



Research Center for Inclusion
formerly known as NLR Mekong

RESEARCH CENTER FOR INCLUSION - RCI

ORGANIZATION STRATEGY

For 2020 - 2025

Hanoi June 2019

CONTENTS

- CONTENTS1
- ACRONYMS.....2
- INTRODUCTION3
- CONTEXT ANALYSIS.....4
 - 1. Inclusive education is far from meeting CWD needs4
 - 2. Inclusive health is yet to be effective5
 - 3. PWD have not been fully integrated into social and political spheres6
 - 4. Gaps in disability research.....7
 - 5. Application of technologies potentially widen the gaps but also bring opportunities for PWD...7
- PROGRAM PRIORITIES.....10
 - Program 1: Research, Publicity and Advocacy.....10
 - Program 2: Inclusive education11
 - Program 3: Inclusive health and CBR12
 - Program 4: Social inclusion13
- ORGANIZATION DEVELOPMENT14
 - Financial Sustainability14
 - Communication.....15
 - Organizational capacity development15
- PARTNERSHIP AND ENGAGEMENT OF STAKEHOLDERS16
- ORGANIZATION CHART17
- SUMMARY OF STRATEGIC PRIORITIES AND ACTIVITY FRAMEWORK.....18

ACRONYMS

CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disability
CWD	Children with disabilities
NGO	Non-governmental organization
NLR	Netherlands Leprosy Relief
PWD	People with disabilities
RCI	Research Center for Inclusion
SEARAV	Southeast Asian Research Association of Vietnam

INTRODUCTION

The Research Center for Inclusion (RCI) is legally registered in Vietnam as a Vietnamese non-governmental organization (NGO) and under coordination and management of the Vietnamese Ministry of Science and Technology through Southeast Asian Research Association of Vietnam (SEARAV).

RCI was formerly known as the Netherlands Leprosy Relief, Mekong region (NLR Mekong). NLR Mekong operated in Vietnam since 1981 and managed programs in Cambodia, Myanmar and Vietnam (and earlier also in China, Laos and Thailand). Initially NLR Mekong supported leprosy disease control projects and later shifted towards projects for disability and inclusion of persons with disability due to leprosy.

As part of the plan by Netherlands Leprosy Relief to localize its country offices, NLR Mekong became a local NGO at the end of 2018 and RCI inherited NLR Mekong's expertise, experience and network established throughout the decennia of its operation in Vietnam with a focus on disability and inclusion.

RCI aims to improve quality of life of children and adults with disability, including leprosy-affected persons with disability through education, health, empowerment, promotion of self-care and fighting discrimination. The organization focuses on improving access to and quality of services offered to persons with disability by building capacity, provision of technical support for assistive devices and accessible infrastructure (enabling environment). Additional to this, conducting research on disability is an integral part of the work of RCI, which enables it to advocate and influence policies that are beneficial to persons with disability.

Vision

RCI envisions a world in which people with disability, including children and persons affected by leprosy enjoy equal rights and full inclusion in society.

Mission

RCI, as a prominent actor in the field of disability, mobilizes resources and implements interventions with particular attention to research, innovation and technology to enhance independence and social inclusion of people with disability, including children and persons affected by leprosy.

Values

Diversity is nature of the world, every person is born with different abilities and identity. RCI respects the differences in people identities and abilities and works to enhance these abilities.

Inclusiveness. RCI believes that a just society is an inclusion of all human beings. RCI will work to promote inclusion of PWD in all social settings.

Innovativeness is an essential prerequisite for making change. RCI will promote innovative ideas, seek innovations and apply innovative approaches for supporting PWD.

CONTEXT ANALYSIS

In Vietnam, there are 6,225,519 persons with disabilities (accounted for 7.09%), in which 671,659 children aged 2-17 and 5,553,860 people aged 18 years and older¹. Though PWD accounted for a large proportion of the population, they are yet to receive equal treatments, opportunities to fully develop self-potentials to participate independently and equally in the social spheres. The issues PWD encountered include:

1. Inclusive education is far from meeting CWD needs

Children with disability (CWD) study in mainstream schools, in which they have poorer performance and rarely go to higher education. Majority of CWD (94.2%) study in the mainstream schools with an average number of 8.3 CWD in each school. In the mainstream schools CWD often hardly catch up with other students and they often get lower performance. Only about one-third of CWD go to higher secondary schools².

