disabilities (ILO, 2011). While such systems require careful consideration, they may provide a way to incentivise employers to recruit persons with disabilities and make reasonable accommodations in the workplace. Fines for non-compliance can also provide a source of funding activities to support employment of persons with disabilities. One provision that continues to be in place is a policy where 30 per cent (or more) of employees are persons with disabilities. These include exemption from income tax, receipt of credit incentives and exemption for paying rent for land and surface water. In practice, it appears that few businesses have received such support, mainly because the threshold of 30 per cent of employees is high.

"I opened my own business and in initial stage I was entitled to corporate income tax exemption. However, according to a new policy, businesses can enjoy corporate income tax exemption only when they have 20 or more employees, of whom at least 30% are persons with disabilities. At the moment, over 90% of my employees are persons with disabilities, but the total workforce is less than 20 workers, so I am no longer entitled to the tax exemption". Male, 54 (Da Nang, mobility impairment, with social assistance).

"There are many policies in place, but the implementation is not effective. For example, employment service centers are willing to support persons with disabilities, but they are far away and inaccessible to persons with disabilities". Key informant interview with Association of Persons with Disabilities, Da Nang.

► 9



Worker with a disability inspecting footwear during production;
Dong Nai, Viet Nam; March 2014. © ILO / Nguyen A.



9. Policy options

Based on the analysis in this report, there are a number of potential policy options available to strengthen social protection for persons with disabilities. These exist across the social assistance, social insurance and health insurance systems, and also relate to how social protection relates to active labour market policies. The policy options below draw on the findings of the analysis here and are rooted in key principles defined in international labour standards. The focus of the policy options is on those that could be achieved within the short to medium term, up to 2030. However, some may be more immediately achievable, and others may require more progressive implementation. Some also require more detailed assessment and policy design, including in terms of calculating the cost of policy options and identifying fiscal space.

► 9.1 Social assistance

Social assistance has achieved relatively good levels of coverage of people with severe disabilities for a middle-income country, and expanding coverage of this group mainly relates to strengthening disability determination (see below). The most notable limitation of social assistance allowances is their limited benefit adequacy relative to costs faced by persons with disabilities. Viet Nam can also explore options to cover disability related through a wider array of policy tool, including for persons with mild disabilities. Finally, strengthening pension system can also contribute to addressing coverage gaps in old age.

- Increase social assistance allowance benefit levels towards relevant poverty and wage-related benchmarks. This may be achieved progressively through gradual increase in real benefit levels. It may involve a mix of adjustment to the standard social assistance allowance benefit, and adjustment to the coefficient for groups of people with disabilities and caregivers.
- More frequently adjust social assistance allowance benefit levels to keep pace with price inflation. This could involve an automatic annual increase in benefits to reflect price inflation, with less frequent ad hoc increases to reach higher levels of real benefit adequacy.
- Consider the introduction of cash benefits for some categories of persons with mild disabilities. This could support persons with mild disabilities cover disability-related costs that provide a barrier to participation, including in employment (whether formal or informal). The benefit might be set at a lower level than for severe and extremely severe disability and may only apply to some categories. Further analysis would be required to define the profile of persons with mild disability that would be eligible for such allowances.
- Strengthen provision of in-kind benefits. An area which requires particular focus is the provision of formal care and support services, which should seek to move beyond a focus on residential care. There is also potential to expand the coverage of subsidised public transport.

▶ 9.2 Social insurance

The social insurance system is key to providing higher levels of protection to scheme participants, and to reducing the pressure on the social assistance system. While coverage of the system remains low among private sector workers, the role of the system will increase substantially with the ongoing formalisation of the economy and the labour market.

- ▶ Bring Labour accident and occupational disease (LOAD) benefits in line with international standards, while pursuing efforts to increase the coverage of these benefits. Specifically, LOAD benefits should be adjusted to strengthen the link to past earnings, rather than the basic salary. This would follow the approach of other benefits within the Vietnamese social insurance system (such as pensions, maternity and unemployment benefits) and bring them in line with international social security standards.
- ▶ Consider strengthening provision of invalidity benefits. This could address the currently limited protection of workers in the social insurance scheme who acquire a disability earlier in their working life, outside an occupational setting. Any such measures should consider the role of a partial disability benefit (in line with the LOAD) to avoid blunt eligibility based on incapacity to work. Consideration may be required to weigh this option against further strengthening of the social assistance system.

