

Professional Placement in Hue, Vietnam

**QUT Students at Hue University of
Medicine & Pharmacy, Institute of
Community Health Research**

- Accessibility
 - - Support (community?)
 - - Social Stigma (identity)
 - - Social Environment (social setting, family, job, friends)
 - - Funding availability
 - - Structure of NGO's (policy)

Who are we?

- Students from Queensland University of Technology
 - Public Health x 6
 - Nutrition x 2
 - Social Work x 1

Learning Objectives

- To develop an understanding of disability as a global public health, social work and nutrition issue
- To understand the structure and functions of the Vietnamese health care system
- To understand the role of public health non-government organisations in supporting and providing services to people with disabilities in Vietnam

Preparation for Placement

- **What did we do prior to coming to Vietnam to prepare ourselves?**
 - Preparation research into the country, the cultural customs, disability in vietnam, what support services are available for PWD, an overview of what Australia does for PWD and contacted the ICHR staff.
 - Research into the World Health Organisation (WHO) Report on Disability (2011), the WHO global disability action plan 2014-2021, and the World Bank's World Report on Disability (2011).

World Health Organisation Disability Action Plan 2014 – 2021 Objectives

1. “To remove barriers and improve access to health services and programmes;
2. To strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation;
3. To strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.”

Disability in Vietnam

- According to WHO, in 2010, 15.3 per cent of Vietnamese people were living with a physical disability, those who are deaf, mute and/or disfigured (WHO, 2010)
- 40 - 59% believed that people with a disability cannot live a normal life
- 56 - 65% of respondents agreed that PWD are suffering as a result of their disability.

Methods & Procedures

- In-depth Interviews
 - Worked in pairs or groups of 5
 - 2 would ask questions, 2 would take notes
 - Both groups compared notes, observations and ideas. Discussion as a group, identified key themes
- Systematic Observations
 - Worked in pairs
 - Did 1 hour each group then swapped

Placement Activities

Government Sector:

- Commune Health Centres
- Preventive Medicine Centre
- Nutrition Department

Non-government Sector:

- Office of Genetic Counselling & Disabled Children
- Healing the Wounded Heart Shop
- Blind Association

Commune Health Centres

- Reflects primary care in government sector
- Students visited 2 CHCs
 - Vy Da CHC & Thuy Thanh CHC

- **Activities**
 - In-depth interview with head doctor of CHC
 - Immunisation observation
 - Short interviews with mothers on immunisation day
 - Short interview with sales representative from milk formula company

Commune Health Centres

- Findings from interviews with Head Doctors
 - The Government encourages public to use traditional treatment -VHI covers 100% for traditional medication and 80% for modern medication treatment (Thuy Thanh CHC)
 - Those with a disability and VHI- Recovery activities +income support (360 done per month of severe disability).
- For the population of 90,000 in the commune, the head doctor believes there is enough staff to cater for the population. i.e. 9 staff, 1 staff per 10,000 of the population. (Vy Da CHC)
- CHALLENGE: Unsustainable funding from government to cater for provision of health programs

Commune Health Centres

- Findings from immunisation observations
 - Health care providers keep Immunisation record booklets because they frequently lost them or forget to take centres.
 - A middle-aged mother with her second child said that she had no understanding of general health information and forgot what the doctor had recommended to her
 - Most patients didn't know what type of vaccine they were getting
 - Nurse who provided vaccine did not use glove and mask when in contact with patients

Commune Health Centres

- Findings from interviews with mothers on immunisation day
 - All mothers had their children vaccinated and were up-to-date
 - All mothers believed it was important to get their children vaccinated to prevent disease
 - They did not know of any other mothers who do not get their children vaccinated
 - The mothers do not come to the clinic for anything other than their children's health

Commune Health Centres - Nutrition Findings

Head Doctors (2 interviewed)

- Gained an understanding of the role of the CHC in the nutrition care process of pregnant and breastfeeding mothers, child health including immunisations and growth progress
- Doctors reported good behaviours from mothers for exclusive breastfeeding knowledge and practices
- Cooking programs delivered to mothers by Centre staff and volunteers

