

Assessment of disability inclusion in local governance 2023



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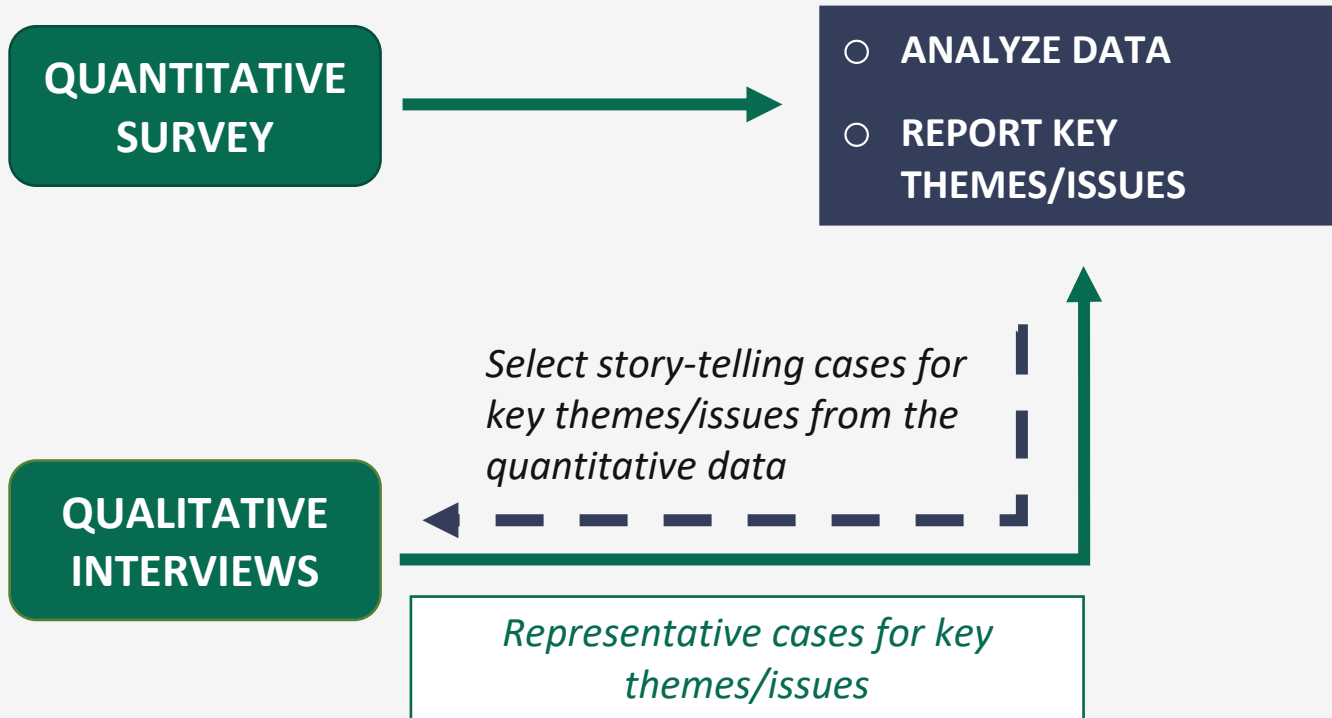
Conclusion and recommendations

INTRODUCTION



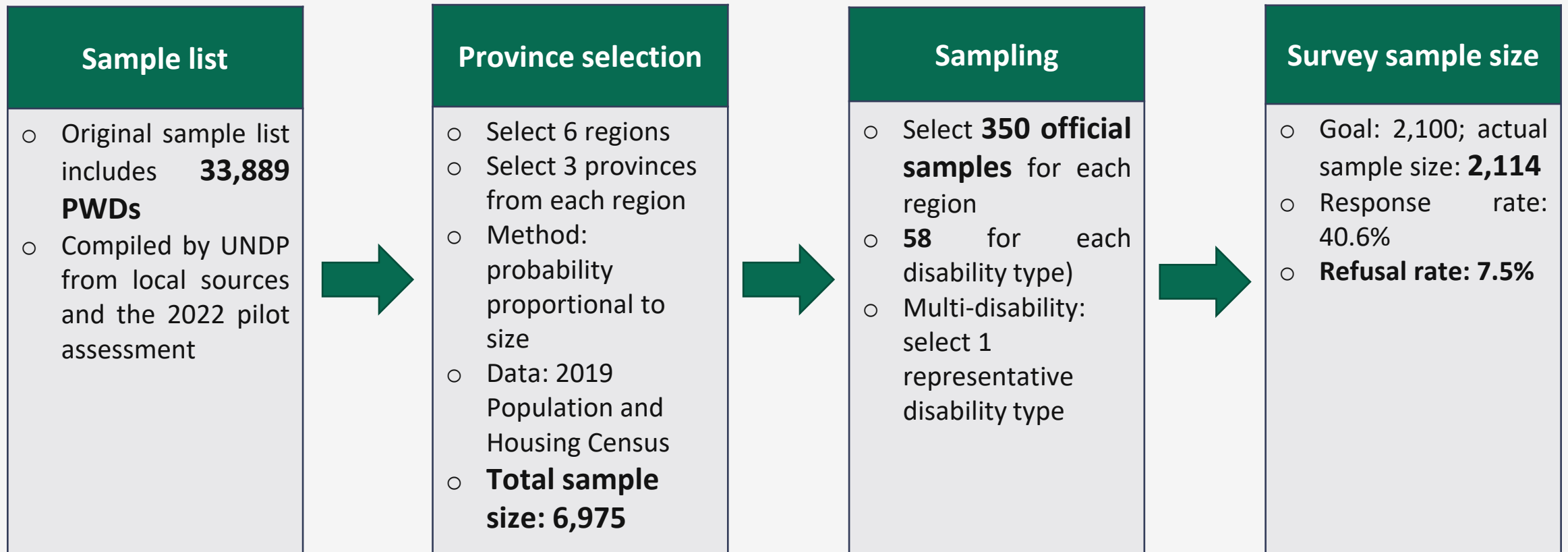
INTRODUCTION

RESEARCH DESIGN



INTRODUCTION

QUANTITATIVE SAMPLING METHOD



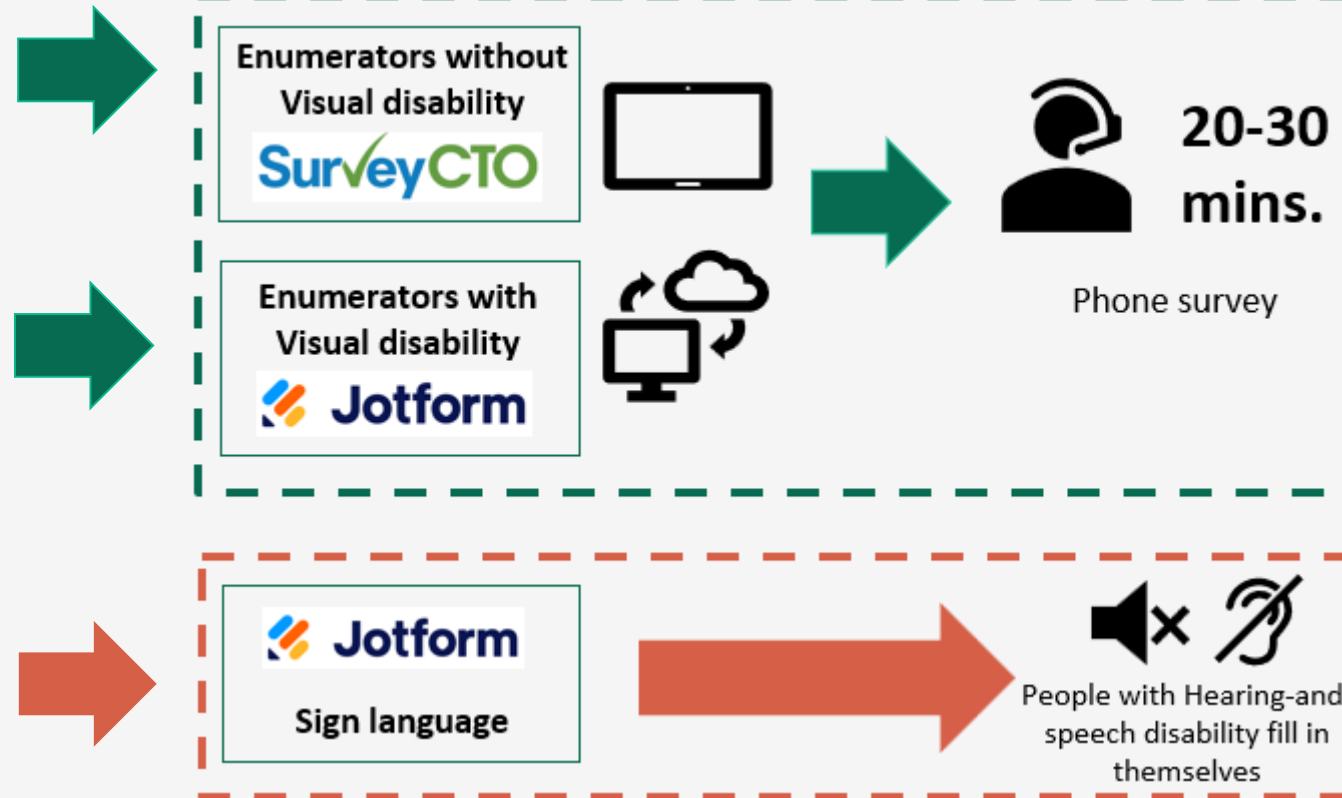
INTRODUCTION

SURVEY TOOLS AND METHODS

Questionnaire topics:

- General information about PWDs
- PWDs' capability of accessing local public administrative procedures
- PWDs' inclusion in local public service provision
- PWDs' participation in local response to disaster risk

Enumerators include persons both with and without disabilities



53.1%
PWDs answer the phone themselves

40.1%
Guardians respond in place of PWDs

6.8%
PWDs fill in Jotform themselves

KEY FINDINGS

OVERALL CHARACTERISTICS OF SURVEY SAMPLE

EDUCATION, EMPLOYMENT, AND INCOME

ACCESSIBLE FORMS OF INFORMATION

OVERALL CHARACTERISTICS OF SURVEY SAMPLE

EDUCATION, EMPLOYMENT, AND INCOME



48.4%

Did not attend school or did not finish primary school.



58.4%

Ethnic minority individuals did not attend school or did not finish primary school.



10.3%

More women did not attend school or did not finish primary school than men.



29.3%

Currently employed.

Social insurance: 13.5%



22.6%

Self-employed (non-agriculture).

20.8%

Self-employed (agriculture).



8.9%

Fewer women are currently employed than men.