▶ 9.3 Health insurance

Despite progress in extending health insurance coverage, health care expenses continue to constitute one of the most important disability-related costs. This relates both to gaps in the health insurance benefit package as well as remaining gaps in coverage among persons with mild disabilities.

- ▶ Review the health insurance benefit package to increase coverage of some of the largest cost drivers for persons with disabilities. These may relate both to general services, and goods and services of particular relevance to persons with disabilities (such as rehabilitation and assistive technology). This requires dedicated analysis.
- ▶ Expand the entitlement to fully subsidised health insurance to all persons with mild disabilities. This would build on the positive experience of some provinces which have already adopted this approach, and would help to address remaining gaps in coverage amongst people with mild disabilities.
- ▶ Remove the obligation for persons with severe and extremely severe disabilities to contribute to health insurance if in waged employment. This would help to reduce the costs of this group and also provide a small subsidy to incentivise employment of persons with disabilities and potentially their employers.

▶ 9.4 Operational considerations

As the key gateway to receiving social assistance and health insurance, the disability determination system is a key determinant of social protection coverage. While the system has many strong features, there is scope for continued strengthening of this system. Efforts are also required to ensure that payment systems are accessible for the diversity of persons with disabilities in locations across the country.

- ▶ Invest in commune level capacity to strengthen the disability determination process. This should aim to support greater outreach and more systematic and coherent implementation of the process across different locations.
- ▶ Continue to refine the assessment criteria to ensure the assessment adequately captures different types of disability. This involves ongoing review of the assessment criteria to ensure that it accurately reflects the kinds of impairments, function limitations and support needs associated with different levels of disability severity. It also involves ensuring that different types of disability are treated in a consistent way.
- ▶ Support certification of persons with mild disabilities alongside expansion of benefit entitlements (described above). This requires both incentivising the assessment process and providing physical certificates to those who have been assessed as having a mild disability.
- ▶ Ensure multiple payment options are accessible for persons with disabilities. These should include in-person payment, bank transfer and the option for proxy payment, but with systems in place to avoid abuse of the system.

▶ 9.5 Measures to support productive employment

There is a strong case for more proactive measures to promote the productive employment of persons with disabilities. While various employment programmes are in place for persons with disabilities in Viet Nam – and the social protection is generally supportive of employment – persons with disabilities continue to face major barriers to more productive employment. Key options to support persons with disabilities include making mainstream employment services more inclusive – rather than relying on dedicated activities – and strengthening incentives and financing of more inclusive wage employment.

- ▶ Expand labour market policies and measures to increase labour force participation and promote productive employment and decent work for persons with disabilities. Key measures include expanding the provision of vocational training programmes and employment support programmes that are inclusive of persons with disabilities.
- ▶ Consider approaches to improve incentives for recruitment of persons with disabilities in waged employment and to mobilise resources to support persons with disabilities in accessing employment opportunities. One option to consider in this context would be the reintroduction of an employment quota system.

▶ 9.6 Other system level considerations

Two key policy options which cut across different areas of social protection are worth highlighting:

- ▶ Continue efforts to build an effective multi-tier pension system. This can help achieve a balanced distribution of responsibilities between old age and disability benefits that supports financial sustainability. Extending pension coverage is particularly critical to support older persons who may have mild disabilities. Further lowering the age of eligibility of the old age social assistance allowance will be important to this effort, building on the recent reduction to age 75. Careful consideration should be given to how the scheme interacts with disability social assistance allowances.
- ▶ Further strengthen the participation of organisations of persons with disabilities and other stakeholders in the social protection system. OPDs are already involved in the design and implementation of social protection and employment services in many respects, including disseminating information, supporting access to disability certificates and delivering vocational training. However, this participation should continue to be supported and increased, including through supporting a wider geographical presence of OPDs. One specific issue to address is also the lack of representation of people with disabilities on Disability Assessment Councils. Beyond OPDs, it is also key to ensure the participation of other stakeholders in the design and implementation of social protection, including social partners.