Commune Health Centres – Nutrition Findings

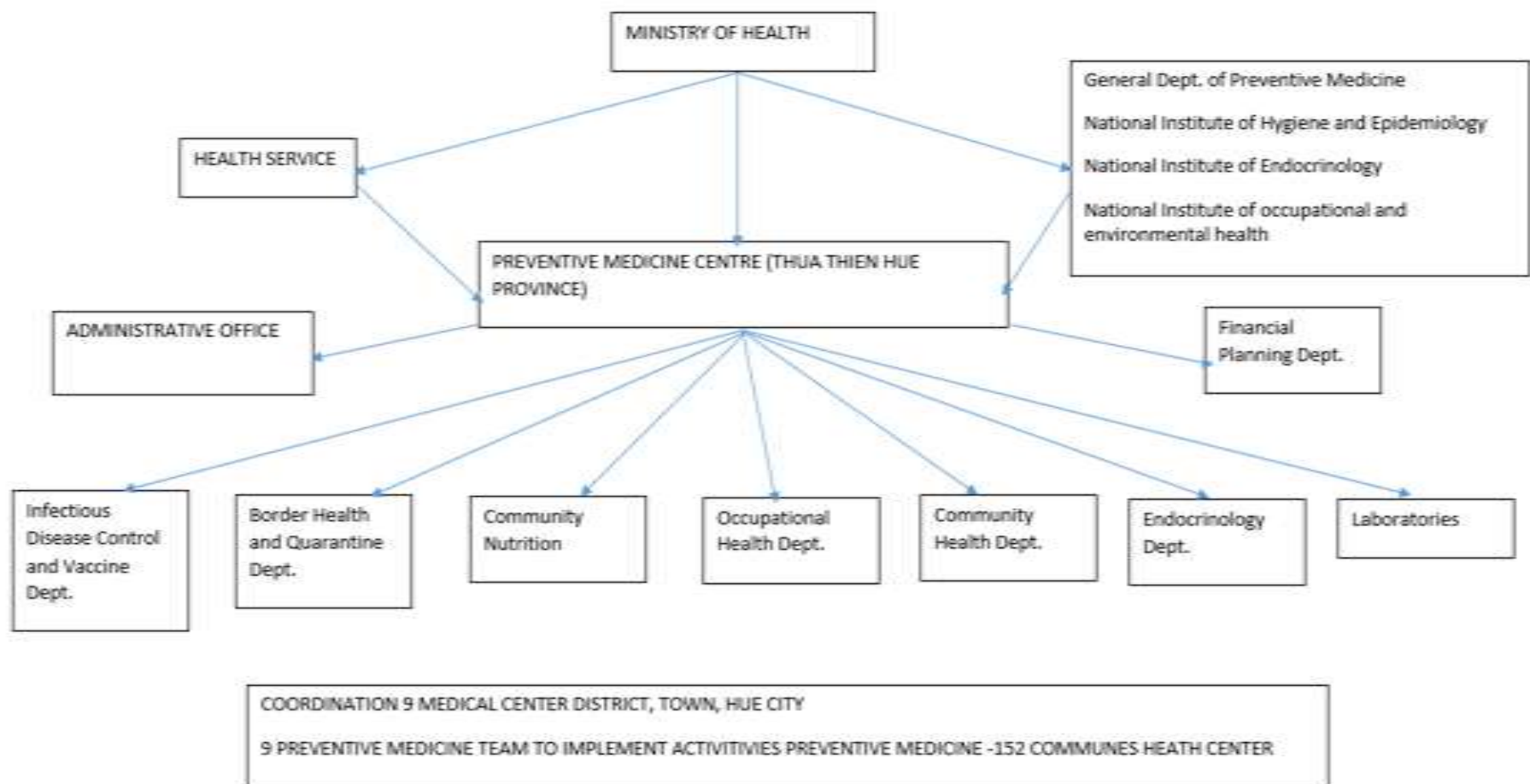
Mothers (5 mothers interviewed)

- All mothers knew that they should exclusively breastfeed
- No mothers reported washing infants mouth with water or rice-water, or feeding water to babies
- Most mothers found breastfeeding until 4 months easy to achieve, but difficult to maintain up to 6 months
- Mothers reported personal consumption of a balanced diet
- Hygiene practices of the mothers for first 1-3 months is poor due to cultural traditions



Preventive Medicine Centre

- Reflects preventive services in government sector
- Activities
 - Visit Dept. of Infection Control, Occupational & Environmental Health, & Nutrition
 - In-depth interview with head of Nutrition Dept.