Education environment in the mainstream schools is far from meeting the requirements of an inclusive environment for CWD. There is lack of infrastructure for physical access, supporting facilities as well as the special materials for CWD in schools. Only 2.9% have accessible design such as ramp, toilets, handrails, 8.1% have suitable path, 9,9% have suitable sanitation facilities³.

Teachers have not been adequately trained to teach children with special needs, thus they are not able to apply efficient approaches when teaching CWD in the class. Particularly teachers are not able to detect signals or types of disability to adjust their teaching accordingly. This fact was acknowledged by 71% of schools across the country⁴.

Study orientation for youth with disability is missing from current education system. Once finishing high-school education level, many young students with disability enter universities with little understanding whether the field they choose would be relevant with their capability and potential to get a job upon completion of their tertiary education. On 5th August 2019, the national television News revealed that 300 students (without disability) who had university degrees, re-entered technical colleges with an aim to get a job afterwards. This fact indicates that young people, not to mention youth with disability, including those from leprosy-affected families, lack opportunities to be oriented and counseled for their future studies.

Comprehensive Sexuality Education programs for youth with disabilities are not available at schools. Given that the Vietnamese government pledged with 'International Technical Guidance on Sexuality Education' (ITGSE), developed by UNESCO in collaboration with UN agencies (UNAIDS, UNFPA, UNICEF, UN Women, WHO), sexuality education is often combined with life skills programs in schools, rather than a core subject. This can result to a fact that students with disability are more vulnerable to sexual abuse and violence since they are not trained to avoid from such risks or protect themselves.

¹ GSO, *The national survey on PWD, 2016*

² GSO, *The national survey on PWD, 2016*

³ GSO, *The national survey on PWD, 2016*

⁴ GSO, *The national survey on PWD, 2016*

There has been limited investment to education for CWD. It is required by the government of Vietnam, the Circular 58/2012/TTLT-BGDDT-BLDTBXH that each province must have a Support Center for Inclusive Education (SCIE), this policy is currently not implemented; of 63 provinces and cities nationwide, only 13 SCIE have been established.

The negative mindset of the families and physical and emotional conditions also hinder CWD to go to school for higher study. 7% of the schools expressed that there is stigma against education for CWD; Only 42.7% of respondents believed that children with disabilities should attend school with other children, while 24.0% preferred that they go to special schools.

2. Inclusive health is yet to be effective

Health care for PWD is available but not appropriate for PWD. The rate of PWD have health insurance is quite high (90.1%), they could also get access to health care services when needed. However, the rate of PWD use public health services is not so high or they cannot afford for having access to specialized services for their disabilities.

Structural barriers such as inaccessibility to the clinic and lack of access to the transportation system. Only 2.3% of PWD receive rehabilitation services for people with disabilities. Many health stations do not have rehabilitation services. Only 57.3% of communal clinics have rehabilitation programs. Quality of service in these clinics is also in poor conditions. Only 16.9% of clinics are designed to meet accessibility standards for PWD. Of which, only 22.4% of health stations have sanitation facilities designed suitable for PWD, about 41.7% of clinics have path and slopes for people with disabilities.

Health workers remain unskilled to care for PWD. The inadequacy of health workers manifests not only in the ability to use sign language, lack of Braille materials to communicate with the visually impaired. On average, each health station has less than 1 staff trained in rehabilitation services. Nationally, 12.6% of commune/ward health station staff are trained in rehabilitation.

Community based rehabilitation has not been well developed and effective. Most families with PWD have difficult economic circumstances, the relatives must worry about making a living, so they do not have enough time to train the PWD; caregivers also lack skills for caring for PWD. Furthermore, with the limited financial resources, they could hardly afford to pay for health care services.

PWD themselves have not been prepared with necessary skills such as self-assertion, self-confident or interpersonal communication, and there is self-stigma exist within PWD. This condition accompanied with poor enabling infrastructure and facilities make PWDs dependent on supporters and hinders their access to social services.

3. PWD have not been fully integrated into social and political spheres

Limited access to information is the foremost obstacles to inclusion of PWD. Almost all mainstreamed information sources such as radio, television, newspaper are designed for people/people without disability. Very few programs can accommodate for (mainly hearing impaired) people, but not during suitable broadcasting time. PWD also have very limited access to communication technology. Only 6.7% of them have access to internet and 38.85% use mobile phone. Physical access to information for PWD is even harder due to the unavailability of the materials and inappropriate means for information provision.