► 10

Ceramic production by a worker with a disability;
Viet Nam; November 2007. © ILO

Ceramic production by a worker with a disability;
Viet Nam; November 2007. © ILO



10. Conclusion

This report provides the first comprehensive assessment of disability-related social protection in Viet Nam. By collating existing evidence alongside new qualitative field work and analysis of administrative data, the report assesses the combined role of social assistance, social insurance and health insurance components of the social protection system, while also considering the linkage to employment. This is done while drawing on some of the most up to date global thinking on how to assess the inclusiveness of disability-inclusive social protection, and with specific reference to international labour standards.

The report shows that, in many respects, Viet Nam can be considered a leader among lower-middle-income countries in advancing social protection for persons with disabilities. In particular, the combination of disability benefits across the social assistance, social insurance and health insurance system have managed to achieve good coverage of persons with severe disabilities. The country has introduced various innovations to support inclusion, such as a disability determination system that aims to support accessibility and inclusion, and a social assistance benefit structure that seeks to address different levels of disability-related costs. The move away from means testing and a focus on capacity to work also makes social assistance more conducive to supporting employment.


Nevertheless, as Viet Nam transitions to an upper-middle income country, it can look to build on this success to further strengthen social protection for persons with disabilities. A key priority is to address limits in benefit adequacy among persons with severe disabilities, while filling remaining coverage gaps. This relates to both cash benefits, and in-kind benefits – in particular the health insurance benefit package. It should also involve expanding the benefits available for persons with mild disabilities to support them to overcome costs that may create barriers to employment and other forms of participation. These measures should be accompanied by specific policies to promote participation of people with disabilities in the labour market.

Enhancing social protection for persons with disabilities is not only a cost but can have payoffs in economic participation and fiscal sustainability. Measures that support greater labour force participation and access to productive employment of persons with disabilities not only increase their own income security and participation but can benefit the economy in terms of increased economic activity. They can also contribute to higher tax and social security revenues which support fiscal sustainability. An effective system of disability-related social protection is also a key piece in the puzzle of managing the rapid population ageing that Viet Nam is already undergoing.

The report has highlighted a number of areas for future research and analysis that can support these efforts. These include:

- Assessment of the health insurance benefit package to understand the key cost drivers for persons with disabilities, and priority adjustments to the package that can address these costs.
- Impact evaluation of different kinds of social protection arrangements. This would be supported by inclusion of dedicated questions on receipt of disability social assistance allowances and other benefits in the Viet Nam Household Living Standard Survey (VHLSS).
- Research on the nature and scale of disability-related costs, and how these can be accounted for in national poverty measurement. Such studies have been undertaken in other countries in the region, such as Indonesia and the Philippines (DSWD et al., 2022; Marlina et al., 2024).

- ▶ Analysis of the cost of policy reforms discussed in Chapter 9. This should include specific consideration of the cost of different reform scenarios and how reforms may be sequenced over time. This can support prioritisation of reforms and budget planning.
- ▶ Assessment of barriers faced in access to transport, and the contribution of social protection benefits (including subsidised transport) to covering these.