39.6%

Have a monthly income under 4 million VND.



16.3%

Do not have personal income.



10.2%

More women have a monthly income under 4 million VND than men.

OVERALL CHARACTERISTICS OF SURVEY SAMPLE

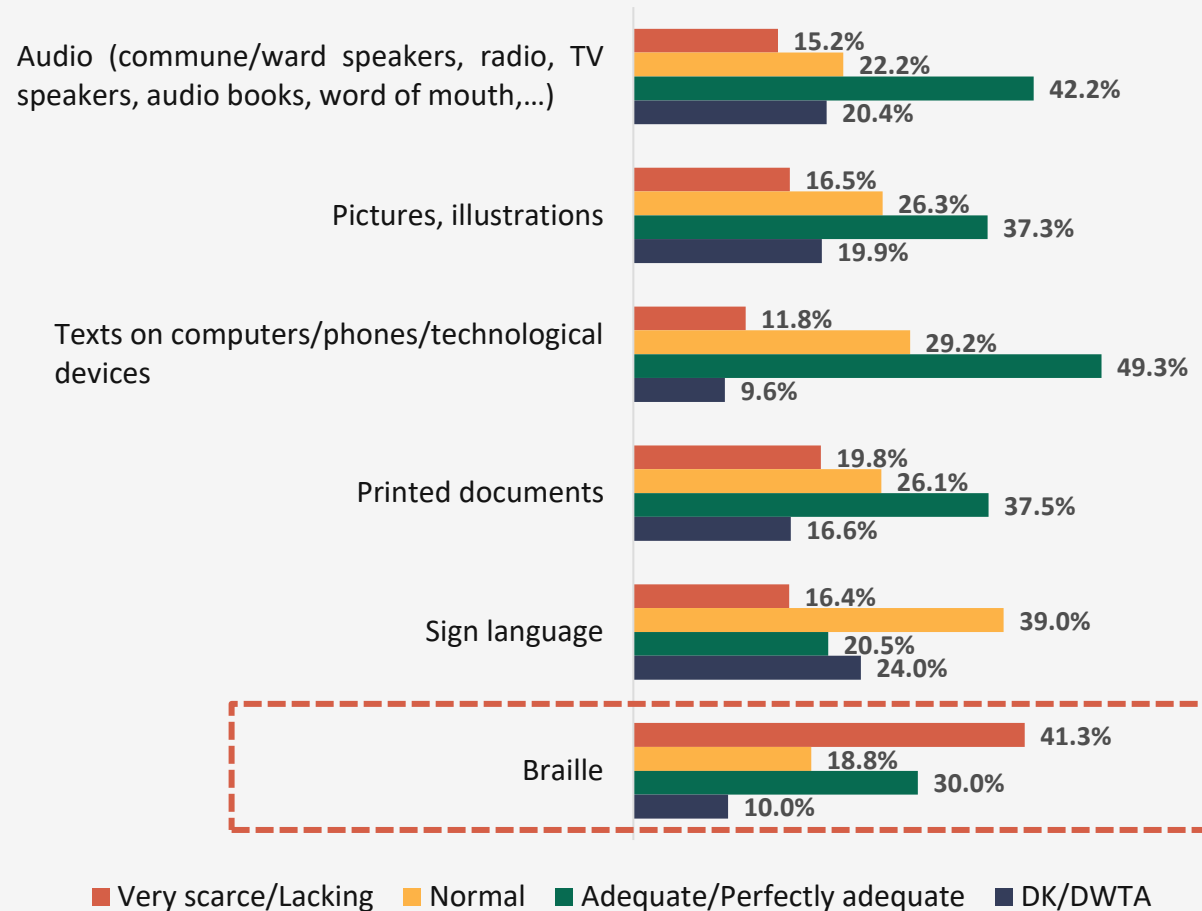
ACCESSIBLE FORMS OF INFORMATION FOR PEOPLE WITH DISABILITIES (PWDS)

✓ **Audio** is the most popular form of information.

✓ **Texts on computers/phones/technological devices** and **audio** are reported to be *Adequate/Perfectly adequate* by most.

✓ **Braille** is reported to be *Very scarce/Lacking* by most.

Adequacy of information in each form



CAPABILITY OF ACCESSING PUBLIC ADMINISTRATIVE PROCEDURES

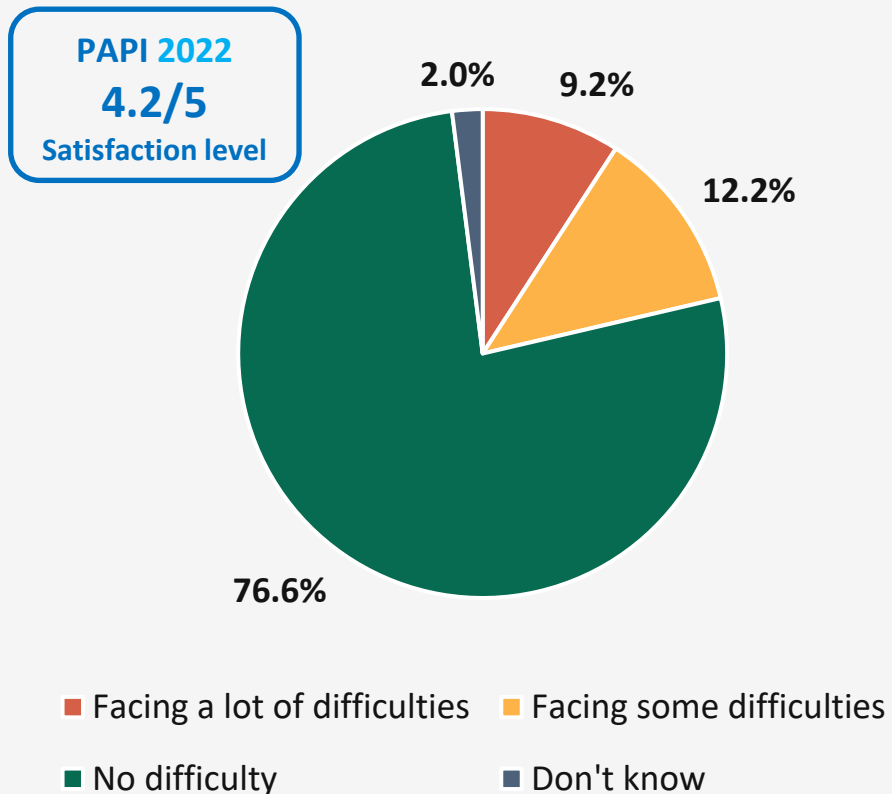
EXPERIENCING PUBLIC ADMINISTRATIVE PROCEDURES

DISABILITY CERTIFICATION

CAPABILITY OF ACCESSING PUBLIC ADMINISTRATIVE PROCEDURES

EXPERIENCING PUBLIC ADMINISTRATIVE PROCEDURES

Experience of PWDs in doing admin procedures in the past 12 months



✓ Human factor – The role of local officials:

Local officials' knowledge and awareness about PWDs => attitude towards and level of support for PWDs

- **Good:** “very enthusiastic”, “fast-responding”, “prioritized”, “work from their hearts”
- **Unsatisfactory:** “wouldn't trust [my disability]”, “dour and indifferent”, “didn't serve [PWD] even when there was no one”

✓ Barriers in accessing information technology infrastructure:

- **Most PWDs cannot carry out admin procedures on digital environments** via digital information platforms due to accessibility issues (e.g., lacking skills or equipment, ...)
- **Infrastructure systems** are not yet consistent and not yet convenient for PWDs.

CAPABILITY OF ACCESSING PUBLIC ADMINISTRATIVE PROCEDURES

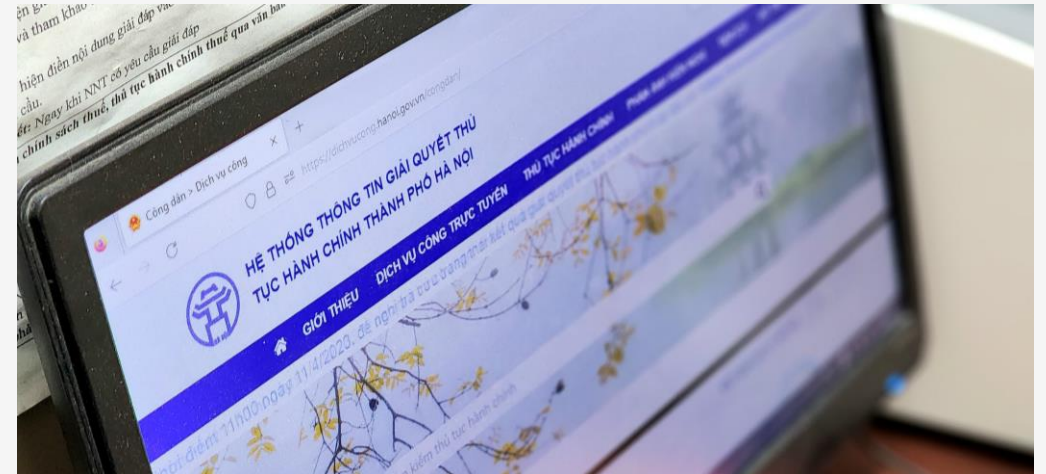
INFORMATION CHANNELS FOR ADMINISTRATIVE PROCEDURES

- ✓ **Popular information channels for PWDs:**
 - **Local PWD associations**
 - Zalo groups (of residential groups, ...), **social media**, Google
 - Commune-level People's Committees (mostly connected through Zalo groups for heads of residential groups)

- ✓ Only **37.8%** of the PWDs used the **Internet**, and mainly through smartphones.

PAPI	71%
2022	has Internet at home

- ✓ **Accessibility levels of mass media channels** on TV are not sufficiently high for PWDs.



“I “saw” on the TV [...] there seemed to be legal support services for the vulnerable [...] but I didn’t know the phone number written on the screen, they said so.”