Social and public services are not friendly to PWD. The physical obstacles to PWD could be seen in almost all public spaces, such as no ramps for wheelchair, specialized pavement for blind persons are occupied by shops, the counter/desk of the offices are too high for PWD, sign boards, instructions are also hanging too high with too small letters that many people cannot read...

Occupational opportunities for PWD are limited. There are only 32.8% of PWD in the labor force⁵, engaging in income-generating labor for themselves and their families. They mainly work in agriculture - forestry - fishery, which have very low income compared to other jobs. Only about 10% of people with disabilities received vocational training. However, the design of vocational training activities, such as production of tooth-pick or broom for PWDs is often monotonous with limited choices. So it is difficult for the trained PWD meet with the market demand. Furthermore, employment or career orientation and planning is simply viewed as vocational training for youth and persons with disability, rather than advising and counselling these groups to have a wide decision on how and what they can do to match with their abilities and qualification.

Stigma from employers, community and PWD themselves hinders PWD from getting a job. About 55% of respondents⁶ think their employers will not hire people with disabilities as businesses do not believe in their skills, moreover, they pay PWD very low wages. The society often treats people with disabilities according to the charitable and humanitarian point of view, but not yet taking a positive approach to ensuring their basic rights. In the families, mindset that PWD are not capable of earning a living, so they need to be taken care by the families, so they do not need to study because they finish their studies and do nothing with the knowledge they have learned. Many of PWD feel inferior and hesitant seeking for jobs.

Inherent isolation in leprosaria prevents leprosy-affected people to participate in social life. Many leprosy-affected persons with disability never get out of the leprosaria (or their rooms for some persons with severe disability) where they were sent to and stay for 20 or up to 70 years. They are not aware of advancement or development taking place outside their leprosaria and unable to benefit from such advancement. In addition to this, lack of opportunities to socialize and interact with other people outside the leprosaria weaken communication skills of leprosy-affected people with disabilities

⁵ GSO, *The national survey on PWD, 2016*

⁶ GSO, *The national survey on PWD, 2016*

Participation of PWD to organizations, associations, groups are very weak, except few places where there are special clubs for the specific groups of PWD with similar disabilities. When participating in organizations, associations, groups, their participation is often symbolic, and they have little role in planning and decision making⁷.

Election is not in favorable condition for PWD, the voting place and approach are not suitable for PWD such as too high a ballot box that PWD cannot reach, no sign language interpreter for the deaf/ hearing impaired, no braille for blind people. Many PWD feel reluctant to election as they think that whether or not they are going to vote, it will not change the election results⁸

4. Gaps in disability research

Data on disabilities are mainly general statistic, there are limited literatures with in-depth analysis on the issues on different types of disabilities, few documentations and evidences are available on effective approaches and innovations in working with PWD. There are few organization doing research work on disabilities in Vietnam, Majority of government institutions as well as non-government agencies so far only focus on providing direct support to PWD, little investments have been paid to the studies on issues relating to disabilities

5. Application of technologies potentially widen the gaps but also bring opportunities for PWD.

The trend of technology development has increased the risk of further marginalize PWD due to their disadvantageous conditions that prevent them from mastering and applying the technologies. Technology development has rapidly advanced, however not every child and adult with disabilities can fully benefit from this trend or put it differently, the trend can widen the gap between persons with disabilities and persons without disability in having access to advanced technology. On the other hand, the development and application of technologies that require less physical strength but different abilities will offer more opportunities for PWDs. Besides, the application of advance information technologies, artificial intelligence will bring more opportunities to enhance working approaches for better services to PWDs.

OPPORTUNITIES:

- Legal frameworks and political will: The government of Vietnam ratified CRPD (Convention on the Rights of Persons with Disability) and CRC (Convention on the Rights of the Child). The government policies on disability, inclusive education and CBR are available, which will facilitate RCI's interventions in these fields.

⁷ ISEE, Xóa bỏ kỳ thị, ý kiến người khuyết tật, 2017

⁸ ISEE, Xóa bỏ kỳ thị, ý kiến người khuyết tật, 2017

- Big donors and INGOs phase out their programs in Vietnam, leaving behind social demand for local actors NGOs, like RCI to work in providing services for local communities.
- In the field of leprosy, NLR Mekong has been playing a leading role in Vietnam and given that leprosy is no longer an alerting issue in this country, RCI remains viewing inclusion for leprosy affected population with disability a core field for its intervention.
- RCI is a member of ASPBAE (Asia South Pacific Association for Basic and Adult Education) and LINC Asia (the Liliane Fonds Inclusion Network) and other national and regional partnership with different stakeholders. As member of these networks RCI could promote its image to wider coverage, reaching out to more liked minded partners and funding agencies. This could help echo RCI's impacts and better funding opportunities.
- Increased development of technology offers opportunities to support persons with disabilities (such as development of Apps for training curricular).