Preventive Medicine Centre - Findings

- Food and water microbiological lab receive 200 samples (mainly water) to test per month
- In the Occupational Health and Safety Dept, it is a law in Vietnam for factory workers' health status to be analysed, to receive vaccinations and basic functioning tests (for example FCV, hearing and vision, blood sugar and more) to be screened for disease, and to check if the working conditions are safe
- In the Infectious Disease Control and Vaccine Department, vaccinations are funded under the National Vaccine Program (NCP). Everyone must pay out of pocket if the vaccine is not cover by NCP

Preventive Medicine Centre - Nutrition

- Diverse separation of programs across the PMC not exclusively looked after by Nutrition Centre (ie: food safety programs like pesticides and food poisoning, cooking programs, nutrition counseling programs)
- 13% of children in Central Vietnam are malnourished, 25% are stunted
- 7.8% of primary school students in Hue City are overweight (4.9% under 5yrs of age are obese)

Nutrition Centre Interview at Hue Central Hospital

- Main services: consultation of nutrition therapy with doctors, setup menu plans for in-patients, preparation/sale of meal,
- Specialised diets include: low salt/fat for hypertension, low CHO/fat and increased fibre for diabetes.
- 50% of patients eat at hospital provided food (+15-20,000/meal)
- Little to no nutrition counseling provided
- No guidance for creating healthy lifestyle (physical activity assumed knowledge)
- Nutrition Centre does not compile reports unless instructed to

Blind Association

- There are a total of 143 students (aged 6+) which the Blind Association centres provide service since the program was established. Currently there are 54 students utilising the centre and its resources.
- Activities
 - In-depth interview with head of Blind Association
 - Focus group discussions with adolescents with vision impairments from the Blind Association

Interview with director of Blind Association - Methods and preparation

- In-depth interview with the director of the Blind Association lasting 1.5 hours using a translator
- Unlike many of the other organisations, we knew very little information about the organisation prior to the interview as there was no information online
- Prepared a set of questions to guide our interview based on standard questions used in previous interviews and built off these responses during the interview to ask more organisation-specific questions
- Experienced very few barriers/obstacles due to vision impairment, director was very open to our questions and eager to discuss

Interview with director of Blind Association – Findings

- National Vietnamese Blind Association was established in 1969, this branch was established in 1993
- Aim: provide support services that allow people with vision impairment to live their lives freely and independently
- Receives funding from international NGO's on a yearly basis and a small amount of money from provincial government, and also partner with HUMP and other branches of the Blind Association across Vietnam
- 13 staff: school teachers, computer science teachers, rehabilitation teachers, nurses, cook

Education

- School accepts children from 6 years of age to 18 years of age
- Following this they can attend a regular university or can do their university studies at the centre
- Many parents choose to send their children to mainstream schools
- Children attending school at the centre also live at the centre and receive meals and health care at the centre

Employment

- Vocational training centre plus assistance in finding employment
- Massage Service
 - 6 month training course, free of charge
 - Training is provided for free and funded by the Blind Association.
- Incense making
 - Support people to purchase machines to produce incense
 - Incense is then given to the Blind Association who distribute/sell it in the area
- Are aware that there are a lot of jobs in other countries for people who are blind, but these jobs aren't available in Vietnam

Rehabilitation

- Assistance with mobility in and out of the centre
- Integration of children with vision impairment into mainstream schools, e.g. helping students to create familiar routes
- Financial support for students at university, e.g. for computers with suitable software and accommodation close to the uni

Strengths

- Strong voice and strong network of branches across Vietnam
- In the 21 years since this branch was started, have achieved many positive changes for the lives of people with vision impairment living in Hue

Challenges

- Not enough facilities, resources, funding and staff to accept all blind children, especially those with additional disabilities
- Can only focus on children who live/study at the centre
- Supporting families with parents who are vision impaired
- Cultural attitudes
- Heavy reliance on international agencies for funding