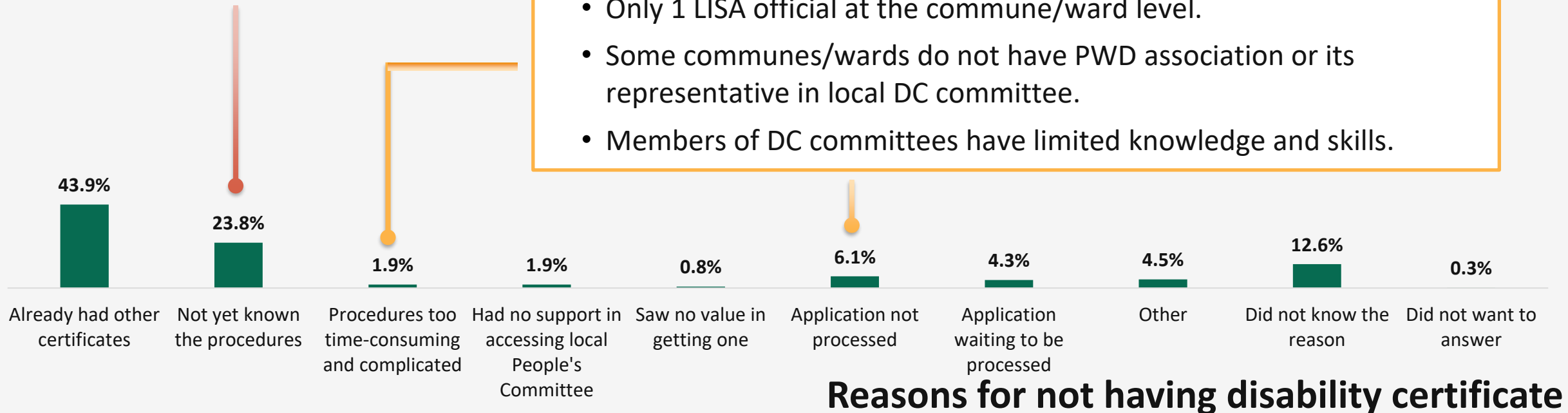
IDI female Extremely severe Visual PWD, U60

CAPABILITY OF ACCESSING PUBLIC ADMINISTRATIVE PROCEDURES

DISABILITY CERTIFICATION (DC) PROCEDURES AND ASSOCIATED BARRIERS

Connection between local authorities and PWDs
Mostly reliant on social affairs organizations and residential groups, especially **PWD Associations**.

- ### Barriers in DC procedures
- **Existing procedural complexity.**
 - **Lack of specific instructional regulations**, especially for Others type.
 - **Limited local personnel:**
 - Only 1 LISA official at the commune/ward level.
 - Some communes/wards do not have PWD association or its representative in local DC committee.
 - Members of DC committees have limited knowledge and skills.



CAPABILITY OF ACCESSING PUBLIC ADMINISTRATIVE PROCEDURES

SOCIAL SUPPORT FOR INDIVIDUALS WITH DCs

Existing inadequacies in perception of the importance of DC

- Especially for mild PWDs, e.g.:
 - Mild PWDs do not have free health insurance or disability allowance, so do not need to obtain DCs.
- Concern of **social stigma against PWDs**:
 - DC ownership affects prospects of post-secondary education and of employment.
 - Some worried of being “out” as PWDs.

However, **ownership of DC, regardless of severity, will support PWDs more meaningfully in their lives.**

“not being desolate in society. [...] wherever he goes he has the DC.”

IDI mother of a U50 male Intellectual PWD

*“A: with a DC, when a PWD goes outside [...] to some places, they may have **50% discount or free of charge.** [...]”*

*Q: So it means that they will have **other social welfare** rather than just the allowance?*

*A: Yes, yes. Or like **students** in this school, they **have monthly allowances.**”*

IDI female Physical PWD, U50

75.4% rated **health insurance helpful to very helpful.**

PAPI 2022 3.6/4

Health insurance helps pay for 100% cost of a 19-day stay in the hospital:

“(Health insurance covers) 100% so it was not that big of a deal, because back then [...] I was not covered 100% so I have to pay both for the hospital room and food, up to 1.7 million VND, [...] now I only have to pay for food.”

IDI female Severe PWD, U70

CAPABILITY OF ACCESSING PUBLIC ADMINISTRATIVE PROCEDURES

DISABILITY ALLOWANCE

- ✓ > **90%** of the Severe or Extremely severe PWDs have had disability allowance or other social support.

Average minimum expense need:

1,500,000 VND.

- ✓ Besides disability allowance, PWDs with labour capacity have **needs to participate in the economy** to feel **independent** and **included** in their communities.

- ✓ **Barriers in employment** of PWDs:

- **Vocational training:** high costs, lack of diverse programs that are suitable for various disability types
- **Recruitment:** disconnect between job placement and actual recruitment

*“I’m satisfied with however much (allowance) the State can support. [...] **I want to work**, earning 3 million dong per month to support my mum.”*

IDI male PWD with Severe Multi-disabilities, 42y

*“In case I want to use something, in case I want to buy something, **I don’t have to rely on someone else.**”*

IDI male PWD who makes 4 million VND a month

*“The ultimate desire of persons with disabilities is **to be included in all economic, environmental, social, ... issues of their communities.**”*

IDI local Labor, Invalids & Social Affairs (LISA) official

CAPABILITY OF ACCESSING PUBLIC ADMINISTRATIVE PROCEDURES

SUMMARY AND RECOMMENDATIONS



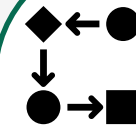
Disability certification procedures are still complicated and unclear – Updated guidelines and procedures necessary to:

- ✓ Reduce DC processing time.
- ✓ Certification of types and severity of disability needs to be easier and more logical for DC committee members without healthcare expertise.
- ✓ Raise the awareness of both officials and PWDs about the importance of the DC process and DC ownership.



Disability allowance and other social support do not yet meet special needs of PWDs

- ✓ The average minimum expense need of PWDs are higher than the current disability allowance rate.
- ✓ PWDs also have a need to participate in the economy to generate their own income.



Regulations on administrative procedures for PWDs in digital transformation are not yet flexible

- ✓ Consider challenges for PWDs to accessing IT, and have suitable procedural mechanisms for them.
- ✓ Local officials need more capacity-building on knowledge and skills to communicate with PWDs to support them more enthusiastically and effectively.
- ✓ Better emphasize **the roles of local PWD associations** in helping PWDs access information and implement PWD-related policies.

DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

LOCAL PUBLIC HOSPITAL SERVICES

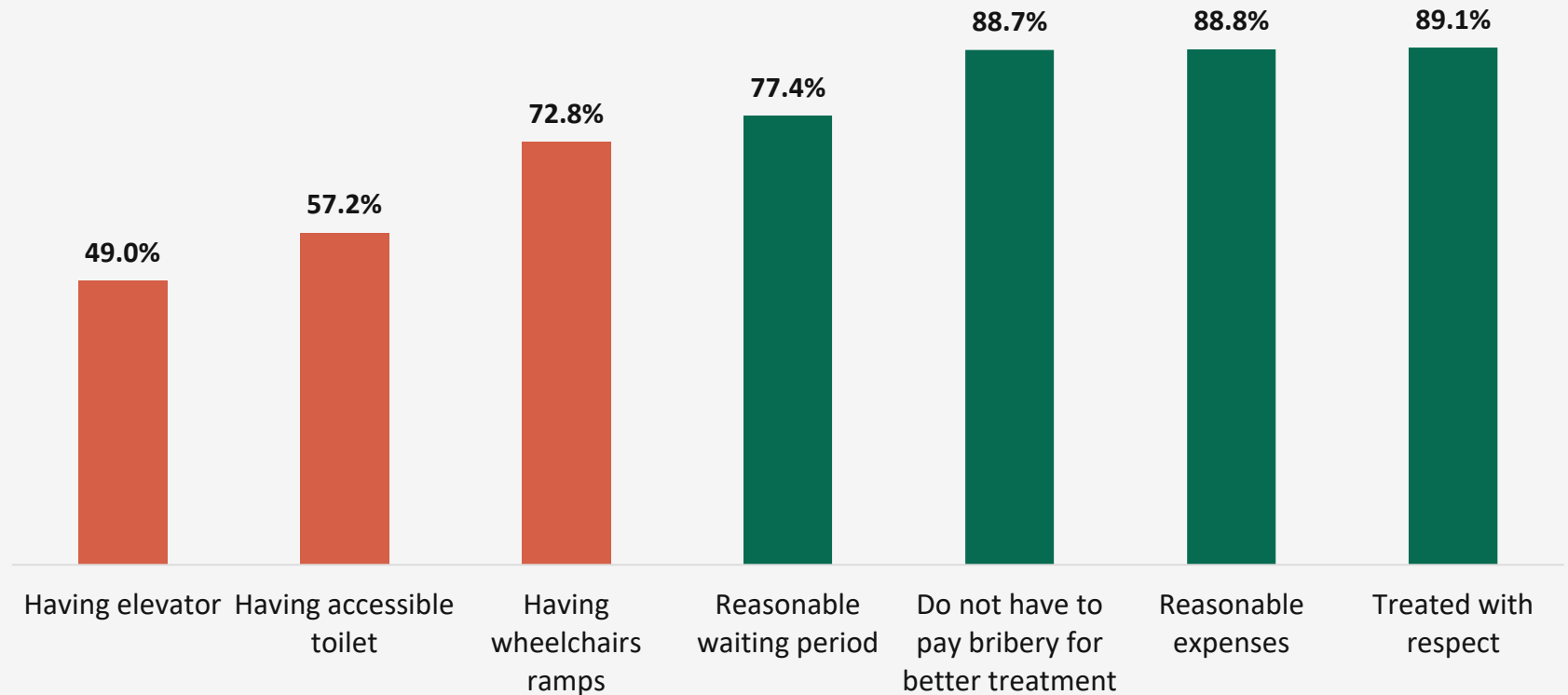
LOCAL PUBLIC REHABILITATION SERVICES

DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

QUALITY OF LOCAL PUBLIC HOSPITAL SERVICES

PWDs' rating of local public hospitals' quality

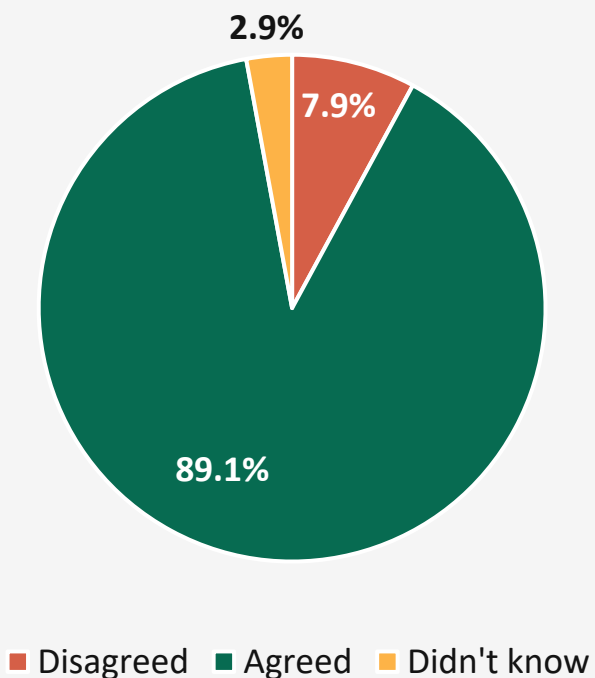
✔ **Infrastructure** criteria are rated lower than criteria on **staff members' attitude, waiting period, and expenses.**



DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

ATTITUDE OF MEDICAL STAFF

Proportion of PWDs agreeing with the statement “Treated with respect”



✔ Overall, most PWDs (89.1%) rate medical staff’s attitude highly.