THREAT:

- Funding sources become crisis when donors phase out their programs from Vietnam, it is challenging for RCI's fund raising work in order to maintain its programs.
- Lack of openness of relevant stakeholders (schools, teachers, government authorities) in topics related to gender, safe sexual behavior for adolescents sometimes cause unnecessary obstacles to implementation and might negative influence on impacts of the programs.
- An existing competition among number of local NGO/ INGO working on supporting children and people with disability in Vietnam while RCI is a new established local NGO thus it would be challenging for RCI to make it different from others.

STRENGTH

- RCI inherits long-term experience and credit of NLR Mekong in Vietnam with very strong programs on leprosy and inclusive education, disability, inclusive health and CBR; RCI also inherits a strong financial system and project management mechanism from NLR.
- RCI inherits long-term relationship with partner organizations who work on disability and inclusion in Cambodia and Myanmar, which will benefit both RCI and stakeholders between these two countries regarding knowledge and experience sharing and exchanging, at the same time, it can increase funding opportunities in terms of transnational projects required.
- RCI demonstrates a good working environment with a good team spirit within the organization. RCI staff possess relevant expertise and experience in disability & Inclusion.
- RCI has existing connection with a strong network with education sector, health and disability related institution (such as Ministry of Education and Training, Ministry of Health and Ministry of Labor and Invalids, and Social Affairs). In particular, NLR Mekong had long-term partnership with Ministry of Health and its departments such as Dermatology hospitals, which will facilitate future projects and partnership for RCI with this entity.
- RCI inherits the recognition of the Vietnamese government to NLR Mekong with numbers of award certificates for its contribution to Vietnam's development and growth. RCI has a network of partners nationwide and in the sub-Mekong countries.

WEAKNESSES:

- RCI is newly established as a local identity; its credibility has not been well recognized by government actors and funding partners and not yet familiar with various international donors (foundations).
- Majority of RCI's interventions are short-term projects, there is lack of secured long term funding.
- Capacity building for RCI team on program, project management and M&E is required.
- RCI is a 'young' organization in the field of research and publicity

PROGRAM PRIORITIES

Program 1: Research, Publicity and Advocacy

Objective: Comprehensive data on disability and leprosy issues, effective interventions in the areas of social care, inclusive education and social inclusion of PWD constructed and communicated to relevant actors.

Activities:

1. **Conduct research, studies on disabilities.** RCI research works primarily serve its intervention and advocacy purposes; and secondly contribute to enlarging scientific knowledge on disabilities. RCI research will particularly focus on scrutinizing issues related to different types of disability and leprosy, analyzing and documenting evidences of effective approaches, innovations on disability care and rehabilitation, inclusive education, inclusion of PWD; map out CBR implementing agencies and document the most significant change stories from beneficiaries in the context of Vietnam, Myanmar and Cambodia. Participatory research approaches will be applied, in which RCI will engage with PWD-led self-help groups for data collection, feedback and evaluation for projects.
2. **Establish a related- disability platform in Vietnam,** in collaboration with government agencies, NGO and networks. The platform will consolidate results, publications from RCI's studies and from other sources for sharing among practitioners and interested actors.
3. **Engage with policy makers and networks.** This will be done via engagement in joint events, sending regular updates, brief, sharing of reports, evidence-based recommendations. RCI will constructively engage with government ministries such as Ministry of Education, Ministry of Health, Ministry of Labor - Invalids and Social affairs and other actors working on disability to advocate for more quality inclusive education, improved care, rehabilitation and social inclusion of PWD.

Indicators

- 05 research, studies are conducted
- 03 research is nationally published and 2 research is internationally published
- 01 platform on sexual reproductive health rights is created.
- 04 joint events are organized/engaged and 02 policy papers/briefs are produced

Program 2: Inclusive education

Objective: Improved access to quality inclusive education for CWD in targeted project sites.