 **11**

11. References

- ACDC, 2018. Regulations on some of Orthopedic and rehabilitation devices covered by health insurance [WWW Document]. URL <https://acdc.vn/en/news/138-regulations-on-some-of-orthopedic-and-rehabilitation-devices-covered-by-health-insurance.html#:~:text=It%20is%20stated%20in%20the,are%20not%20eligible%20for%20health> (accessed 7.30.25).
- Banks, L.M., Goyal, D., Ngoc, L.A., Rotenberg, S., Marks, S., Hunt, X., Hameed, S., Minh, H.V., Mai, V.Q., 2025. Effect of COVID-19 on livelihoods of people with and without disabilities: Results from a cross-sectional survey in 3 urban areas of Viet Nam. *Disability and Health Journal* 18, 101674. <https://doi.org/10.1016/j.dhjo.2024.101674>.
- Banks, L.M., Walsham, M., Minh, H.V., Kien, V.D., Mai, V.Q., Ngan, T.T., Phuong, B.B., Song, D.H., Ngoc, N.B., Duong, D.T.T., 2018. Disability-inclusive social protection research in Vietnam: A national overview with a case study from Cam Le district. International Centre for Evidence in Disability Research, London.
- Cattaneo, U., Schwarzer, H., Razavi, S., Visentin, A., 2024. Financing gap for universal social protection: global, regional and national estimates and strategies for creating fiscal space. ILO, Geneva. <https://doi.org/10.54394/FGPM3913>.
- Cote, A., Banks, L.M. (Eds.), 2025. *Global Disability Inclusion Report: Accelerating Disability Inclusion in a Changing and Diverse World*. UNICEF (on behalf of the Global Disability Inclusion Report steering group), New York.
- Cote, A., Knox-Vydanov, C., Lippi, L., 2024. *Towards inclusive social protection systems enabling participation and inclusion of persons with disabilities: Guidance note v1.0*.
- DSWD, UNICEF, DFAT, 2022. *Cost of Raising Children with Disabilities in the Philippines*. UNICEF, Manila.
- Edemekong, P.F., Bomgaars, D.L., Sukumaran, S., Schoo, C., 2025. *Activities of Daily Living*, in: *StatPearls*. StatPearls Publishing.
- Gama, A., Dat, N.H., 2023. *The Future of Social Insurance in Viet Nam – International Perspective under the Guiding Light of Party Resolution 28*. The Economics Review (Central Economic Commission).
- National Statistics Office, 2024. Press release on the results of the 2023 Disability Survey (with data tables) [WWW Document]. URL <https://www.gso.gov.vn/an-pham-thong-ke/?paged=2> (accessed 2.18.25).

- National Statistics Office, 2018. National Survey on People with Disabilities 2016. National Statistics Office, Ha Noi.
- Government of Viet Nam, 2021. Regulations on social assistance policies for social protection subjects, 20/2021/ND-CP.
- ILO, 2025. Fostering inclusion: Advancing social health protection for persons with disabilities in Cambodia, the Lao People's Democratic Republic and Viet Nam. ILO, Geneva.
- ILO, 2024a. World social protection report 2024-26: Universal social protection for climate action and a just transition. ILO, Geneva.
- ILO, 2024b. Disability schemes and programmes around the world: Design and compliance with international social security standards. ILO, Geneva.
- ILO, 2023a. Economic expansion through social investment in Viet Nam: An empirical estimation of fiscal multipliers. ILO, Geneva.
- ILO, 2023b. Multi-tier pensions in Viet Nam: Features and Options. ILO, Geneva.
- ILO, 2021. Extending social health protection: Accelerating progress towards Universal Health Coverage in Asia and the Pacific. ILO, Geneva.
- ILO, 2012. Recommendation No. 202 - Social Protection Floors Recommendation. ILO.
- ILO, 2011. Viet Nam: Disability inclusion through effective legislation and policies.
- ILO, 2009. Employment-related services for persons with disabilities in Vietnam.
- ILO, unpublished. Actuarial analysis of sickness, maternity, employment injury and unemployment benefits administered by Viet Nam Social Security as at 31 December 2019.
- ILO, forthcoming. Towards a multi-tiered maternity benefit in Viet Nam.
- ILO, forthcoming. Assessment of the Vietnam social security law and practice in view of a possible ratification of the Social Security (Minimum Standards) Convention, 1952 (no. 102).
- ILO, IDA, 2019. Joint statement: Towards inclusive social protection systems supporting the full and effective participation of persons with disabilities.
- IMF, 2024. World Economic Outlook Database, October 2024. Washington, D.C.
- James, P., McClanahan, S., 2019. Assessing the Adequacy of Tax-financed Social Protection in Viet Nam. ILO, Geneva.
- Knox-Vydmanov, C., Cote, A., Wodsak, V., 2021. Social Protection responses to the COVID-19 crisis for persons with disabilities: Synthesis paper. UNPRPD.
- Knox-Vydmanov, C., Soni, N., Satriana, S., Attenborough, J., 2023. From historical trends to investment pathways: Social protection expenditure in Pacific Island Countries and Timor-Leste. Partnerships for Social Protection.
- Mactaggart, I., Hasan Bek, A., Banks, L.M., Bright, T., Dionicio, C., Hameed, S., Neupane, S., Murthy, G., Orucu, A., Oye, J., Naber, J., Shakespeare, T., Patterson, A., Polack, S., Kuper, H., 2021. Interrogating and Reflecting on Disability Prevalence Data Collected Using the Washington Group Tools: Results from Population-Based Surveys in Cameroon, Guatemala, India, Maldives, Nepal, Turkey and Vanuatu. *IJERPH* 18, 9213. <https://doi.org/10.3390/ijerph18179213>.