Words used to describe medical staff’s attitude include *polite, respectful, cheerful, kind, non-discriminative...*

✔ However, there are 7.9% of PWDs that have had bad experience regarding the attitude of medical staff.

Words used to describe medical staff in these cases include *disdainful, conceited, stuck up, offensive...*

“...For people at lower levels, their attitude tends to be even more snobbish... I am very satisfied with the doctors, but for the other staff, to be completely honest, I find them offensive.”

IDI Physical PWD

DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

ATTITUDE OF MEDICAL STAFF

- ✓ The rate of PWDs agreeing with the statement 'Treated with respect' is **highest** in the **Northern Midlands and Mountainous** region (**92.3%**), while in the **Red River Delta** region, this rate is the **lowest (86.1%)**

=> These are the two regions with the **highest** and **almost lowest** doctor-to-population ratio in the country.

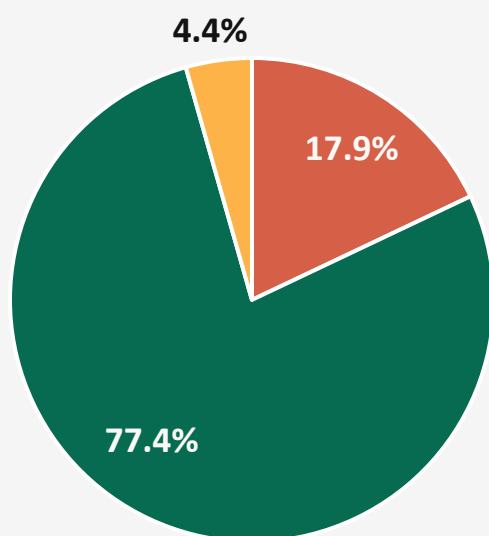
Doctors (per 10,000 population) (source: GSO)

Regions	Doctors (per 10,000 population)
Red River Delta	6.4
Northern Midlands and Mountains	9.4
North Central Coast	8.9
Central Highlands	6.3
Southeast	8.8
Mekong River Delta	7.9
Whole country	8.0

DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

WAITING PERIOD

Proportion of PWDs agreeing with the statement “Reasonable waiting period”



■ Disagreed ■ Agreed ■ Didn't know

✔ Most PWDs do not have to wait too long for medical examinations. Additionally, some hospitals consistently prioritize PWDs (Article 3, 2023 Law on Medical Examination and Treatment)

*“Firstly I am **prioritized** (without having to wait) [...] They (doctors, nurses and medical staffs) will see right as I get in (they will prioritize me without needing to be asked)”*

IDI Physical PWD, U40, Mekong River Delta



DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

WAITING PERIOD

- ✓ However, there are still 17.9% of PWDs have to wait for a long period of time. Some PWDs feel “uncared for” because of the absence of seating, compelling them to stand during the waiting period, with no discernible support provided by hospital staff.

*"I'll be honest, it's really **disheartening**. I mean, I'm dealing with a **disability**, but when I go for a checkup, I receive **no additional support** [...] It's the same story in almost every hospital; there's no extra support for PWDs, almost none [...] Me, a PWD just standing there **without a seat**, I just feel so uncared for. The hospital staff is all around, but they just ignore me. **There seems to be no extra consideration for PWDs**, even though I am dealing with a disability.*

You know, I noticed a big difference last year when I went to the airport. They actually cared, cared for PWDs [...] they had wheelchairs and helped me get around. Even getting on the bus to the plane, they prioritized me, made sure I had a seat. Even the other passengers on the same flight were willing to stand up and make room for me.

It just makes me wonder, we're all humans, right? So why don't the hospital staff treat people like me with the same respect as everyone else does?"

IDI Physical PWD, U60, Central Highlands

DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

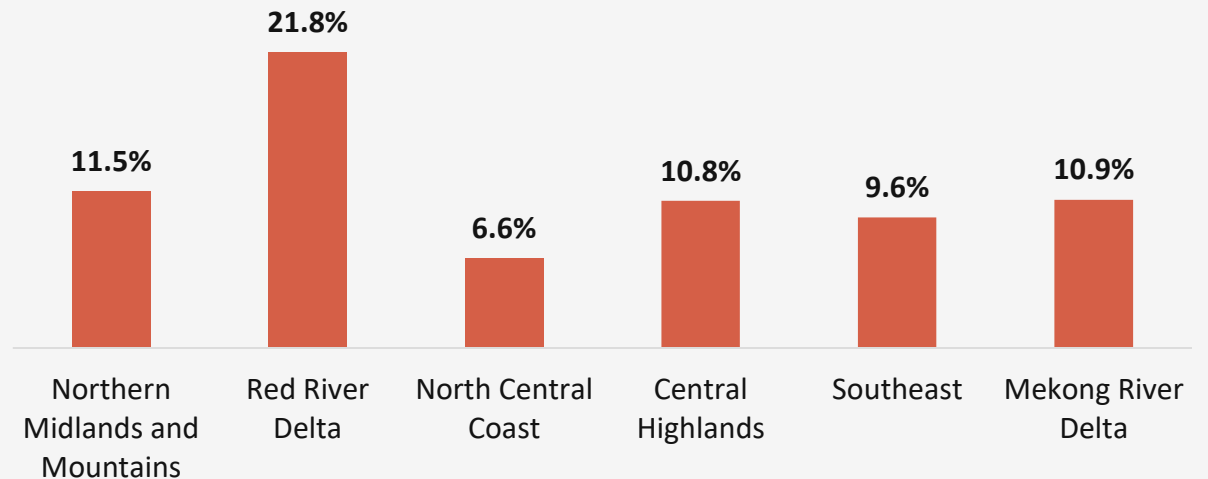
EXTRA COST FOR BETTER TREATMENT

- ✓ About 7% PWDs interviewed claimed that extra cost (bribery) is necessary for better treatment.

*“Because this (bribery) is necessary to be properly cared for by doctors [...] Like that time I got a surgery, when it was done, I was unconscious, but my family don’t know that they **have to give them money**, only after seeing my eyes rolling back (indicating my situation is getting worse) did my family give them the money, and only after that did the doctors **give me an injection, and I woke up after receiving the injection...**”*

IDI Physical PWD, U40

Proportion of PWDs having to pay bribery for better treatment, disaggregated by economic regions



- ✓ **The proportion of PWDs having to pay bribery for better treatment in *Red River Delta region is the highest (21.8%)*, twice that of any of the remaining regions.**

DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

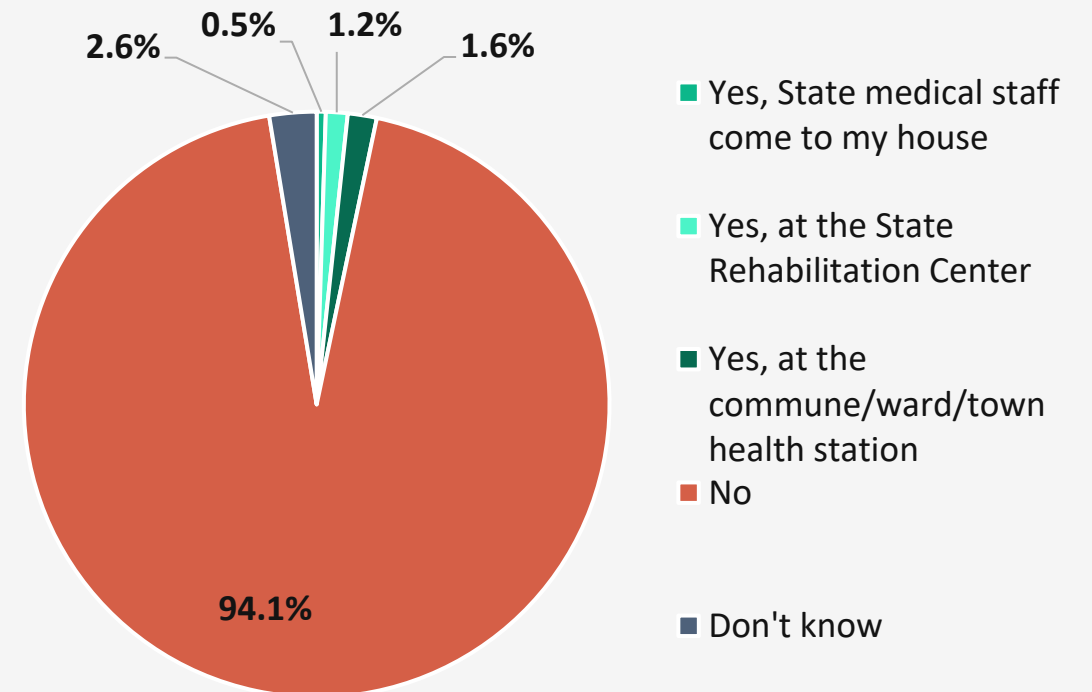
LOCAL PUBLIC REHABILITATION SERVICES

- ✓ **Very few PWDs (3.3%) have used local rehabilitation services in the past year due to the following reasons:**

 - Currently, rehabilitation services at the district level are scarce, and not every locality provides these services.
 - The cost of rehabilitation services is relatively high, *“up to 10 million VND per month without health insurance”*.

- ✓ **There is a lack of consensus on the health insurance coverage list for rehabilitation services between treatment parties and coverage provision parties.**

Proportion of PWDs who use local rehabilitation services



DISABILITY INCLUSION IN PUBLIC SERVICES DELIVERY

SUMMARY AND RECOMMENDATIONS



The district-level healthcare services for PWDs are generally highly rated; however, there needs to be improvement in certain aspects to enhance hospital quality.

- ✓ Invest in more disability-inclusive hospital infrastructure (e.g., accessible toilets, wheelchair ramps, etc.).
- ✓ Enhance management and supervision of the hospital staff, including doctors and employees, to reduce instances of illegal payments and inappropriate conduct.
- ✓ Improve enactment of policies prioritizing PWDs in medical examination, e.g., priority appointments, comfortable seating in waiting areas, etc.



Local rehabilitation services are not widely available.

- ✓ Need to further expand the network of rehabilitation facilities at the district level.
- ✓ There needs to be consensus on the health insurance coverage list for rehabilitation services between treatment parties and coverage provision parties.