Activities

- 1. Provide support to build a more inclusive education environment in the mainstream schools.** This includes (1) Strengthening skills and knowledge of teachers on inclusive education, 2) Support to build up enabling school environment and (3) building capacity and awareness for parents, caregivers and teachers on disability care and inclusive education.
- 2. Strengthen operations of inclusive education centers for supporting inclusive education.** RCI will work with relevant stakeholders to facilitate realization of the policy direction set by the Circular 58/2012/TTLT-BGDĐT-BLĐTĐBXH. This includes support to establish new centers and/or upgrading special schools to inclusive education support centers where possible.
- 3. Support to strengthen partnership between special schools and mainstream schools** to facilitate stronger participation of CWDs in mainstream schools. This will be done via 1) technical seminar, exchange, coaching of teachers from special school to the mainstream ones, 2) special support to CWD so that they can catch up in mainstream schools...
- 4. Advocate for and promote a comprehensive sexuality education,** study orientation and planning program in both mainstream schools and special schools, particularly for youth with disability.

Indicators

- 800 CWD and 300 teachers in 50 schools will benefit from application of innovative approaches that use advanced technology, tech/apps (flashcard training curriculum) on inclusive education.
- 03 inclusive education centers are supported.
- Collaboration established between 3 special and 6 mainstream schools.
05 schools (both special and mainstream) are influenced to deliver comprehensive sexuality education programs.
15 support Units for inclusive education are in operations.

Program 3: Inclusive health and CBR

Objective: Improved quality of care and rehabilitation services to PWD in RCI project locations with enhanced capacity of care givers and advance technologies.

Activities

1. **Raise public awareness** at national and community levels, including family members and care givers on issues of disability, on inclusive education, CBR and social inclusion of PWD.
2. **Strengthen skills of care givers, and family members, PWD** on care/self-care, rehabilitation of PWD. This will be done via practical training, regular coaching and counselling to care givers.
3. **Develop/adopt/pilot application of digital apps, software... in providing better services**, especially early interventions to CWD and PWD, ensuring their good health conditions for learning and working as active actors in society. Locally available and affordable application, software's will be considered.
4. **Provide direct support, assistive devices to special cases of PWD:** main devices include prostheses crutches, hearing aids

Indicators

1. 12 districts in 6 project provinces will have improved awareness.
2. 500 care givers, family members, PWD will receive capacity building support on care, rehabilitation of PWD.
3. 02 apps/software developed, tested and deployed benefiting 1,500 PWD with improved quality of care.
4. 10 PWD's organizations will be able to mobilize and engage in to business, and renovation.

Program 4: Social inclusion

Objective: Enhanced integration of PWD, including leprosy-affected persons with disability to social and political spheres at local and national levels.

Activities

- 1. Enhance access of PWD and leprosy-affect persons with disability to social life and public services.** RCI will initiate activities such as outing, exchange visits, culture and traditional performance, knowledge events; promote and support measurements to improve PWD access to public services.
- 2. Create more job opportunities via different means,** including: 1) develop employment orientation programs for youth with disability, including students from leprosy-affected families; 2) Establish 'job coaches' teams who are committed to facilitate job searching for persons with disability, including connecting them with potential employers, 3) support startups for youth and persons with disability.
- 3. Support PWD's involvement in political and policy making processes.** This will include facilitating PWD engagements in networks and social forums, support PWD-led organizations, nurturing PWD leadership and connect to different political forums to increase their opportunities of participating and strengthen their voices in different governance and policies making processes.

Indicators

1. 300 PWD gain improved access social to spheres and public services via RCI interventions.
2. 20 PWD's organizations will be able to mobilize and engage PWD in to their businesses.
3. 200 PWD have improved job opportunities through RCI programs.
4. 10 PWD involve in political and policy making processes via RCI interventions.

ORGANIZATION DEVELOPMENT

Financial Sustainability

Objective: Funding sources mobilized for RCI programs and long-term operation.

Activities:

1. **Maintain funding sources from existing donors and foundation** such as VOICE, NIPPON foundations, Liliane Fonds, PDS via proposals to scale up ongoing projects on inclusive education and care. RCI will also develop separate proposals or joint proposals in collaboration with other partners and bring new ideas, emerging issues to the existing donors.
2. **Diversify funding sources via building connections and proposal to** potential donors such as USAID, Oxfam, EU and Embassies.... and explore financial support and team up with other organizations for the research and advocacy projects.
3. **Explore domestic fund-raising opportunities.** This will be done via crowd funding/CSR fund of companies, team up with other local NGOs to develop joint proposals.