- Marlina, I., Wibowo, G., Bastias, D.D., Sijapati Basnett, B., Prasetyo, D.D., Nasiir, M., 2024. Counting the costs: understanding the extra costs of living with disability in Indonesia to advance inclusive policies within the SDG framework. *Front. Rehabil. Sci.* 5, 1236365. <https://doi.org/10.3389/fresc.2024.1236365>.
- MDRI, UNDP, 2025. Assessment of disability inclusion in local governance in 2024. Ha Noi.
- MDRI, UNDP, 2023. Pilot Assessment of Disability Inclusion in Local Governance. MDRI and UNDP, Ha Noi.
- MOLISA, ILO, 2023. Reviewing the implementation of Decree 20/2021 on social assistance policy and providing technical recommendations for the revision of the Decree with focus on: (1) People with disabilities, (2) Ethnic areas, (3) women during maternity. Ha Noi.
- Mont, D., Cote, A., 2020. Considering the Disability related Extra Costs in Social Protection, Background Paper. UNPRPD, New York.
- National Assembly of Viet Nam, 2016. Law on Children, 102/2016/QH13.
- National Assembly of Viet Nam, 2010. Law on Persons with Disabilities, No. 51/2010/QH12.
- National Assembly of Viet Nam, 2009. Law on the Elderly, 39/2009/QH12.
- National Statistics Office, 2025. Result of the Survey on People with Disabilities 2023. Statistical Publishing House.
- OECD, 2023. Social Expenditure Database (SOCX) [WWW Document]. URL https://stats.oecd.org/Index.aspx?datasetcode=SOCX_AGG (accessed 5.15.23).
- Palmer, M., Groce, N., Mont, D., Nguyen, O.H., Mitra, S., 2015. The Economic Lives of People with Disabilities in Vietnam. *PLoS ONE* 10, e0133623. <https://doi.org/10.1371/journal.pone.0133623>.
- Prime Minister of Viet Nam, 2020. Decision approving the program to support people with disabilities for the period 2021-2030, 1190/QD-TTg.
- Prospera, 2024. Disability inclusion in Public Employment Services in Asia-Pacific: Current Practices and Way Forward. ILO.
- The Investor, 2024. Base salary for Vietnamese public employees up 30% from July [WWW Document]. URL [https://theinvestor.vn/base-salary-for-vietnamese-public-employees-up-30-from-july-d10955.html#:~:text=By%20Duc%20Trong%2C%20Minh%20Hue,06%20million%20\(\\$80.7\)](https://theinvestor.vn/base-salary-for-vietnamese-public-employees-up-30-from-july-d10955.html#:~:text=By%20Duc%20Trong%2C%20Minh%20Hue,06%20million%20($80.7).). (accessed 7.30.25).
- Thu, D.T., 2022. Policy Paper on the Social Protection System in Vietnam. UNDP.
- Toan, N., 2012. Vocational training and employment for people with disabilities: The current situation and problems.
- UNDP, 2020. Improving employment opportunities for persons with disabilities in Viet Nam. UNDP.
- UNICEF, 2018. Children with disabilities in Viet Nam: Findings of Viet Nam's National Survey on People with Disabilities 2016-17. UNICEF, Ha Noi.
- UNICEF, forthcoming. Empowering Children with Disabilities and Families through Social Protection and Care in East Asia and the Pacific. UNICEF.
- UNPRPD, 2022. Situational Analysis of the Rights of Persons with Disabilities: Viet Nam.