RESPONSE TO NATURAL DISASTER RISKS

- IMPACT OF NATURAL DISASTERS ON PWDs
- ACCESS OF PWDs TO NATURAL DISASTER WARNINGS
- LOCAL SUPPORT FOR PWDs IN RESPONSE TO NATURAL DISASTER RISKS
- INVOLVEMENT OF PWDs IN RESPONSE TO NATURAL DISASTER RISKS

RESPONSE TO NATURAL DISASTER RISKS

IMPACT OF NATURAL DISASTERS ON PWDs

1. The most affected regions:

- North Central Coast
- Northern Midlands & Mountains
- Central Highlands

2. The most common natural disasters:

- Floods, storms/tornadoes
- Droughts
- Hail and landslide

**24.5% of
PWDs were
affected**

3. The most affected aspects:

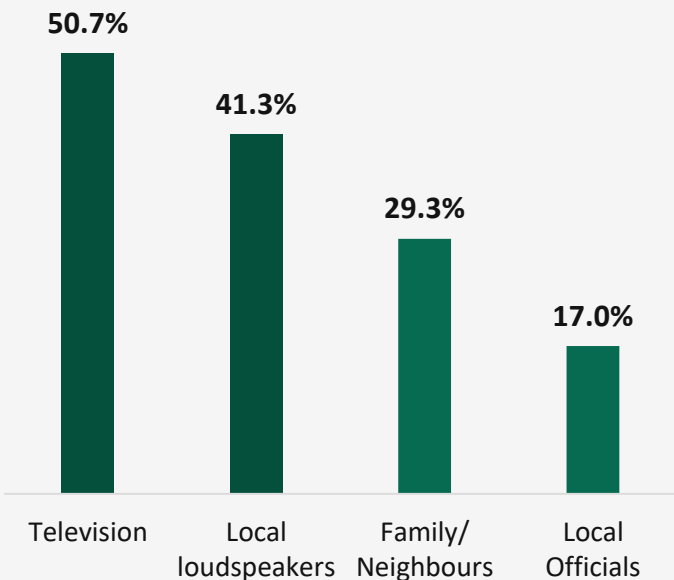
- Agricultural production
- Housing

4. Most of the affected PWDs rated the impact of the disasters as **“severe”** or **“extremely severe”**

RESPONSE TO NATURAL DISASTER RISKS

ACCESS OF PWDS TO NATURAL DISASTER WARNINGS

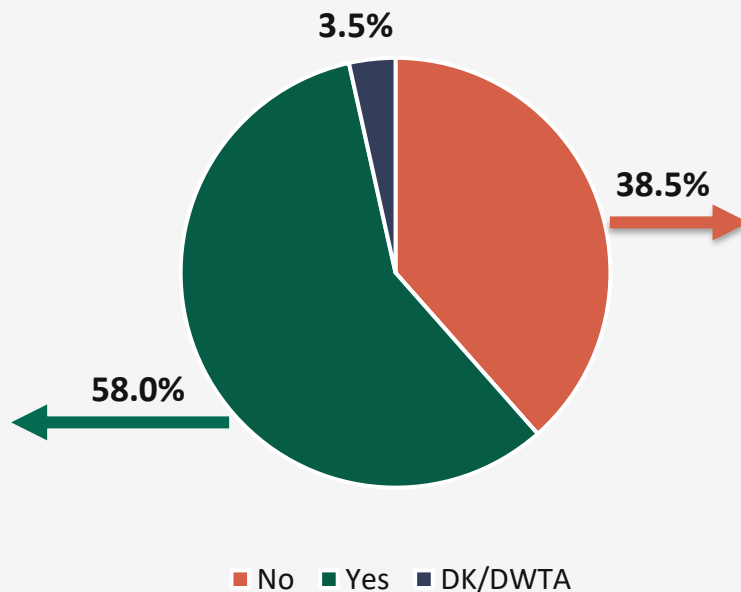
Channels for warnings



The most common channels:

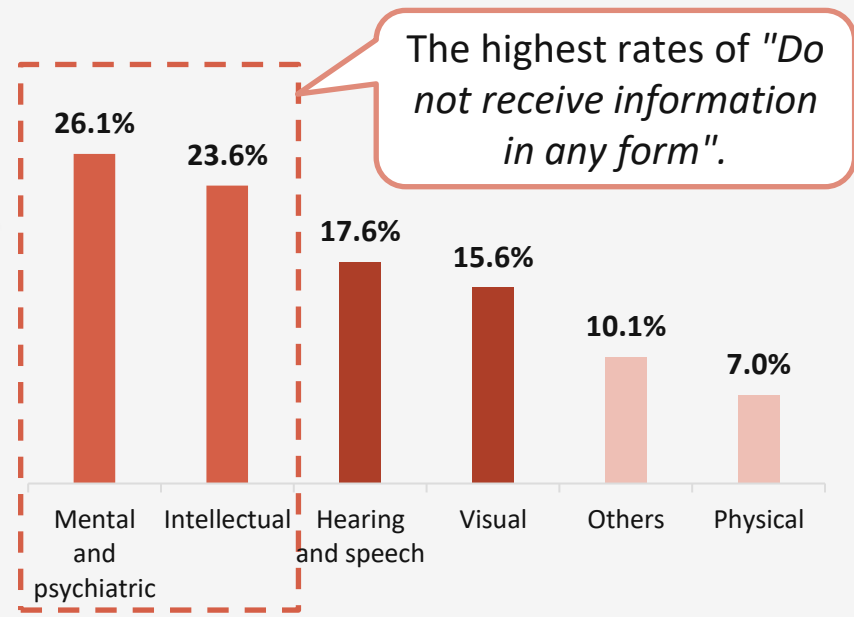
- **Television**
- **Local loudspeakers**

Proportion of PWDs receiving information on natural disaster warnings



Hard to access

Proportion of PWDs not receiving warnings, disaggregated by disability types



The highest rates of "Do not receive information in any form".

Hearing-and-speech and **Visual PWDs** also have high rates of not receiving warnings.

RESPONSE TO NATURAL DISASTER RISKS

LOCAL SUPPORT FOR PWDS IN RESPONSE TO NATURAL DISASTER RISKS

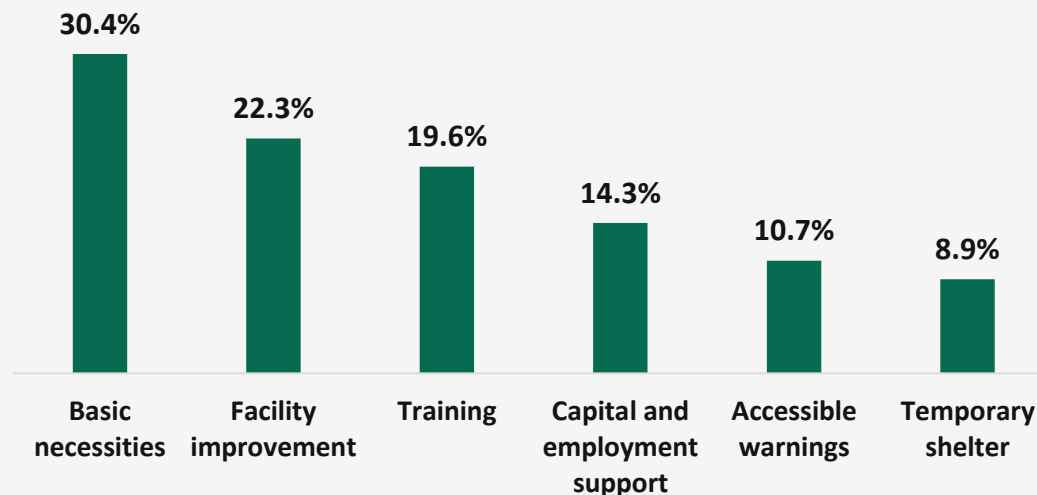
PWDs' evaluation of degree of support priority in response to natural disasters:

21.5% of the affected PWDs received priority support in local response to natural disasters. Of which:

✔ 82.1% were given priority in *receiving relief gifts* after natural disasters.

✔ Only 4.4% were trained on how to protect themselves and call for support during natural disasters.

PWDs' demands regarding natural disaster response (expressed via recommendations to local authorities)



✔ The demand to be trained on how to protect themselves and call for support when natural disasters occur was one of the 3 top demands of PWDs, besides demands for basic necessities and facility improvement.

RESPONSE TO NATURAL DISASTER RISKS

INVOLVEMENT OF PWDs IN RESPONSE TO NATURAL DISASTER RISKS

- ✓ Only 5.3% of PWDs gave recommendations on responding to natural disasters in the last 5 years.
- ✓ However, there were some active participants. They not only gave recommendations but also got involved in supporting more vulnerable groups. There were also meaningful recommendations that were implemented afterwards.

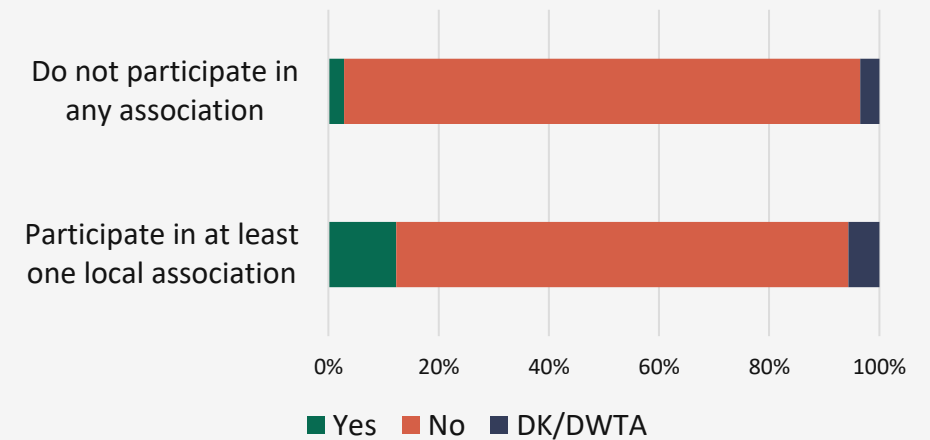
“When I worked for the [Fatherland Front], I was reminded very carefully about tasks related to natural disaster prevention and had to pay attention to households that could not [resist storms and floods]. I had also made a list of people who were having difficulties, here there were 3 locations that could be relocated to.”

IDI Mild Physical PWD

“And then they [local officials] also followed my own opinions. According to them, who worked in the provincial government, they thought that this idea was good and could be done.”

IDI Mild Physical PWD

Proportion of PWDs giving recommendations on responding to natural disasters



- ✓ There is a relatively large difference in the rate of giving recommendations between PWDs who participate in local organizations and those who do not.

RESPONSE TO NATURAL DISASTER RISKS

SUMMARY AND RECOMMENDATIONS



Natural disaster warning information is found to be not timely and accessible enough for some PWDs.