Indicators:

1. At least three mid-term project proposals developed per year with one-third successfully funded.
2. At least 02 potential partners mobilized and committed to supporting research and advocacy initiatives.
3. At least 02 sources of domestic funding will be successfully raised.

Funding plan (in EUR)

Program	2020	2021	2022	2023	2024	2025
Research and advocacy	10,000	15,000	15,000	15,000	15,000	15,000
Inclusive Education	80,000	80,000	80,000	100,000	100,000	100,000
Inclusive health and CBR	200,000	200,000	200,000	270,000	270,000	270,000
Social inclusion	30,000	30,000	40,000	40,000	50,000	50,000
Total	290,000	295,000	295,000	385,000	385,000	385,000

Communication

Objective: RCI's image is promoted to wider public domestically and internationally as a strong Vietnamese NGO on disability and inclusion.

Activities

1. **Develop and complete communication tools and media** including a branding kit, organization website, fan-page and essential organizational communication materials.
2. **Facilitate and participate in local, regional and international networks, forums and campaigns** of organizations supporting children and person with disabilities such as CBR networks, We Ring the Bell campaign... for sharing experience, knowledge and advocacy towards achieving CBR programs
3. **Engage with mass media** to echo RCIs messages, raise public awareness and promote good image of PWD.

Indicators

1. RCI brand kit developed and applied; website and fan-page constructed and regularly updated; 02 newsletters published per year; photo bank constructed with good pictures
2. RCI lead or actively participate in to at least 02 campaigns per year for sharing experience, knowledge and advocacy towards achieving CBR programs.

Organizational capacity development

Objective: The organization is well-structured with competent staff and operated smoothly with effectively management systems.

Activities

1. Restructure the organization with main functions including... (diagram bellow)
2. Revisit and complete organizational policies, manuals on human resource development, financial, admin, child protection policy, M&E guideline...
3. Define and implement capacity development plan for the staff, with specific focus on fund raising, research, communication and advocacy...