Viet Nam Federation on Disability, 2020. Independent report on the implementation of the UN Convention on the Rights of Persons with Disabilities in Vietnam. Viet Nam Federation on Disability, Hanoi.

WHO, World Bank, 2011. World report on disability. WHO, Geneva.

World Bank, 2024. Disability and Employment in Viet Nam: Results of the 2022 Labor Force Survey. World Bank, Washington DC.

► 12



Workers with disabilities at a garment factory, Dong Nai, Viet Nam, March 2014. © ILO / Nguyen A.

12. Appendix

► 12.1 Guide for FGD (recipients of social allowances)

Good morning/afternoon and thank you for your time. I am (Interviewer's name) from.....

Remind them of the issue of confidentiality and anonymity which is fully explained in the information and consent form that they completed. Check if they have any questions from the information and consent form about the research. Remind them that they are free to decline to answer any of the questions or leave the focus group discussion at any time.

Focus group discussion (FGD) information

FGD data and time	
FGD venue and location	
FGD name (e.g. physical impairment group, visual impairment group)	
Facilitator(s)	
General observations (anything that might impact how the interview was conducted)	

Focus group participants

No.	Name	Sex	Age	Nature of impairment	Cause of impairment	When was impairment acquired?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

These questions should be used to guide discussion but do not have to be used in the sequence listed below. The interviewer should follow up on any additional issues that may arise and seem important.

1. Context

Note for facilitator: The purpose of this section is to understand the general impact of disability upon people's lives

"We would like to start by asking you about the impact that having a disability has on your life..."

<input checked="" type="checkbox"/>	Main question	Probing question
	1.1 How do you think having a disability has affected your life compared to those without disability?	► Kinds of goods and services: e.g. consultations, treatment, medicine, rehabilitation, assistive devices

	1.2 What would you say are the main additional costs associated with having a disability?	<ul style="list-style-type: none"> ▶ Are there specific things that you need to pay for due to your disability? (e.g. assistive devices, rehabilitation services) ▶ Are there things that are more expensive due to your disability? ▶ Do you face greater barriers to work than those without disability? ▶ Do any family members need to reduce the amount they work in order to provide support?
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2. Coverage and accessibility

“We would now like to ask you about your experience of registering for, and receiving social allowances and other social protection benefits...”

☑	Main question	Probing questions
	2.1 How did you learn about the available social allowances for persons with disabilities?	<ul style="list-style-type: none"> ▶ For example, was this from government officials (e.g. DOLISA), organisations of persons with disabilities (OPDs), family or friends, staff in medical facilities? ▶ Would you say it is easy for persons with disabilities to find information about social allowances?
	2.2 How easy or difficult was it to register for social allowances?	<ul style="list-style-type: none"> ▶ How was the process of disability assessment? ▶ How long did it take? Did you have to travel anywhere? Did you have to collect specific documents? ▶ Where the registration locations accessible for persons with disabilities?
	2.3 How do you find the payment process for the social allowance?	<ul style="list-style-type: none"> ▶ Are payments made regularly and on time? ▶ Where and how do you receive the payments? Are these methods and locations accessible for persons with disabilities?
	2.4 Do you know what you need to do if you have an issue with your social allowance?	<ul style="list-style-type: none"> ▶ For example, if you are having difficulty receiving the allowance, or if you have a complaint about the process ▶ Do you know who you should speak to, and who to make a complaint to? ▶ If not, how would you get this information?

3. Adequacy

“We would now like to ask about the amount of social allowance you receive, and how it affects your life...”