Plans for the future

- Enhanced awareness and acceptability of disability, particularly vision impairment in Vietnam
- Integration of people with vision impairment into mainstream society, e.g. education and employment
- Training for teachers so that they are able to go homes to educate families and relatives about how to support children who are blind

Focus Group Discussion with adolescents living with vision impairments

- Interview with five adolescents
- 4 adolescents with partial visual impairment and 1 with complete visual impairment
- They have been living in the centre for 4-12 years

Focus Group Discussion with adolescents living with vision impairments

- **Mainstream Education**
 - All adolescents attending mainstream school
- **Difficulties Include**
 - Transportation
 - Lack of equipment specialised for visually impaired students
- **Books are expensive**
 - Lack of specialised assistance at school
 - Homework completed at the centre

Focus Group Discussion with adolescents living with vision impairments

- **SUPPORT RECEIVED FROM THE CENTRE**
 - Recovery Functions
 - Learning to read and write in Braille and computer lessons using specialised software
- **OTHER SUPPORT**
 - Government
 - Family
 - School
 - Universities
 - Peer support

Focus Group Discussion with adolescents living with vision impairments

- **CHALLENGES**

- Lack of funding – unsustainable
- Lack of awareness of dual disabilities - mental and psychosocial disabilities
- Safety
- Living Conditions
- Inclusion in mainstream society

In-depth interview with Blind Association - Nutrition findings

- Asked questions regarding cooking classes and cooking services provided for the live-in children, blind individuals going to university (post-living at the centre), and blind mothers.

Focus Group Discussion with adolescents living with vision impairments

- Nutrition findings

- Adolescents occasionally purchase snacks 1-2 per fortnight
- Snacks purchased were junk food
- Adolescents received treats from visitors and volunteers
- Adolescents had no cooking skills - increasing cooking proficiency was not an important function of the Blind Association
- Adolescents did not report any illness from food

Office of Genetic Counselling & Disabled Children (OGCDC)

- **Activities**

- Visit and Interview Dr Nhan & Ms Phuong
- Systematic observation of Healing the Wounded Heart shop & workshop
- Market research survey conducted at HWH shop



HUE UNIVERSITY OF MEDICINE & PHARMACY

OFFICE OF GENETIC COUNSELING AND DISABLED CHILDREN (OGCDC)

Office of Genetic Counselling & Disabled Children (OGCDC)

- Findings from interview with Dr Nhan
 - Policy transparency – everything is transparent
 - Provides services and delivers programs on a needs basis
 - Limited funding so priorities go to poor families
 - 50% of funding support available is targeted to children and the other 50% is aimed at adults
 - Cleft Palate Program → pre-op preparation, operation, post-op support
 - Education information packages to assist parents at home with speech therapy, caring for their child, etc.

Office of Genetic Counselling & Disabled Children (OGCDC)

- **Heart Operation Programs**

- Children from poor families are given priority due to their inability to afford heart surgery
- Have issues with children dying during operations
 - Parents get confused and lose trust in services, expect reimbursement
 - As a result, OGCDC is careful in communicating risks of treatment/operation to parents
- Not easy, very expensive- 1,500,000 VND/case

Office of Genetic Counselling & Disabled Children (OGCDC)

- **Education and Schools**

- No teacher assistants to help children with disabilities in mainstream classrooms and no government support or funding
- Until recently, there was no special education system in Hue (NOW: 1 school of 50 children)
- Rural areas experience more difficulties catering for the education needs of children living with disability
- Leads to a lack of education and employment opportunities later in life

Office of Genetic Counselling & Disabled Children (OGCDC)

- **Mobility Program**

- Bikes are recycled and modified
- Problems with providing 2 - PWD will sell the second for a cheaper price. This causes problems for the organisation
- The cost of helping 40 people with recycled bikes is the same as helping 10 people with brand new bikes

- **Evaluation of programs**

- Limited time and workforce to focus on measuring success
- Success is measured in communities and societies
- Focus is on process evaluation rather than outcome

Challenges for the OGCDC

- Many policies around disability in Vietnam, however cannot be implemented due to:
 - Lack of funds and resources
- Difficulties working with other sectors e.g. education, urban planning, transport etc. because they have different priorities
- Cultural attitudes requires a shift/change over time, changing attitudes and behaviours of health professionals is part of current training/education but need further improvement

Long term goals for OGCDC

- Have more donors from within Vietnam
- Create a supported living centre/farm for adults with a disability
- Awareness and responsibility of the general public
- Make the standards of living higher for people with disability in Vietnam, by increasing employment, income and education

Healing the Wounded Heart Shop

- **Systematic observation**

- To observe customers behaviour, interactions and purchasing habits.