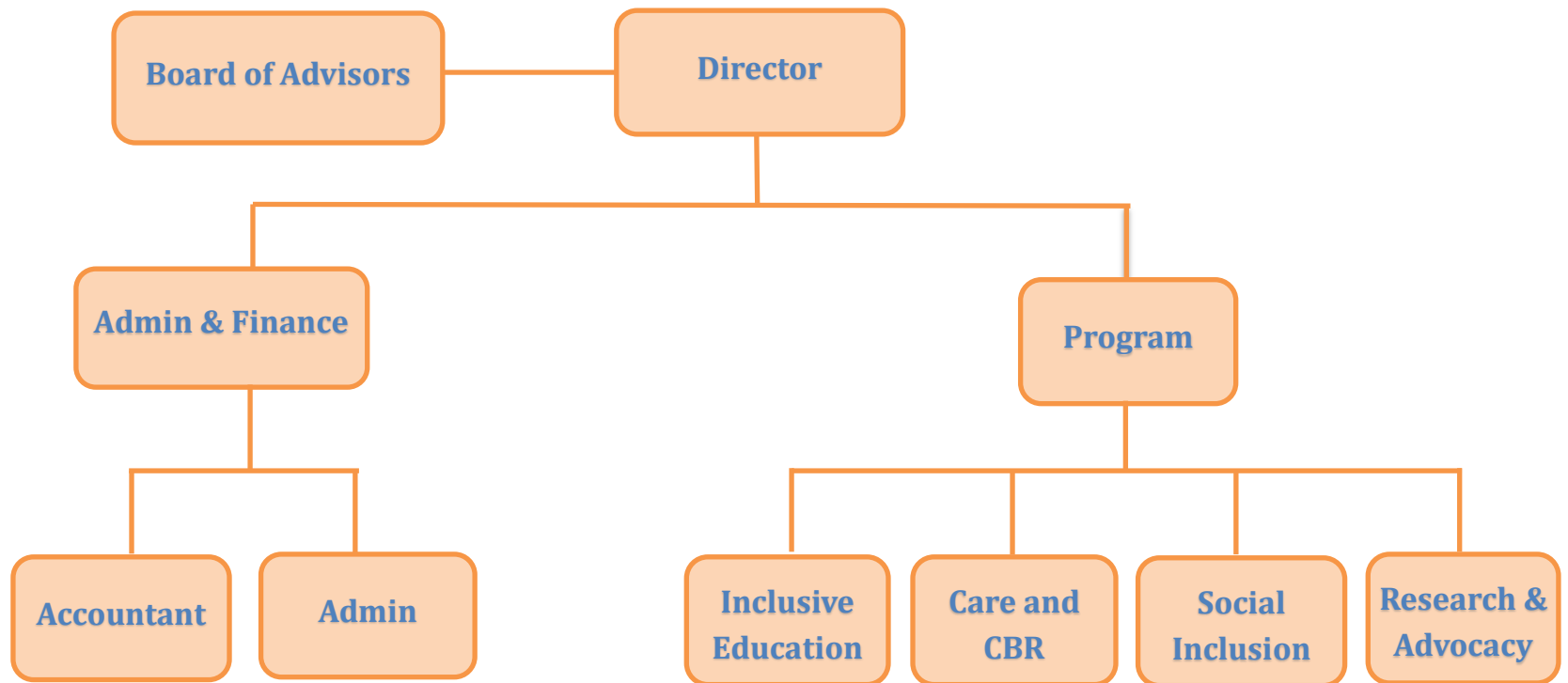
Indicators

1. The organization structure completed with competent staff
2. By 2020, organizational policies and manual including human resource development, financial, admin, child protection policy, M&E guideline completed and applied.
3. At least 03 staff undergo suitable capacity building activities per year

PARTNERSHIP AND ENGAGEMENT OF STAKEHOLDERS

- **PWD and CWD and leprosy-affected persons:** RCI considers the wellbeing and quality of life of these groups a highest priority when making decisions in its programs. In order to ensure this priority, RCI will maintain close interaction with PWD using different participatory, enabling and empowering tools and approaches, so that they could play active roles in identifying, addressing their issues, claiming their rights and equally participating in social and political spheres.
- **Donors** do not only provide their financial support, but also possess source of updated information in the fields of RCI interventions, and valuable experiences from various countries. In order to optimize these resources for the best benefit of the PWD, RCI will effectively manage existing funds with applying financial management best practices, ensuring accountabilities towards donors and all relevant actors. RCI will also continue to innovate, create, and design new programs, communication activities, and fundraising efforts in order to attract additional resources from both international and domestic donors.
- **Partner organizations** are key implementing agencies of RCI interventions in the field including local government agencies, schools, rehabilitation and health care center in Vietnam, Cambodia and Myanmar. RCI will closely work with these partners to maximize their expertise and experience in local context. RCI will also ensure high level of transparency and accountability towards partner organizations, which considered essential factors for maintaining a healthy and long-term partnership.
- **Government authorities at all levels:** Local authorities play an important role in coordinating and mobilizing participation of communities, businesses, and other local actors to address the issues of PWD. RCI will work in close collaboration with DPOs, People's Committees and functional agencies at all levels and local professional agencies such as Ministry/department of Education and Training, Ministry/Department of Labor, invalid and Social Affairs, Ministry/Department of Health in the whole process of program development and delivery. RCI will also work with the authorities to promote the replication of good initiatives to government and other programs, and advocate for favorable legal provision and policy measures that enhance integration of PWD in social and political spheres.
- **Social organizations and networks** are the most active and highly committed to supporting and protecting the rights PWD. RCI will build alliances and participate in a wide range of networks to stay connected with PWD's organizations and other networks both at international, national and local levels. Through these connections, RCI will further explore opportunities for resource mobilization and advocacy for the measurements supporting PWD.

ORGANIZATION CHART



SUMMARY OF STRATEGIC PRIORITIES AND ACTIVITY FRAMEWORK

VISION: RCI envisions a world in which people with disability, including children and persons affected by leprosy enjoy equal rights and full inclusion in society.



PROGRAM 1: RESEARCH, PUBLICITY AND ADVOCACY ON DISABILITY ISSUES	
Objective: Comprehensive data on disability issues and effective interventions in the areas of social care, inclusive education and social inclusion of PWD constructed and communicated to relevant actors.	
<ol style="list-style-type: none"> 1. Conduct research, studies on disabilities 2. Publish research results national and internationally 3. Establish a related- disability platform in Vietnam 4. Engage with policy makers and networks for better policies influencing. 	<ol style="list-style-type: none"> 1. 05 research, studies are conducted 2. 03 research is nationally published and 2 research is internationally published 3. 01 platform on sexual reproductive health rights is created 4. 04 joint events are organized/engaged and 02 policy papers/briefs are produced
PROGRAM 2: INCLUSIVE EDUCATION	
Objective: Improved access to quality inclusive education for CWD in targeted project sites (North, Central and South regions of Vietnam)	
<ol style="list-style-type: none"> 1. Provide support to build a more inclusive education environment in the mainstream schools. 2. Strengthen operations of inclusive education centers for supporting inclusive education. 3. Support to strengthen partnership between special schools and mainstream schools. 4. Advocate for and promote a comprehensive sexuality education 5. Support establishment of Support Units for inclusive education within mainstream schools premises. 	<ol style="list-style-type: none"> 1. 800 CWD and 300 teachers in 50 schools will benefit from application of innovative approaches that use advanced technology, tech/apps (flashcard training curriculum) on inclusive education. 2. 03 inclusive education centers are supported. 3. Collaboration established between 3 special and 6 mainstream schools. 4. 05 schools (both special and mainstream) are influenced to deliver comprehensive sexuality education programs. 5. 15 support Units for inclusive education are in operations.