☑	Main question	Probing questions / notes
	3.1 What is the monthly social allowance benefit you receive?	<ul style="list-style-type: none"> ▶ Do you know why you receive this particular amount? Do you know how the benefit is calculated?
	3.2 What would you say is the impact of receiving the social allowance on your life?	<ul style="list-style-type: none"> ▶ What do you think would be different if you didn't receive the social allowance? ▶ Would you have to reduce expenditures, or rely on others more for support?
	3.3 What are the main kinds of costs that the social allowance allows you to cover?	<ul style="list-style-type: none"> ▶ For example, does it mainly cover: <ul style="list-style-type: none"> ▶ General costs (such as food and accommodation) ▶ Costs linked to your disability (assistive devices, specialised transport etc) ▶ Health care costs ▶ What kind of costs are you not able to cover with the social allowance?
	3.4 Do you think the benefit is enough for you to live independently, or do you still need to rely on support from others?	<ul style="list-style-type: none"> ▶ Is the value enough to cover all of your needs? ▶ Do you receive financial support from others (e.g. family members)

4. Other forms of support

"We would now like to ask you about any other forms of support you receive, or that you think you might need..."

☑	Main question	Probing questions / notes
	4.1 What other forms of support do you receive?	<ul style="list-style-type: none"> ▶ What kind? Could be cash or in kind, including (see Table below with fuller list): <ul style="list-style-type: none"> ▶ Self-care activities (eating, bathing, dressing, getting in and out of bed) ▶ Living independently (e.g. shopping and getting around, cleaning, cooking, communication (e.g. sign language interpretation)) ▶ Who provides this support? (e.g. family, community members (including community groups), non-government organisations, religious organisations, other government support)

	<p>4.2 Are there any forms of care and support you think you require to participate in your community and society?</p>	<p>► Can make reference again to different kinds of support outlined above.</p>
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Self-care activities	Living independently
<ul style="list-style-type: none"> ► Eating ► Bathing ► Washing ► Dressing ► Getting in and out of bed ► Going to and from the toilet ► Managing incontinence 	<ul style="list-style-type: none"> ► Shopping and getting around (e.g. accessing services) ► Laundry ► Cleaning ► Cooking ► Performing household, managing finances ► Communication (e.g. need for sign language interpreter, using a mobile phone)

5. Work

“For the final part of the discussion, we would like to understand your engagement in paid and unpaid work, and any support you might require in that area...”

☑	Main question	Probing questions / notes
	<p>5.1 Do you currently engage in paid work?</p>	<ul style="list-style-type: none"> ► What is the occupation/profession? ► Do you work full time or part time? ► Do you have an employer, or are you self-employed? ► Do you have one job or multiple?
	<p>5.2 Do you currently engage in any unpaid work?</p>	<p>For example:</p> <ul style="list-style-type: none"> ► Caring for others (children or adults) ► Housework or cooking ► Fetching water or firewood ► Producing your own food ► Building your own home
	<p>5.3 How do you see your engagement in paid work in the future?</p>	<ul style="list-style-type: none"> ► Would you like to work more or less than you do now? ► Would you like to change the kind of work you do?

	<p>5.4 What are the main barriers you face to getting the paid work you would like (both now and in the future)?</p>	<p>For example:</p> <ul style="list-style-type: none"> ▶ A lack of necessary skills/training ▶ Inaccessible work environment ▶ Inaccessible transportation ▶ Other responsibilities (e.g. unpaid care)
	<p>5.5 What kind of support do you think would help you to overcome these barriers?</p>	<p>For example:</p> <ul style="list-style-type: none"> ▶ Specialised transportation ▶ Adapted work environments ▶ Training ▶ Job search
	<p>5.6 Have you ever received any support to help you access paid work?</p>	<p>For example:</p> <ul style="list-style-type: none"> ▶ Vocational training ▶ Job search ▶ Livelihood activities

► 12.2 Guidance for in-depth interviews with departmental/local officials

Note: These questions should be used to guide the discussion but not necessarily in the order listed below. Depending on the respondent, the interviewer can supplement and develop more questions.