- ✔ Integrate accessible information dissemination methods for PWDs in the natural disaster risks response process.
- ✔ Promote the role of township-level governments and local associations in supporting PWDs in responding to natural disaster risks, and in being a two-way information channel connecting PWDs and local authorities.



The involvement of PWDs in natural disaster response remains limited.

- ✔ Promote the participation of PWDs in responding to disaster risks through local organizations, associations, and groups of PWDs.
- ✔ Organize training for PWDs on how to prevent and respond to natural disaster risks in frequently affected areas.

CONCLUSION AND RECOMMENDATIONS

CONCLUSION AND RECOMMENDATIONS

Public administrative procedures

- Disability certification procedures are still complicated and unclear.
- Administrative procedures on digital platforms are generally not accessible enough for most PWDs.
- Local officials still have challenges regarding awareness about PWDs, disability certification procedures and communicating with PWDs.
- The average minimum expense need of PWDs are higher than the current disability allowance rate.



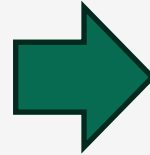
PWDs have needs to participate in the economy to be financially independent

- Need to update the disability certification guidelines and procedures.
- Consider challenges for PWDs in accessing IT, and have suitable procedural mechanisms for them.
- Raise the awareness of both officials the general public about PWDs.
- Additional research and appropriate policies are needed to support social assistance for PWDs and promote the employment of PWDs.

CONCLUSION AND RECOMMENDATIONS

Public services delivery

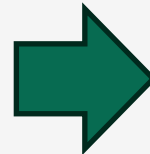
- District-level healthcare services need to improve certain aspects to enhance quality.
- Local rehabilitation services are not yet widely available and costs are still high.



- Need to invest in inclusive hospital infrastructure (e.g. accessible toilets, wheelchair ramps...).
- Need to further increase the number of rehabilitation facilities at the district level.

Response to natural disaster risks

- PWDs still have difficulties accessing natural disaster warnings.
- PWDs are not highly involved in natural disaster risks response.



- Early warnings for natural disasters need to ensure integration with accessible methods.
- Enhancing proactive capabilities for PWDs in disaster risk response through training.

Suggested research topics:

- Role of PWD Associations
- Discrimination
- ...

XIN CẢM ƠN!



Mekong Development
Research Institute
Power of Knowledge



APPENDIX

- OTHER SAMPLE STATISTICS
- LIMITATIONS OF THE RESEARCH
- OTHER CHARACTERISTICS OF SURVEY SAMPLE

OTHER SAMPLE STATISTICS

QUANTITATIVE SAMPLE STATISTICS

Statistics on initial samples and survey sample size

Total available samples: 33,889

Disability type	Type	Physical	Visual	Hearing-and-speech	Mental-and-psychiatric	Intellectual	Other
Population		17,699	9,638	6,979	8,960	6,680	6,454
Sample size	2,114	359	430	333	391	356	245
Number of contacted people	6,975	1,145	1,042	1,160	1,219	1,237	1,172
Response rate (on total contacted samples)	30.3%	31.4%	41.3%	28.7%	32.1%	28.8%	20.9%

Response rate (excluding errors): 40.6%

Percentage of people with multiple disabilities: 19.3%

OTHER SAMPLE STATISTICS

QUALITATIVE INTERVIEW SAMPLE

Area	PWD	Local official	Specialist	Total
Northern regions	7	2	1	10
Central regions	7	2	0	9
Southern regions	8	2	0	10
Total	22	6	1	29

✓ **Method:** report key themes/issues based on quantitative data, thereby selecting specific PWDs, administrations, and specialists for in-depth interviews.

LIMITATIONS OF THE RESEARCH



Contact information of many PWDs in the sample list is inaccurate



29.3% of all contacted samples do not have the accurate contact information of the respective PWDs.



44.7% of all **failed** interviews were due to inaccurate contact information of PWDs.



Cannot accurately confirm disability statuses in many cases



Some PWDs do not have disability certificates, and cannot describe their disability types in detail.



Enumerators cannot report the disability severity levels of PWDs who do not have certificates.



Sample list does not reflect actual ratios of disability types and severity levels in Vietnam



Local governments do not have full information on Mild PWDs => The list is focused on Severe and Extremely severe PWDs.

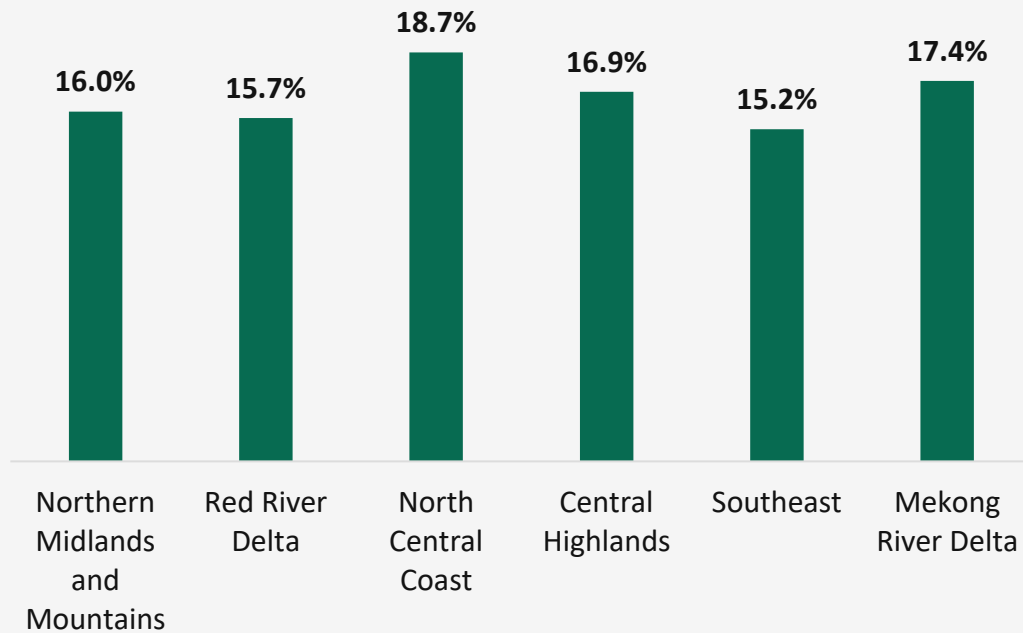


Currently in Vietnam, there is not yet full statistics of number of PWDs (including types and severity of disability) on a local level.

OTHER CHARACTERISTICS OF SURVEY SAMPLE

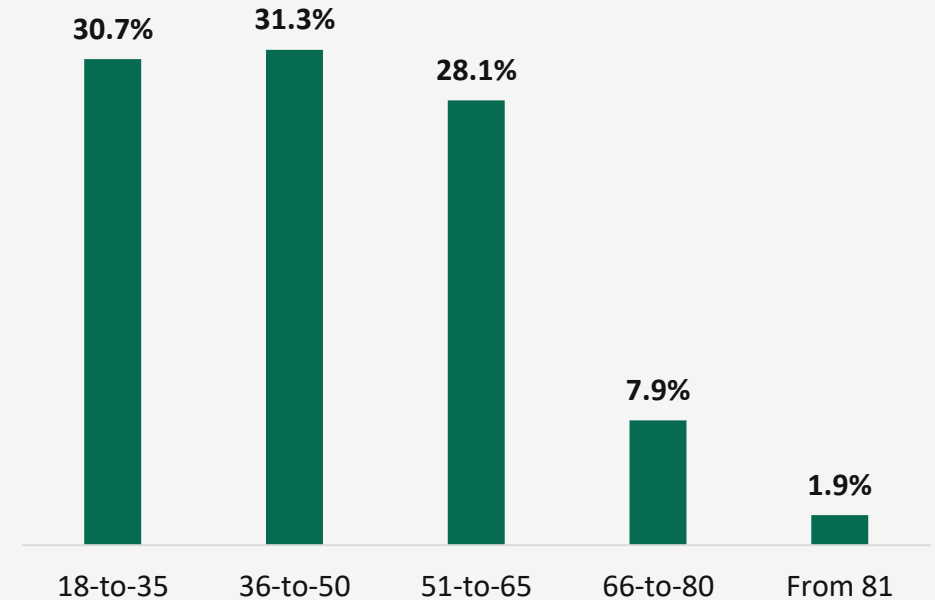
BASIC DEMOGRAPHICS INFORMATION

Proportion of samples by region



- ✓ Percentages of samples are relatively equal across different economic regions.
- ✓ 16.7% of the survey sample this year are people of ethnic minority.

Proportion of samples by age group

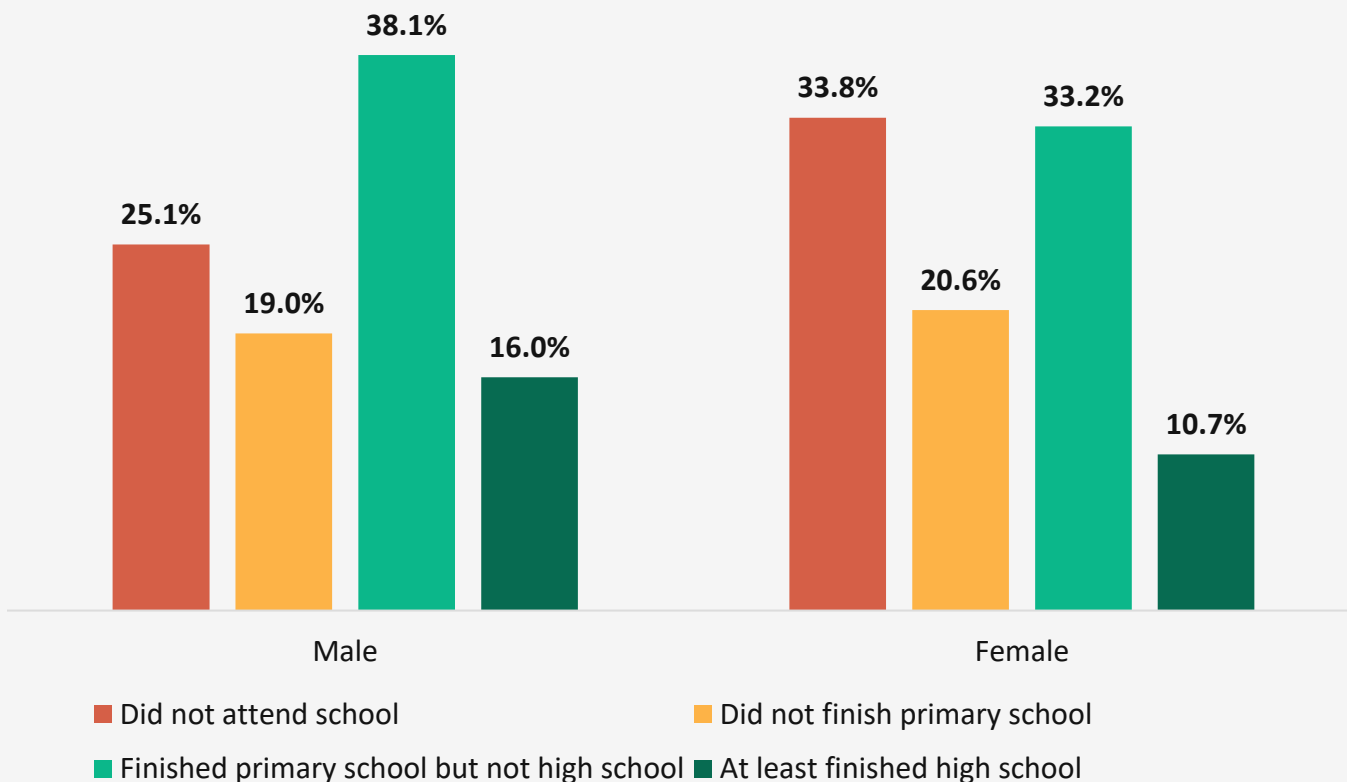


- ✓ The age of PWDs in this year's sample is younger and more evenly distributed across different groups, compared to that in the 2022 pilot.