PROGRAM PRIORITIES



PROGRAM 3: INCLUSIVE HEALTH AND CBR

Objective: Improved quality of care and rehabilitation services to PWD in RCI project locations with enhanced capacity of care givers and advance technologies.

<ol style="list-style-type: none"> 1. Raise public awareness improved rehabilitation services at national and community levels, 2. Strengthen skills of care givers, PWD and family members on care/self-care, and rehabilitation of PWD. 3. Bridge and connect PWD-led organizations with employers, policy makers, other networks and social forum 	<ol style="list-style-type: none"> 1. 12 districts in 6 project provinces will have improved awareness. 2. 500 care givers, family members, PWD will receive capacity building support on care, rehabilitation of PWD. 3. 02 apps/software developed, tested and deployed benefiting 1,500 PWD with improved quality of care. 4. 10 PWD’s organizations will be able to mobilize and engage in to business, and renovation.
---	---

PROGRAM 4 : SOCIAL INCLUSION

Objective: Enhanced integration of PWD, including leprosy-affected persons with disability to social and political spheres at local and national levels

<ol style="list-style-type: none"> 1. Enhance access of PWD and leprosy-affect persons with disability to social life and public services. 2. Create more job opportunities via different means. 3. Support PWD’s involvement in political and policy making processes. 	<ol style="list-style-type: none"> 1. 300 PWD gain improved access social to spheres and public services via RCI interventions. 2. 20 PWD’s organizations will be able to mobilize and engage PWD in to their businesses. 3. 200 PWD have improved job opportunities through RCI programs. 4. 10 PWD involve in political and policy making processes via RCI interventions.
--	--



ORGANIZATION DEVELOPMENT



FINANCIAL SUSTAINABILITY	
Objective: Funding sources mobilized for RCI programs and long-term operation.	
<ol style="list-style-type: none"> 1. Develop proposals to scale up ongoing projects on inclusive education and care, targeting to existing donors and foundations. 2. Map out and develop connection with potential donors and seek support to the research and advocacy projects. 3. Explore domestic fund-raising opportunities. 	<ol style="list-style-type: none"> 1. 03 mid-term project proposals developed per year with one-third successfully funded. 2. 02 potential partners mobilized and committed to supporting research and advocacy initiatives. 3. 02 sources of domestic funding will be successfully raised.
COMMUNICATION	
Objective: RCI's image is promoted to wider public domestically and internationally as a strong Vietnamese NGO on disability and inclusion.	
<ol style="list-style-type: none"> 1. Develop and complete communication tools and media. 2. Facilitate and participate in local, regional and international networks, forums and campaigns. 	<ol style="list-style-type: none"> 1. RCI branding kit developed and applied; website and fan-page constructed and regularly updated; 02 newsletters published per year; photo bank constructed with good pictures. 2. RCI lead or actively participate in at least 02 campaigns per year for sharing experience, knowledge and advocacy towards achieving CBR programs.
ORGANIZATIONAL CAPACITY DEVELOPMENT	
Objective: The organization is well-structured with competent staff and operated smoothly with effectively management systems.	
<ol style="list-style-type: none"> 1. Restructure the organization with main functions. 2. Revisit and complete organizational policies, manuals on human resource development, financial, admin, child protection policy, M&E guidelines. 3. Develop and implement capacity building plan for the staff and capacitate the staff, with specific focus on fund raising, research and advocacy 	<ol style="list-style-type: none"> 1. The organization structure completed with competent staff. 2. By 2020, organizational policies and manual including human resource development, financial, admin, child protection policy, M&E guideline completed and applied. 3. 03 staff undergo suitable capacity building activities per year.