Introduce

Interview Information

Discussion time (date, time)	
Location	
Information about the respondent (Name of the working agency? What position do you work in? How long have you been in this position)	
Discussion Facilitator	
General observations (anything that may affect how the interview is conducted)	

Interview content

Key Questions	Suggestion Questions/Notes
Please tell us how the local disability determination is carried out?	<ul style="list-style-type: none"> ▶ How is the process of screening, assessing and recognizing disabilities carried out? What are the advantages/difficulties of the implementation process compared to the state's regulations? ▶ Are there still people with disabilities who have not been identified to enjoy the policy for people with disabilities? Why? ▶ Subjects at high risk who are not identified as disabled (e.g., children with autism; elderly people with reduced mobility/hearing/vision due to old age, etc.)
What are the advantages and disadvantages of disability assessment?	<ul style="list-style-type: none"> ▶ From the PWDs/Families with Disabilities: Their understanding of the rights of PWDs and the procedures for applying for disability certification ▶ From the staff side: understanding of information, legal policies and procedures for screening, assessing and recognizing disabilities; capacity/expertise to carry out assessment. ▶ From the institutional side: What are the difficulties and inadequacies in the current regulations and processes for determining disabilities
Please tell us what support policies people with disabilities in the locality currently receive?	<ul style="list-style-type: none"> ▶ What social protection policies are people with disabilities entitled to (pay special attention to which policies have been promulgated)? <p>Implementation of support policies:</p> <ul style="list-style-type: none"> ▶ Medical support: Support for health insurance; coverage of health insurance for PWDs; medical care, physiotherapy and rehabilitation support, including community-based rehabilitation. ▶ Educational support: Tuition fee waivers and inclusive education support ▶ Assistance with transportation access (e.g. free bus cards, etc.) ▶ What are the advantages/difficulties of implementing policies to support people with disabilities according to regulations? (pay attention to completeness and timeliness; appropriateness, accessibility to persons with disabilities)

Key Questions	Suggestion Questions/Notes
<p>How can people with disabilities access information about social security policies or supports for people with disabilities?</p>	<ul style="list-style-type: none"> ▶ Forms of information provision for persons with disabilities/families with disabilities ▶ Relevance to the accessibility of information for persons with disabilities/their families (taking into account differences in the types of disabilities) ▶ Adaptation of communication channels/modalities for people with disabilities (e.g., braille, legibility) ▶ The completeness and timeliness of the provision of information
<p>Are specific groups of disabilities entitled to any sponsorship policies? <i>What are the advantages or disadvantages of implementing these policies?</i></p>	<p>For example, people with disabilities are children, the elderly, ethnic minority people, economically disadvantaged (poor/near-poor)</p>
<p>Please tell us about the implementation of economic/employment support policies for persons with disabilities</p>	<ul style="list-style-type: none"> ▶ Loan support; technical support for economic development ▶ Employment counselling; Job Placement ▶ Support for employers employing people with disabilities
<p>Vocational training support</p>	<ul style="list-style-type: none"> ▶ Vocational training consulting: free vocational training counselling, selection and apprenticeship according to ability and equality with others. ▶ Support for vocational training funds ▶ To what extent do those supports meet the needs of people with disabilities (such as meeting specific employment needs)? ▶ What level of employment support services can people with disabilities access?
<p>What are the advantages and difficulties in implementing support policies for people with disabilities?</p>	<p>Suggestions for advantages and disadvantages of:</p> <ul style="list-style-type: none"> ▶ Facilities to ensure accessibility for PWDs (infrastructure, equipment, etc.) ▶ Financial resources ▶ Mechanisms, policies, processes/procedures ▶ Human resources (awareness, attitudes, competencies of policy implementers) ▶ Awareness and initiative of beneficiaries (PWDs/families with disabilities) in ensuring the interests of PWDs

**International Labour Organization
Country Office for Viet Nam**

Social Protection Programme
Green One UN House
304 Kim Ma, Hanoi,
Viet Nam



Australian Government

Department of Foreign Affairs and Trade



Government
of Ireland
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