OTHER CHARACTERISTICS OF SURVEY SAMPLE

EDUCATION LEVEL

Education level by gender

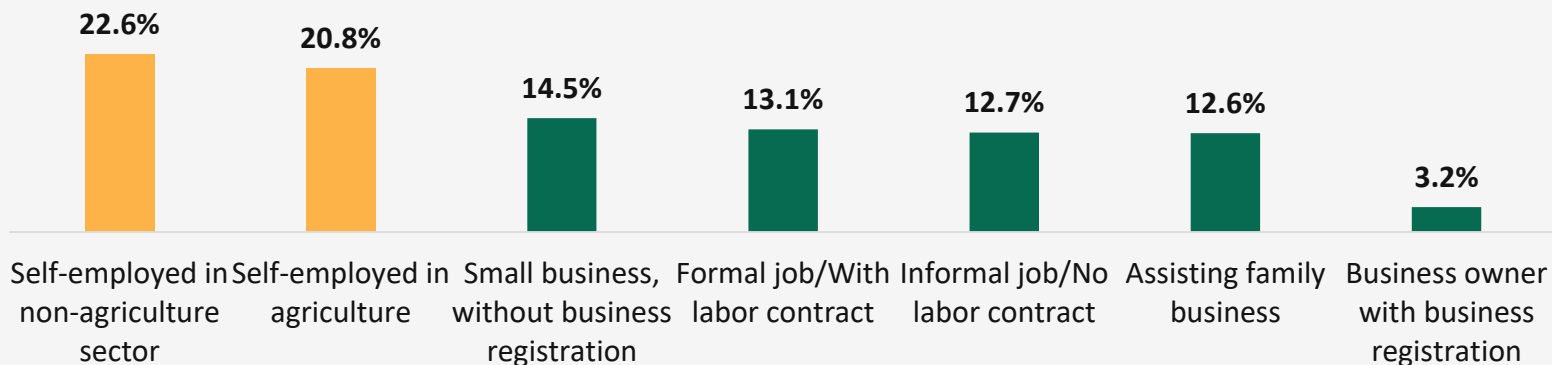


- ✓ Compared to male PWDs, female PWDs in general attended school and finished universalization of education less frequently.
- ✓ The rate of PWDs “did not attend school” is highest among the Khmer ethnic group (72.7%) and the Hmong ethnic group (72.2%) compared to other ethnic groups in the survey sample.

OTHER CHARACTERISTICS OF SURVEY SAMPLE

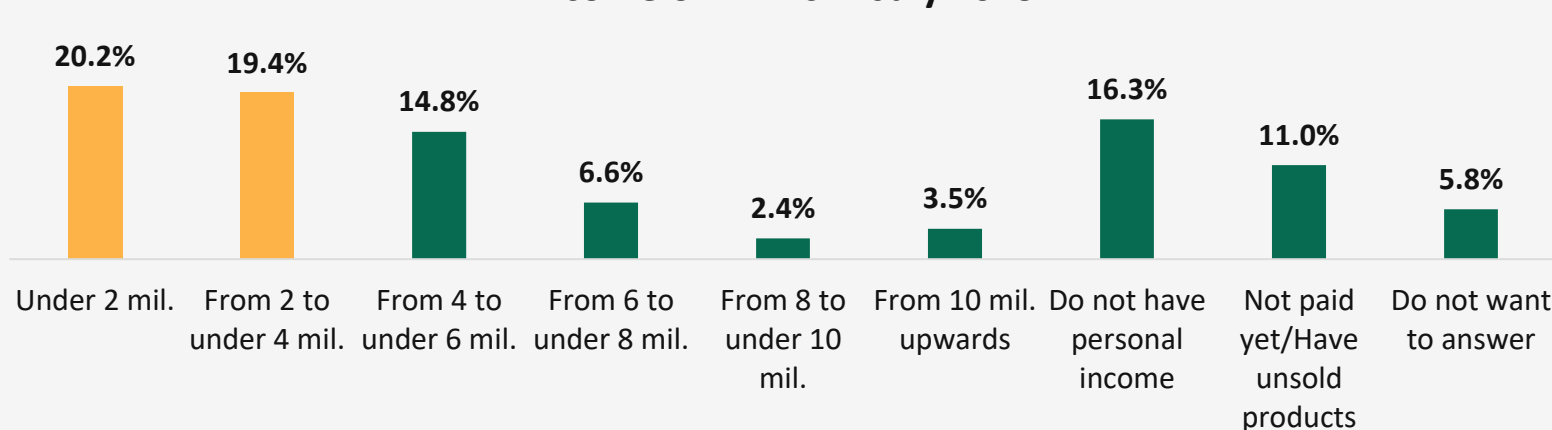
EMPLOYMENT TYPES AND INCOME

Employment types of PWDs



✓ Most PWDs are **self-employed** in either **agriculture** or **non-agriculture sector**.

Income of PWDs in July 2023



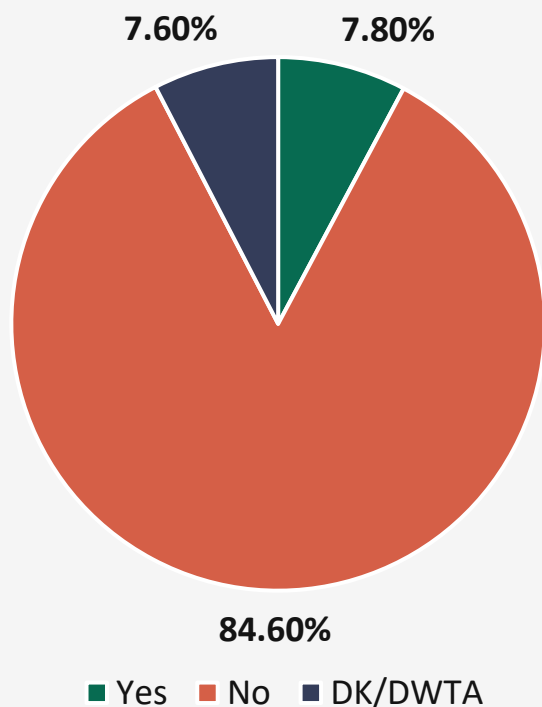
✓ Most PWDs who have income-generating jobs earn below **4 million** a month.

✓ The percentage of female PWDs with such income is about **10%** higher than that of male PWDs.

OTHER CHARACTERISTICS OF SURVEY SAMPLE

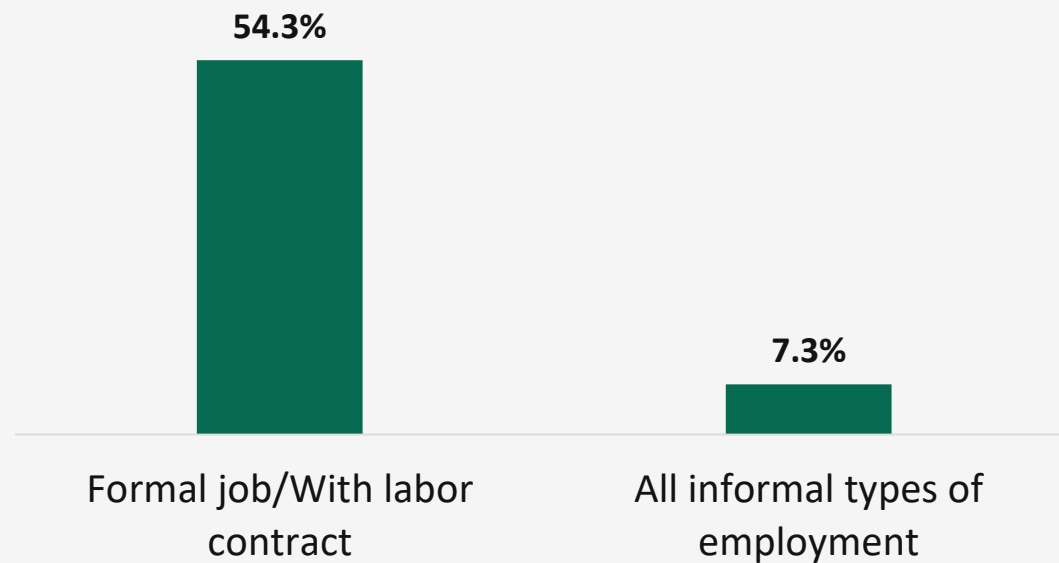
PARTICIPATION IN SOCIAL INSURANCE

Participation in social insurance among PWDs



✔ Participation in social insurance is very low among PWDs, at only 7.8%.