- **Interviews with disabled artisans at HWH workshop**

- **Market Research Survey**

- To gain customer feedback about the shop, what influenced their purchases and suggestions on improvement of customer service quality, shop layout and types of products they wish to see in the shop.
- This was done over a one week period as there wasn't sufficient time to allow for more in depth data collection.

Observations of HWH Shop

- Key Findings
 - Tea room provides welcome tea to customer- allows them to sit down and watch the shop and watch the artisans make products
 - Sign language posters/booklets are used to communicate with artisans
 - Very few vietnamese come to the shop, customers are mostly foreigners
 - HWHS provides a safe job; fair income; sense of community and belonging
 - **Problem:** Only saw 6 customers in 4 hours

Interviews with workers at HWH Workshop

- Key Findings
 - The workers enjoy their job, as they get to work and interact with people in the same position
 - They have formed a strong friendship with each other
 - The Anh (worker we interviewed) has been working for the HWH shop for 13 years with his wife (they have a 2 year old baby together)

Interviews with workers at HWH Workshop

- Key Findings
 - Anh reported that he felt included in the general community
 - Anh reported facing some challenges with the outside community. The main issue was communicating with others
 - He stated that he would like for there to be an increase in sales to ensure he still has a stable job

HWH Market Research Survey

- Key Findings
 - 83% of customers rated the customer service as being good or very good
 - The majority of customers prefer the price tags to be written in Vietnamese dong (VND)
 - 92% of people said that the price was either reasonable or very reasonable
 - 86% said they had purchased products as gifts and because they were for charity (66% of customers knew the shop was for charity before coming there)

Hue University Advocacy Group Proposal for OGCD

“We need to change the behaviour
of the students in school first, because
they will be our future health workers”

- Dr Nhan, OGCD

Hue University Advocacy Group Proposal for OGCDC

Goal: to reduce the stigmatisation surrounding people with a disability by strengthening the awareness and acceptance of people with a disability

Objectives and Strategies

Strategy 1: To raise awareness about disability and people with disabilities among students studying at HUMP, who as future health professionals will have a responsibility to deliver health care and services that are inclusive and meet the needs of each individual

- Establish the HUMP Disability Advocacy Group. The purpose of DAG would be to provide a forum through which students can *learn* about and *advocate* for the rights of people living with a disability in Vietnam. This could take place via group discussion, guest speakers, documentaries etc

Strategy 2: To develop opportunities for engagement between students at HUMP and people with disabilities

- Developing a roster of university students who volunteer time to work at the HWH shop with the HWH staff
- Creation of a system that allows for the collection of recyclable items from hotels and schools by a HUMP student and a HWH staff member
- Arrange for school visits and/or presentations by both HUMP students and HWH staff
- Organise social activities for HUMP students and HWH staff

Strategy 3: To create an environment that fosters social inclusion for people living with a disability

Community Engagement through: School Groups

- Encourage collection of recyclable items by students for the creation of products at the HWH shop.

University Groups

- Recruit volunteers to assist in social media creation
- Pick up recyclable items from schools and hotels for HWH workshop
- Educate university students and encourage them to raise awareness and reduce disability stigmatisation within the community.

Hotels

- Build relationships with guesthouses and hotels by requesting them to display brochures advertising the HWH shop in their lobbies
- Provide a donation box at hotels for recyclable items for the HWH shop and items for the Lotus Compassion shop

Reflections

- Skills in doing systematic observations and conducting in-depth interviews
- Opportunity to observe public health attitudes, values and core competencies in practice
 - Attitudes/Values: respect for diversity, empowerment, commitment to equity
 - Core competencies: determinants of health (cultural, social, economical, political) importance of collaboration and partnerships, communication, collecting and analysing data, cultural competency

Thank You!