Rate of participation in social insurance by type of employment

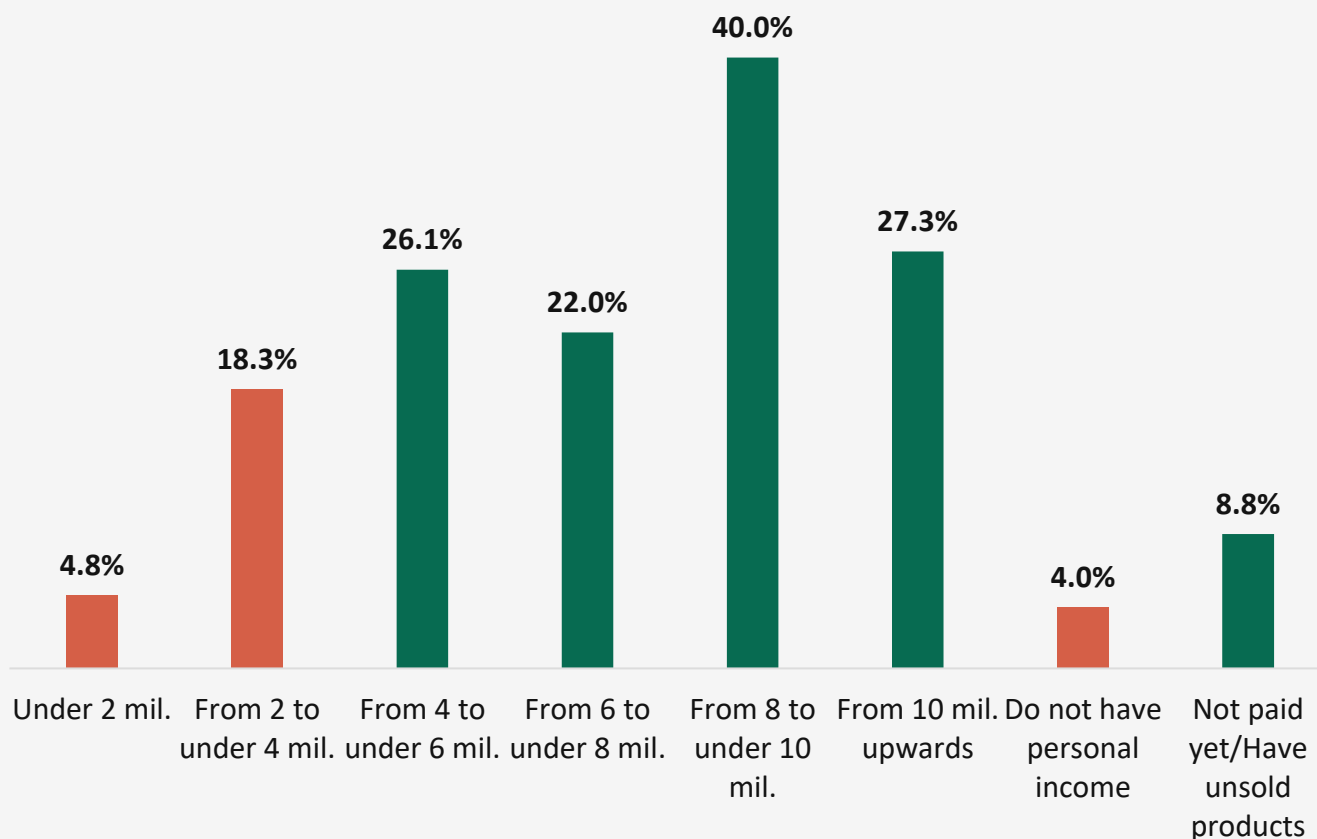


✔ The rate of participation in social insurance among PWDs with **formal jobs** are **7 times** this rate among PWDs **with informal types of employment**.

OTHER CHARACTERISTICS OF SURVEY SAMPLE

PARTICIPATION IN SOCIAL INSURANCE

Rate of participation in social insurance at each income level



✓ Those with income **from 4 million upwards** buy social insurance much more frequently than those with income **under 4 million**, or **without personal income**.

✓ **54.3%** of PWDs with formal jobs/labor contracts participate in social insurance.

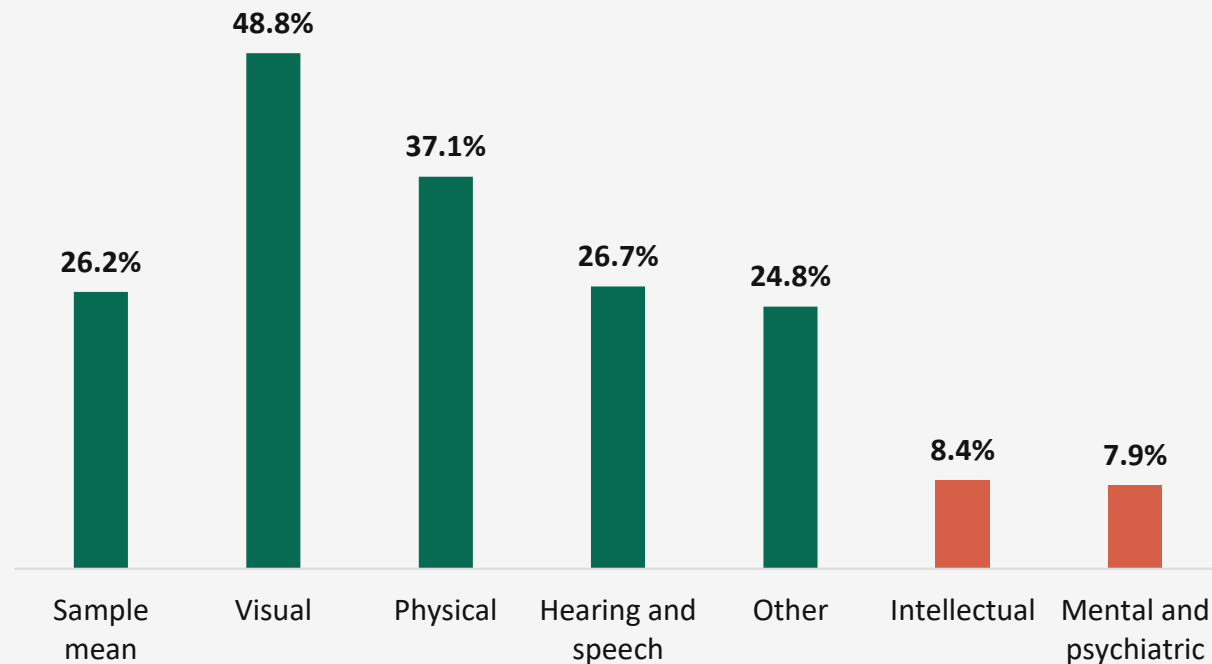
“I had to send a dispatch back to the commune’s committee, saying that because of economic conditions, because of low income, our workers could not join the social insurance program. They did not have enough to even cover their living costs, so where could they get the money to pay for insurance?”

IDI local PWD organization President

OTHER CHARACTERISTICS OF SURVEY SAMPLE

PWDs' PARTICIPATION IN SOCIAL GROUPS/ORGANIZATIONS

Proportion of PWDs participating in at least 1 social group/organization in each disability type

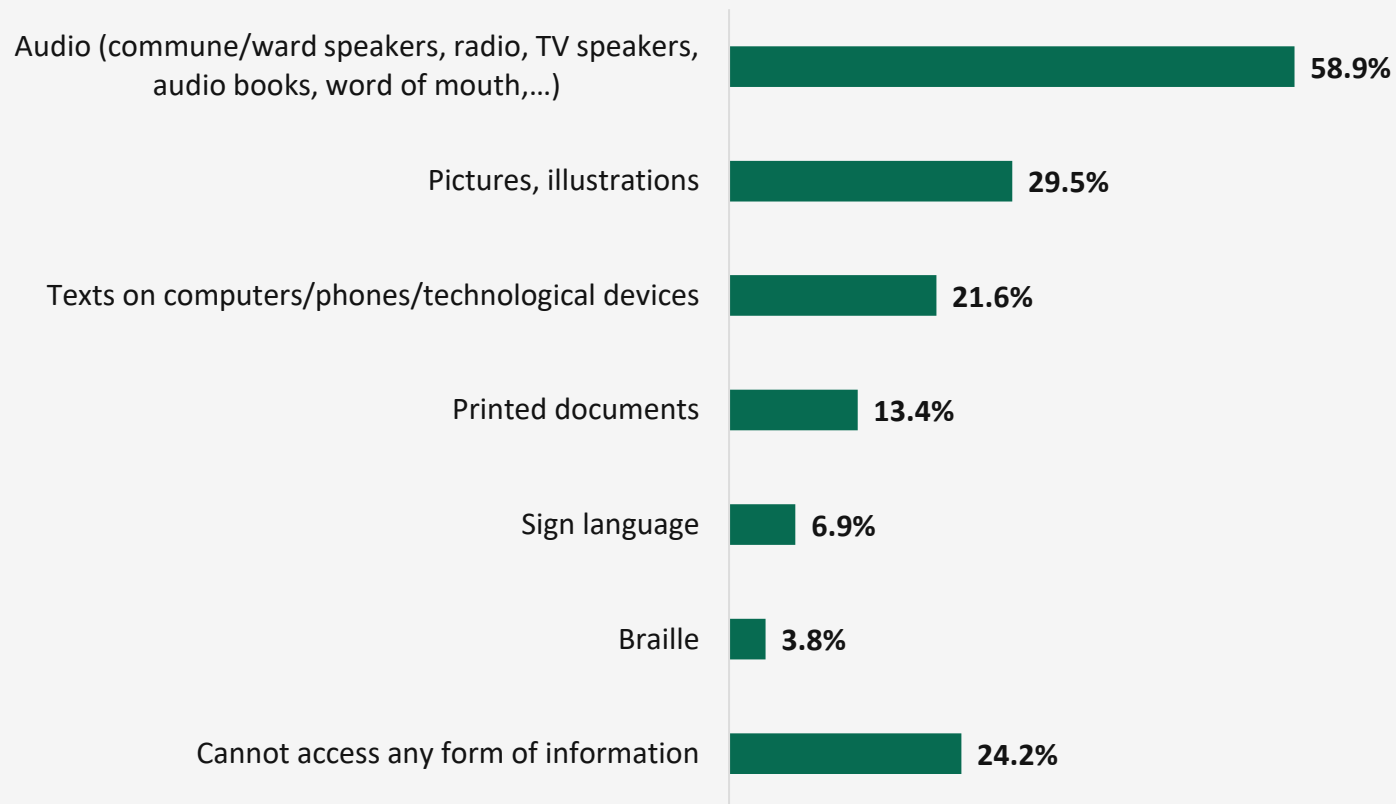


- ✓ **Intellectual and Mental-and-psychiatric** PWDs have **much lower** rates of participation in social groups/organizations compared to the other disability types.
- ✓ There is **no notable difference** between gender groups in rate of participation in social groups/organizations.
- ✓ Social groups/organizations that are most popular with PWDs are **PWDs Association/Blind Association (14.5%)** and **PWDs club/self-supporting groups (4%)**.

OTHER CHARACTERISTICS OF SURVEY SAMPLE

ACCESSIBLE FORMS OF INFORMATION FOR PWDS

Proportion of PWDS able to access each form of information



✓ **Audio** is considered accessible by the largest proportion of PWDS (**58.9%**).

✓ **Intellectual (48%)** and **Mental and psychiatric (41.4%)** are groups with the highest percentage of PWDS who “Cannot access any form of information”.